External Quality Review of Medicaid Health Plans

(FY2021 Appropriation Act - Public Act 166 of 2020)

September 30, 2021

Sec. 1662. *(1) The department shall ensure that an external quality review of each contracting HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services that the HMO or its contractors furnish to Medicaid beneficiaries.*
(2) The department shall require Medicaid HMOs to provide EPSDT utilization data through the encounter data system, and HEDIS well child health measures in accordance with the National Committee for Quality Assurance prescribed methodology.
(3) The department shall provide a copy of the analysis of the Medicaid HMO annual audited HEDIS reports and the annual external quality review report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget director, within 30 days of the department's receipt of the final reports from the contractors.

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(FY2021 Appropriation Act - Public Act 166 of 2020)

Copies of the Medicaid HMO annual audited HEDIS reports and annual external quality review, prepared by the Health Services Advisory Group, have been attached to this report.

2021 HEDIS Aggregate Report for Michigan Medicaid

October 2021

HSAG HEALTH SERVICES ADVISORY GROUP

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HSAG HEALTH SERVICES ADVISORY GROUP

1. Executive Summary

Introduction

During 2020, the Michigan Department of Health and Human Services (MDHHS) contracted with 10 health plans to provide managed care services to Michigan Medicaid members. MDHHS expects its contracted Medicaid health plans (MHPs) to support claims systems, membership and provider files, as well as hardware/software management tools that facilitate valid reporting of the Healthcare Effectiveness Data and Information Set (HEDIS®)[1-1] measures. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to calculate statewide average rates based on the MHPs' rates and evaluate each MHP's current performance level, as well as the statewide performance, relative to national Medicaid percentiles.

MDHHS selected HEDIS measures to evaluate Michigan MHPs within the following eight measure domains:

- Child & Adolescent Care
- Women—Adult Care
- Access to Care
- Obesity
- Pregnancy Care
- Living With Illness
- Health Plan Diversity
- Utilization

Of note, all measures in the Health Plan Diversity domain and some measures in the Utilization domain are provided within this report for information purposes only as they assess the health plans' use of services and/or describe health plan characteristics and are not related to performance. Therefore, most of these rates were not evaluated in comparison to national percentiles, and changes in these rates across years were not analyzed by HSAG for statistical significance.

The performance levels are based on national percentiles and were set at specific, attainable rates. MHPs that met the high performance level (HPL) exhibited rates that were among the 90th percentile in comparison the national average. The low performance level (LPL) was set to identify MHPs that were among the 25th percentile in comparison to the national average and have the greatest need for improvement. Details describing these performance levels are presented in Section 2, "How to Get the Most From This Report."

[1-1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

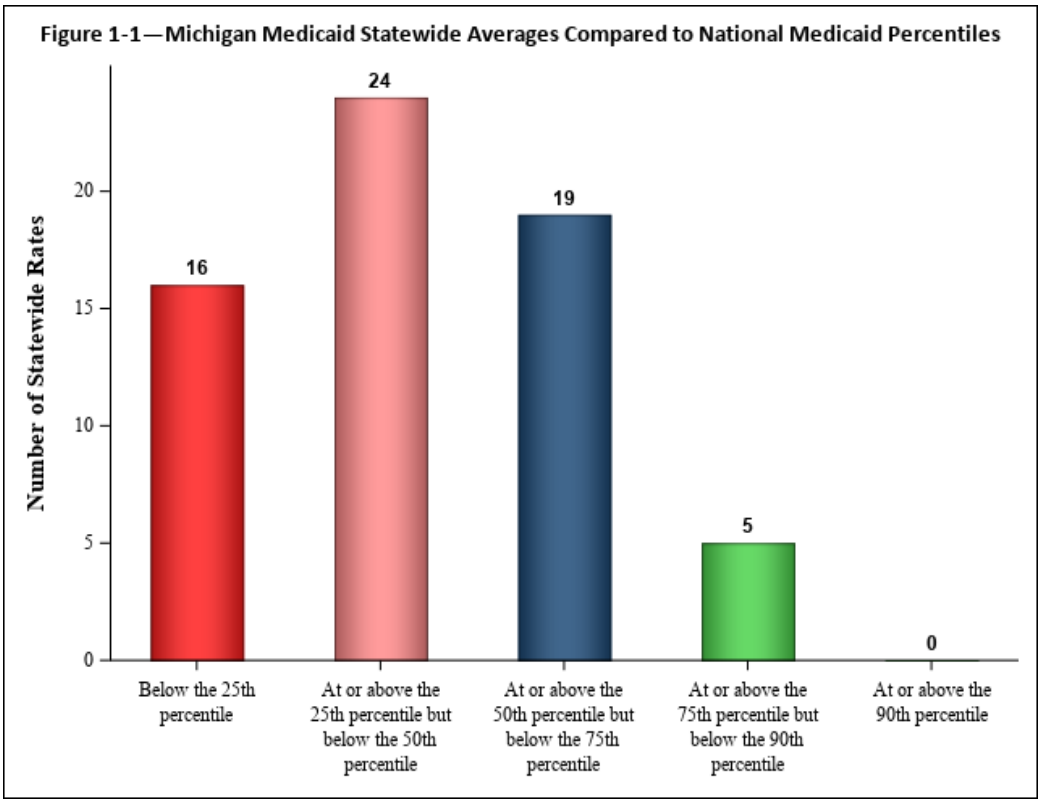
In addition, Section 11 ("HEDIS Reporting Capabilities—Information Systems Findings") provides a summary of the HEDIS data collection processes used by the Michigan MHPs and the audit findings in relation to the National Committee for Quality Assurance's (NCQA's) information system (IS) standards.[1-2]

Due to the possible effect of coronavirus disease 2019 (COVID-19) on HEDIS hybrid measures, specifically an MHP's ability to collect medical record data, NCQA allowed MHPs to report their audited HEDIS 2019 (measurement year [MY] 2018) hybrid rates if they were better than their HEDIS 2020 (MY 2019) hybrid rates. MHPs were not required to rotate all hybrid measures but were required to rotate entire measures when there were multiple indicators (e.g., Comprehensive Diabetes Care). NCQA's Interactive Data Submission System (IDSS) was not configured to capture rotation decisions, meaning that even when a hybrid measure was rotated, the MY would still say 2019. For HEDIS MY 2020, NCQA did not allow MHPs to report their audited HEDIS MY 2019 hybrid rates if they were better than their HEDIS MY 2020 hybrid rates.

[1-2] National Committee for Quality Assurance. *HEDIS® MY 2020, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

Summary of Performance

Figure 1-1 compares the Michigan Medicaid program's overall rates with NCQA's Quality Compass® national Medicaid HMO percentiles for HEDIS MY 2020, which are referred to as "percentiles" throughout this report.[1-3] For measures that were comparable to percentiles, the bars represent the number of Michigan Medicaid Weighted Average (MWA) measure indicator rates that fell into each percentile range.



Of the 64 reported rates that were comparable to national Medicaid percentiles, 16 of the MWA rates fell below the 25th percentile and a total of 40 rates (about 63 percent) were below the 50th percentile. These results demonstrate a general statewide decline in performance in comparison to the MY 2019 rates, which showed approximately 35 percent of the rates falling below the 50th percentile. A summary of MWA performance for each measure domain is presented on the following pages.

[1-3] Quality Compass® is a registered trademark for the National Committee for Quality Assurance (NCQA).

Child & Adolescent Care

For the Child & Adolescent Care domain, the *Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase* and *Continuation and Maintenance Phase* measure was an area of strength. Both measure indicators ranked above the 50th percentile and demonstrated improvements. Priority ranked above the 50th percentile for the most measures within the Child & Adolescent Care domain (*Childhood Immunization Status—Combinations 2–10, Lead Screening in Children,* and *Immunizations for Adolescents—Combination 1* and *Combination 2*). Total Health and Blue Cross were the only MHPs to rank above the HPL for one indicator each within the *Follow-Up Care for Children Prescribed ADHD Medication* measure.

The MWA demonstrated a significant decline for the *Childhood Immunization Status—Combinations 2, 3, 4, 5,* and *7, Lead Screening in Children,* and *Immunizations for Adolescents—Combination 1 and Combination 2* indicators, decreasing by over two percentage points. *Lead Screening in Children* had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2020, as well as a MWA decrease of nearly five percentage points from HEDIS MY 2019. Additionally, the MWA ranked below the 49th percentile for all indicators for the *Childhood Immunization Status* measure.

MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Lead Screening in Children* measure and work towards possibly increasing the administration of lead blood tests for children 2 years of age. Screening for lead is an easy way to detect an abnormal blood lead level in children. There is no safe blood lead level. If not found early, exposure to lead and high blood levels can lead to irrevocable effects on a child's physical and mental health.[1-4] If the decline in children receiving these tests is identified as linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for children to have access to this important test.

Additionally, MDHHS should work with the MHPs and providers to target improving childhood vaccination rates due to the significant decline across multiple indicators for the *Childhood Immunization Status* measure. The ongoing COVID-19 pandemic is a reminder of the importance of vaccination. The identified declines in routine pediatric vaccine ordering and doses administered might indicate that United States children and their communities face increased risks for outbreaks of vaccine-preventable diseases. Reminding parents of the vital need to protect their children against serious vaccine-preventable diseases, even as the COVID-19 pandemic continues, is critical. As social distancing requirements are relaxed, children who are not protected by vaccines will be more vulnerable to diseases such as measles. In response, continued coordinated efforts between health care providers and public health officials at the local, state, and federal levels will be necessary to achieve rapid catch-up vaccination.[1-5]

[1-4] National Committee for Quality Assurance. Lead Screening in Children. Available at: https://www.ncqa.org/hedis/measures/lead-screening-in-children/. Accessed on: September 17, 2021.

[1-5] The Centers for Disease Control and Prevention (CDC). Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020. Available at: https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm/. Accessed on: September 17, 2021.

Women—Adult Care

For the Women—Adult Care domain, the MWA demonstrated a significant decline across all measures and indicators. Total Health Care and Molina demonstrated high performance as the only MHPs to rank above the 50th percentile for all *Chlamydia Screening for Women* measure indicators, and the *Cervical Cancer Screening* measure. No MHP ranked above the HPL for any measure in the Women—Adult Care domain. Additionally, Upper Peninsula fell below the LPL for all *Chlamydia Screening for Women* measure indicators and Aetna fell below the LPL for both the *Cervical Cancer Screening* and *Breast Cancer Screening* measures.

The *Chlamydia Screening in Women* and *Breast Cancer Screening* measures had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2020, as well as a MWA decrease of over five percentage points from HEDIS MY 2019. Further, the *Cervical Cancer Screening* measure had the most significant MWA decrease of over seven percentage points from HEDIS MY 2019. MDHHS should work with the MHPs and providers to identify barriers that contribute to lower screening rates for cervical cancer and breast cancer and should work towards establishing resources to increase access to routine cancer screenings. Screening can improve outcomes and early detection reduces the risk of dying can lead to a greater range of treatment options and lower health care costs.[1-6] Prolonged delays in screening related to the COVID-19 pandemic may lead to delayed diagnoses, poor health consequences, and an increase in cancer disparities among women already experiencing health inequities. [1-7] Additionally, MDHHS should work with the MHPs and providers on increasing testing and screening for chlamydia. The CDC has identified several new and innovative ways STD services can meet more people where they are—during the COVID-19 pandemic and in the future—including: STD express clinics, partnerships with pharmacies and retail health clinics, and telehealth. [1-8] If the decline in women receiving these screenings is identified as linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for women to have access to these important screening services.

Access to Care

For the Access to Care domain an area of strength was the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years* and *Ages 18 to 64 Years* measure indicators ranking above the 50th percentile, with the MWA significantly improving by over one percentage point for both indicators. Aetna, Blue Cross, McLaren, Meridian, HAP, Molina, Priority, Total Health and UnitedHealthcare all ranked above the 50th percentile for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years* and *Ages 18 to 64 Years* measure indicators.

[1-6] National Committee for Quality Assurance. Breast Cancer Screening. Available at: https://www.ncqa.org/hedis/measures/breast-cancer-screening/. Accessed on: September 17, 2021.

[1-7] Centers for Disease Control and Prevention. Sharp Declines in Breast and Cervical Cancer Screening. https://www.cdc.gov/media/releases/2021/p0630-cancer-screenings.html. Accessed on: September 17, 2021.

[1-8] Centers for Disease Control and Prevention. Reported STDs Reach All-time High for 6th Consecutive Year. https://www.cdc.gov/media/releases/2021/p0413-stds.html. Accessed on: September 17, 2021.

Additionally, the *Appropriate Treatment for Upper Respiratory Infection—18 to 64 Years* indicator ranked above the 50th percentile, with the MWA significantly improving by nearly three percentage points. Priority ranked above the HPL for *Appropriate Treatment for Upper Respiratory Infection—18 to 64 Years*.

Total Health, Aetna, and HAP fell below the LPL for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 years, 45 to 64 Years,* and *Total* indicators, and no MHPs ranked above the 50th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 years* and *45 to 64 Years* indicators. The MWA was below the 50th percentile for all four of the *Adults' Access to Preventive/Ambulatory Health Services* measure indicators and demonstrated a significant decline of over three percentage points from HEDIS MY 2019 for all measure indicators. Blue Cross, UnitedHealthcare, Molina, Aetna, Total Health, and HAP all fell below the LPL for the *Appropriate Testing for Pharyngitis—Total* measure indicator, and the MWA fell below the 50th percentile for the *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years,* and *Total* measure indicators and demonstrated a significant decline of over one percentage point from HEDIS MY 2019 for these indicators.

MDHHS should continue to monitor the MHPs performance on the four indicators of *Adults' Access to Preventive/Ambulatory Health Services* to ensure the MHPs performance does not continue to decline, in alignment with HSAG's recommendation for *Adults' Access to Preventive/Ambulatory Health Services* in the 2020 Aggregate Report. Additionally, MDHHS should work towards prioritizing preventative and ambulatory health services as part of its quality improvement strategy. Further, MDHHS should conduct a root cause analysis for the decline across multiple indicators for the *Appropriate Testing for Pharyngitis* measure. Proper testing and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics. [1-9] If the decline in adults accessing these services is identified as related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for ensuring ongoing adults' access to these important services.

Obesity

For the Obesity domain, W*eight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total* was an area of strength as the MWA was above the 50th percentile. Additionally, Priority, Upper Peninsula, and UnitedHealthcare demonstrated high performance, ranking above the 50th percentile, but falling below the HPL for all three of the measure indicators within the Obesity domain.

The MWA had significant decreases across all measure indicators and ranked below the 50th percentile for two of the three measures within the Obesity domain (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile*

[1-9] National Committee for Quality Assurance. Appropriate Testing for Children with Pharyngitis. Available at: https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/. Accessed on: September 17, 2021.

Documentation—Total and *Counseling for Nutrition—Total*). McLaren ranked below the LPL for all three measure indicators. MDHHS should work with the MHPs and providers to strategize the best way to utilize every office visit or virtual visit to encourage a healthy lifestyle and provide education on healthy habits for children and adolescents. Additionally, MDHHS should monitor McLaren's performance for this measure to ensure the MHP performance does not continue to decline and encourage higher performing MHPs to share and discuss best practices. If the decline in children and adolescents receiving these services is identified to be related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for improved access to these services.

Pregnancy Care

For the Pregnancy Care domain, both measure indicators ranked below the 25th percentile and had a MWA decrease of over three percentage points from HEDIS MY 2019, with the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator demonstrating the most significant MWA decrease of over six percentage points from HEDIS MY 2019. Molina, Meridian, Blue Cross, UnitedHealthcare, McLaren, Aetna, HAP, and Total Health all fell below the LPL for both *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* indicators. The MWA also fell below the LPL for both measure indicators.

Upper Peninsula ranked above the 50th percentile for both measure indicators, and was above the HPL for *Prenatal and Postpartum Care—Postpartum Care*. MDHHS should work with the MHPs and providers on the best practices for providing ongoing prenatal and postpartum care. This is especially important during COVID-19, as pregnant and recently pregnant women are at a higher risk for severe illness from COVID-19 than nonpregnant women.[1-10] Additionally, pregnant women with COVID-19 are at a higher risk for preterm birth and might have a higher risk for other adverse pregnancy outcomes. MDHHS is encouraged to work with the higher performing MHPs to identify best practice to ensuring women access to prenatal and postpartum care, which can then be spread to the lower performing MHPs to improve overall access.

Living With Illness

For the Living With Illness domain, *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* were an area of strength. Both measure indicators went from below the 75th percentile in MY 2019 to above the 75th percentile in MY 2020 and demonstrated significant increases, with *Antidepressant Medication Management—Effective Acute Phase Treatment* increasing by more than four percentage points and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* increasing by nearly nine percentage points. Total Health was the only MHP to rank above the HPL and the 50th percentile for all

[1-10] Centers for Disease Control and Prevention. Investigating the Impact of COVID-19 during Pregnancy. Available at: https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19/what-cdc-is-doing.html. Accessed on: September 17, 2021.

Medical Assistance With Smoking and Tobacco Use Cessation measure indicators. Priority was the only MHP to rank above the 50th percentile for all *Comprehensive Diabetes Care* measure indicators. Total Health and Meridian ranked above the HPL for *Antidepressant Medication Management—Effective Acute Phase Treatment*, with Total Health also ranking above the HPL for the *Effective Continuation Phase Treatment* measure indicator.

For *Medical Assistance With Smoking and Tobacco Use Cessation*, the MWA for all measure indicators demonstrated a significant decline of over one percentage point, with *Advising Smokers and Tobacco Users to Quit* demonstrating the most decline at over three percentage points and ranking below the 50th percentile. McLaren, Molina, Aetna, Blue Cross, HAP, Total Health and the MWA fell below the LPL for *Asthma Medication Ratio—Total*, with the MWA demonstrating a significant decline of over three percentage points from HEDIS MY 2019.

The MWA demonstrated the most significant declines for *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*, *Diabetes Monitoring for People With Diabetes and Schizophrenia,* and all comparable *Comprehensive Diabetes Care* measure indicators. The measures all demonstrated significant declines in the MWA of more than five percentage points from MY 2019 to MY 2020. MDHHS should implement a quality improvement strategy with MHPs and providers that would focus on effective treatment programs for people with diabetes, which should include people with schizophrenia and bipolar disorder. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream.[1-11] If the decline in receipt of these services is determined to be related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for adults to have access to these important services.

Health Plan Diversity

Although measures under this domain are not performance measures and are not compared to percentiles, changes observed in the results may provide insight into how select member characteristics affect the MHPs' provision of services and care.

Utilization

For the *Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department (ED) Visits—Total* measure indicator, the Michigan average decreased by 18.77 visits per 1,000 member months from HEDIS MY 2018 to HEDIS MY 2020. The MWA for the *Outpatient Visits—Total* measure indicator

[1-11] National Committee for Quality Assurance. Diabetes and Cardiovascular Disease Screening and Monitoring for People With Schizophrenia or Bipolar Disorder. Available at: https://www.ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/. Accessed on: September 17, 2021.

decreased by 28.31 visits per 1,000 member months from HEDIS MY 2018 to HEDIS MY 2020.[1-12] Since the measure of outpatient visits is not linked to performance, the results for this measure are not comparable to percentiles. For the *Plan All-Cause Readmissions* measure, five MHPs had an observed-to-expected (O/E) ratio less than 1.0, indicating that these MHPs had fewer observed readmissions than were expected based on the patient mix. The remaining five MHPs O/E ratio is more than one indicating they had more readmissions.

Limitations and Considerations

Some behavioral health services are carved out and are not provided by the MHPs; therefore, exercise caution when interpreting rates for measures related to behavioral health.

[1-12] For the *ED Visits* indicator, awareness is advised when interpreting results for this indicator as a lower rate is a higher percentile.

2. How to Get the Most From This Report

Introduction

This reader's guide is designed to provide supplemental information to the reader that may aid in the interpretation and use of the results presented in this report.

Michigan Medicaid Health Plan Names

Table 2-1 presents a list of the Michigan MHPs discussed within this report and their corresponding abbreviations.

Table 2-1—2021 Michigan MHP Names and Abbreviations

MHP Name	Short Name	Abbreviation
Aetna Better Health of Michigan	Aetna	AET
Blue Cross Complete of Michigan	Blue Cross	BCC
McLaren Health Plan	McLaren	MCL
Meridian Health Plan of Michigan	Meridian	MER
HAP Empowered	HAP	HAP
Molina Healthcare of Michigan	Molina	MOL
Priority Health Choice, Inc.	Priority	PRI
Total Health Care, Inc.	Total Health	THC
UnitedHealthcare Community Plan	UnitedHealthcare	UNI
Upper Peninsula Health Plan	Upper Peninsula	UPP

Summary of Michigan Medicaid HEDIS MY 2020 Measures

Within this report, HSAG presents the Michigan MWA (i.e., statewide average rates) and MHP-specific performance on HEDIS measures selected by MDHHS for HEDIS MY 2020. These measures were grouped into the following eight domains of care: Child & Adolescent Care, Women—Adult Care, Access to Care, Obesity, Pregnancy Care, Living With Illness, Health Plan Diversity, and Utilization. While performance is reported primarily at the measure indicator level, grouping these measures into domains encourages MHPs and MDHHS to consider the measures as a whole rather than in isolation and to develop the strategic changes required to improve overall performance.

Table 2-2 shows the selected HEDIS MY 2020 measures and measure indicators as well as the corresponding domains of care and the reporting methodologies for each measure. The data collection or calculation method is specified by NCQA in the *HEDIS MY 2020 & MY 2021 and Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

Table 2-2—Michigan Medicaid HEDIS MY 2020 Required Measures

Performance Measures	HEDIS Data Collection Methodology
Child & Adolescent Care	
Childhood Immunization Status—Combinations 2–10	Hybrid
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*	Administrative
Lead Screening in Children	Hybrid
Child and Adolescent Well-Care Visits—Ages 3 to 11 Years, Ages 12 to 17 Years, Ages 18 to 21 Years, and *Total*	Administrative
Immunizations for Adolescents—Combination 1 and *2*	Hybrid
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and *Continuation and Maintenance Phase*	Administrative
Women—Adult Care	
Chlamydia Screening in Women—Ages 16 to 20 Years, *Ages 21 to 24 Years*, and *Total*	Administrative
Cervical Cancer Screening	Hybrid
Breast Cancer Screening	Administrative
Access to Care	
Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, *Ages 45 to 64 Years*, *Ages 65 Years and Older*, and *Total*	Administrative
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and *Total*	Administrative
Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and *Total*	Administrative
Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and *Total*	Administrative
Obesity	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, *Counseling for Nutrition—Total*, and *Counseling for Physical Activity—Total*	Hybrid

Performance Measures	HEDIS Data Collection Methodology
Pregnancy Care	
Prenatal and Postpartum Care—Timeliness of Prenatal Care and *Postpartum Care*	Hybrid
Living With Illness	
Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, *HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *Eye Exam (Retinal) Performed*, and *Blood Pressure Control (<140/90 mm Hg)*	Hybrid
Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years, Ages 65 to 74 Years, Ages 75 to 85 Years, and *Total*	Administrative
Asthma Medication Ratio—Total	Administrative
Controlling High Blood Pressure	Hybrid
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, *Discussing Cessation Medications*, and *Discussing Cessation Strategies*	Administrative
Antidepressant Medication Management—Effective Acute Phase Treatment and *Effective Continuation Phase Treatment*	Administrative
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Administrative
Diabetes Monitoring for People With Diabetes and Schizophrenia	Administrative
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Administrative
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Administrative
Health Plan Diversity	
Race/Ethnicity Diversity of Membership	Administrative
Language Diversity of Membership—Spoken Language Preferred for Health Care, *Preferred Language for Written Materials*, and *Other Language Needs*	Administrative
Utilization	
Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total and *Outpatient Visits—Total*	Administrative
Inpatient Utilization—General Hospital/Acute Care—Total	Administrative
Use of Opioids From Multiple Providers—Multiple Prescribers, *Multiple Pharmacies*, and *Multiple Prescribers and Multiple Pharmacies*	Administrative
Use of Opioids at High Dosage	Administrative
Risk of Continued Opioid Use—At Least 15 Days Covered—Total and *At Least 31 Days Covered—Total*	Administrative
Plan All-Cause Readmissions—Index Total Stays	Administrative

Data Collection Methods

Administrative Method

The administrative method requires that MHPs identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters. In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely using administrative data collected during the reporting year. Medical record review data from the prior year may be used as supplemental data. Medical records collected during the current year cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed.

Hybrid Method

The hybrid method requires that MHPs identify the eligible population using administrative data and then extract a systematic sample of members from the eligible population, which becomes the denominator. Administrative data are used to identify services provided to those members. Medical records must then be reviewed for those members who do not have evidence of a service being provided using administrative data.

The hybrid method generally produces higher rates because the completeness of documentation in the medical record exceeds what is typically captured in administrative data; however, the medical record review component of the hybrid method is considered more labor intensive. For example, the MHP has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure and chooses to use the hybrid method. After randomly selecting 411 eligible members, the MHP finds that 161 members had evidence of a postpartum visit using administrative data. The MHP then obtains and reviews medical records for the 250 members who did not have evidence of a postpartum visit using administrative data. Of those 250 members, 54 were found to have a postpartum visit recorded in the medical record review. Therefore, the final rate for this measure, using the hybrid method, would be (161 + 54)/411, or 52.3 percent, a 13.1 percentage point increase from the administrative only rate of 39.2 percent.

Understanding Sampling Error

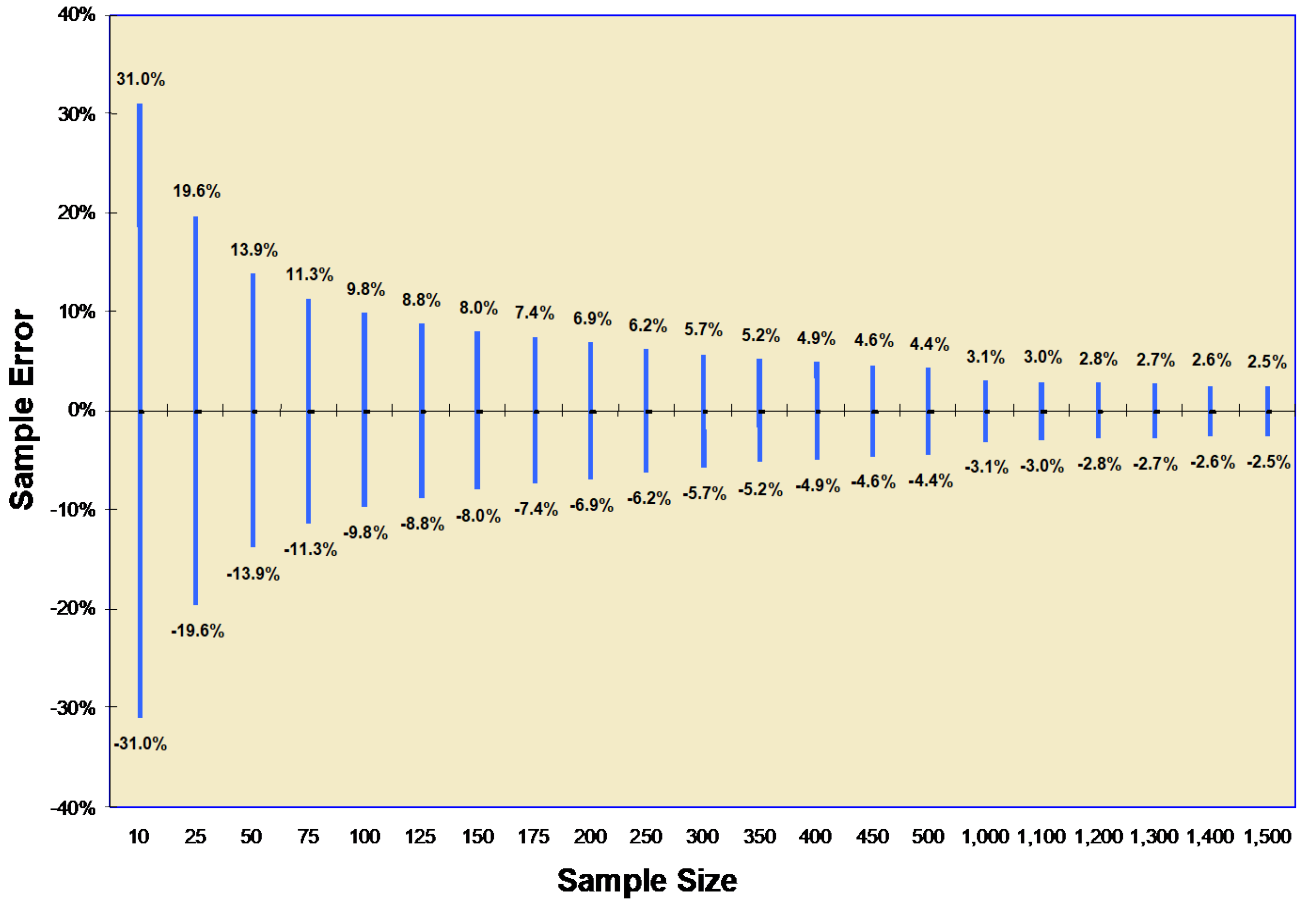
Correct interpretation of results for measures collected using HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using the HEDIS hybrid method include only a sample from the eligible population, and statistical techniques are used to maximize the probability that the sample results reflect the experience of the entire eligible population.

For results to be generalized to the entire eligible population, the process of sample selection must be such that everyone in the eligible population has an equal chance of being selected. The HEDIS hybrid method prescribes a systematic sampling process selecting at least 411 members of the eligible

population. MHP may use a 5 percent, 10 percent, 15 percent, or 20 percent oversample to replace invalid cases (e.g., a male selected for *Postpartum Care*).

Figure 2-1 shows that if 411 members are included in a measure, the margin of error is approximately ± 4.9 percentage points. Note that the data in this figure are based on the assumption that the size of the eligible population is greater than 2,000. The smaller the sample included in the measure, the larger the sampling error.

Figure 2-1—Relationship of Sample Size to Sample Error



As Figure 2-1 shows, sample error decreases as the sample size gets larger. Consequently, when sample sizes are very large and sampling errors are very small, almost any difference is statistically significant. This does not mean that all such differences are important. On the other hand, the difference between two measured rates may not be statistically significant but may, nevertheless, be important. The judgment of the reviewer is always a requisite for meaningful data interpretation.

Data Sources and Measure Audit Results

MHP-specific performance displayed in this report was based on data elements obtained from the IDSS files supplied by the MHPs. Prior to HSAG's receipt of the MHPs' IDSS files, all of the MHPs were required by MDHHS to have their HEDIS MY 2020 results examined and verified through an NCQA HEDIS Compliance Audit.

Through the audit process, each measure indicator rate reported by an MHP was assigned an NCQA-defined audit result. HEDIS MY 2020 measure indicator rates received one of seven predefined audit results: *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR), No Benefit (NB), Not Required (NQ), Un-Audited (UN)*, and *Not Reported (NR)*. The audit results are defined in Section 12.

Rates designated as *NA*, *BR*, *NB*, *NQ*, *UN*, or *NR* are not presented in this report. All measure indicator rates that are presented in this report have been verified as an unbiased estimate of the measure. Please see Section 11 for additional information on NCQA's Information System (IS) standards and the audit findings for the MHPs.

Calculation of Statewide Averages

For all measures, HSAG collected the audited results, numerator, denominator, rate, and eligible population elements reported in the files submitted by MHPs to calculate the MWA rate. Given that the MHPs varied in membership size, the MWA rate was calculated for most of the measures based on MHPs' eligible populations. Weighting the rates by the eligible population sizes ensured that a rate for an MHP with 125,000 members, for example, had a greater impact on the overall MWA rate than a rate for the MHP with only 10,000 members. For MHPs' rates reported as *NA*, the numerators, denominators, and eligible populations were included in the calculations of the MWA rate. MHP rates reported as *BR*, *NB*, *NQ*, *UN*, or *NR* were excluded from the MWA rate calculation. However, traditional unweighted statewide Medicaid average rates were calculated for some utilization-based measures to align with calculations from prior years' deliverables.

Evaluating Measure Results

National Benchmark Comparisons

Benchmark Data

HEDIS MY 2020 MHP and MWA rates were compared to the corresponding national HEDIS benchmarks, which are expressed in percentiles of national performance for different measures. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the publication of this report to evaluate the HEDIS MY 2020 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2019 MWA, which are referred to as "percentiles" throughout this report.

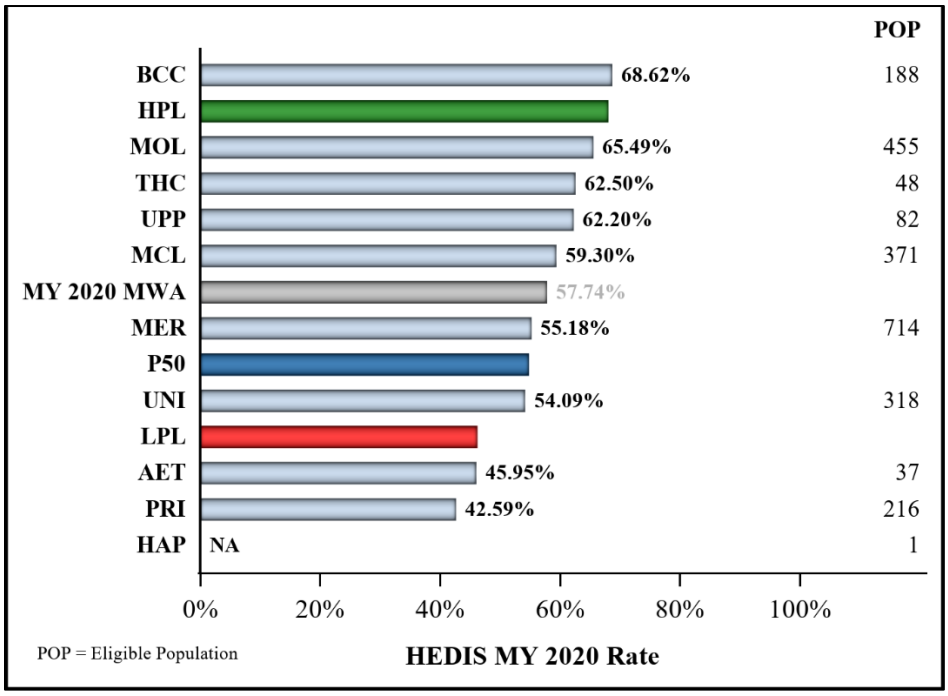
Additionally, benchmarking data (i.e., NCQA's Quality Compass and NCQA's Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using proxy displays.

Figure Interpretation

For each performance measure indicator presented in Sections 3 through 8 of this report, the horizontal bar graph figure positioned on the right side of the page presents each MHP's performance against the HEDIS MY 2020 MWA (i.e., the bar shaded gray); the HPL (i.e., the green shaded bar), representing the 90th percentile; the P50 bar (i.e., the blue shaded bar), representing the 50th percentile; and the LPL (i.e., the red shaded bar), representing the 25th percentile.

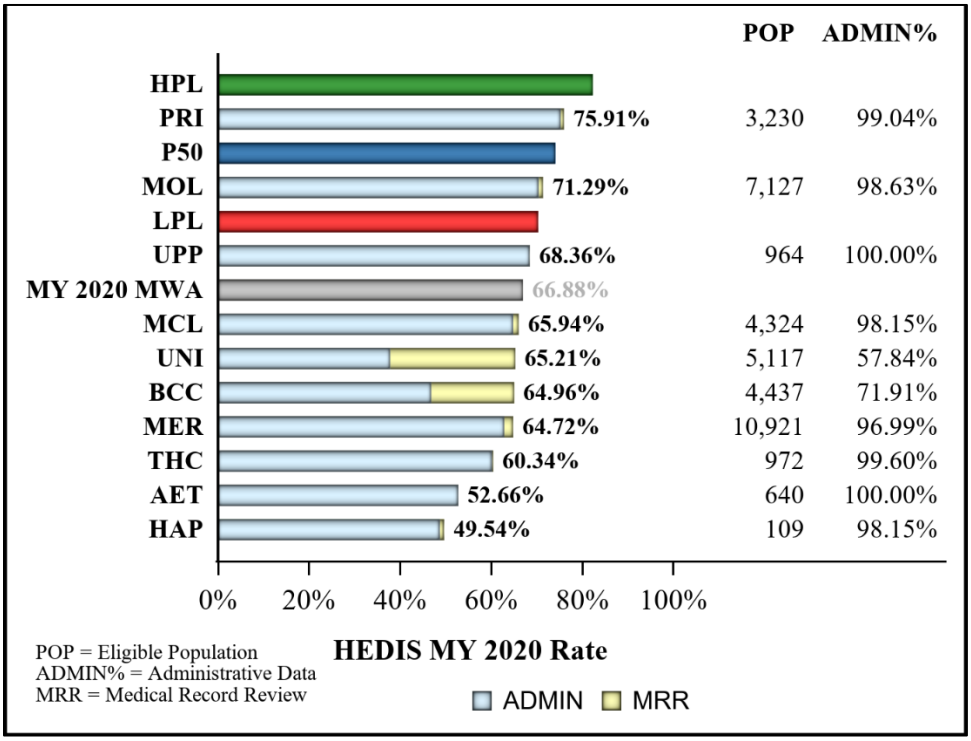
For measures for which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for measure indicators reported administratively is shown below in Figure 2-2.

Figure 2-2—Sample Horizontal Bar Graph Figure for Administrative Measures



For performance measure rates that were reported using the hybrid method, the "ADMIN%" column presented with each horizontal bar graph figure displays the percentage of the rate derived from administrative data (e.g., claims data and supplemental data). The portion of the bar shaded yellow represents the proportion of the total measure rate attributed to medical record review, while the portion of the bar shaded light blue indicates the proportion of the measure rate that was derived using the administrative method. This percentage describes the level of claims/encounter data completeness of the MHP data for calculating a particular performance measure. A low administrative data percentage suggests that the MHP relied heavily on medical records to report the rate. Conversely, a high administrative data percentage indicates that the MHP's claims/encounter data were relatively complete for use in calculating the performance measure indicator rate. An administrative percentage of 100 percent indicates that the MHP did not report the measure indicator rate using the hybrid method. An example of the horizontal bar graph figure for measure indicators reported using the hybrid method is shown in Figure 2-3.

Figure 2-3—Sample Horizontal Bar Graph Figure for Hybrid Measures



Percentile Rankings and Star Ratings

In addition to illustrating MHP and statewide performance via side-by-side comparisons to national percentiles, benchmark comparisons are denoted within Appendix B of this report using the percentile ranking performance levels and star ratings defined below in Table 2-3.

Table 2-3—Percentile Ranking Performance Levels

Star Rating	Performance Level
★★★★★	At or above the 90th percentile
★★★★	At or above the 75th percentile but below the 90th percentile
★★★	At or above the 50th percentile but below the 75th percentile
★★	At or above the 25th percentile but below the 50th percentile
★	Below the 25th percentile
NA	NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
NB	NB indicates that the MHP did not offer the health benefit required by the measure.

Measures in the Health Plan Diversity and Utilization measure domains are designed to capture the frequency of services provided and characteristics of the populations served. With the exception of *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits*, *Use of Opioids From Multiple Providers*, *Use of Opioids at High Dosage*, *Risk of Continued Opioid Use*, and *Plan All-Cause Readmissions*, higher or lower rates in these domains do not necessarily indicate better or worse performance. A lower rate for *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits* may indicate a more favorable performance since lower rates of ED services may indicate better utilization of services. Further, measures under the Health Plan Diversity measure domain provide insight into how member race/ethnicity or language characteristics are compared to national distributions and are not suggestive of plan performance.

For the *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits* and *Plan All-Cause Readmissions* measure indicators, HSAG inverted the star ratings to be consistently applied to these measures as with the other HEDIS measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better performance.

Of note, MHP and statewide average rates were rounded to the second decimal place before performance levels were determined. As HSAG assigned star ratings, an em dash (—) was presented to indicate that the measure indicator was not required and not presented in previous years' HEDIS

deliverables; or that a performance level was not presented in this report either because the measure did not have an applicable benchmark or a comparison to benchmarks was not appropriate.

Performance Trend Analysis

In addition to the star rating results, HSAG also compared HEDIS MY 2020 MWA and MHP rates to the corresponding HEDIS MY 2019 MWA rates. HSAG also evaluated the extent of changes observed in the rates between years. Year-over-year performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05 for MHP rate comparisons and a p value <0.01 for MWA rate comparisons. Note that statistical testing could not be performed on the utilization-based measures domain given that variances were not available in the IDSS files for HSAG to use for statistical testing. Further statistical testing was not performed on the health plan diversity measures because these measures are for information purposes only.

In general, results from statistical significance testing provide information on whether a change in the rate may suggest improvement or decline in performance. Throughout the report, references to "significant" changes in performance are noted; these instances refer to statistically significant differences between performance from HEDIS MY 2019 MWA to HEDIS MY 2020. At the statewide level, if the number of MHPs reporting *NR* or *BR* differs vastly from year to year, the statewide performance may not represent all of the contracted MHPs, and any changes observed across years may need to take this factor into consideration. Nonetheless, changes (regardless of whether they are significant) could be related to the following factors independent of any effective interventions designed to improve the quality of care:

- Substantial changes in measure specifications. The "Measure Changes Between HEDIS MY 2019 MWA and HEDIS MY 2020" section below lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the MHP.

Table and Figure Interpretation

Within Sections 3 through 8 and Appendix B of this report, performance measure indicator rates and results of significance testing between HEDIS MY 2019 MWA and HEDIS MY 2020 are presented in tabular format. HEDIS MY 2020 rates shaded green with one cross ($^{+}$) indicate a significant improvement in performance from the previous year. HEDIS MY 2020 rates shaded red with two crosses ($^{++}$) indicate a significant decline in performance from the previous year. The colors used are provided below for reference:

+	*Indicates that the HEDIS MY 2020 MWA demonstrated a significant improvement from the HEDIS MY 2019 MWA.*
++	*Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.*

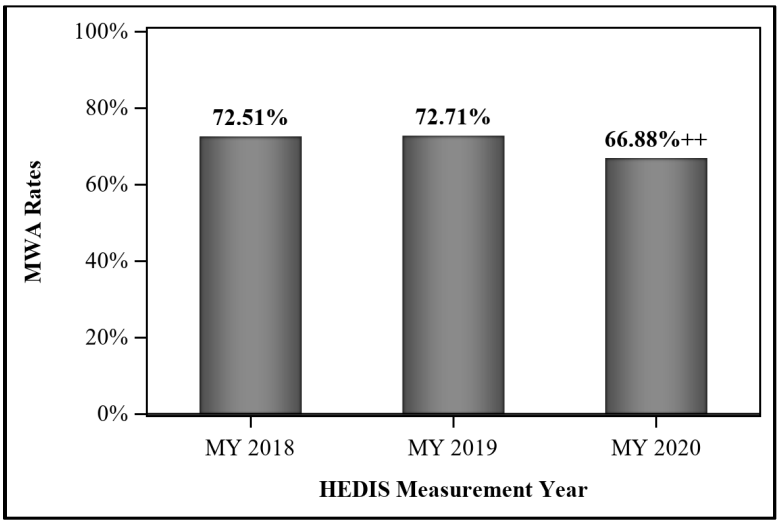
Additionally, benchmark comparisons are denoted within Sections 3 through 8. Performance levels are represented using the following percentile rankings:

Table 2-4—Percentile Ranking Performance Levels

Percentile Ranking and Shading	Performance Level
≥90th	At or above the 90th percentile
≥75th and ≤89th	At or above the 75th percentile but below the 90th percentile
≥50th and ≤74th	At or above the 50th percentile but below the 75th percentile
≥25th and ≤49th	At or above the 25th percentile but below the 50th percentile
≤25th	Below the 25th percentile

For each performance measure indicator presented in Sections 3 through 8 of this report, the vertical bar graph figure positioned on the left side of the page presents the HEDIS MY 2018, HEDIS MY 2019 MWA, and HEDIS MY 2020 MWAs with significance testing performed between the HEDIS MY 2019 MWA and HEDIS MY 2020 MWAs. Within these figures, HEDIS MY 2020 rates with one cross (+) indicate a significant improvement in performance from HEDIS MY 2019 MWA. HEDIS MY 2020 rates with two crosses (++) indicate a significant decline in performance from HEDIS MY 2019 MWA. An example of the vertical bar graph figure for measure indicators reported is included in Figure 2-4.

Figure 2-4—Sample Vertical Bar Graph Figure Showing Significant Improvement



Interpreting Results Presented in This Report

HEDIS results can differ among MHPs and even across measures for the same MHP.

The following questions should be asked when examining these data:

How accurate are the results?

All Michigan MHPs are required by MDHHS to have their HEDIS results confirmed through an NCQA HEDIS Compliance Audit. As a result, any rate included in this report has been verified as an unbiased estimate of the measure. NCQA's HEDIS protocol is designed so that the hybrid method produces results with a sampling error of ± 5 percent at a 95 percent confidence level.

To show how sampling error affects the accuracy of results, an example was provided in the "Data Collection Methods" section above. When an MHP uses the hybrid method to derive a *Postpartum Care* rate of 52 percent, the true rate is actually within ± 5 percentage points of this rate, due to sampling error. For a 95 percent confidence level, the rate would be between 47 percent and 57 percent. If the target is a rate of 55 percent, it cannot be said with certainty whether the true rate between 47 percent and 57 percent meets or does not meet the target level.

To prevent such ambiguity, this report uses a standardized methodology that requires the reported rate to be at or above the threshold level to be considered as meeting the target. For internal purposes, MHPs should understand and consider the issue of sampling error when evaluating HEDIS results.

How do Michigan Medicaid rates compare to national percentiles?

For each measure, an MHP ranking presents the reported rate in order from highest to lowest, with bars representing the established HPL, LPL, and the national HEDIS MY 2019 MWA Medicaid 50th percentile. In addition, the HEDIS MY 2018, MY 2019, and MY 2020 MWA rates are presented for comparison purposes.

Michigan MHPs with reported rates above the 90th percentile (HPL) rank in the top 10 percent of all MHPs nationally. Similarly, MHPs reporting rates below the 25th percentile (LPL) rank in the bottom 25 percent nationally for that measure.

How are Michigan MHPs performing overall?

For each domain of care, a performance profile analysis compares the MY 2020 MWA for each rate with the MY 2018 and MY 2019 MWA and the 50th percentile.

Measure Changes Between HEDIS MY 2019 MWA and HEDIS MY 2020

The following is a list of measures with technical specification changes that NCQA announced for HEDIS MY 2020.[2-1] These changes may have an effect on the HEDIS MY 2020 rates that are presented in this report.

Childhood Immunization Status

- Added a requirement that LAIV (influenza) vaccination must occur on the child's second birthday.

Well-Child Visits in the First 30 Months of Life

- Revised the measure name to Well-Child Visits in the First 30 Months of Life.
- Retired the 0, 1, 2, 3, 4 and 5 well-child visit rates.
- Added Rate 2 for children who turned 30 months old during the measurement year and had two or more well-child visits in the last 15 months.
- Removed the Hybrid Data Collection Method.
- Removed the telehealth exclusion.
- Revised the Data Elements for Reporting table.
- Revised the Ages criteria in the Rules for Allowable Adjustments section to only allow ranges within the specified age range of the measure.

Lead Screening in Children

- Removed the limits to the Ages column in the Rules for Allowable Adjustment of HEDIS section.

Child and Adolescent Well-Care Visits

- This measure is a combination measure that replaces the former "Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life" and "Adolescent Well-Care Visits" HEDIS measures.
- Added members age 7–11 years.
- Removed the Hybrid Data Collection Method.
- Removed the telehealth exclusion.
- Revised the Data Elements for Reporting table.

[2-1] National Committee for Quality Assurance. *HEDIS® MY 2020 & MY 2021, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2016.

- Revised the Ages criteria in the Rules for Allowable Adjustments section to only allow ranges within the specified age range.

Follow-Up Care for Children Prescribed ADHD Medication

- Clarified in step 4 (of both rates) when the diagnosis must be on the discharge claim.
- Added telehealth and telephone visits to the Rate 1 numerator.
- Added e-visits and virtual check-ins to the Rate 2 numerator and modified the telehealth restrictions.

Cervical Cancer Screening

- Added palliative care as a required exclusion.
- Updated the Hybrid Specification to indicate that sample size reduction is allowed.
- Clarified that documentation of "vaginal hysterectomy" meets criteria for documentation of hysterectomy with no residual cervix (optional exclusion).
- Added the "Number of required exclusions" data element to the Data Elements for Reporting table.
- Added guidance adjusting required exclusions criteria in the Rules for Allowable Adjustments section.

Breast Cancer Screening

- Added palliative care as a required exclusion.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.
- Added the "Number of required exclusions" data element to the Data Elements for Reporting table.
- Added guidance adjusting required exclusions criteria in the Rules for Allowable Adjustments section.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

- Updated the instructions for excluding visits that result in an inpatient stay.
- In the Rules for Allowable Adjustments section, clarified that the numerator criteria may be adjusted with limits.

Appropriate Testing for Pharyngitis

- Updated the instructions for excluding visits that result in an inpatient stay.
- Deleted step 8; this step is unnecessary because these members are removed in step 5.

Appropriate Treatment for Upper Respiratory Infection

- Updated the instructions for excluding visits that result in an inpatient stay.
- In the Rules for Allowable Adjustments section, clarified that the numerator criteria may be adjusted with limits.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

- Removed the exclusion of member-reported biometric values (body mass index, height and weight).
- Added a Note to clarify that services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the Counseling for Nutrition and Counseling for Physical Activity indicators.

Prenatal and Postpartum Care

- Revised the definition of last enrollment segment.
- Clarified that visits that occur prior to the enrollment start date (during the pregnancy) meet criteria.
- Added telephone visits (Telephone Visits Value Set) e-visits and virtual check-ins (Online Assessments Value Set) to the Timeliness of Prenatal Care rate (administrative specification) and clarified in the Notes that services provided via telephone, e-visit or virtual check-in are eligible for use in reporting both rates.
- Updated the Hybrid specification to indicate that sample size reduction is allowed using only the current year's administrative rate for MY 2020; for MY 2021, organizations may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate.
- Added examples of "pregnancy diagnosis" in the Hybrid specification of the Timeliness of Prenatal Care indicator.

Comprehensive Diabetes Care

- Retired the "HbA1c control (<7.0%) for a selected population" indicator.
- Retired the "Medical Attention for Nephropathy" indicator for the commercial and Medicaid product lines.
- Clarified in the measure description that organizations must use the same data collection method for the HbA1c testing and control indicators (this information was previously included in the General Guidelines).

- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added palliative care as a required exclusion.
- Deleted the HbA1c Level 7.0–9.0 Value Set.
- Updated the Administrative Specification logic and value sets for the Eye Exam indicator.
- Added telephone visits, e-visits and virtual check-ins to the Administrative Specification as appropriate settings for BP readings.
- Added Nebivolol-valsartan to the "Antihypertensive combinations" description in the ACE inhibitor and ARB Medications List.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.
- Added polycystic ovarian syndrome to the optional exclusions.
- Added a Note to the Denominator-Sample Size Reduction section in the Hybrid Specification.
- Clarified that documentation of "HB1c" meets criteria for the Hybrid Specification of the HbA1c testing indicator.
- Clarified that eye exam results read by a system that provides an artificial intelligence (AI) interpretation meet criteria.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Removed the exclusion of BP readings reported or taken by the member.
- Revised the Data Elements for Reporting tables.
- In the Rules for Allowable Adjustments section, clarified that the required exclusions criteria may be adjusted with limits.

Kidney Health Evaluation for Patients With Diabetes

- First-year measure (MY 2020).

Asthma Medication Ratio

- Removed the restriction that only three of the four visits with an asthma diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Clarified in step 1 when the diagnosis must be on the discharge claim.
- Added Dupilumab to the "Anti-interleukin-4" description in the Dupilumab Medications List.
- Clarified NDC code mapping requirements in the Notes.

Controlling High Blood Pressure

- Revised the time frame in the event/diagnosis criteria to look for two outpatient visits with a diagnosis of hypertension in the first six months of the measurement year and the year prior to the measurement year.
- Removed the restriction that only one of the two visits with a hypertension diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added palliative care as a required exclusion.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.
- In the Administrative Specification, added telephone visits, e-visits and virtual check-ins as appropriate settings for BP readings.
- Updated the Hybrid Specification to indicate that sample size reduction is not allowed for MY 2020; sample size reduction is allowed for MY 2021.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Removed the exclusion of BP readings reported or taken by the member.
- Added the "Number of required exclusions" data element to the Data Elements for Reporting table.
- Added guidance for adjusting required exclusions in the Rules for Allowable Adjustments section.

Antidepressant Medication Management

- Added e-visits and virtual check-ins to the event/diagnosis (step 2 required exclusion).

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis, step 2 required exclusions.

Diabetes Monitoring for People With Diabetes and Schizophrenia

- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added polycystic ovarian syndrome to the optional exclusions.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

- Clarified in step 2 when the diagnosis must be on the discharge claim.
- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Removed the restriction that only one of the two visits with an IVD diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- Relabeled step 2 to "Required exclusions" and moved the exclusions for members with advanced illness, frailty, enrolled in an I-SNP or living long-term in an institutional setting to a new step 3 labeled as "exclusions."
- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added Donepezil-memantine to the "Dementia combinations" description in the Dementia Medications List.

Race/Ethnicity Diversity of Membership

- Revised the note referring to total member counts.
- Revised the Data Elements for Reporting tables.

Language Diversity of Membership

- Revised the Data Elements for Reporting tables.

Use of Opioids From Multiple Providers

- Added the Aspirin Codeine Medications List, the Codeine Phosphate Medications List and the Acetaminophen Benzhydrocodone Medications List.
- Clarified the instructions for calculating covered days.
- In the Rules for Allowable Adjustments section, clarified that the event/diagnosis and numerator criteria may be adjusted with limits.

Use of Opioids at High Dosage

- Clarified the instructions for calculating covered days for the numerator.
- Clarified the instructions for treatment period.
- Added palliative care as a required exclusion.

- Added medication lists for acetaminophen benzhydrocodone, aspirin codeine and codeine phosphate.
- In the Rules for Allowable Adjustments section, clarified that the event/diagnosis, required exclusions and numerator criteria may be adjusted with limits.

Risk of Continued Opioid Use

- Added the Aspirin Codeine Medications List, the Codeine Phosphate Medications List and the Acetaminophen Benzhydrocodone Medications List.
- Clarified the instructions for calculating covered days.
- Added palliative care as a required exclusion.
- In the Rules for Allowable Adjustments section clarified that the event/diagnosis, required exclusions and numerator criteria may be adjusted with limits.

Plan All-Cause Readmissions

- Revised the measure description.
- Added a Note to the definition of "plan population" to clarify that it should be used as a denominator for the outlier rate.
- Removed "Risk Adjustment Tables" from the Definitions.
- Replaced references to "Table HCC-Surg" with references to the "Surgery Procedure Value Set" in the Risk Adjustment Determination section.
- Replaced references to "Table PCR-DischCC" with "Table CC_Mapping" in the Risk Adjustment Determination section.
- Updated the Note in the Risk Adjustment Weighting section for IHS that are discharged or transferred to skilled nursing care.
- Removed references to specific risk weight tables in the Risk Adjustment Weighting section.
- Clarified rounding rules in step 8 of the Risk Adjustment Weighting section.
- Revised the data element tables to separate the Medicaid and commercial product lines from the Medicare product line.

3. Child & Adolescent Care

Introduction

The Child & Adolescent Care domain encompasses the following HEDIS measures:

- *Childhood Immunization Status—Combinations 2–10*
- *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*
- *Lead Screening in Children*
- *Child and Adolescent Well-Care Visits—Ages 3 to 11 Years, Ages 12 to 17 Years, Ages 18 to 21 Years,* and *Total*
- *Immunizations for Adolescents—Combinations 1 and 2*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase*

Please see the "How to Get the Most From This Report" section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 3-1 presents the Michigan MWA performance for the measure indicators under the Child & Adolescent Care domain. The table lists the HEDIS MY 2020 MWA rates and performance levels, a comparison of the HEDIS MY 2019 MWA to the HEDIS MY 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2019 to HEDIS MY 2020.

Table 3-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Child & Adolescent Care

Measure	HEDIS MY 2020 MWA and Performance Level[1]	HEDIS MY 2019 MWA–HEDIS MY 2020 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020	Number of MHPs With Statistically Significant Decline in HEDIS MY 2020
Childhood Immunization Status				
Combination 2	66.88%	**-5.83++**	0	6
Combination 3	64.00%	**-4.36++**	0	3

Measure	HEDIS MY 2020 MWA and Performance Level[1]	HEDIS MY 2019 MWA–HEDIS MY 2020 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020	Number of MHPs With Statistically Significant Decline in HEDIS MY 2020
Combination 4	63.16%	**-4.38++**	0	3
Combination 5	56.31%	**-2.75++**	0	1
Combination 6	37.33%	-0.53	0	1
Combination 7	55.64%	**-2.80++**	0	2
Combination 8	37.17%	-0.52	0	1
Combination 9	33.37%	-0.23	0	1
Combination 10	33.22%	-0.22	0	1
Well-Child Visits in the First 30 Months of Life				
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits[3]	61.88%	NC	NC	NC
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[4]	67.71%	NC	NC	NC
Lead Screening in Children				
Lead Screening in Children	73.44%	**-4.83++**	0	6
Child and Adolescent Well-Care Visits[3]				
Ages 3 to 11 Years	50.92%	NC	NC	NC
Ages 12 to 17 Years	42.35%	NC	NC	NC
Ages 18 to 21 Years	27.36%	NC	NC	NC
Total	44.59%	NC	NC	NC
Immunizations for Adolescents				
Combination 1	82.68%	**-2.60++**	0	1
Combination 2	37.95%	**-2.45++**	0	0
Follow-Up Care for Children Prescribed ADHD Medication[5]				
Initiation Phase	46.03%	+1.59	1	0
Continuation and Maintenance Phase	57.74%	+3.09	2	0

[1] *HEDIS MY 2020 performance levels were based on comparisons of the HEDIS MY 2020 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. HEDIS MY 2020 performance levels represent the following percentile comparisons:*

≤25th	*≥25th and ≤49th*	*≥50th and ≤74th*	*≥75th and ≤89th*	*≥90th*

[2] *HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.*

[3] *Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.*

[4] *This measure is a first-year measure; therefore, prior years' rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.*

[5] *Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.*

NC indicates that a comparison to HEDIS MY 2019 performance is not appropriate.

Red Shading[++] *Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.*

Table 3-1 shows that for the Child & Adolescent Care domain, the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* measure was an area of strength. Both measure indicators ranked above the 50th percentile and demonstrated improvements. Priority ranked above the 50th percentile for the most measures within the Child & Adolescent Care domain (*Childhood Immunization Status—Combinations 2–10, Lead Screening in Children,* and *Immunizations for Adolescents—Combination 1* and *Combination 2*). Total Health and Blue Cross were the only MHPs to rank above the HPL for one indicator each within the *Follow-Up Care for Children Prescribed ADHD Medication* measure.

The MWA demonstrated a significant decline for the *Childhood Immunization Status—Combinations 2, 3, 4, 5,* and *7, Lead Screening in Children,* and *Immunizations for Adolescents—Combination 1 and Combination 2* indicators, decreasing by over two percentage points. *Lead Screening in Children* had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2020, as well as a MWA decrease of nearly five percentage points from HEDIS MY 2019. Additionally, the MWA ranked below the 49th percentile for all indicators for the *Childhood Immunization Status* measure.

MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Lead Screening in Children* measure and work towards possibly increasing the administration of lead blood tests for children 2 years of age. Screening for lead is an easy way to detect an abnormal blood lead level in children. There is no safe blood lead level. If not found early, exposure to lead and high blood levels can lead to irrevocable effects on a child's physical and mental health.[3-1] If the decline in children receiving these tests is identified as linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for children to have access to this important test.

Additionally, MDHHS should work with the MHPs and providers to target improving childhood vaccination rates due to the significant decline across multiple indicators for the *Childhood Immunization Status* measure. The ongoing COVID-19 pandemic is a reminder of the importance of vaccination. The identified declines in routine pediatric vaccine ordering and doses administered might indicate that United States children and their communities face increased risks for outbreaks of vaccine-preventable diseases. Reminding parents of the vital need to protect their children against serious vaccine-preventable diseases, even as the COVID-19 pandemic continues, is critical. As social distancing requirements are relaxed, children who are not protected by vaccines will be more vulnerable

[3-1] National Committee for Quality Assurance. Lead Screening in Children. Available at: https://www.ncqa.org/hedis/measures/lead-screening-in-children/. Accessed on: September 17, 2021.

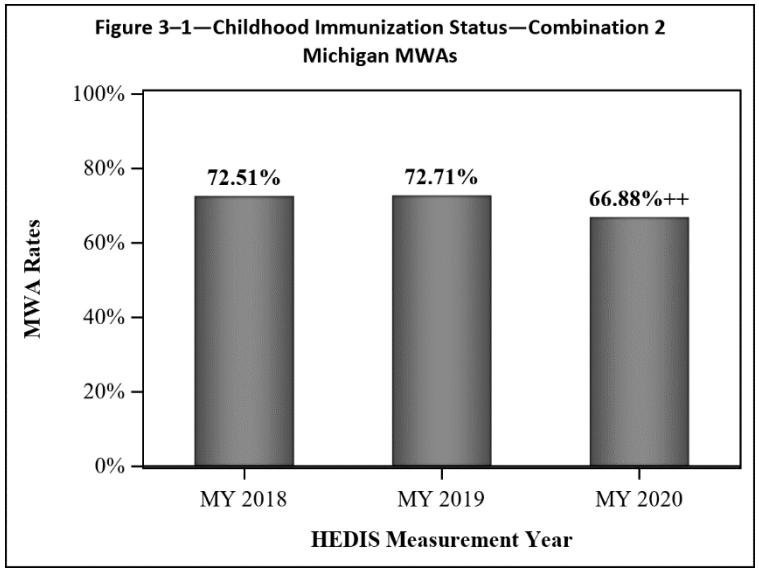
to diseases such as measles. In response, continued coordinated efforts between health care providers and public health officials at the local, state, and federal levels will be necessary to achieve rapid catch-up vaccination.[3-2]

[3-2] The Centers for Disease Control and Prevention. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020. Available at: https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm/. Accessed on: September 17, 2021.

Measure-Specific Findings

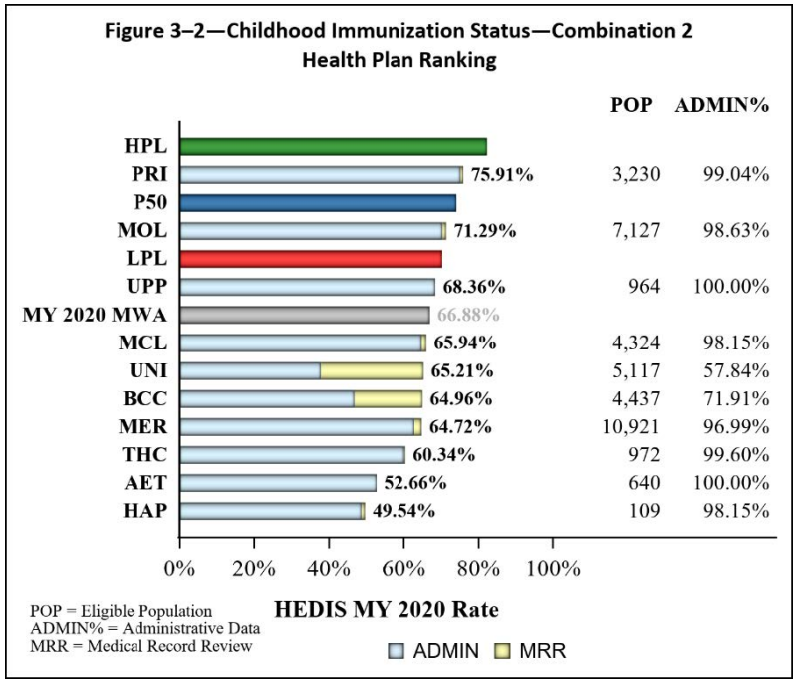
Childhood Immunization Status—Combination 2

Childhood Immunization Status—Combination 2 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus, and acellular pertussis (DTaP), three polio (IPV), one measles, mumps and rubella (MMR), three haemophilus influenza type B (HiB), three hepatitis B (HepB), and one chicken pox (VZV).



Rates with one cross (++) indicate a significant decline in performance from the previous year.

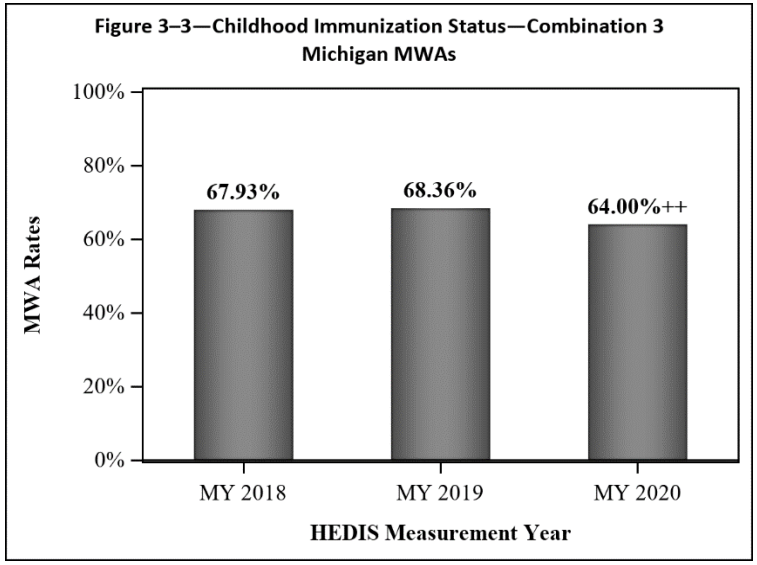
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile but fell below the HPL. Eight MHPs fell below the LPL. MHP performance varied by over 26 percentage points.

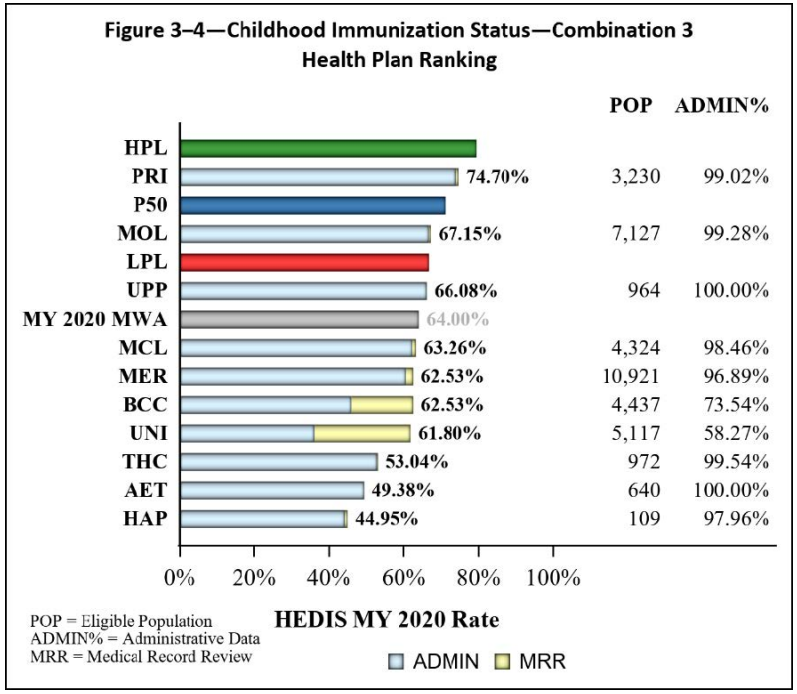
Childhood Immunization Status—Combination 3

Childhood Immunization Status—Combination 3 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, and four pneumococcal conjugate (PCV).



Rates with one cross (++) indicate a significant decline in performance from the previous year.

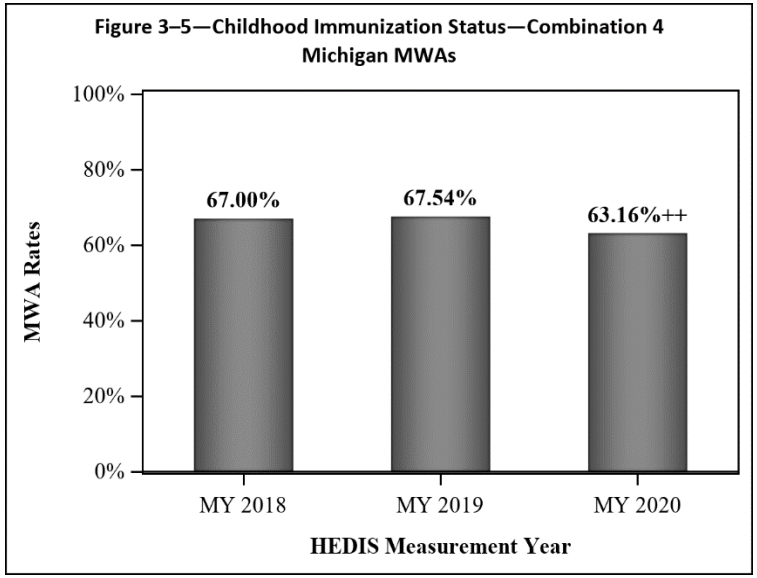
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile but fell below the HPL. Eight MHPs fell below the LPL. MHP performance varied by over 29 percentage points.

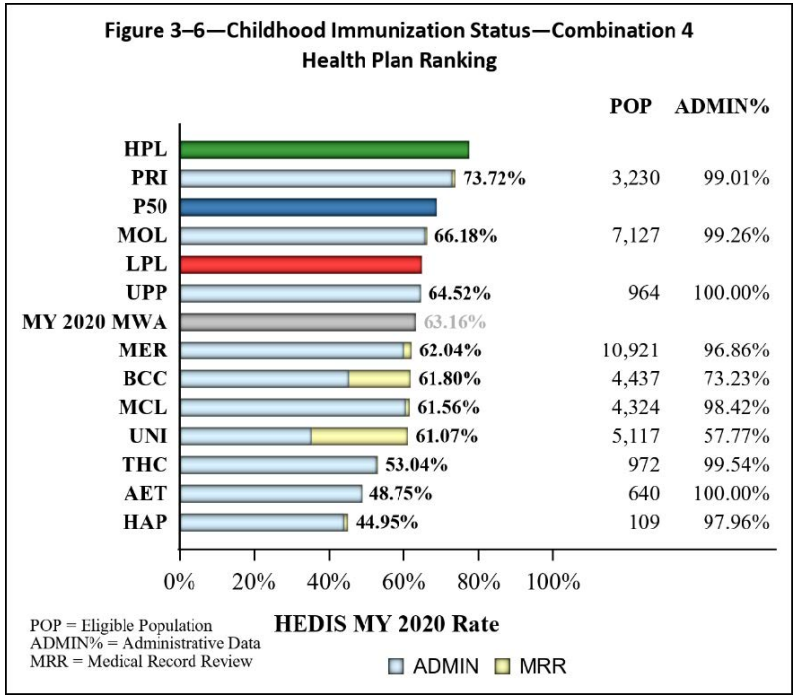
Childhood Immunization Status—Combination 4

Childhood Immunization Status—Combination 4 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and one HepA.



Rates with one cross (++) indicate a significant decline in performance from the previous year.

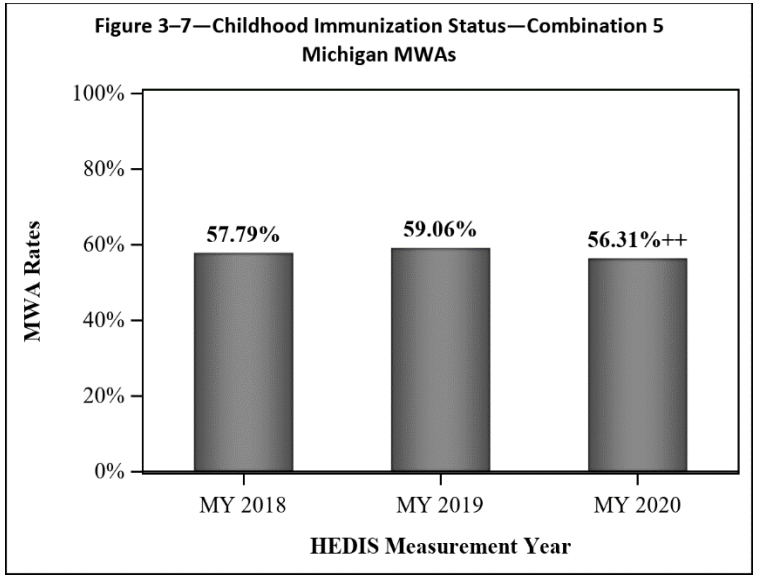
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile but fell below the HPL. Eight MHPs fell below the LPL. MHP performance varied by over 28 percentage points.

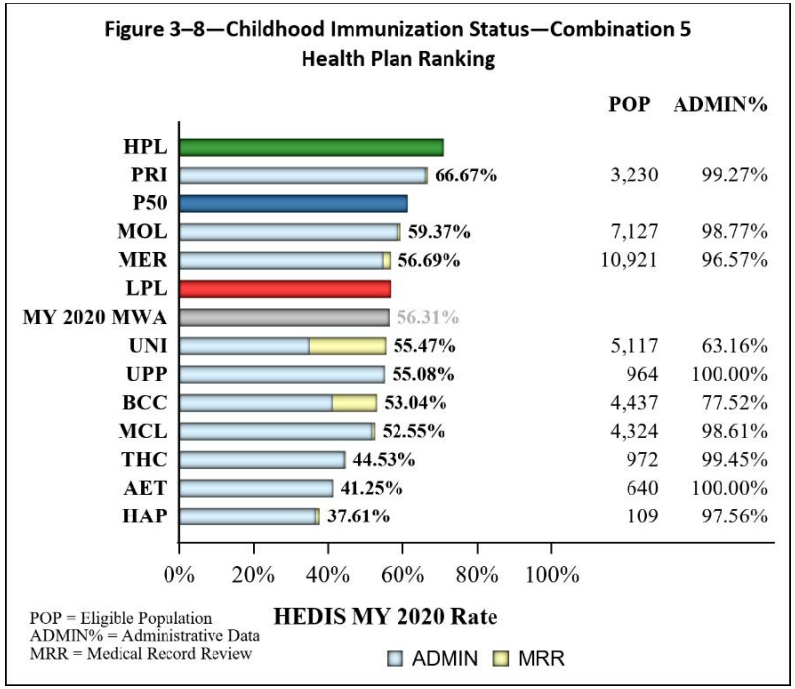
Childhood Immunization Status—Combination 5

Childhood Immunization Status—Combination 5 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two or three rotavirus (RV).



Rates with one cross (++) indicate a significant decline in performance from the previous year.

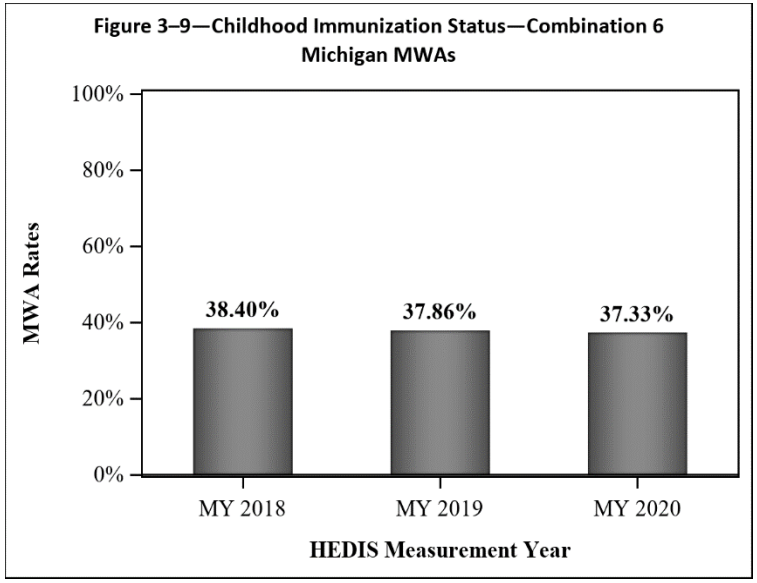
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



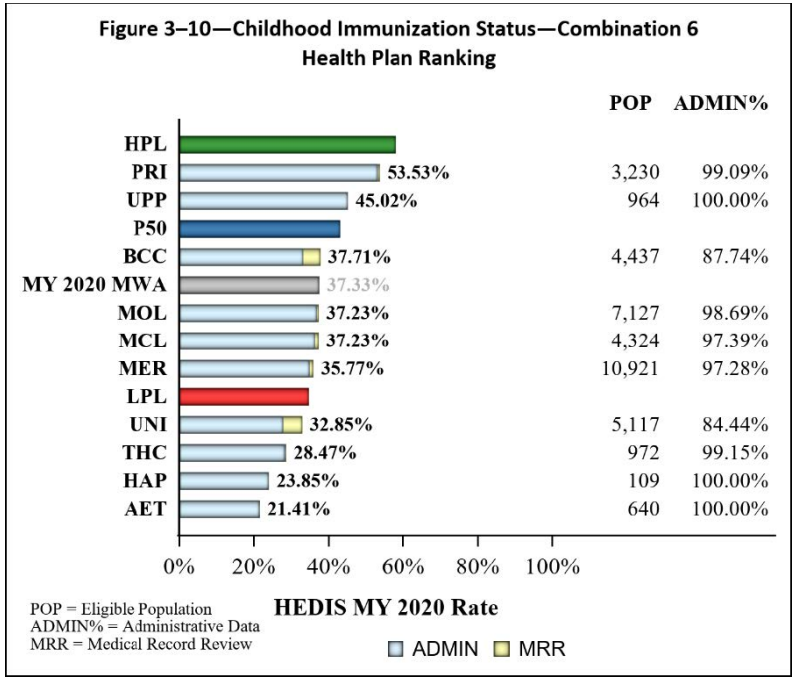
One MHP ranked above the 50th percentile but fell below the HPL. Seven MHPs fell below the LPL. MHP performance varied by over 29 percentage points.

Childhood Immunization Status—Combination 6

Childhood Immunization Status—Combination 6 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two influenza (flu).



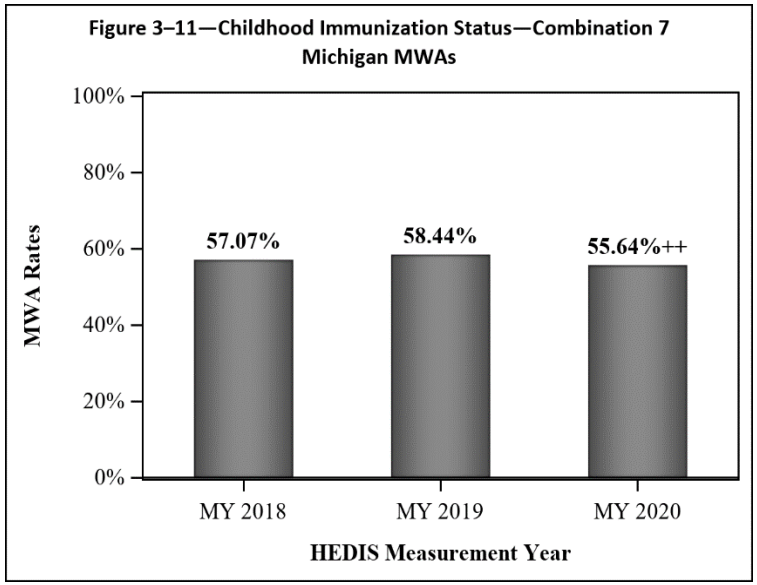
The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.



Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 32 percentage points.

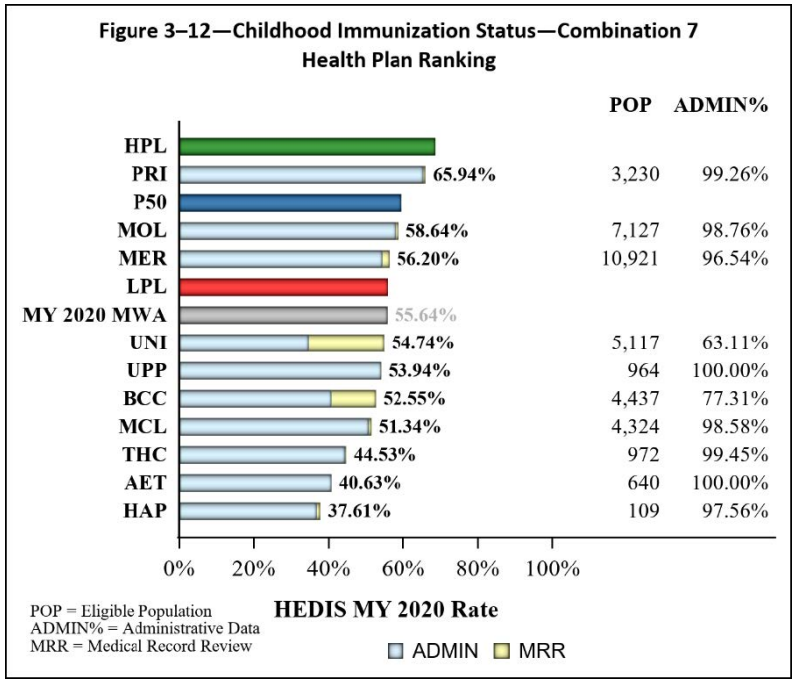
Childhood Immunization Status—Combination 7

Childhood Immunization Status—Combination 7 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two or three RV.



Rates with one cross (++) indicate a significant decline in performance from the previous year.

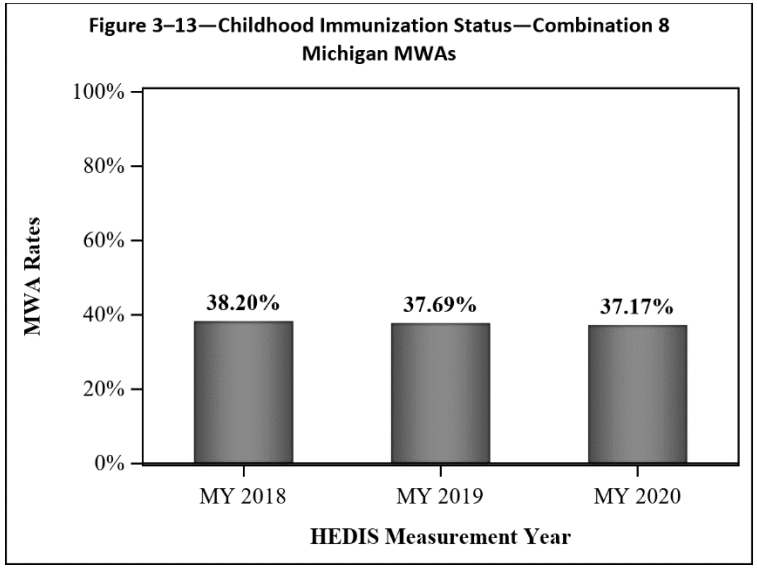
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



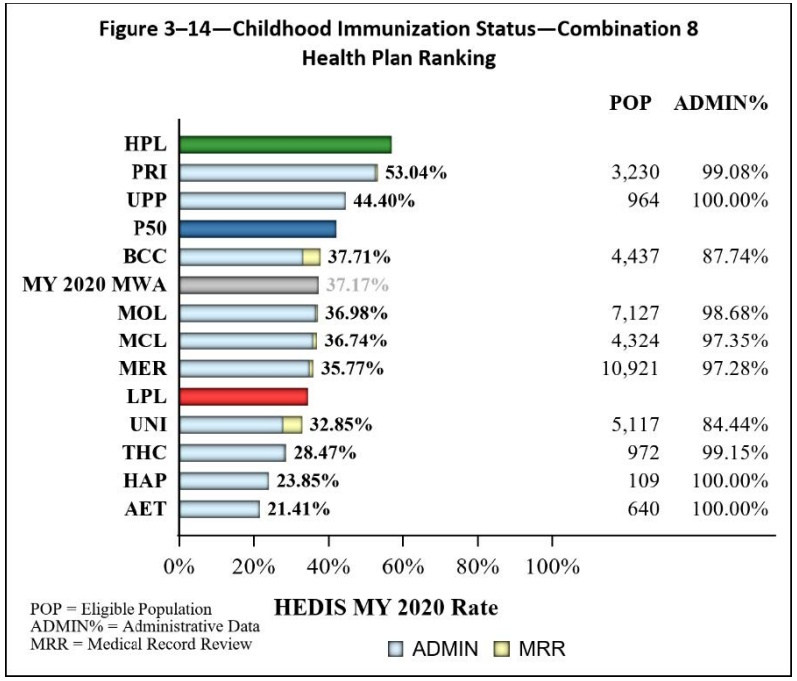
One MHP ranked above the 50th percentile but fell below the HPL. Seven MHPs fell below the LPL. MHP performance varied by over 28 percentage points.

Childhood Immunization Status—Combination 8

Childhood Immunization Status—Combination 8 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two flu.



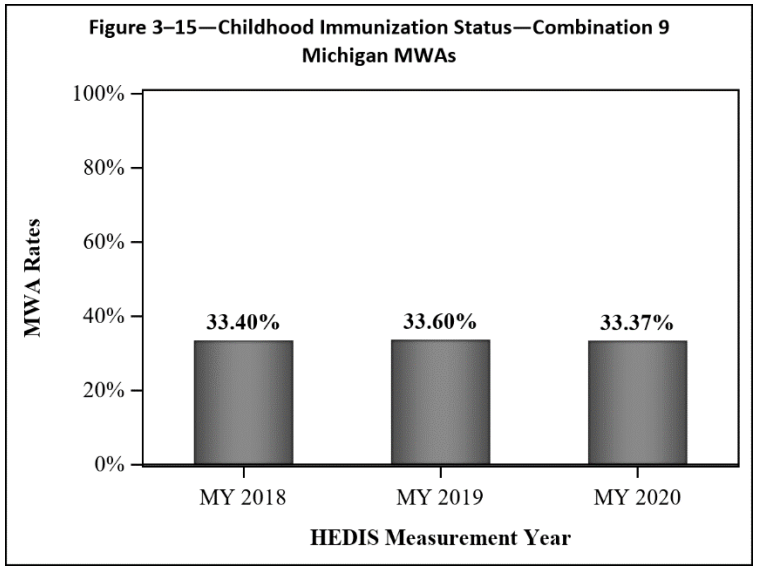
The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.



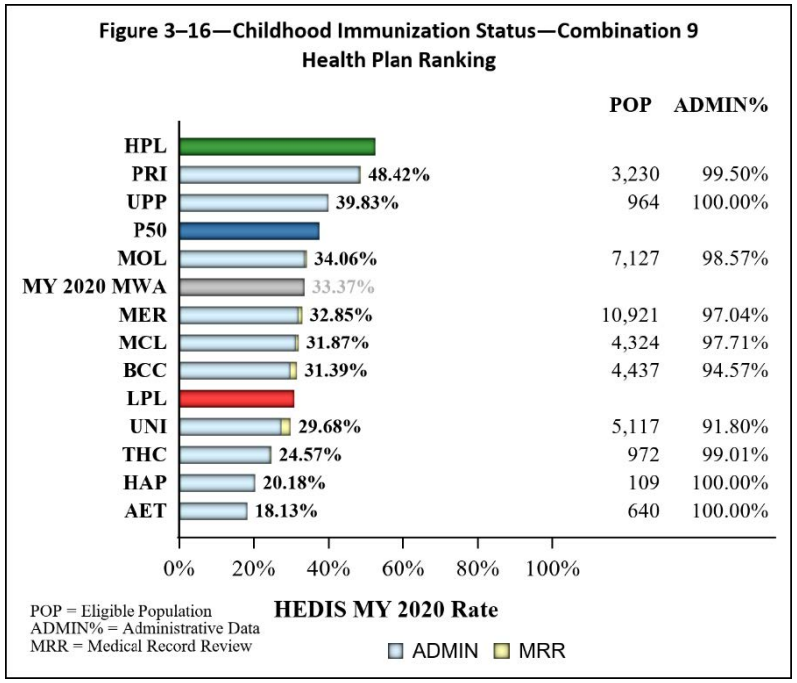
Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 31 percentage points.

Childhood Immunization Status—Combination 9

Childhood Immunization Status—Combination 9 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, two or three RV, and two flu.



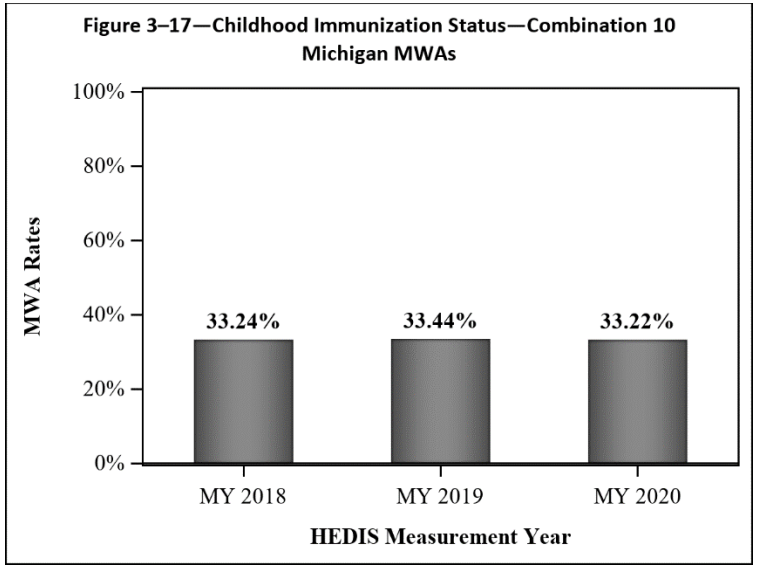
The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.



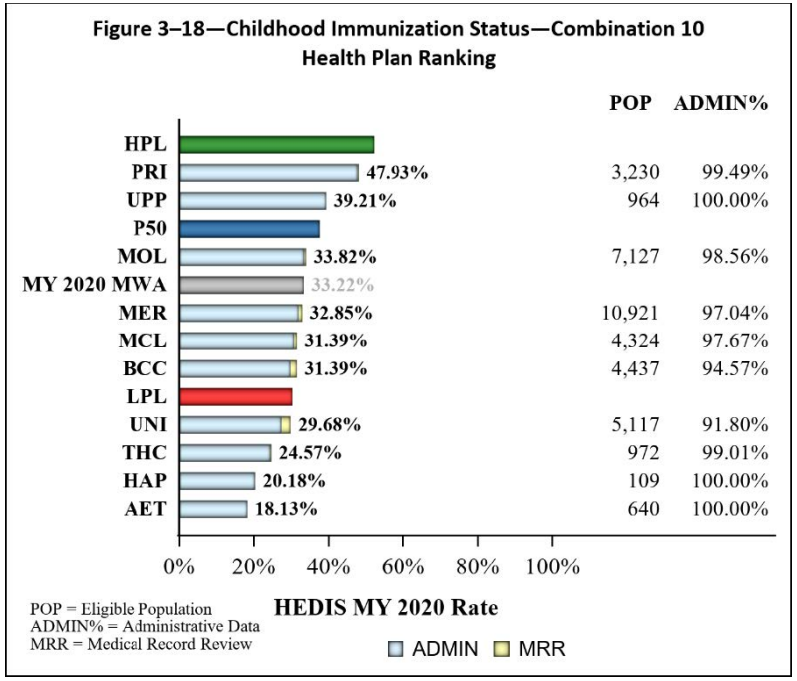
Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

Childhood Immunization Status—Combination 10

Childhood Immunization Status—Combination 10 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, two or three RV, and two flu.



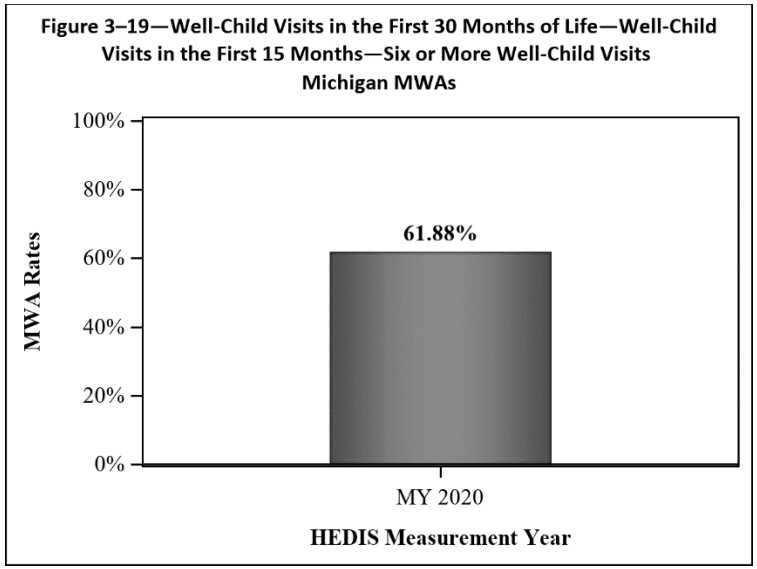
The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.



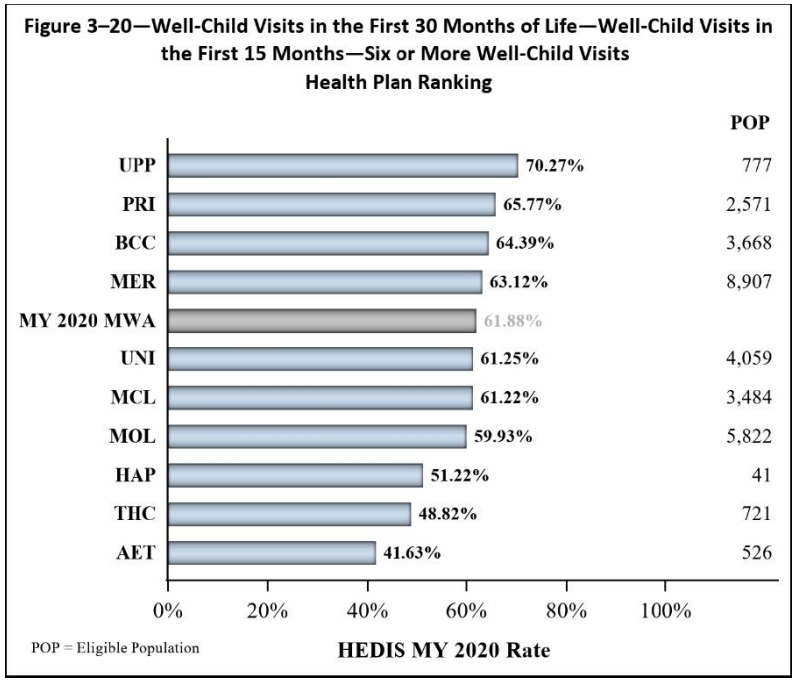
Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 29 percentage points.

Well-Child Visits in the First 15 Months—Six or More Well-Child Visits

Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits assesses the percentage of members who turned 15 months old during the MY who received six or more well-child visits with a PCP during their first 15 months of life.



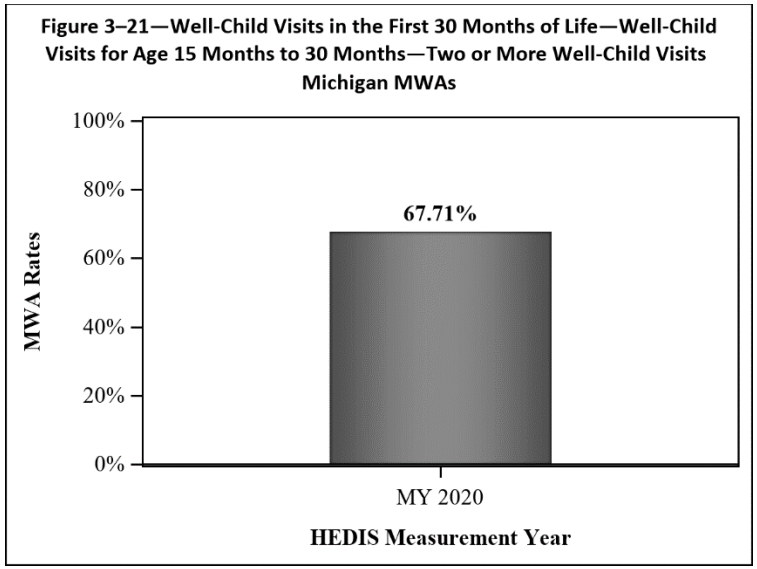
Due to changes in the technical specifications in HEDIS MY 2020 for the *Well-Child Visits in the First 15 Months of Life—Six or More Visits Well-Child Visits* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



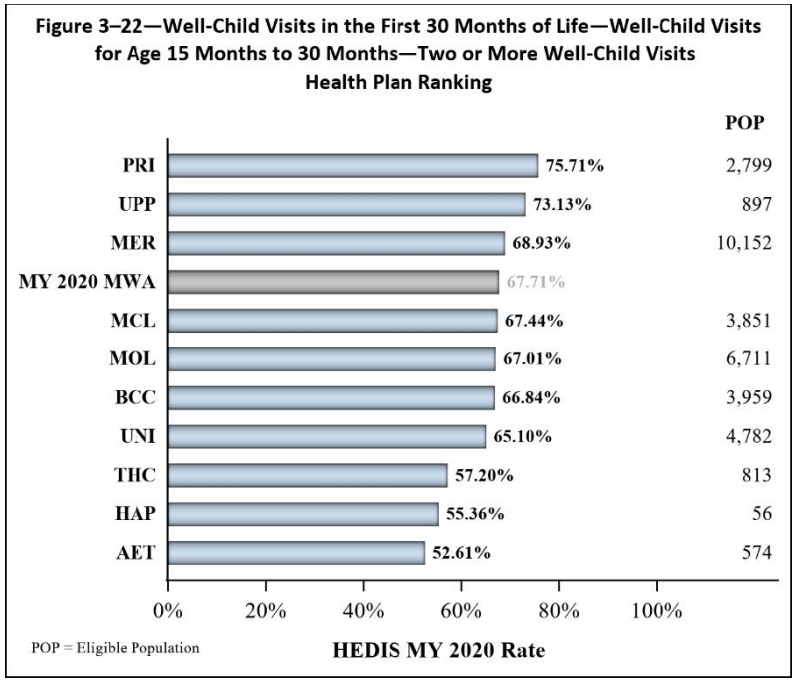
Due to changes in the technical specifications in HEDIS MY 2020 for the *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 28 percentage points.

Well-Child Visits in the First 15 Months to 30 Months—Two or More Well-Child Visits

Well-Child Visits in the First 15 Months to 30 Months—Two or More Well-Child Visits assesses the percentage of members who turned 15 months old during the MY who received six or more well-child visits with a PCP during their first 15 months of life.



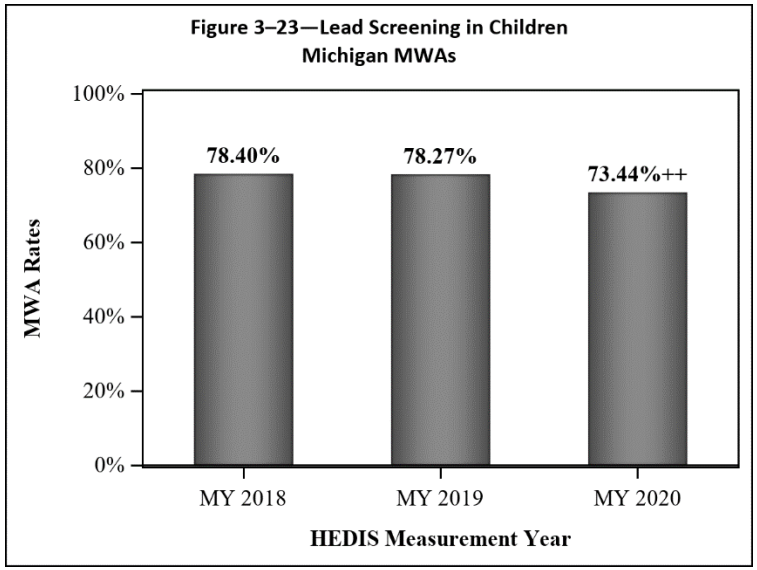
The *Well-Child Visits in the First 15 Months to 30 Months—Two or More Well-Child Visits* measure is a first-year measure for HEDIS MY 2020, and therefore was not included in the prior years' results. Therefore, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



For HEDIS MY 2020, *Well-Child Visits in the First 15 Months to 30 Months—Two or More Well-Child Visits* was a first-year measure. Comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 23 percentage points.

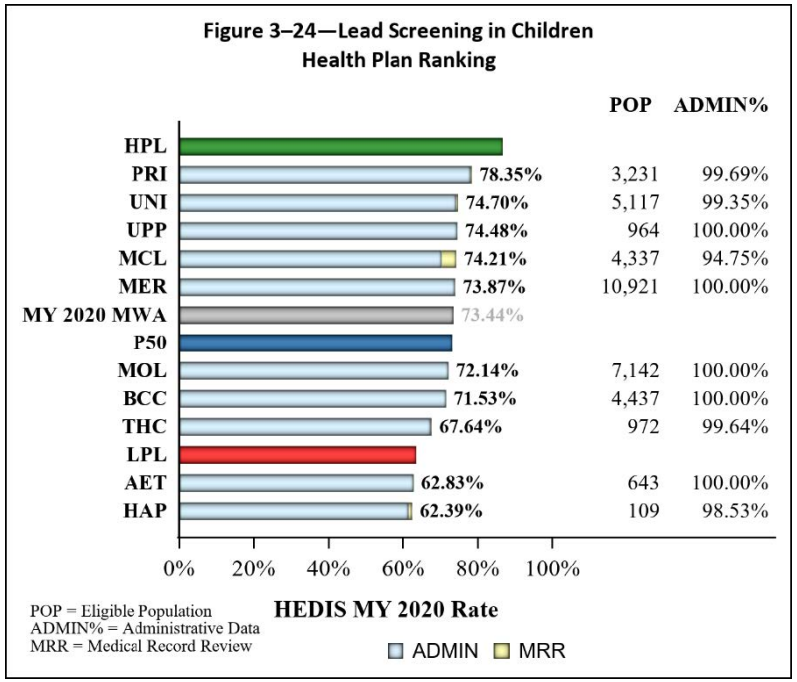
Lead Screening in Children

Lead Screening in Children assesses the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

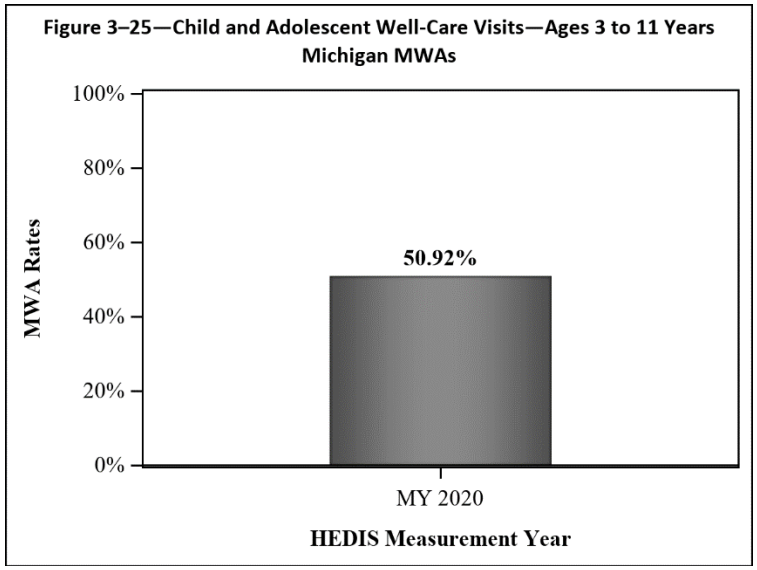
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



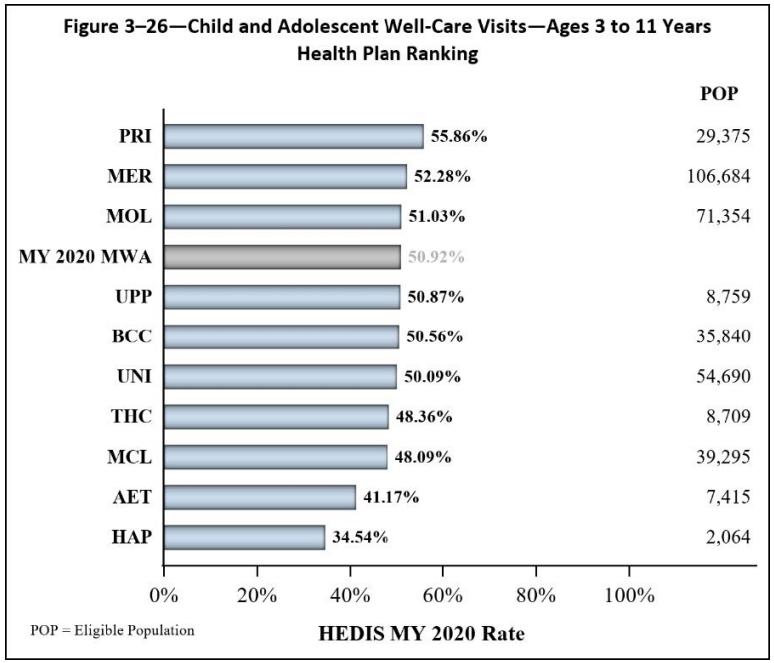
Five MHPs and the MWA ranked above the 50th percentile, and fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 15 percentage points.

Child and Adolescent Well-Care Visits—Ages 3 to 11 Years

Child and Adolescent Well-Care Visits assesses the percentage of members who were 3 to 11 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



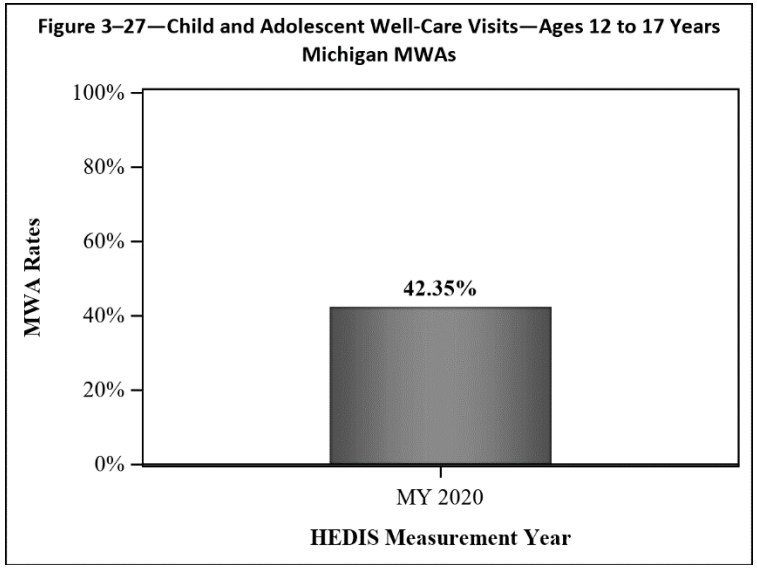
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 3 to 11 years* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



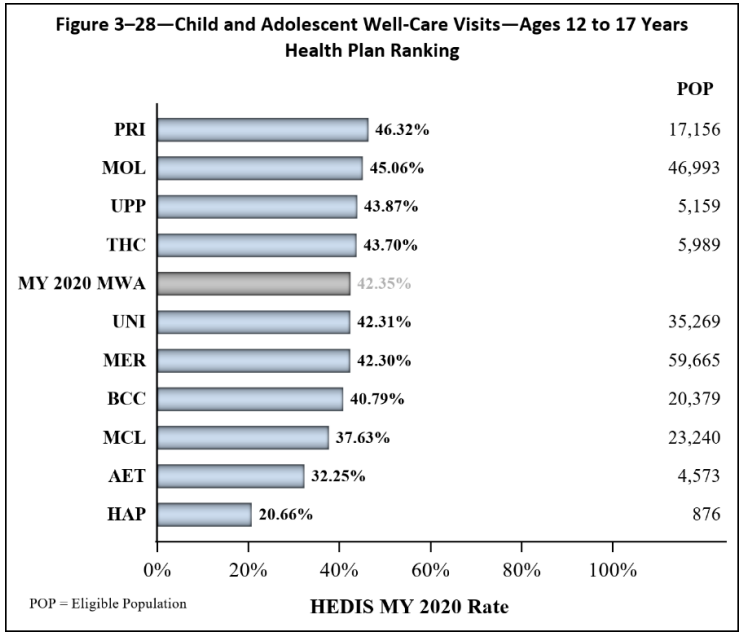
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 3 to 11 years* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 21 percentage points.

Child and Adolescent Well-Care Visits—Ages 12 to 17 Years

Child and Adolescent Well-Care Visits assesses the percentage of members who were 12 to 17 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



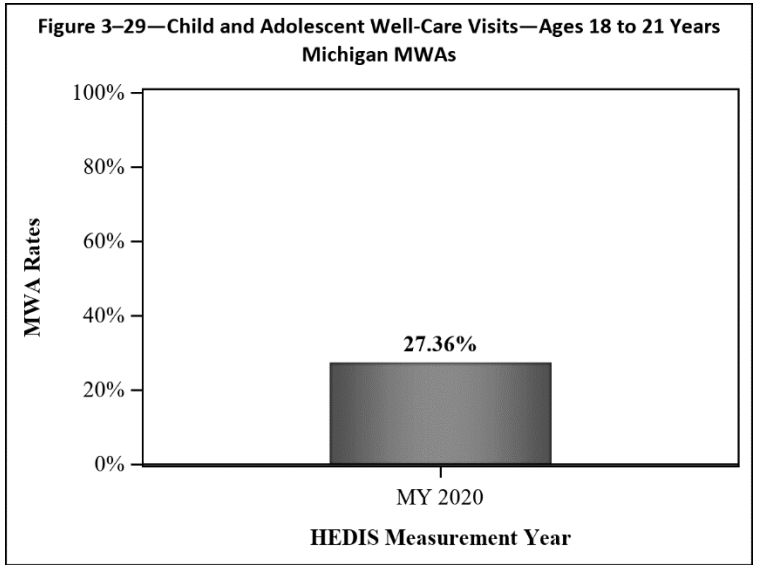
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 12 to 17 years* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



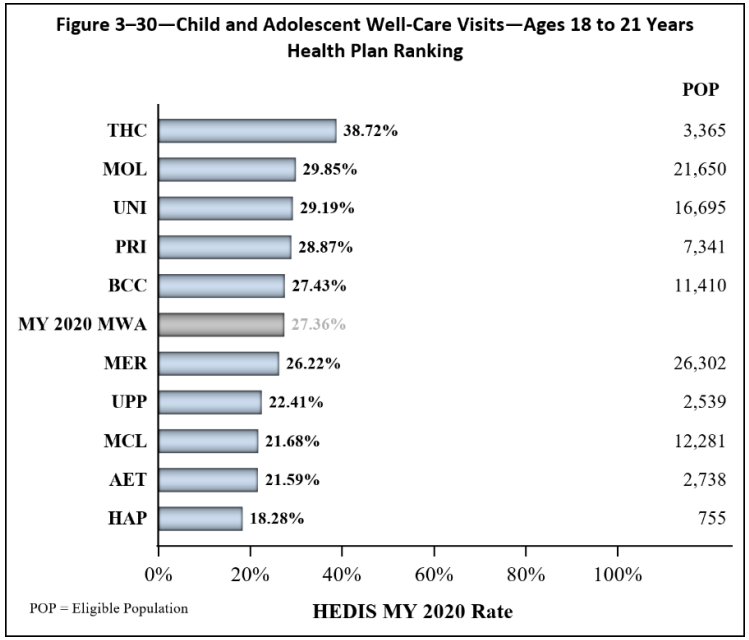
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 12 to 17 years* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 25 percentage points.

Child and Adolescent Well-Care Visits—Ages 18 to 21 Years

Child and Adolescent Well-Care Visits assesses the percentage of members who were 18 to 21 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



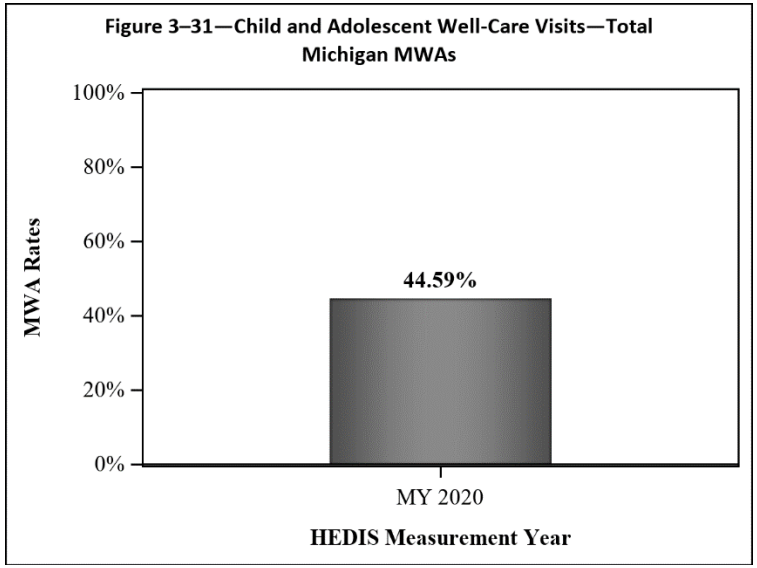
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 18 to 21 years* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



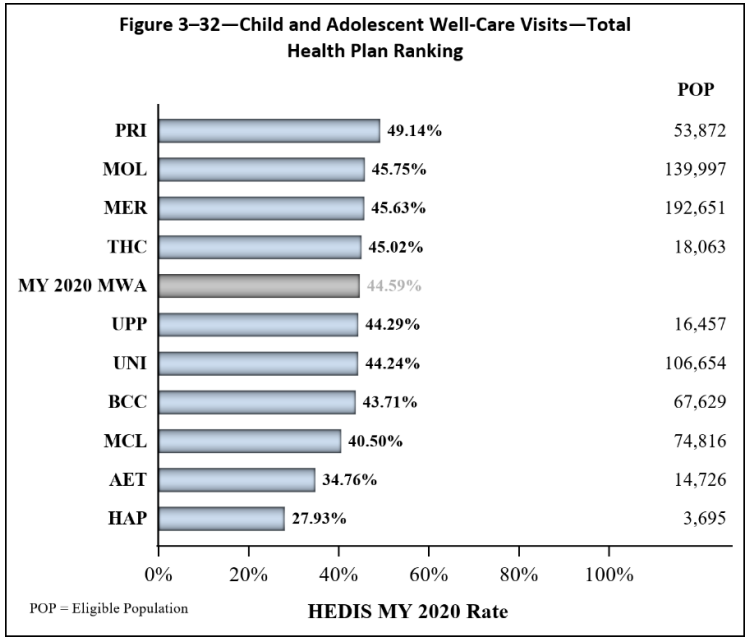
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 18 to 21 years* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 20 percentage points.

Child and Adolescent Well-Care Visits—Total

Child and Adolescent Well-Care Visits—Total assesses the percentage of members who were 3 to 21 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



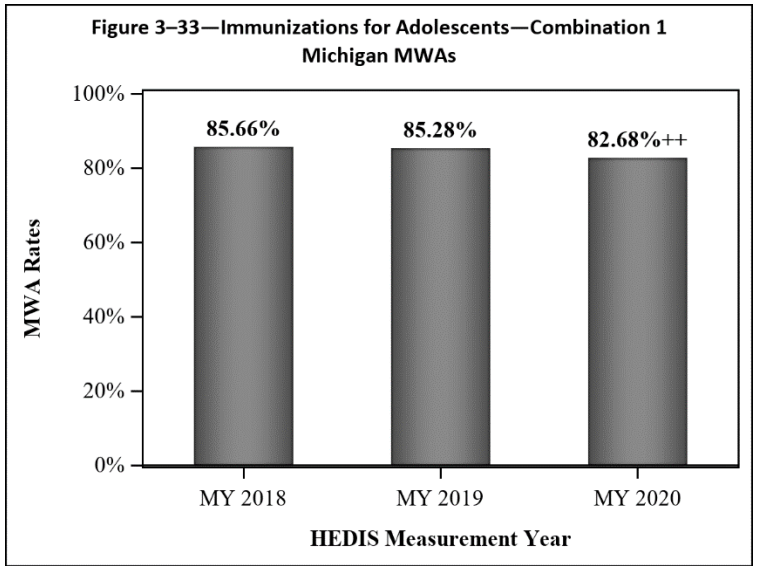
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Total* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Total* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 21 percentage points.

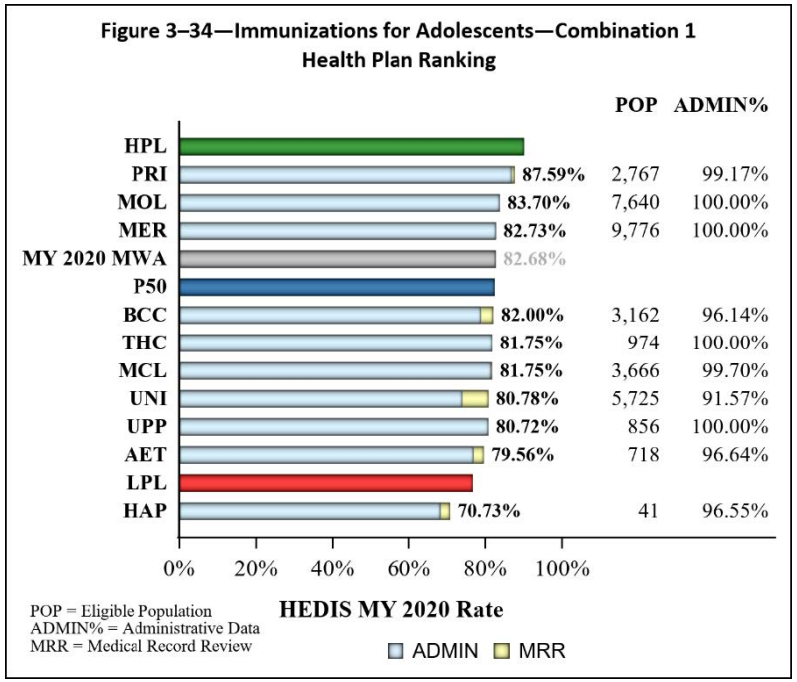
Immunizations for Adolescents—Combination 1

Immunizations for Adolescents—Combination 1 assesses the percentage of adolescents 13 years of age who had the following by their thirteenth birthday: one dose of meningococcal vaccine; and one Tdap vaccine.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

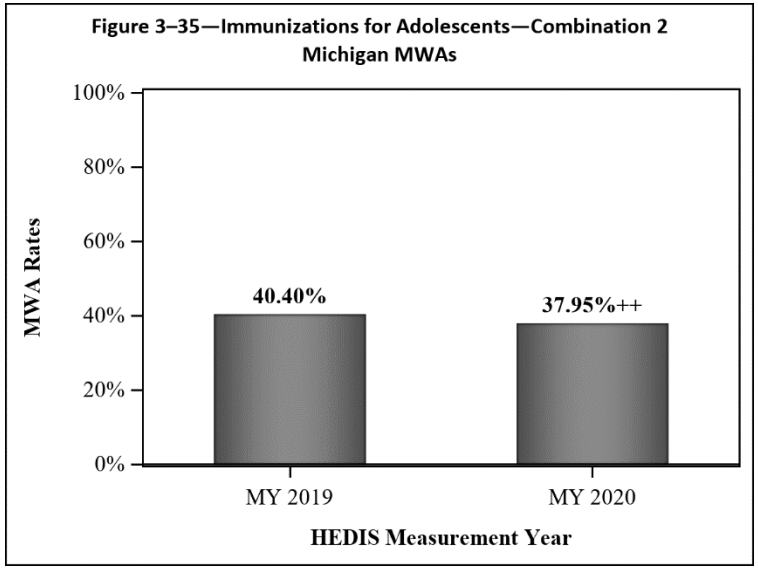
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Three MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 16 percentage points.

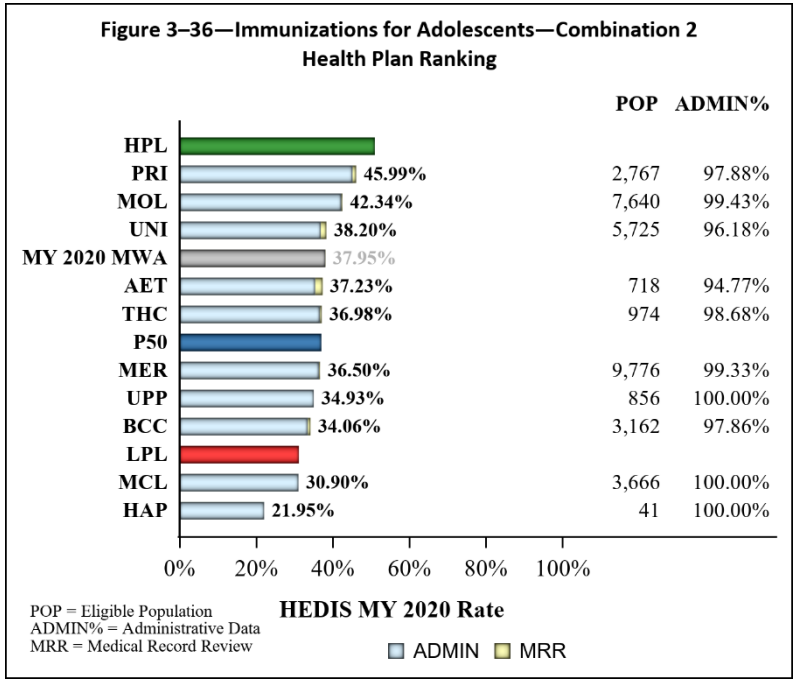
Immunizations for Adolescents—Combination 2

Immunizations for Adolescents—Combination 2 assesses the percentage of adolescents 13 years of age who had the following by their thirteenth birthday: one dose of meningococcal vaccine; one Tdap vaccine; and two HP.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

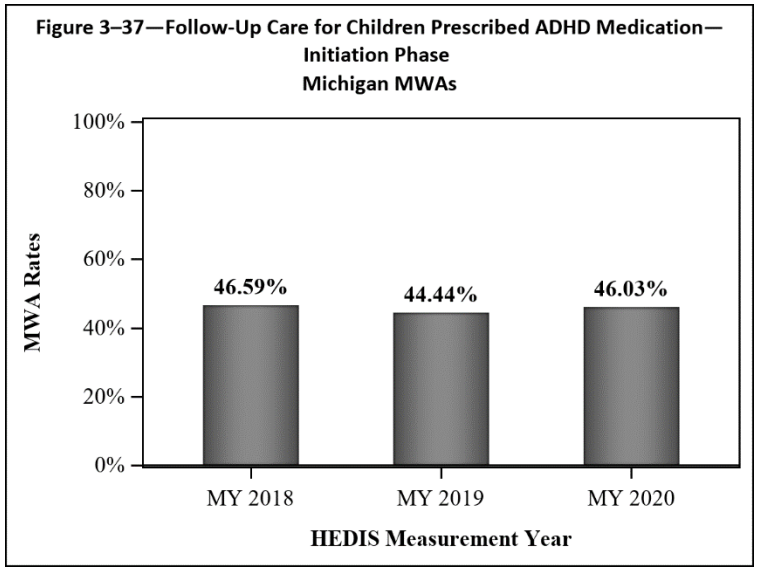
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



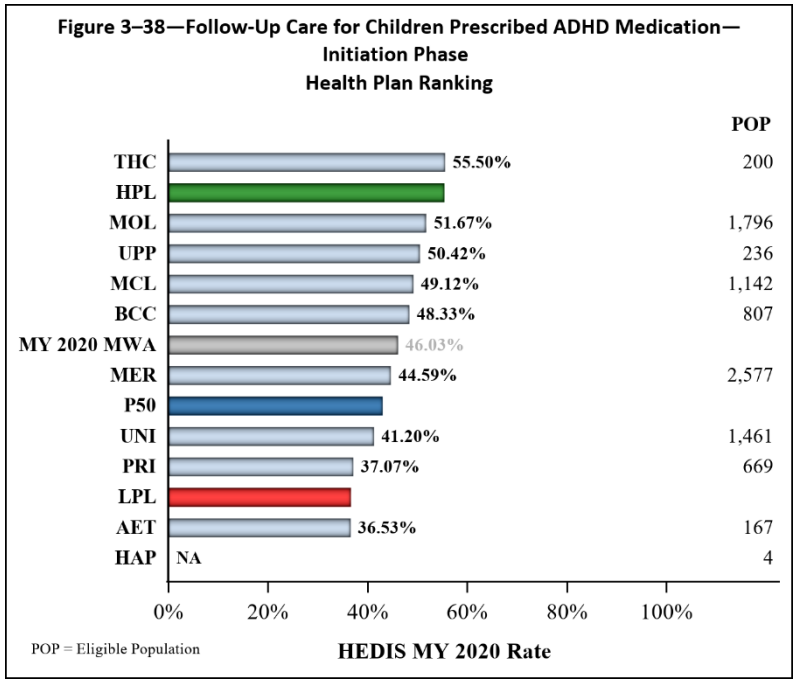
Five MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by approximately 24 percentage points.

Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase

Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase assesses the percentage of children 6 to 12 years of age who were newly prescribed ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.

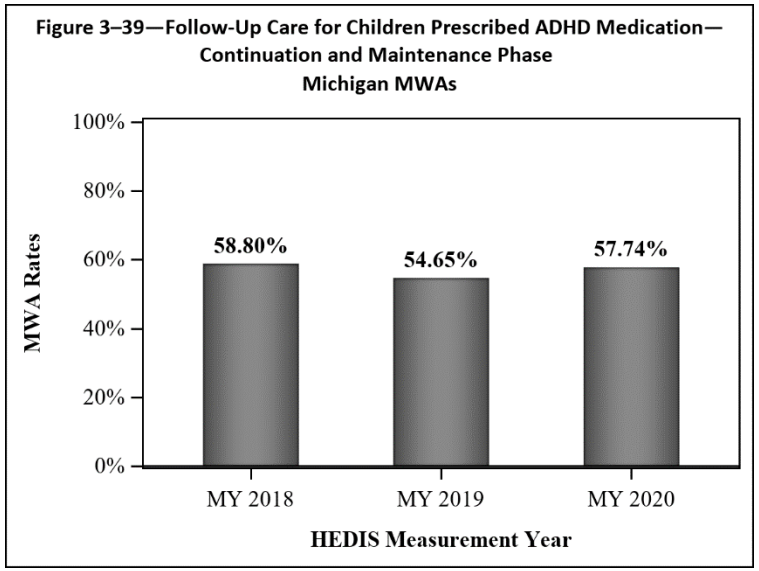


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

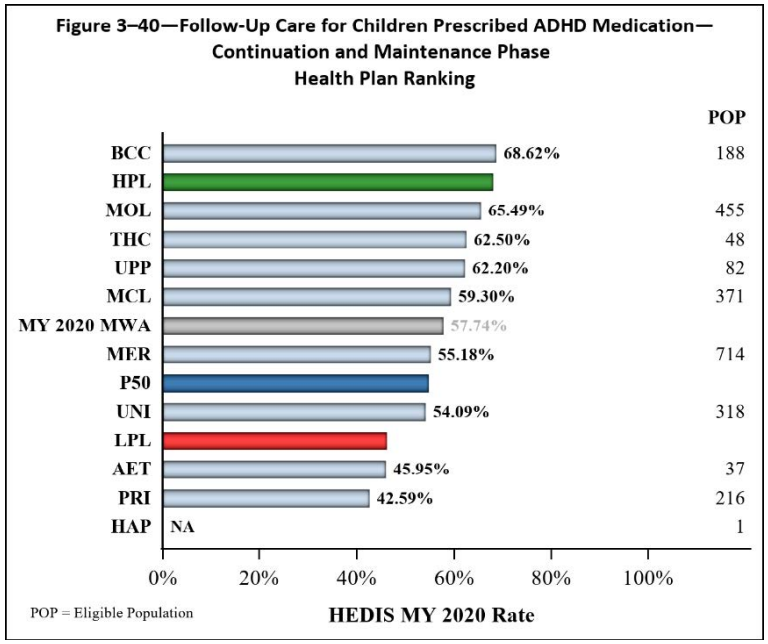
Six MHPs and the MWA ranked above the 50th percentile with one MHP ranked above the HPL. One MHP fell below the LPL. MHP performance varied by over 18 percentage points.

Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase assesses the percentage of children 6 to 12 years of age newly prescribed ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.



NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Six MHPs and the MWA ranked above the 50th percentile with one MHP ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied by approximately 26 percentage points.

4. Women—Adult Care

Introduction

The Women—Adult Care domain encompasses the following HEDIS measures:

- *Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years,* and *Total*
- *Cervical Cancer Screening*
- *Breast Cancer Screening*

Please see the "How to Get the Most From This Report" section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 4-1 presents the Michigan MWA performance for the measure indicators under the Women—Adult Care domain. The table lists the HEDIS MY 2020 MWA rates and performance levels, a comparison of the HEDIS MY 2019 MWA to the HEDIS MY 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2019 MWA to HEDIS MY 2020 MWA.

Table 4-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Women—Adult Care

Measure	HEDIS MY 2020 MWA and Performance Level[1]	HEDIS MY 2019 MWA–HEDIS MY 2020 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020	Number of MHPs With Statistically Significant Decline in HEDIS MY 2020
Chlamydia Screening in Women				
Ages 16 to 20 Years	57.30%	**-5.46++**	0	7
Ages 21 to 24 Years	63.68%	**-5.22++**	0	8
Total	60.20%	**-5.22++**	0	8
Cervical Cancer Screening[3]				
Cervical Cancer Screening	60.53%	**-7.13++**	0	5
Breast Cancer Screening[3]				
Breast Cancer Screening	56.31%	**-4.52++**	0	8

[1] HEDIS MY 2020 performance levels were based on comparisons of the HEDIS MY 2020 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. HEDIS MY 2020 performance levels represent the following percentile comparisons:

≤25th	≥25th and ≤49th	≥50th and ≤74th	≥75th and ≤89th	≥90th

[2] HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

[3] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Red Shading[++] *Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.*

Table 4-1 shows that for the Women—Adult Care domain, the MWA demonstrated a significant decline across all measures and indicators. Total Health Care and Molina demonstrated high performance as the only MHPs to rank above the 50th percentile for all *Chlamydia Screening for Women* measure indicators, and the *Cervical Cancer Screening* measure. No MHP ranked above the HPL for any measure in the Women—Adult Care domain. Additionally, Upper Peninsula fell below the LPL for all *Chlamydia Screening for Women* measure indicators and Aetna fell below the LPL for both the *Cervical Cancer Screening* and *Breast Cancer Screening* measures.

The *Chlamydia Screening in Women* and *Breast Cancer Screening* measures had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2020, as well as a MWA decrease of over five percentage points from HEDIS MY 2019. Further, the *Cervical Cancer Screening* measure had the most significant MWA decrease of over seven percentage points from HEDIS MY 2019. MDHHS should work with the MHPs and providers to identify barriers that contribute to lower screening rates for cervical cancer and breast cancer and should work towards establishing resources to increase access to routine cancer screenings. Screening can improve outcomes and early detection reduces the risk of dying can lead to a greater range of treatment options and lower health care costs.[4-1] Prolonged delays in screening related to the COVID-19 pandemic may lead to delayed diagnoses, poor health consequences, and an increase in cancer disparities among women already experiencing health inequities.[4-2] Additionally, MDHHS should work with the MHPs and providers on increasing testing and screening for chlamydia. The CDC has identified several new and innovative ways STD services can meet more people where they are—during the COVID-19 pandemic and in the future—including: STD express clinics, partnerships with pharmacies and retail health clinics, and telehealth.[4-3] If the decline in women receiving these screenings is identified as linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for women to have access to these important screening services.

[4-1] National Committee for Quality Assurance. Breast Cancer Screening. Available at: https://www.ncqa.org/hedis/measures/breast-cancer-screening/. Accessed on: September 17, 2021.

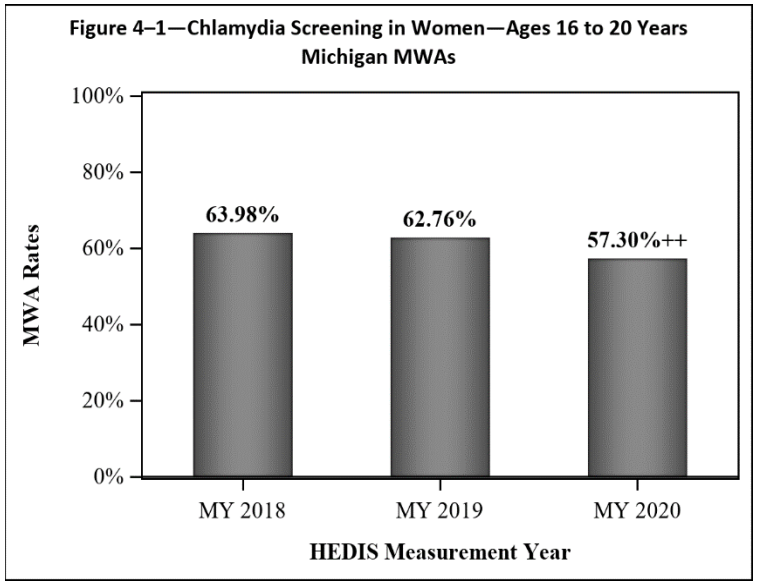
[4-2] Centers for Disease Control and Prevention. Sharp Declines in Breast and Cervical Cancer Screening. https://www.cdc.gov/media/releases/2021/p0630-cancer-screenings.html. Accessed on: September 17, 2021.

[4-3] Centers for Disease Control and Prevention. Reported STDs Reach All-time High for 6th Consecutive Year. https://www.cdc.gov/media/releases/2021/p0413-stds.html. Accessed on: September 17, 2021.

Measure-Specific Findings

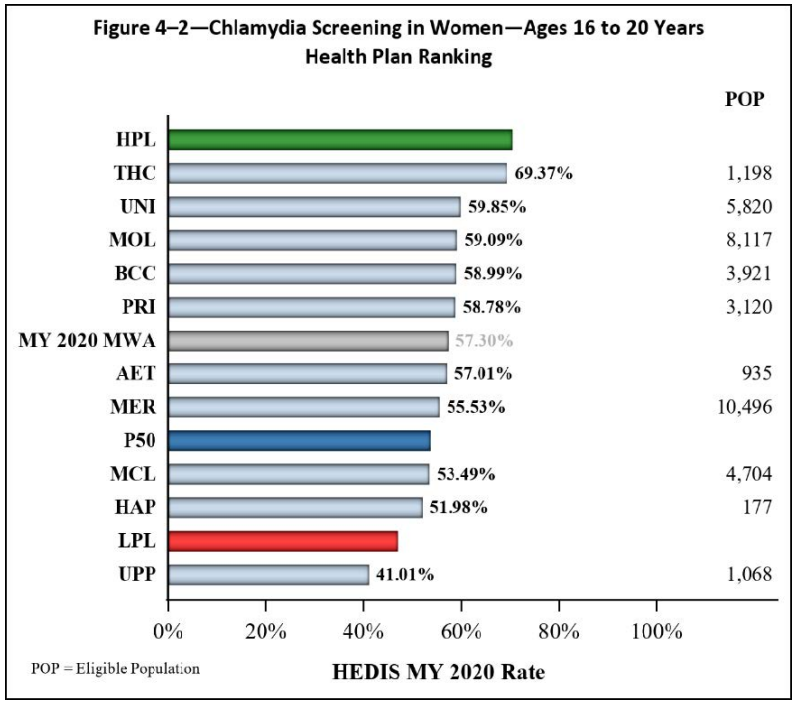
Chlamydia Screening in Women—Ages 16 to 20 Years

Chlamydia Screening in Women—Ages 16 to 20 Years assesses the percentage of women 16 to 20 years of age who were identified as sexually active and had at least one test for chlamydia during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

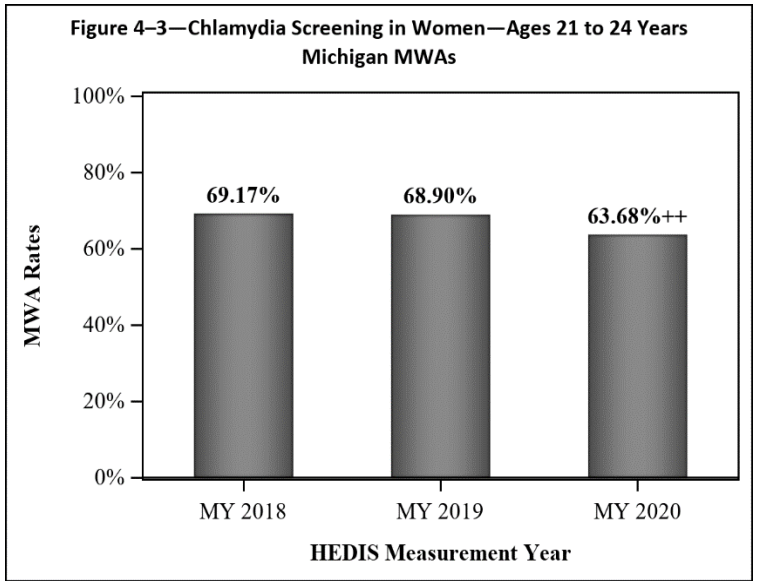
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Seven MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 28 percentage points.

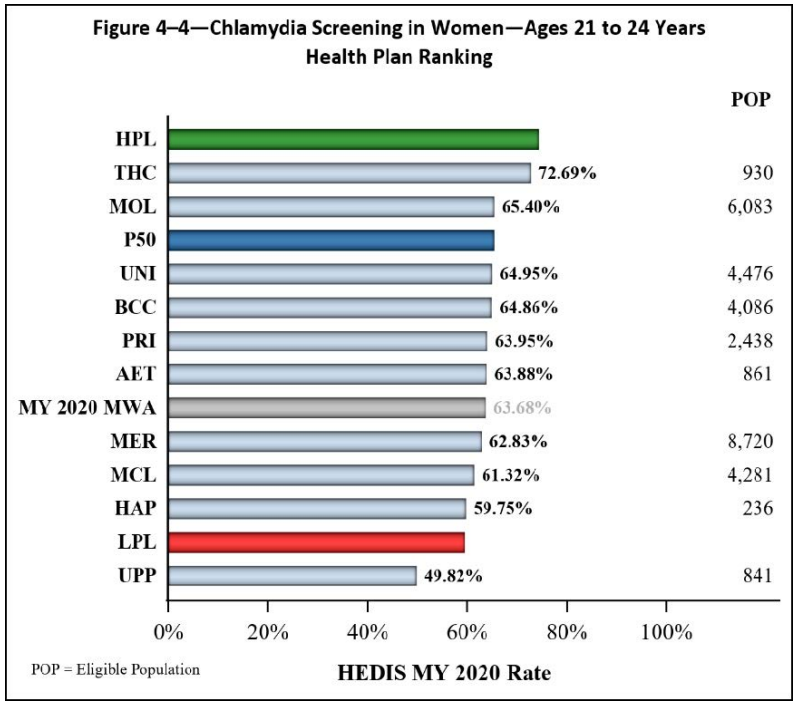
Chlamydia Screening in Women—21 to 24 Years

Chlamydia Screening in Women—21 to 24 Years assesses the percentage of women 21 to 24 years of age who were identified as sexually active and had at least one test for chlamydia during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

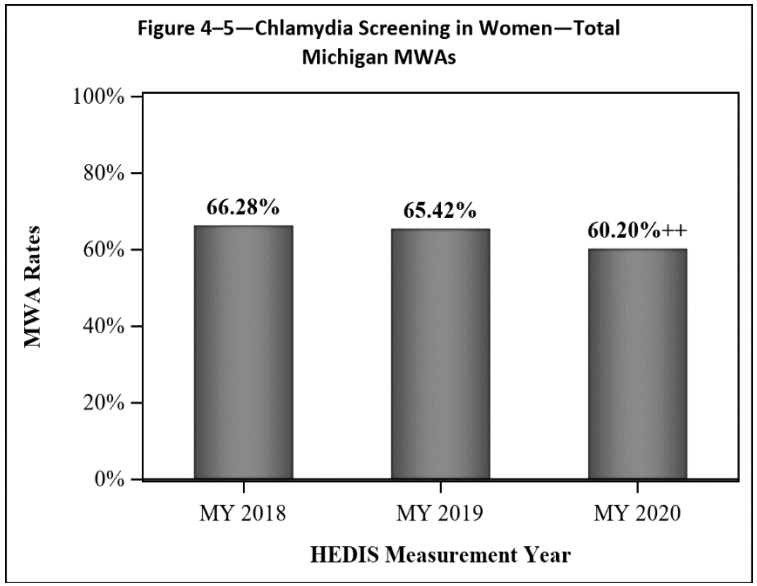
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Two MHPs ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 22 percentage points.

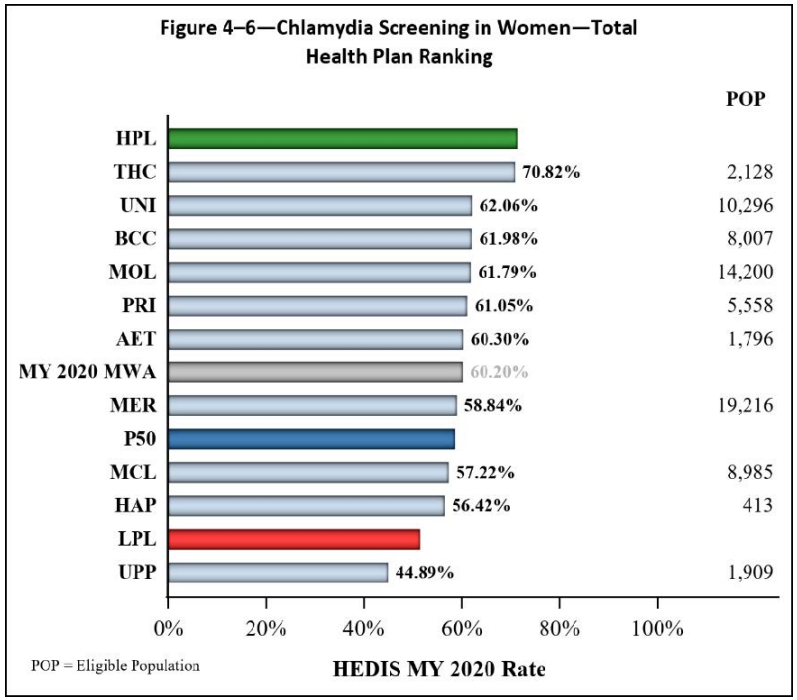
Chlamydia Screening in Women—Total

Chlamydia Screening in Women—Total assesses the percentage of women 16 to 24 years of age who were identified as sexually active and had at least one test for chlamydia during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.

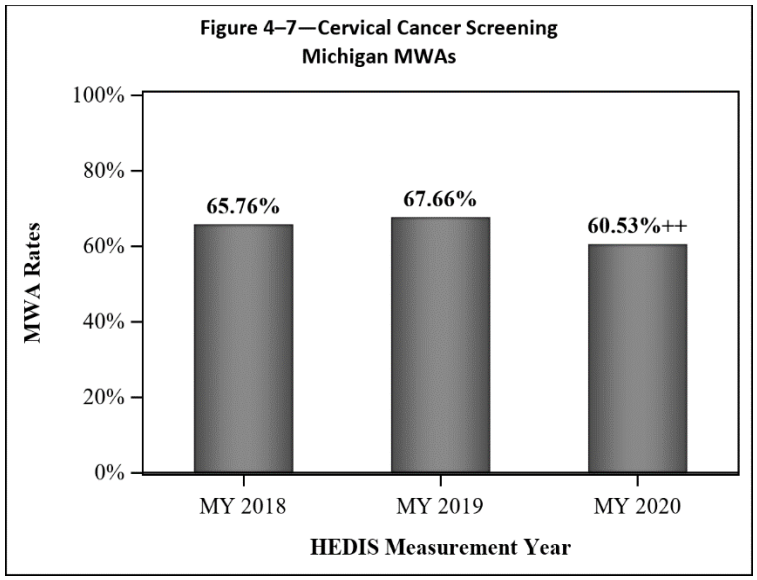


Seven MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 25 percentage points.

Cervical Cancer Screening

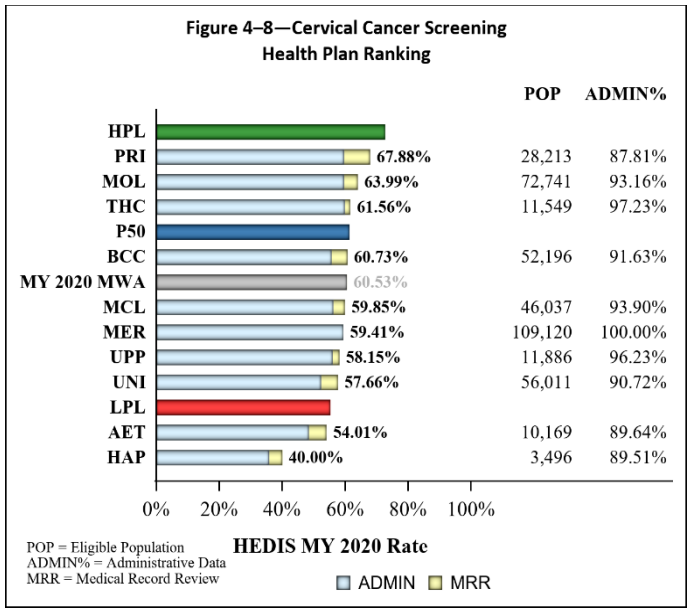
Cervical Cancer Screening assesses the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21 to 64 years of age who had cervical cytology performed every three years.
- Women 30 to 64 years of age who had cervical cytology/human papillomavirus co-testing performed every five years.
- Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

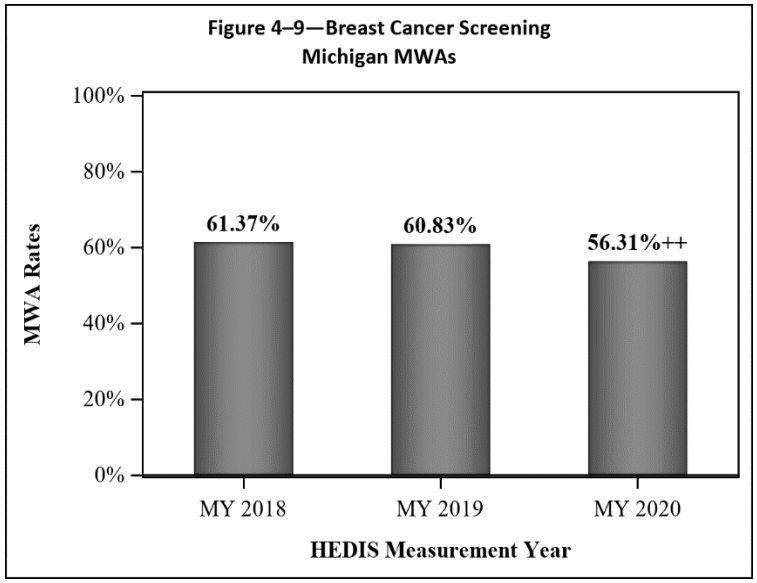
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Three MHPs ranked above the 50th percentile, but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 27 percentage points.

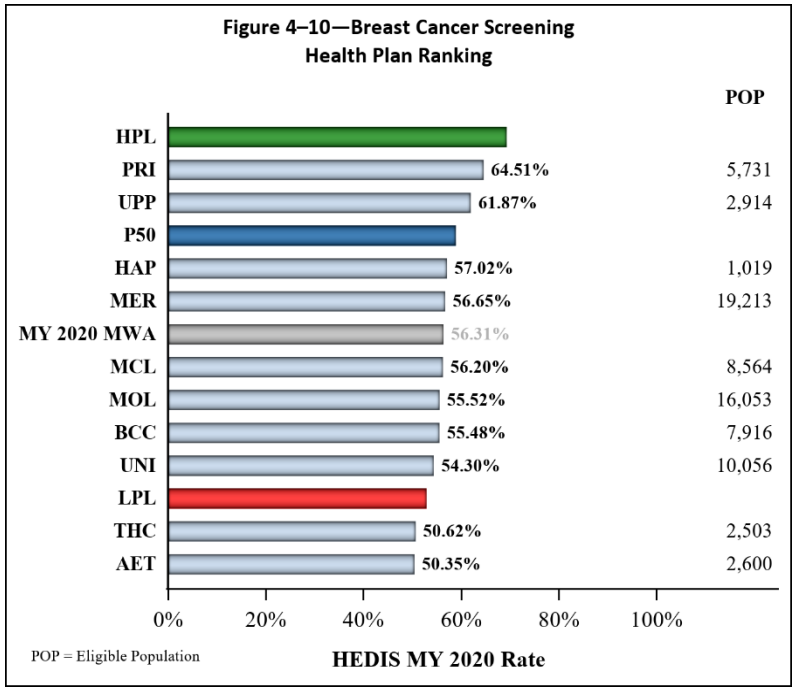
Breast Cancer Screening

Breast Cancer Screening assesses the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer on or after October 1 two years prior to the MY. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Two MHPs ranked above the 50th percentile, but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 14 percentage points.

5. Access to Care

Introduction

The Access to Care domain encompasses the following HEDIS measures:

- *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65 Years and Older,* and *Total*
- *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older,* and *Total*
- *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older,* and *Total*
- *Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 6 Years and Older,* and *Total*

Please see the "How to Get the Most From This Report" section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 5-1 presents the Michigan MWA performance for the measure indicators under the Access to Care domain. The table lists the HEDIS MY 2020 MWA rates and performance levels, a comparison of the HEDIS MY 2019 MWA to the HEDIS MY 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2019 MWA to HEDIS MY 2020 MWA.

Table 5-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Access to Care

Measure	HEDIS MY 2020 MWA and Performance Level[1]	HEDIS MY 2019 MWA–HEDIS MY 2020 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020	Number of MHPs With Statistically Significant Decline in HEDIS MY 2020
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	74.60%	**-4.42++**	0	10
Ages 45 to 64 Years	84.05%	**-3.26++**	0	10
Ages 65 Years and Older	88.77%	**-3.91++**	0	9
Total	78.22%	**-4.27++**	0	10

Measure	HEDIS MY 2020 MWA and Performance Level[1]	HEDIS MY 2019 MWA–HEDIS MY 2020 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020	Number of MHPs With Statistically Significant Decline in HEDIS MY 2020
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis				
Ages 3 Months to 17 Years	61.42%	**+1.38⁺**	3	0
Ages 18 to 64 Years	39.69%	**+2.04⁺**	1	0
Ages 65 Years and Older	32.87%	-1.84	0	1
Total	50.15%	**+1.92⁺**	7	0
Appropriate Testing for Pharyngitis[3]				
Ages 3 to 17 Years	75.34%	**-1.53⁺⁺**	0	4
Ages 18 to 64 Years	57.61%	**-2.14⁺⁺**	0	3
Ages 65 Years and Older	25.00%	-9.85	0	0
Total	68.56%	**-2.27⁺⁺**	0	6
Appropriate Treatment for Upper Respiratory Infection				
Ages 3 Months to 17 Years	91.30%	**+0.69⁺**	5	0
Ages 18 to 64 Years	78.18%	**+2.79⁺**	8	0
Ages 65 Years and Older	71.33%	+3.09	2	0
Total	87.28%	**+1.02⁺**	7	0

[1] 2020 performance levels were based on comparisons of the HEDIS MY 2020 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. 2020 performance levels represent the following percentile comparisons:

≤25th	*≥25th and ≤49th*	*≥50th and ≤74th*	*≥75th and ≤89th*	*≥90th*

[2] HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

[3] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Green Shading⁺ *Indicates that the HEDIS MY 2020 MWA demonstrated a significant improvement from the HEDIS MY 2019 MWA.*

Red Shading⁺⁺ *Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.*

Table 5-1 shows that for the Access to Care domain, an area of strength was the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years* and *Ages 18 to 64 Years* measure indicators ranking above the 50th percentile, with the MWA significantly improving by over one percentage point for both indicators. Aetna, Blue Cross, McLaren, Meridian, HAP, Molina, Priority, Total Health and UnitedHealthcare all ranked above the 50th percentile for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years* and *Ages 18 to 64 Years* measure indicators. Additionally, the *Appropriate Treatment for Upper Respiratory Infection—18 to 64 Years* indicator ranked above the 50th percentile, with the MWA significantly improving by nearly three percentage points. Priority ranked above the HPL for *Appropriate Treatment for Upper Respiratory Infection—18 to 64 Years*.

Total Health, Aetna, and HAP fell below the LPL for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 years, 45 to 64 Years,* and *Total* indicators, and no MHPs ranked above the 50th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 years* and *45 to 64 Years* indicators. The MWA was below the 50th percentile for all four of the *Adults' Access to Preventive/Ambulatory Health Services* measure indicators and demonstrated a significant decline of over three percentage points from HEDIS MY 2019 for all measure indicators. Blue Cross, UnitedHealthcare, Molina, Aetna, Total Health, and HAP all fell below the LPL for the *Appropriate Testing for Pharyngitis—Total* measure indicator, and the MWA fell below the 50th percentile for the *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years,* and *Total* measure indicators and demonstrated a significant decline of over one percentage point from HEDIS MY 2019 for these indicators.

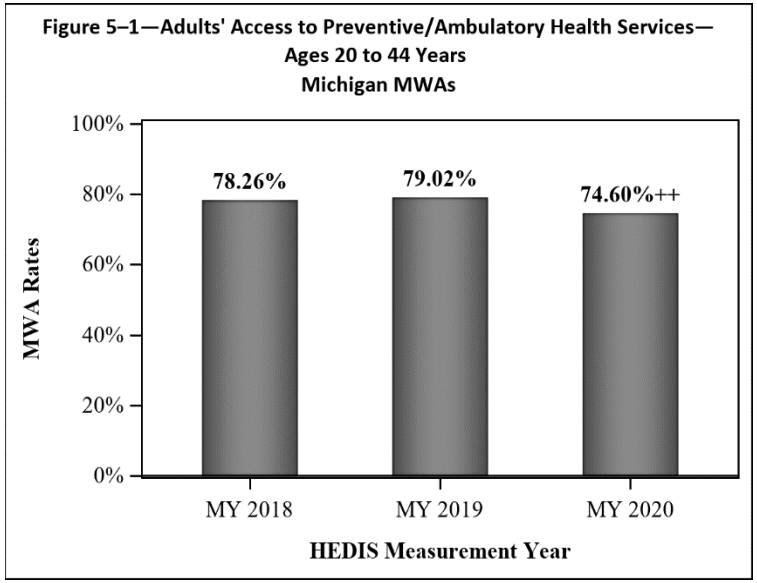
MDHHS should continue to monitor the MHPs performance on the four indicators of *Adults' Access to Preventive/Ambulatory Health Services* to ensure the MHPs performance does not continue to decline, in alignment with HSAG's recommendation for *Adults' Access to Preventive/Ambulatory Health Services* in the 2020 Aggregate Report. Additionally, MDHHS should work towards prioritizing preventative and ambulatory health services as part of its quality improvement strategy. Further, MDHHS should conduct a root cause analysis for the decline across multiple indicators for the *Appropriate Testing for Pharyngitis* measure. Proper testing and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics.[5-1] If the decline in adults accessing these services is identified as related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for ensuring ongoing adults' access to these important services.

[5-1] National Committee for Quality Assurance. Appropriate Testing for Children with Pharyngitis. Available at: https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/. Accessed on: September 17, 2021.

Measure-Specific Findings

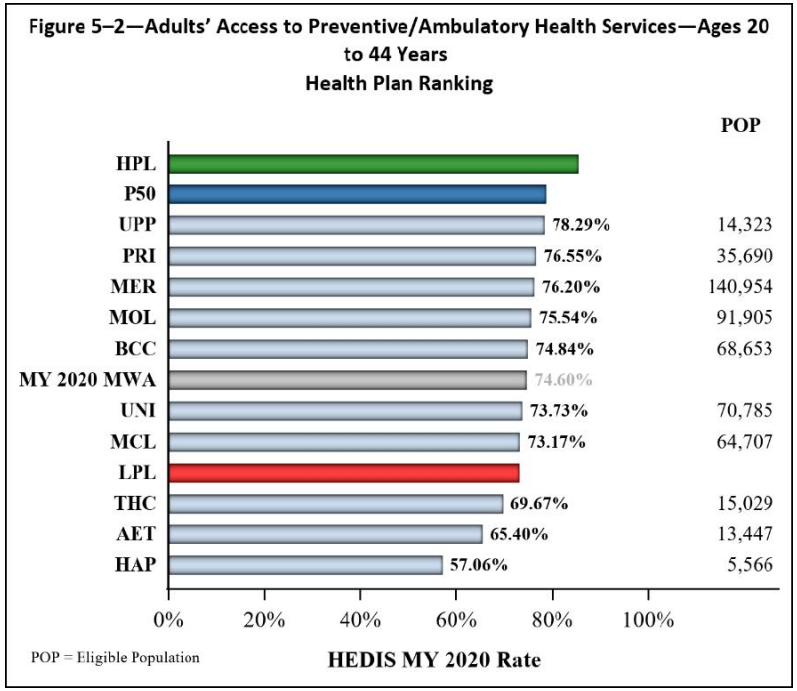
Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years

Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years assesses the percentage of members 20 to 44 years of age who had an ambulatory or preventive care visit during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

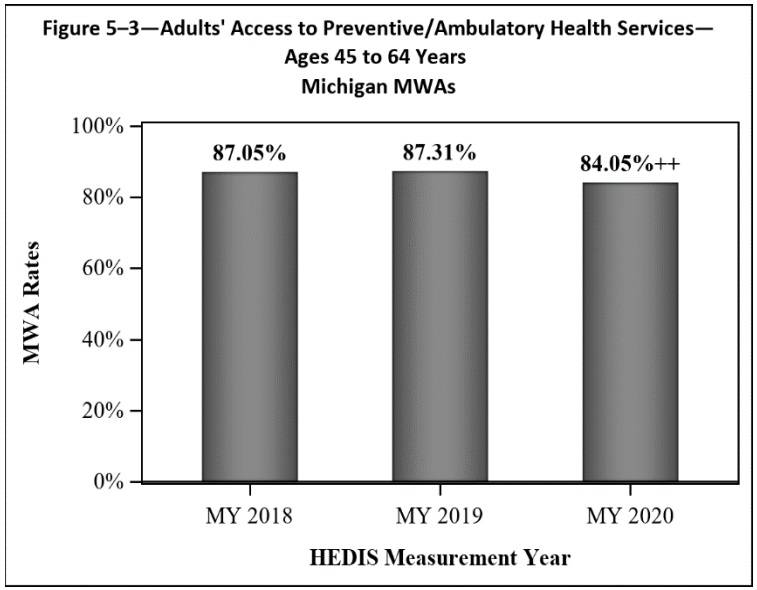
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Seven MHPs and the MWA ranked above the LPL but fell below the 50th percentile. Three MHPs fell below the LPL. MHP performance varied by over 21 percentage points.

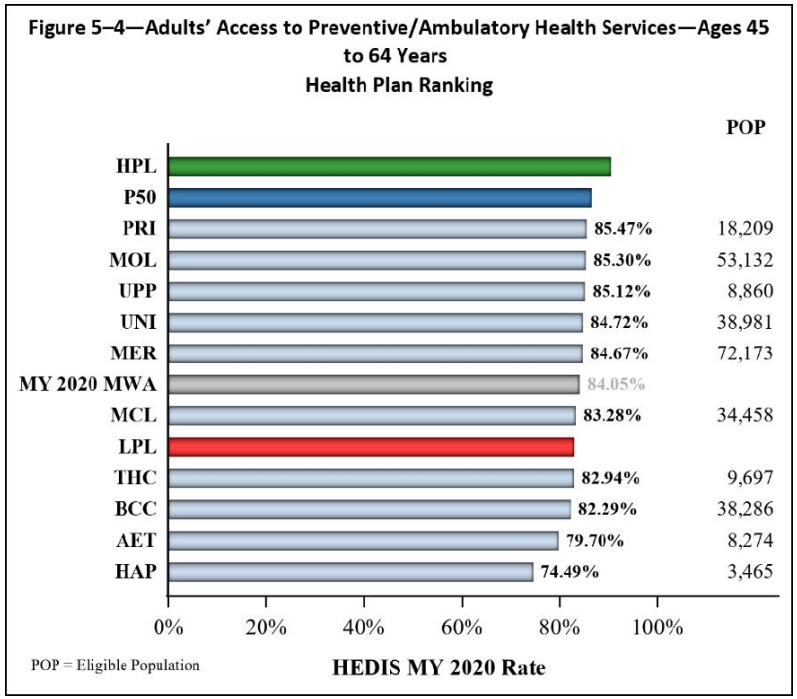
Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years

Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years assesses the percentage of members 45 to 64 years of age who had an ambulatory or preventive care visit during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

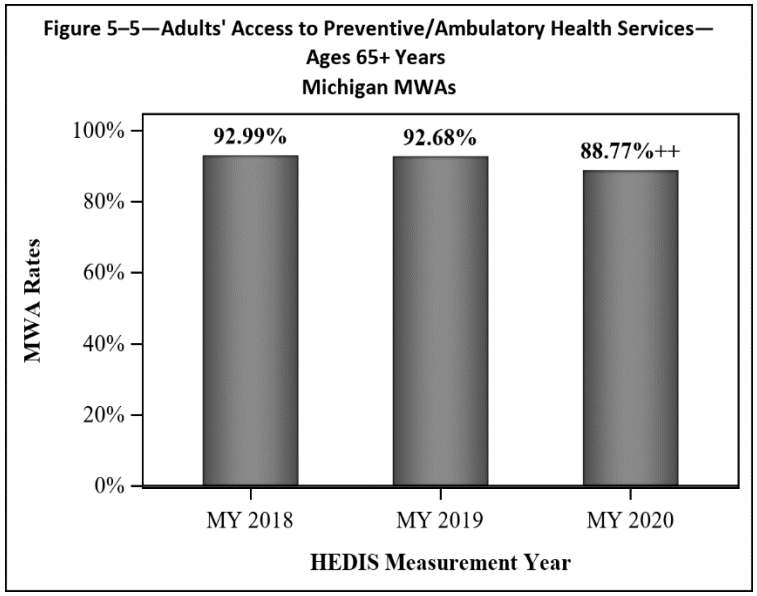
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Six MHPs and the MWA ranked above the LPL but fell below the 50th percentile and the HPL. Four MHPs fell below the LPL. MHP performance varied by over 10 percentage points.

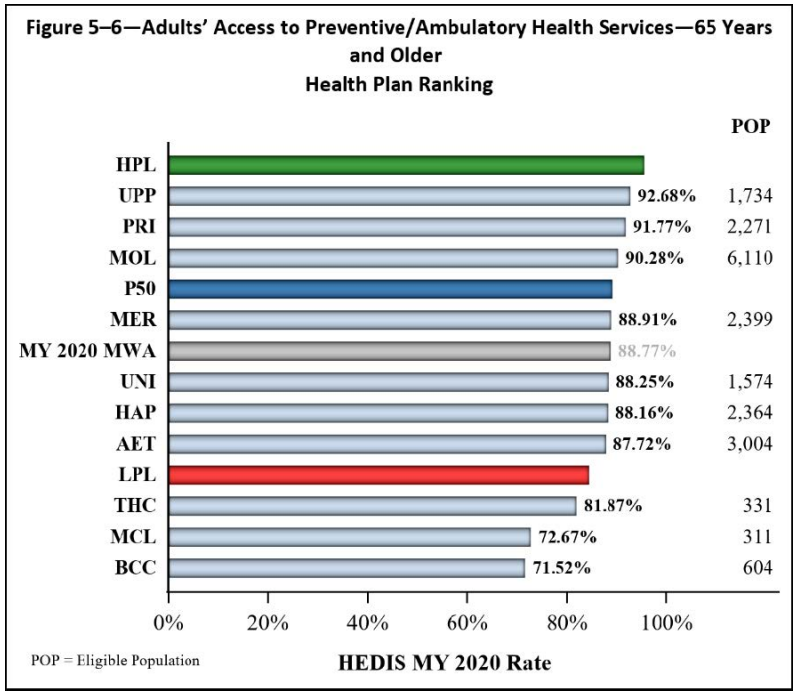
Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older

Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older assesses the percentage of members 65 years of age and older who had an ambulatory or preventive care visit during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

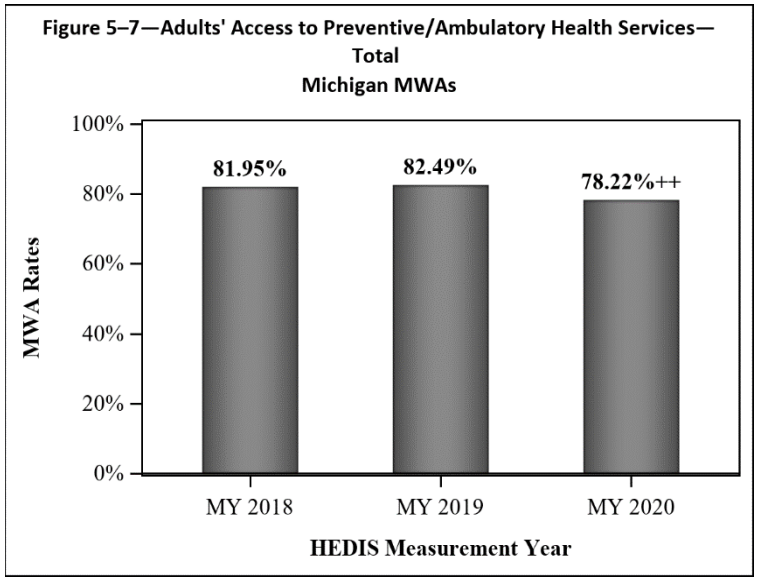
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Three MHPs ranked above the 50th percentile, but fell below the HPL. Three MHPs fell below the LPL. MHP performance varied by approximately 21 percentage points.

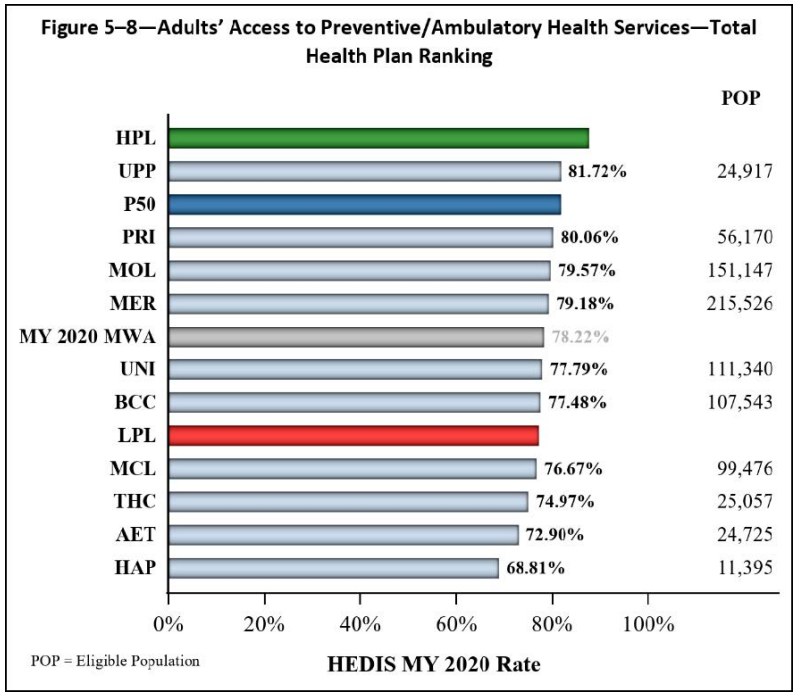
Adults' Access to Preventive/Ambulatory Health Services—Total

Adults' Access to Preventive/Ambulatory Health Services—Total assesses the percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

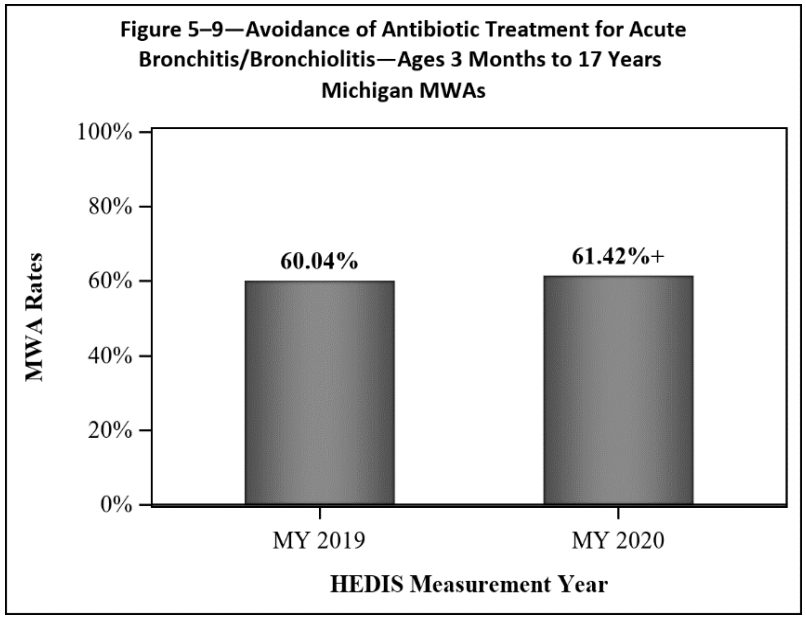
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile, but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 12 percentage points.

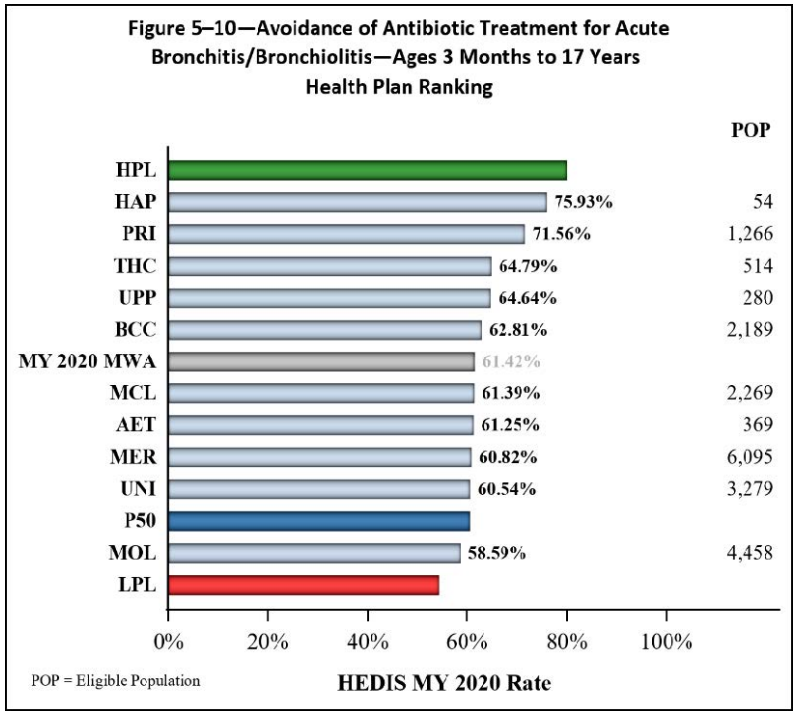
Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years assesses the percentage of members 3 months to 17 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

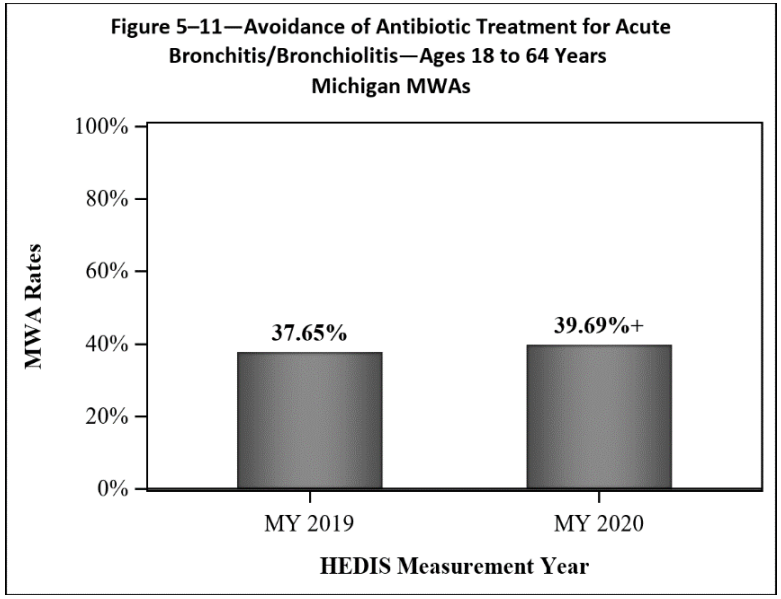
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



Nine MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. All MHPs ranked above the LPL. MHP performance varied by over 17 percentage points.

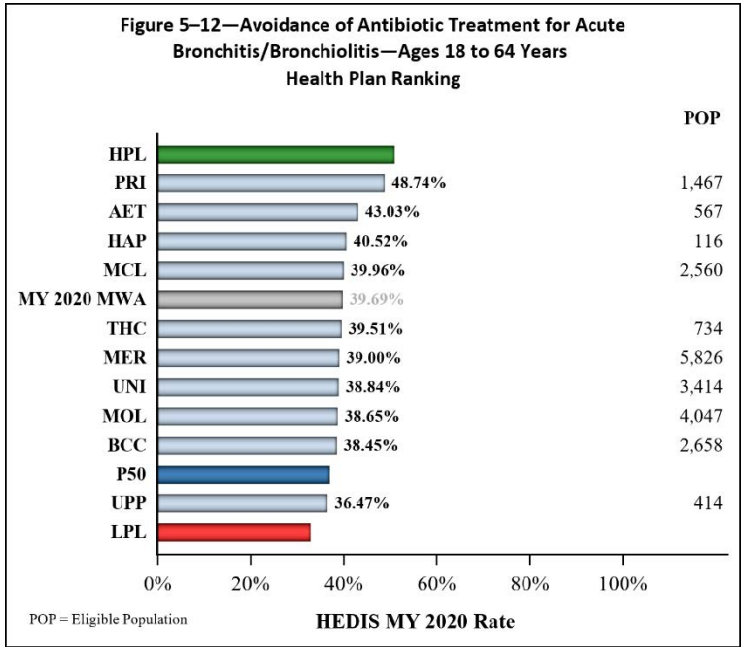
Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years assesses the percentage of members 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

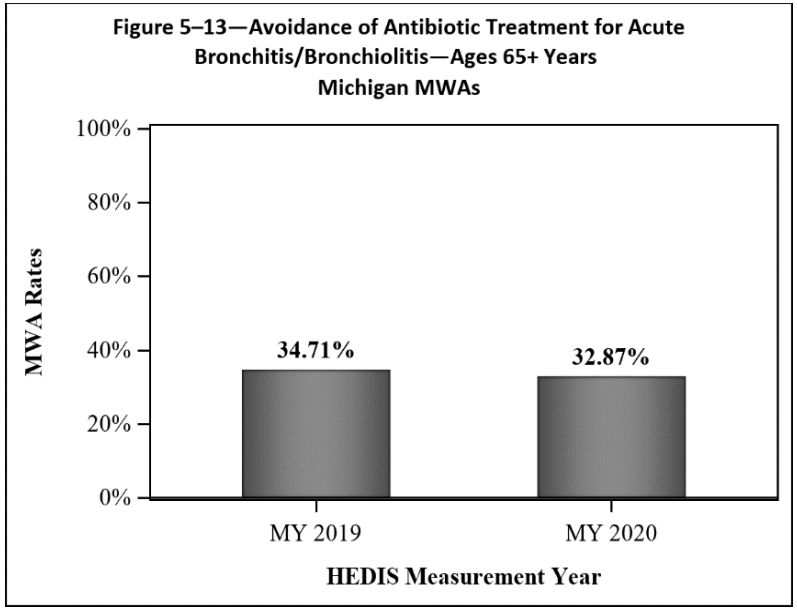
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



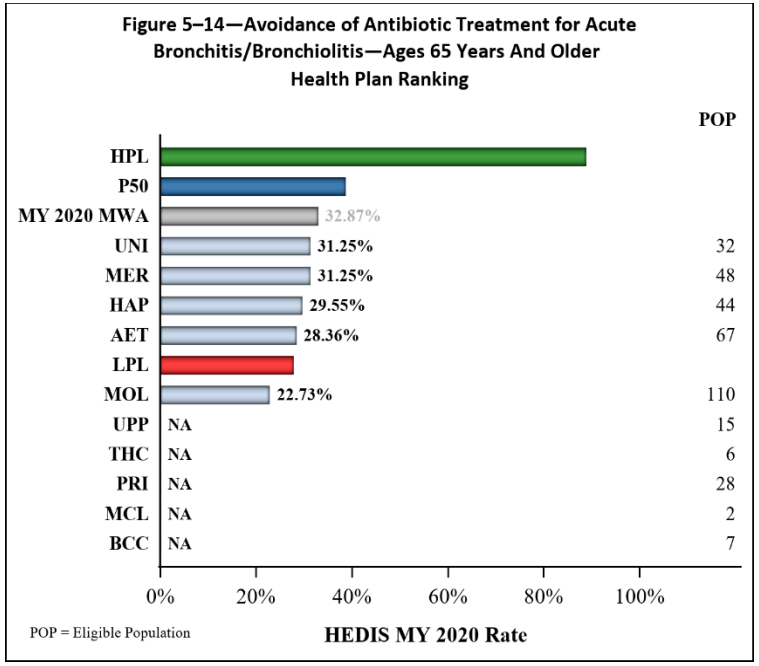
Nine MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. All MHPs ranked above the LPL. MHP performance varied by over 12 percentage points.

Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Ages 65 Years and Older

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 65 Years and Older assesses the percentage of members 65 years of age and older with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.

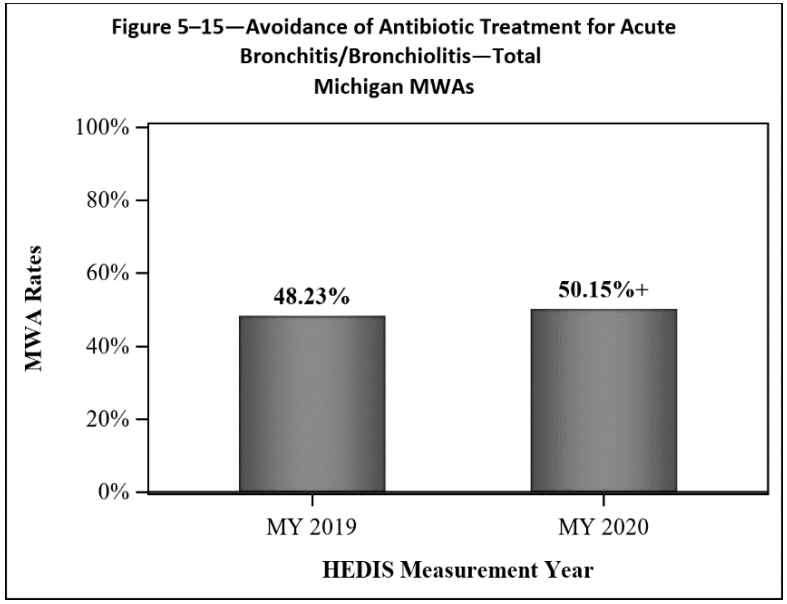


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Four MHPs and the MWA ranked above the LPL, but fell below 50th percentile and the HPL. One MHP fell below the LPL. MHP performance varied by over 8 percentage points.

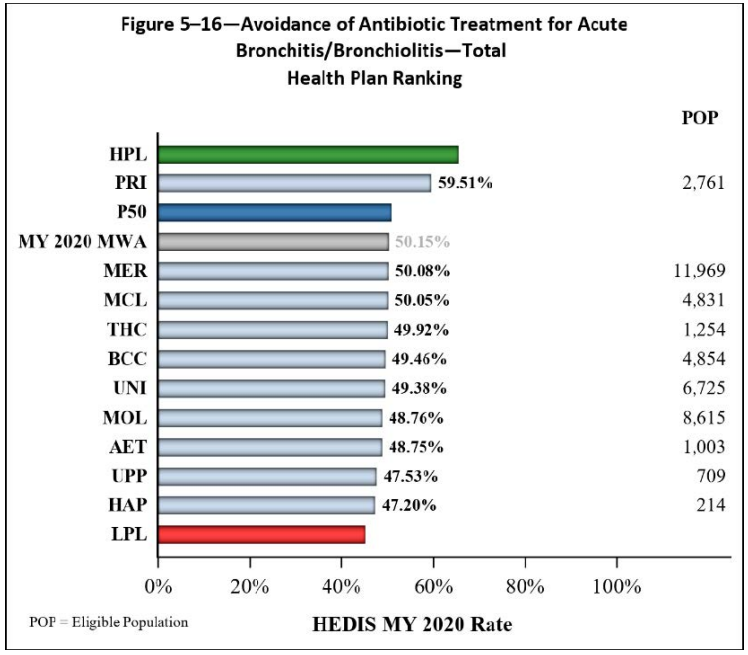
Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Total

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total assesses the percentage of members 3 months of age or older with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

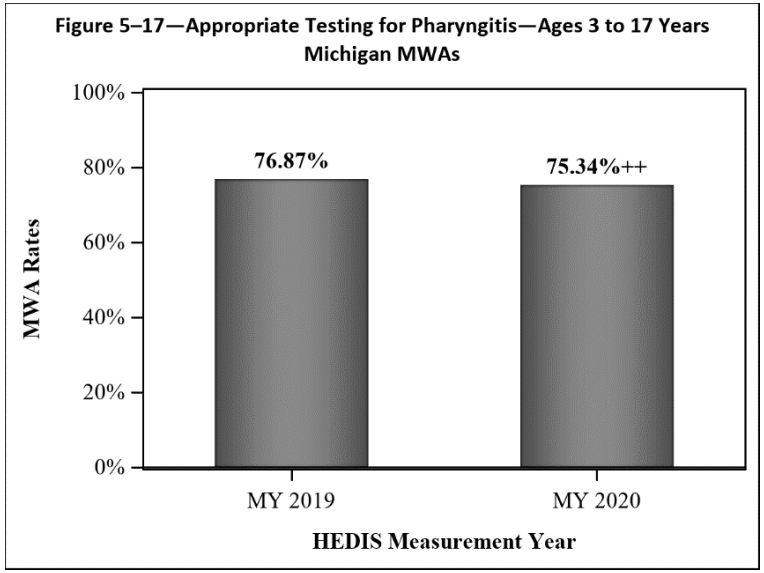
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



One MHP ranked above 50th percentile, but fell below the HPL. Nine MHPs and the MWA fell below the 50th percentile, but ranked above the LPL. MHP performance varied by over 12 percentage points.

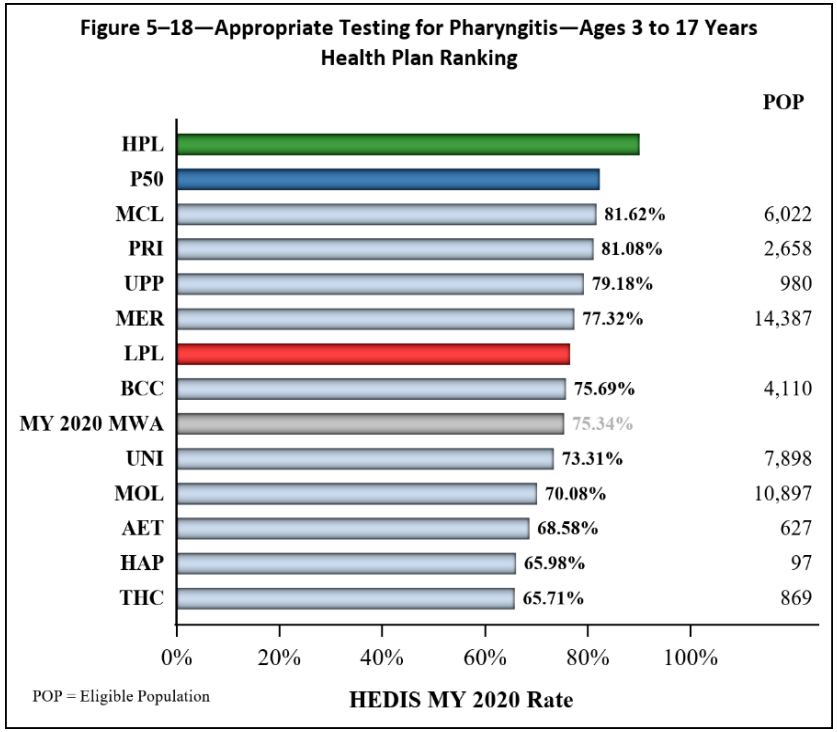
Appropriate Testing for Pharyngitis—Ages 3 Months to 17 Years

Appropriate Testing for Pharyngitis—Ages 3 Months to 17 Years assesses the percentage of members 3 months to 17 years of age who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

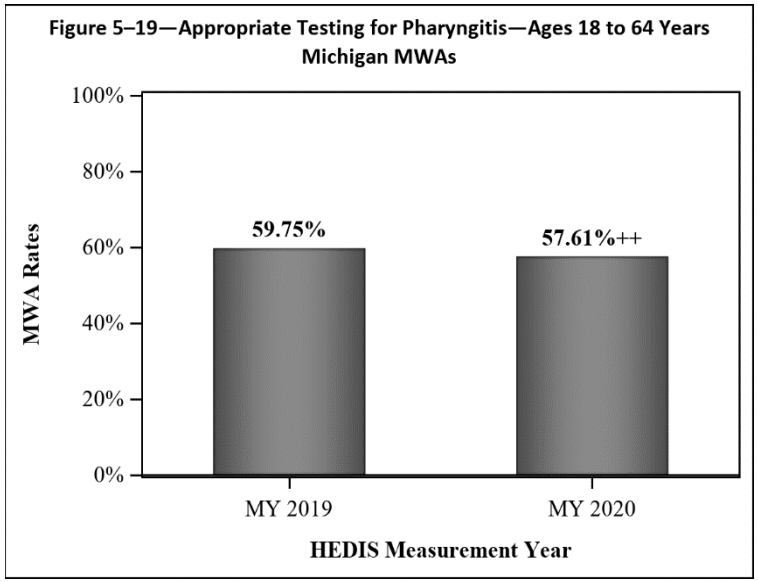
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019 MWA.



Four MHPs ranked above the LPL, but fell below the 50th percentile. Six MHPs and the MWA fell below the LPL. MHP performance varied by over 15 percentage points.

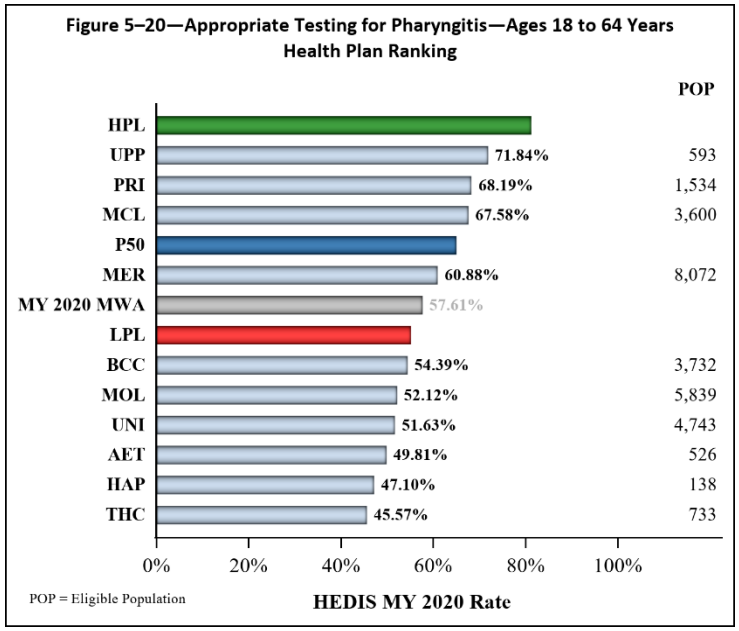
Appropriate Testing for Pharyngitis—Ages 18 to 64 Years

Appropriate Testing for Pharyngitis—Ages 18 to 64 Years assesses the percentage of members 18 to 64 years of age who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

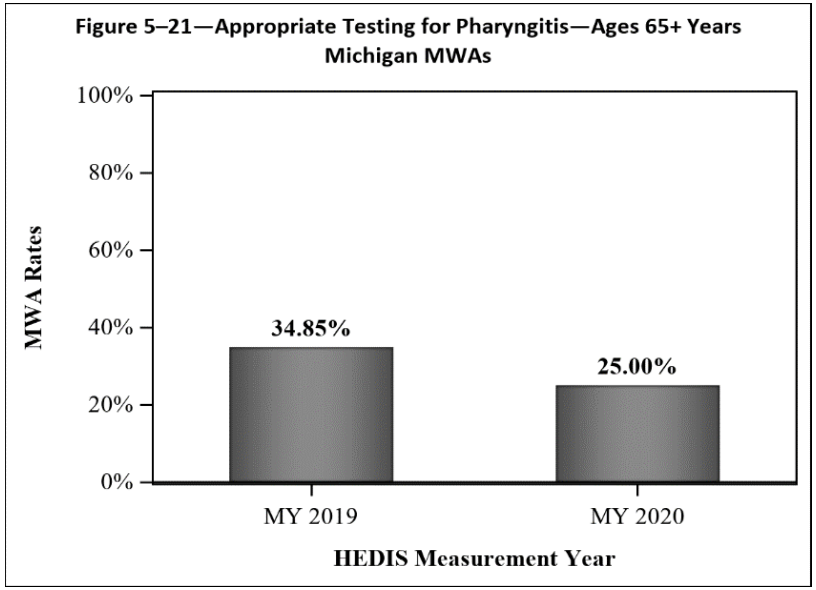
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019 MWA.



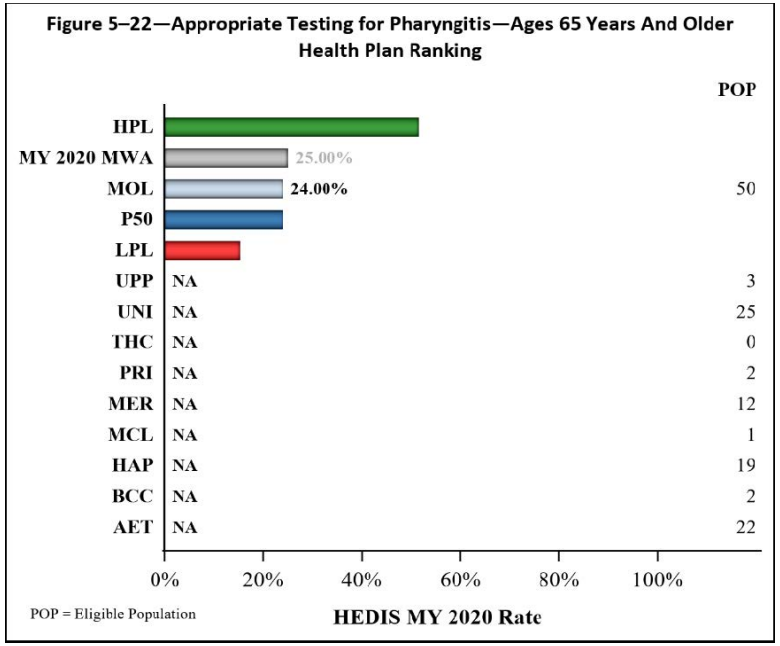
Three MHPs ranked above 50th percentile, but fell below the HPL. Six MHPs fell below the LPL. MHP performance varied by over 26 percentage points.

Appropriate Testing for Pharyngitis—Ages 65 Years and Older

Appropriate Testing for Pharyngitis—Ages 65 Years and Older assesses the percentage of members 65 years of age and older who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.

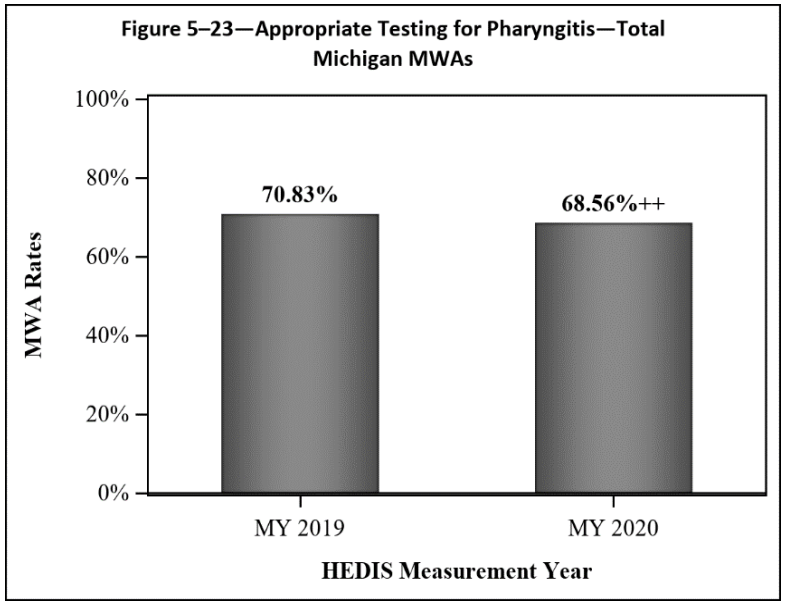


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

One MHP and the MWA ranked above the 50th percentile and the LPL, but fell below the HPL.

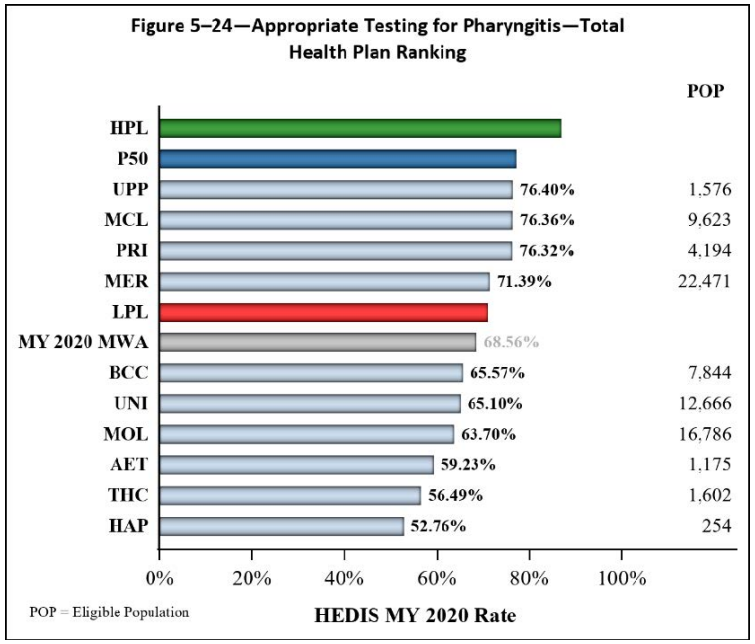
Appropriate Testing for Pharyngitis—Total

Appropriate Testing for Pharyngitis—Total assesses the percentage of members who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years..



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

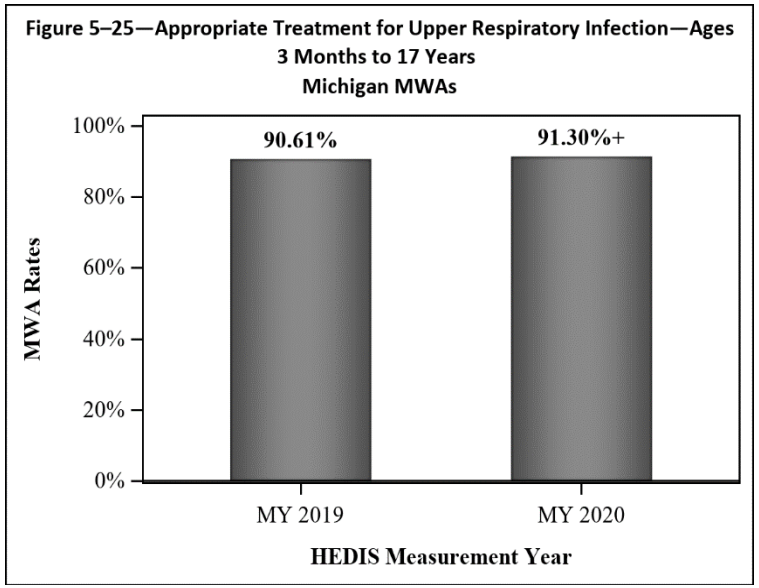
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Four MHPs ranked above the LPL, but fell below the 50th percentile and the HPL. Six MHPs and the MWA fell below the LPL. MHP performance varied by over 23 percentage points.

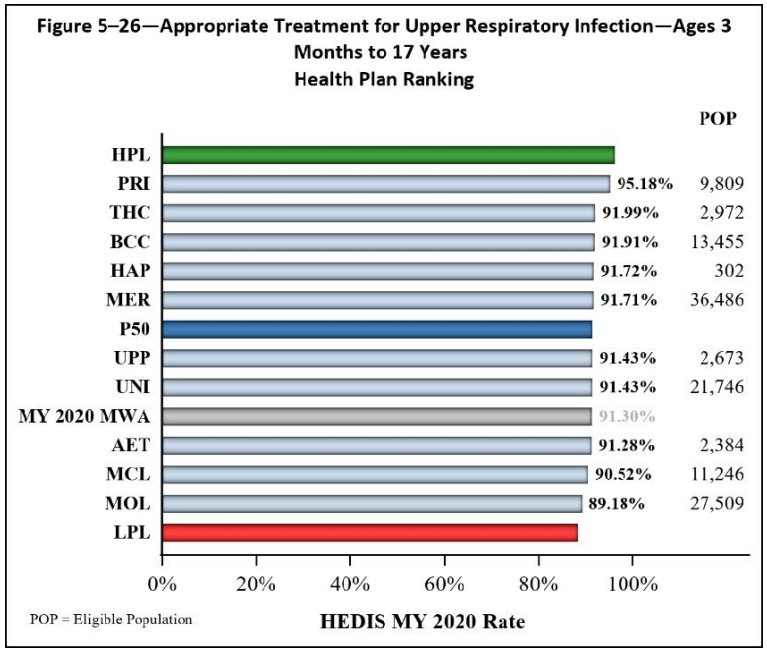
Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years

Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years assesses the percentage of members 3 months to 17 years of age with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

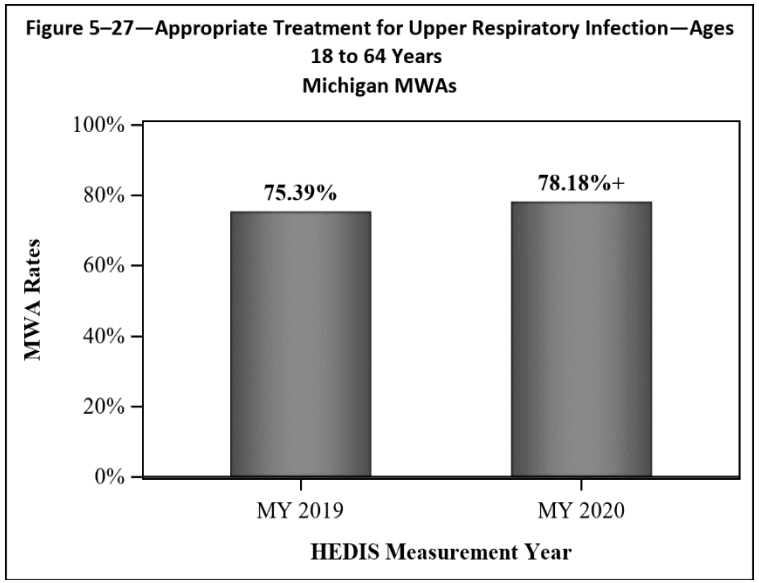
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



Five MHPs ranked above the 50th percentile, but fell below the HPL. Five MHPs and the MWA ranked above the LPL, but fell below the 50th percentile. MHP performance varied by approximately six percentage points.

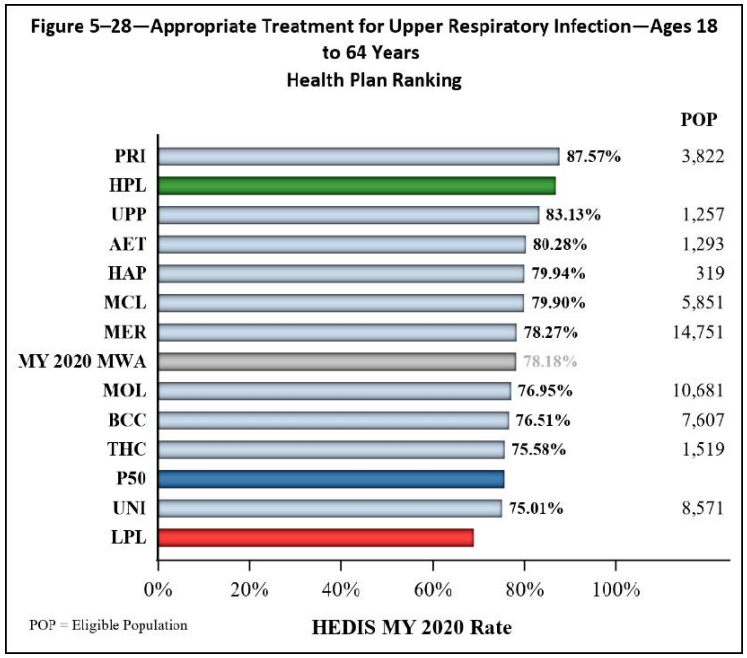
Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years

Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years assesses the percentage of members 18 to 64 years of age with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

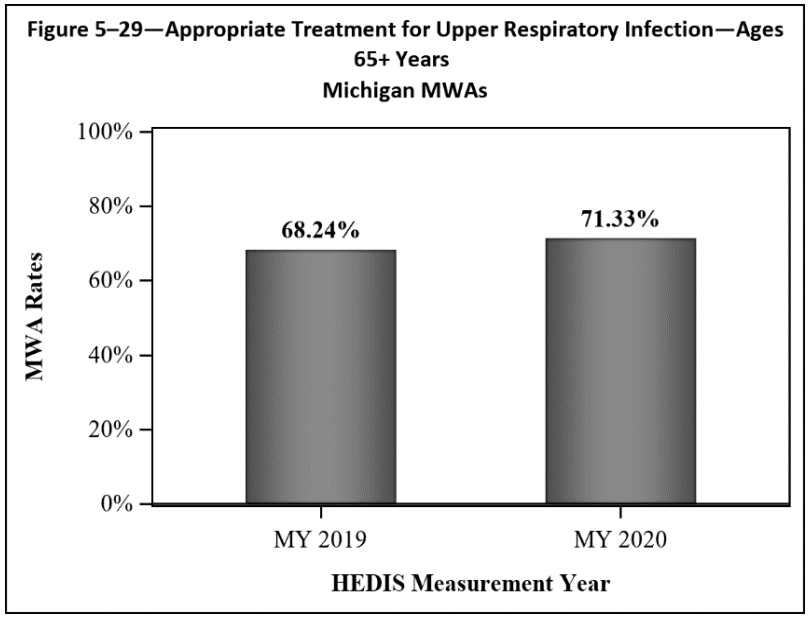
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



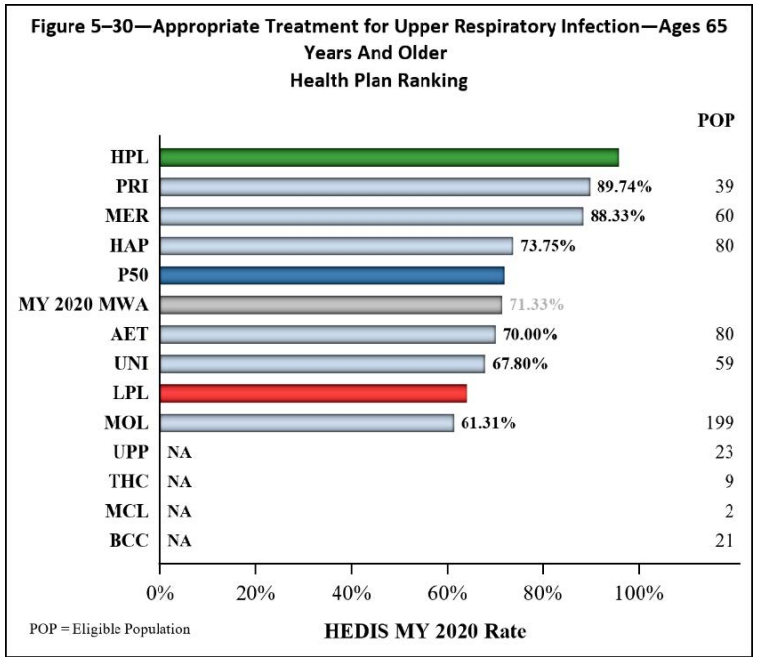
Nine MHPs and the MWA ranked above the 50th percentile, with one above the HPL. One MHP ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 12 percentage points.

Appropriate Treatment for Upper Respiratory Infection—Ages 65 Years and Older

Appropriate Treatment for Upper Respiratory Infection—Ages 65 Years and Older assesses the percentage of members 65 years of age and older with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.

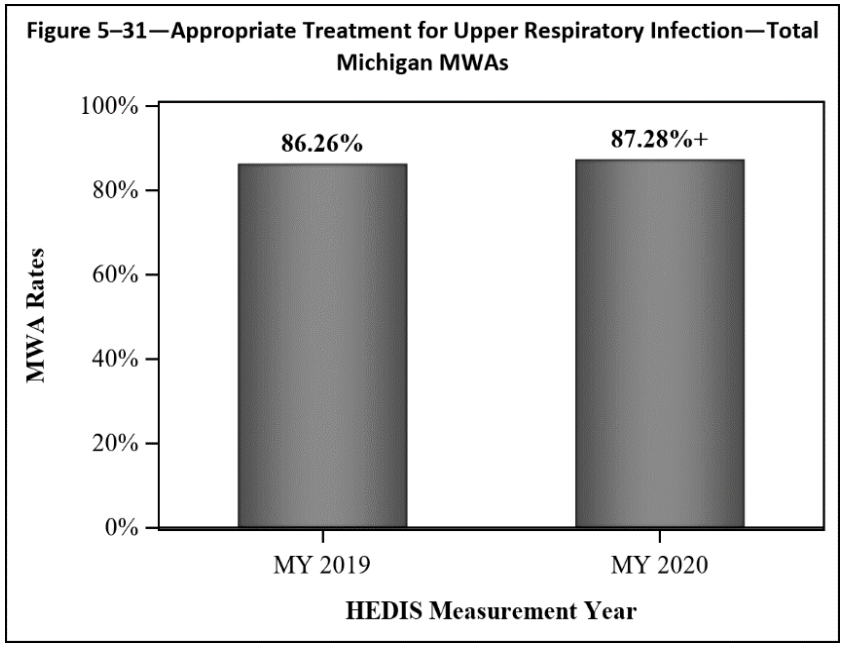


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Three MHPs ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by nearly 28 percentage points.

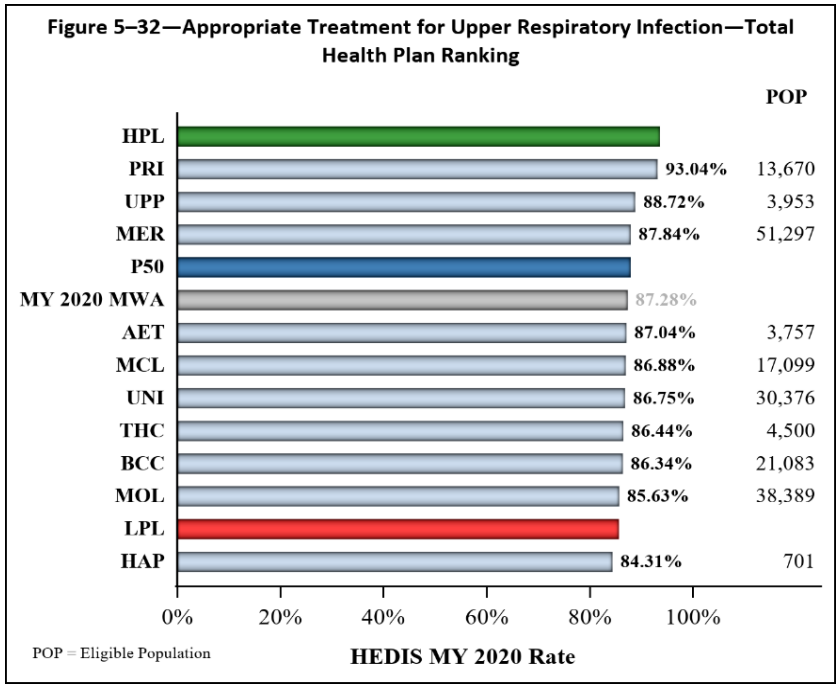
Appropriate Treatment for Upper Respiratory Infection—Total

Appropriate Treatment for Upper Respiratory Infection—Total assesses the percentage of members with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



Three MHPs ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over eight percentage points.

6. Obesity

Introduction

The Obesity domain encompasses the following HEDIS measures:

- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total,* and *Counseling for Physical Activity—Total*

Please see the "How to Get the Most From This Report" section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 6-1 presents the Michigan MWA performance for the measure indicators under the Obesity domain. The table lists the HEDIS MY 2020 MWA rates and performance levels, a comparison of the HEDIS MY 2019 MWA to the HEDIS MY 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2019 MWA to HEDIS MY 2020 MWA.

Table 6-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Obesity

Measure	HEDIS MY 2020 MWA and Performance Level[1]	HEDIS MY 2019 MWA–HEDIS MY 2020 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020	Number of MHPs With Statistically Significant Decline in HEDIS MY 2020
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Total[3]	78.53%	**-7.31**$^{++}$	0	6
Counseling for Nutrition—Total	69.51%	**-6.17**$^{++}$	0	5
Counseling for Physical Activity—Total	67.60%	**-6.16**$^{++}$	0	6

[1] HEDIS MY 2020 performance levels were based on comparisons of the HEDIS MY 2020 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. HEDIS MY 2020 performance levels represent the following percentile comparisons:

≤25th	*≥25th and ≤49th*	*≥50th and ≤74th*	*≥75th and ≤89th*	*≥90th*

[2] HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

[3] *Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.*

Red Shading[++] *Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.*

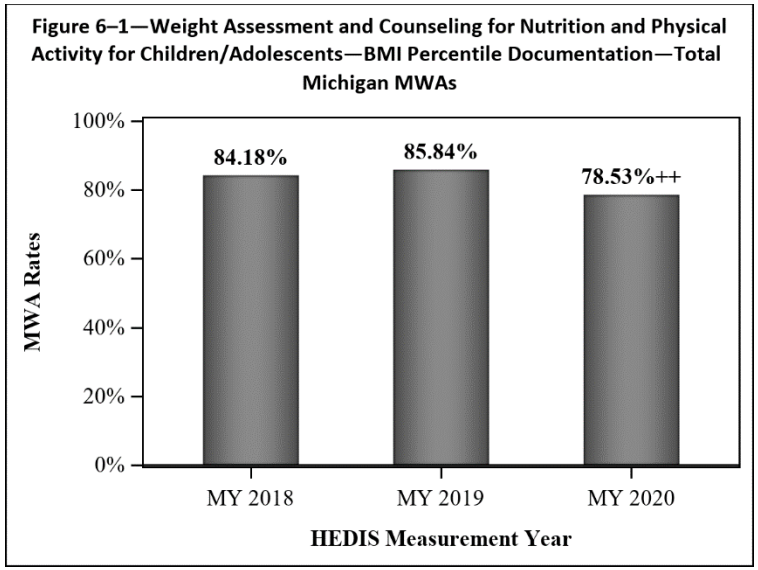
Table 6-1 shows that for the Obesity domain, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total* was an area of strength as the MWA was above the 50th percentile. Additionally, Priority, Upper Peninsula, and UnitedHealthcare demonstrated high performance, ranking above the 50th percentile, but falling below the HPL for all three of the measure indicators within the Obesity domain.

The MWA had significant decreases across all measure indicators and ranked below the 50th percentile for two of the three measures within the Obesity domain (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* and *Counseling for Nutrition—Total*). McLaren ranked below the LPL for all three measure indicators. MDHHS should work with the MHPs and providers to strategize the best way to utilize every office visit or virtual visit to encourage a healthy lifestyle and provide education on healthy habits for children and adolescents. Additionally, MDHHS should monitor McLaren's performance for this measure to ensure the MHP performance does not continue to decline and encourage higher performing MHPs to share and discuss best practices. If the decline in children and adolescents receiving these services is identified to be related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for improved access to these services.

Measure-Specific Findings

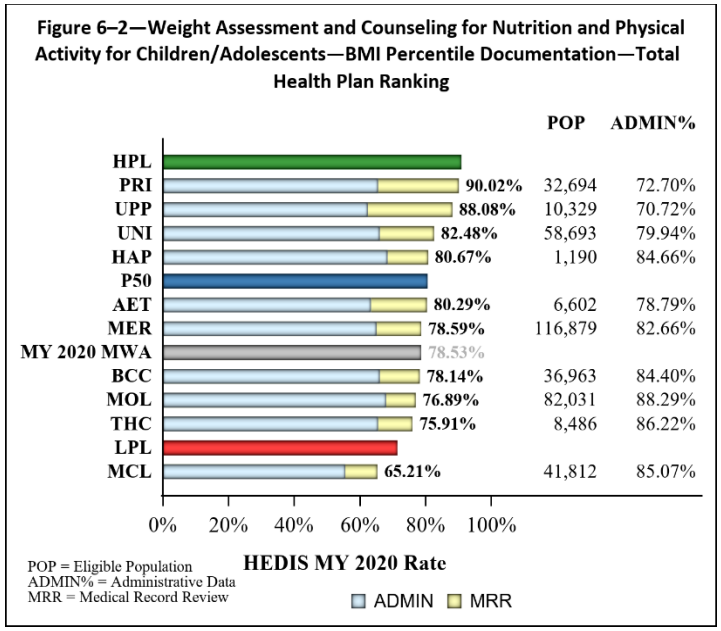
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total assesses the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of BMI percentile documentation during the MY. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

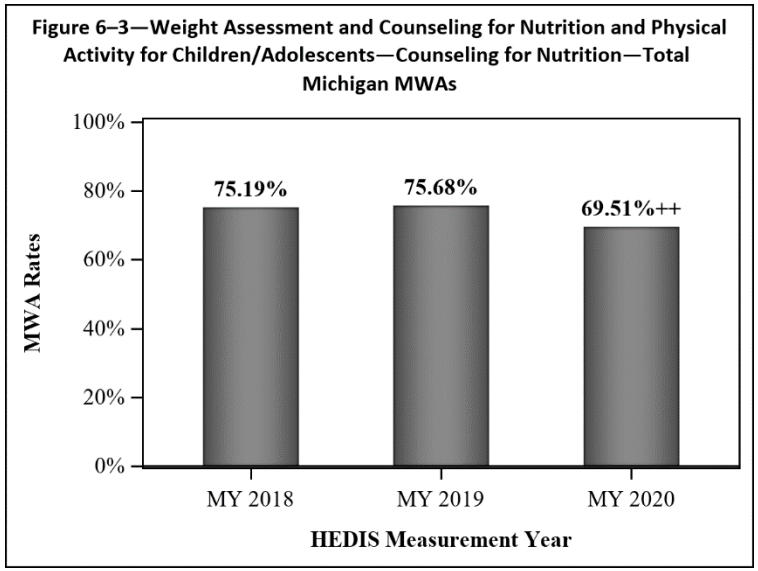
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Four MHPs ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 24 percentage points.

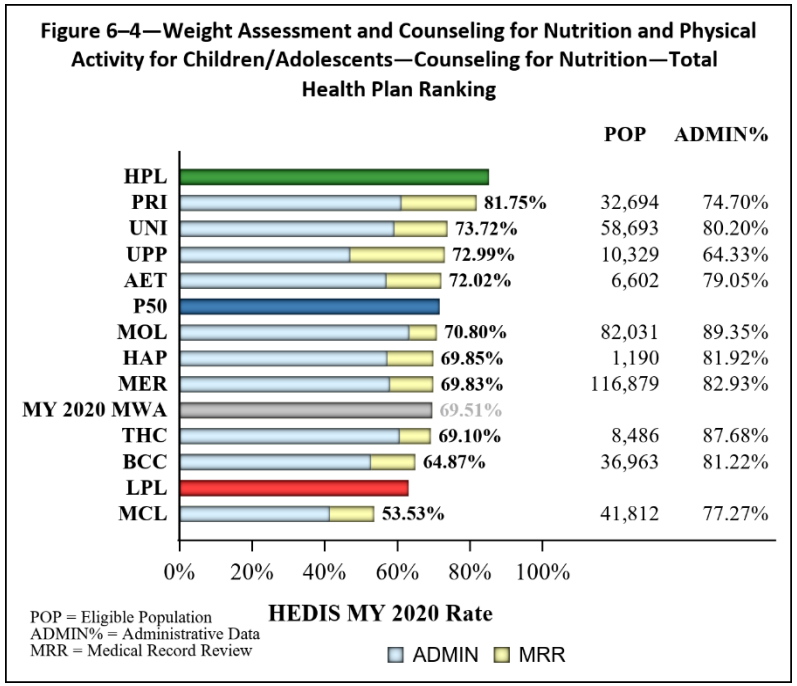
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total assesses the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of counseling for nutrition during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

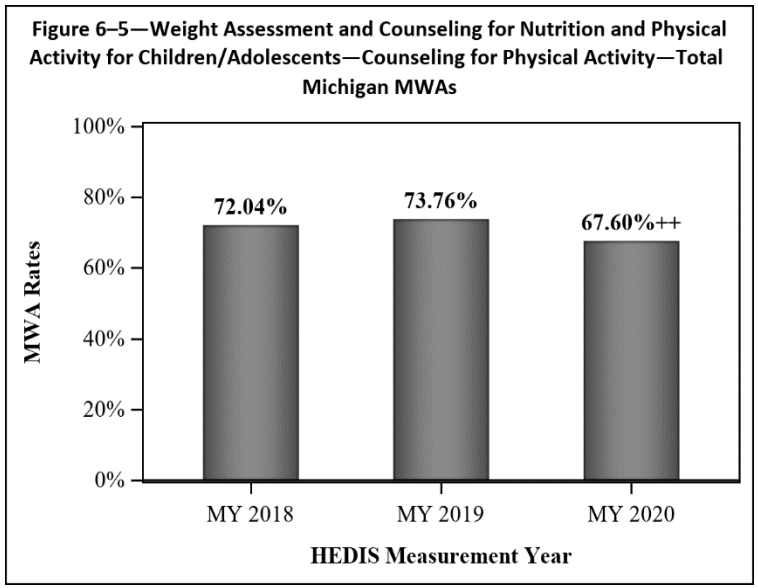
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Four MHPs ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 28 percentage points.

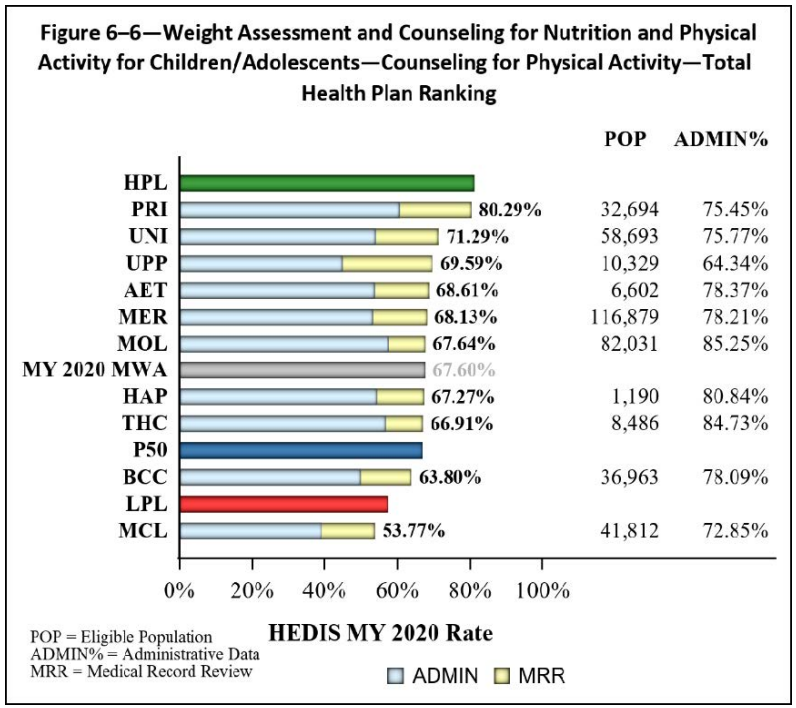
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total assesses the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of counseling for physical activity during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Eight MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 26 percentage points.

7. Pregnancy Care

Introduction

The Pregnancy Care domain encompasses the following HEDIS measure:

- *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care*

Please see the "How to Get the Most From This Report" section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 7-1 presents the Michigan MWA performance for the measure indicators under the Pregnancy Care domain.

Table 7-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Pregnancy Care

Measure	HEDIS MY 2020 MWA and Performance Level[1]	HEDIS MY 2019 MWA–HEDIS MY 2020 MWA Comparison[2]	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020	Number of MHPs With Statistically Significant Decline in HEDIS MY 2020
Prenatal and Postpartum Care[3]				
Timeliness of Prenatal Care	79.54%	**-6.63**++	0	6
Postpartum Care	70.13%	**-3.63**++	0	4

[1] *HEDIS MY 2020 performance levels were based on comparisons of the HEDIS MY 2020 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. HEDIS MY 2020 performance levels represent the following percentile comparisons:*

≤25th	*≥25th and ≤49th*	*≥50th and ≤74th*	*≥75th and ≤89th*	*≥90th*

[2] *HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.*

[3] *Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.*

Red Shading++ *Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.*

Table 7-1 shows that for the Pregnancy Care domain, both measure indicators ranked below the 25th percentile and had a MWA decrease of over three percentage points from HEDIS MY 2019, with the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator demonstrating the most significant MWA decrease of over six percentage points from HEDIS MY 2019. Molina, Meridian, Blue Cross, UnitedHealthcare, McLaren, Aetna, HAP, and Total Health all fell below the LPL for both *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* indicators. The MWA also fell below the LPL for both measure indicators.

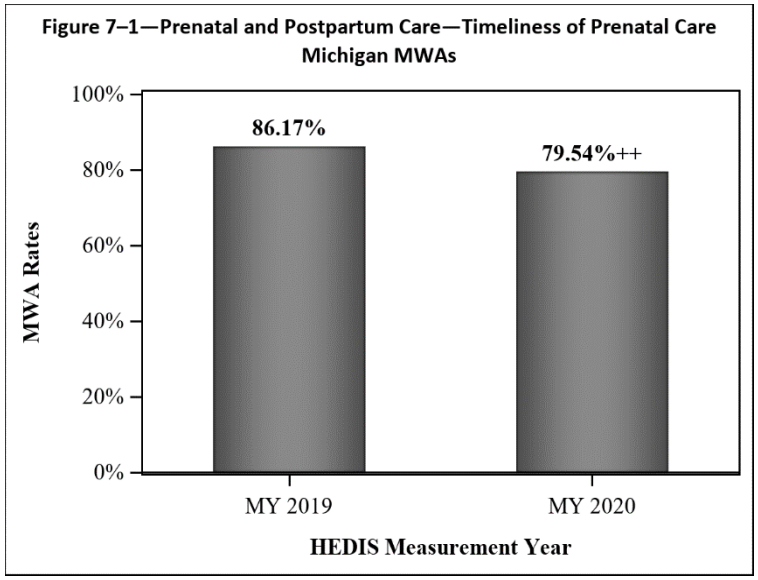
Upper Peninsula ranked above the 50th percentile for both measure indicators, and was above the HPL for *Prenatal and Postpartum Care—Postpartum Care*. MDHHS should work with the MHPs and providers on the best practices for providing ongoing prenatal and postpartum care. This is especially important during COVID-19, as pregnant and recently pregnant women are at a higher risk for severe illness from COVID-19 than nonpregnant women. Additionally, pregnant women with COVID-19 are at a higher risk for preterm birth and might have a higher risk for other adverse pregnancy outcomes.[7-1] MDHHS is encouraged to work with the higher performing MHPs to identify best practice to ensuring women access to prenatal and postpartum care, which can then be spread to the lower performing MHPs to improve overall access.

[7-1] Centers for Disease Control and Prevention. Investigating the Impact of COVID-19 during Pregnancy. Available at: https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19/what-cdc-is-doing.html. Accessed on: September 17, 2021.

Measure-Specific Findings

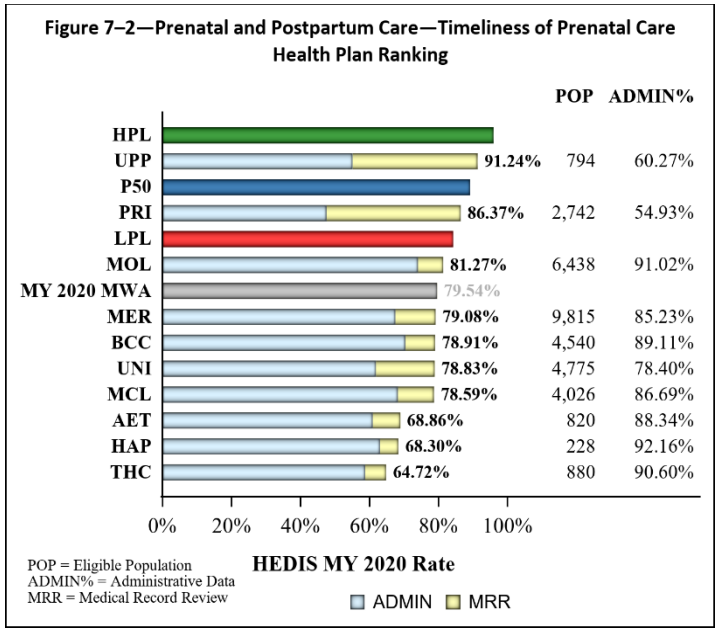
Prenatal and Postpartum Care—Timeliness of Prenatal Care

Prenatal and Postpartum Care—Timeliness of Prenatal Care assesses the percentage of deliveries of live births that received a prenatal care visit as a member of the MHP in the first trimester or within 42 days of enrollment in the MHP. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

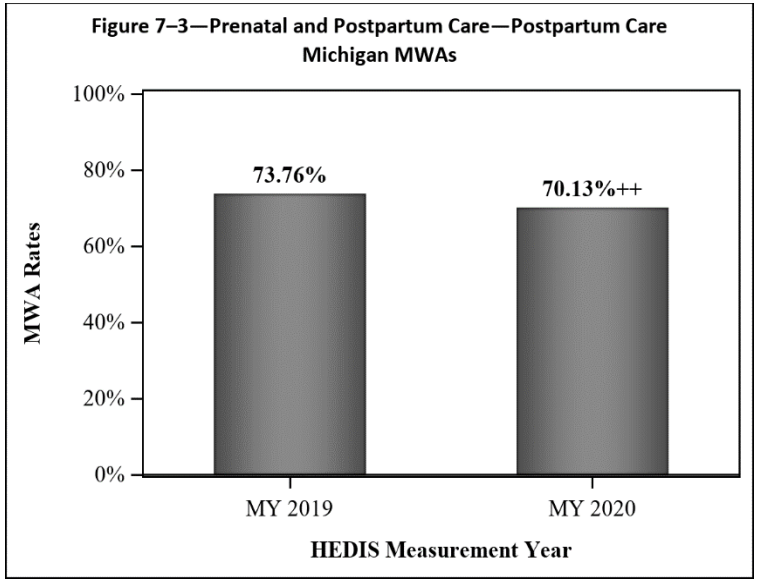
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile, but fell below the HPL. Eight MHPs and the MWA fell below the LPL. MHP performance varied by over 26 percentage points.

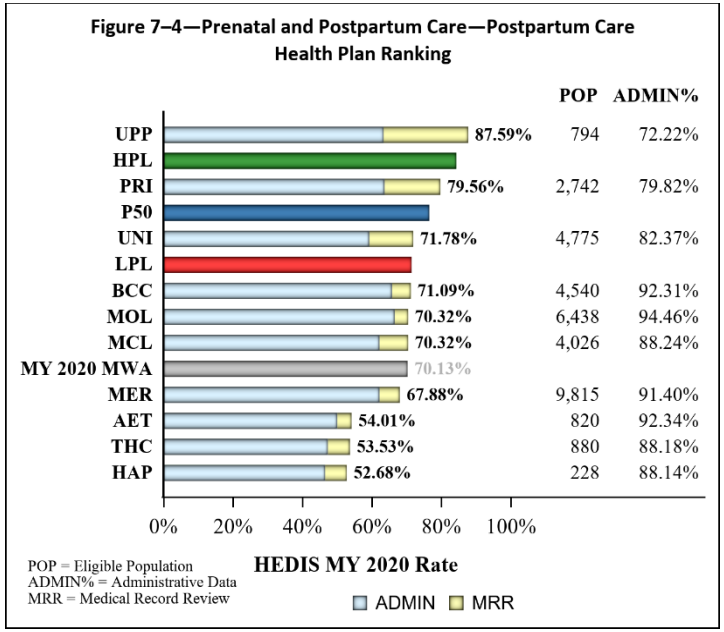
Prenatal and Postpartum Care—Postpartum Care

Prenatal and Postpartum Care—Postpartum Care assesses the percentage of deliveries of live births that had a postpartum visit on or between 21 and 56 days after delivery. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Two MHPs ranked above the 50th percentile, with one MHP above the HPL. Seven MHPs and the MWA fell below the LPL. MHP performance varied by over 34 percentage points.

8. Living With Illness

Introduction

The Living With Illness domain encompasses the following HEDIS measures:

- *Comprehensive Diabetes Care—HbA1c Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed,* and *Blood Pressure Control (<140/90 mm Hg)*
- *Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years, Ages 65 to 74 Years, Ages 75 to 85 Years,* and *Total*
- *Asthma Medication Ratio—Total*
- *Controlling High Blood Pressure*
- *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications,* and *Discussing Cessations Strategies*
- *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- *Diabetes Monitoring for People With Diabetes and Schizophrenia*
- *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*
- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*

Please see the "How to Get the Most From This Report" section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 8-1 presents the Michigan MWA performance for the measure indicators under the Living With Illness domain. The table lists the HEDIS MY 2020 MWA rates and performance levels, a comparison of the HEDIS MY 2019 MWA to the HEDIS MY 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2019 MWA to HEDIS MY 2020 MWA.

Table 8-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Living With Illness

Measure	HEDIS MY 2020 MWA and Performance Level	HEDIS MY 2019 MWA–HEDIS MY 2020 MWA Comparison	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020	Number of MHPs With Statistically Significant Decline in HEDIS MY 2020
Comprehensive Diabetes Care				
Hemoglobin A1C (HbA1c) Testing[4]	83.13%	**-6.07**$^{++}$	0	6
*HbA1c Poor Control (>9.0%)**[4]	43.03%	**+5.82**$^{++}$	0	4
HbA1c Control (<8.0%)[4]	47.46%	**-5.26**$^{++}$	0	5
Eye Exam (Retinal) Performed[4]	53.65%	**-8.95**$^{++}$	0	6
Blood Pressure Control (<140/90 mm Hg)[5]	58.38%	NC	NC	NC
Kidney Health Evaluation for Patients With Diabetes[6]				
Ages 18 to 64 Years	30.63%	NC	NC	NC
Ages 65 to 74 Years	32.03%	NC	NC	NC
Ages 75 to 85 Years	29.97%	NC	NC	NC
Total	30.68%	NC	NC	NC
Asthma Medication Ratio				
Total	56.83%	**-3.03**$^{++}$	0	5
Controlling High Blood Pressure[5]				
Controlling High Blood Pressure	54.48%	NC	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation[3]				
Advising Smokers and Tobacco Users to Quit	76.98%	**-3.66**$^{++}$	0	0
Discussing Cessation Medications	56.97%	**-2.21**$^{++}$	0	1
Discussing Cessation Strategies	50.01%	**-1.55**$^{++}$	0	0
Antidepressant Medication Management				
Effective Acute Phase Treatment	59.28%	**+4.31**$^{+}$	3	2
Effective Continuation Phase Treatment	42.98%	**+4.21**$^{+}$	1	2
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	78.01%	**-6.37**$^{++}$	0	6
Diabetes Monitoring for People With Diabetes and Schizophrenia				
Diabetes Monitoring for People With Diabetes and Schizophrenia	61.98%	**-6.33**$^{++}$	0	3

Measure	HEDIS MY 2020 MWA and Performance Level	HEDIS MY 2019 MWA–HEDIS MY 2020 MWA Comparison	Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020	Number of MHPs With Statistically Significant Decline in HEDIS MY 2020
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia				
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	64.95%	-8.21	0	1
Adherence to Antipsychotic Medications for Individuals With Schizophrenia				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	68.17%	**+8.91**[+]	2	0

[1] *HEDIS MY 2020 performance levels were based on comparisons of the HEDIS MY 2019 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. HEDIS MY 2020 performance levels represent the following percentile comparisons:*

≤25th	*≥25th and ≤49th*	*≥50th and ≤74th*	*≥75th and ≤89th*	*≥90th*

[2] *HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.*

[3] *To align with calculations from prior years, the weighted average for this measure used the eligible population for the survey rather than the number of people who responded as being smokers.*

[4] *Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.*

[5] *Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.*

[6] *This measure is a first-year measure; therefore, prior years' rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.*

NC indicates that a comparison to 2019 performance is not appropriate.

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

Green Shading[+] *Indicates that the HEDIS MY 2020 MWA demonstrated a significant improvement from the HEDIS MY 2019 MWA.*

Red Shading[++] *Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.*

Table 8-1 shows that for the Living With Illness domain, *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* were an area of strength. Both measure indicators went from below the 75th percentile in MY 2019 to above the 75th percentile in MY 2020 and demonstrated significant increases, with *Antidepressant Medication Management—Effective Acute Phase Treatment* increasing by more than four percentage points and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* increasing by nearly nine percentage points. Total Health was the only MHP to rank above the HPL and the 50th percentile for all *Medical Assistance With Smoking and Tobacco Use Cessation* measure indicators. Priority was the only MHP to rank above the 50th percentile for all *Comprehensive Diabetes Care* measure indicators. Total Health and Meridian ranked above the HPL for *Antidepressant Medication Management—Effective Acute Phase Treatment*, with Total Health also ranking above the HPL for the *Effective Continuation Phase Treatment* measure indicator.

For *Medical Assistance With Smoking and Tobacco Use Cessation*, the MWA for all measure indicators demonstrated a significant decline of over one percentage point, with *Advising Smokers and Tobacco Users to Quit* demonstrating the most decline at over three percentage points and ranking below the 50th percentile. McLaren, Molina, Aetna, Blue Cross, HAP, Total Health and the MWA fell below the LPL for *Asthma Medication Ratio—Total*, with the MWA demonstrating a significant decline of over three percentage points from HEDIS MY 2019.

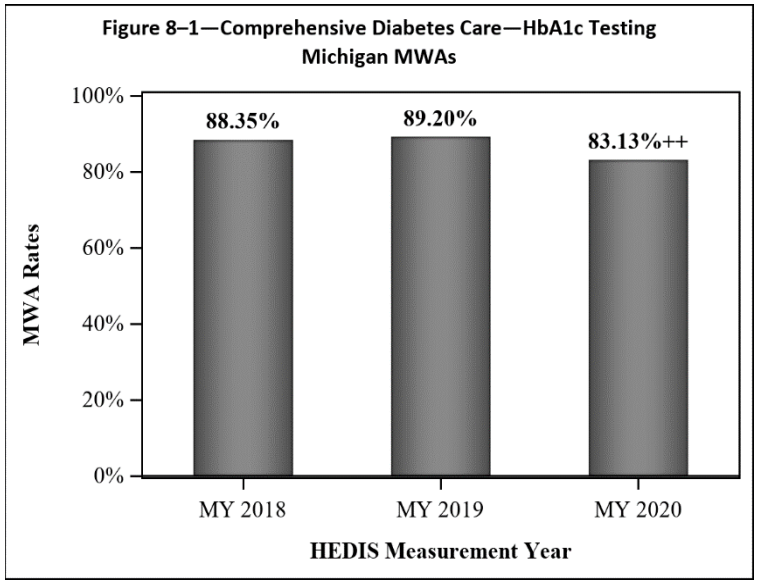
The MWA demonstrated the most significant declines for *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*, *Diabetes Monitoring for People With Diabetes and Schizophrenia,* and all comparable *Comprehensive Diabetes Care* measure indicators. The measures all demonstrated significant declines in the MWA of more than five percentage points from MY 2019 to MY 2020. MDHHS should implement a quality improvement strategy with MHPs and providers that would focus on effective treatment programs for people with diabetes, which should include people with schizophrenia and bipolar disorder. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream.[8-1] If the decline in receipt of these services is determined to be related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for adults to have access to these important services.

[8-1] National Committee for Quality Assurance. Diabetes and Cardiovascular Disease Screening and Monitoring for People With Schizophrenia or Bipolar Disorder. Available at: https://www.ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/ Accessed on: September 17, 2021.

Measure-Specific Findings

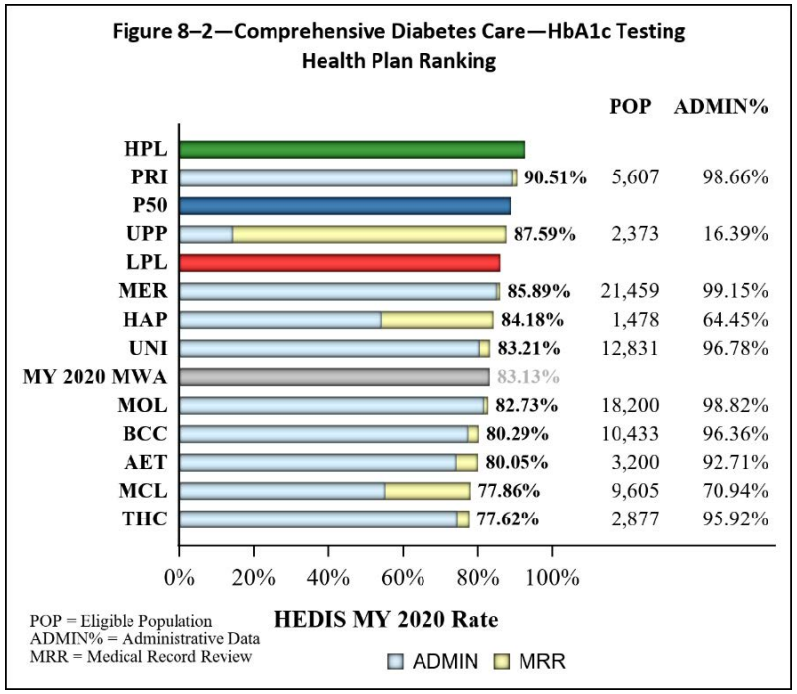
Comprehensive Diabetes Care—HbA1c Testing

Comprehensive Diabetes Care—HbA1c Testing assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c testing. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

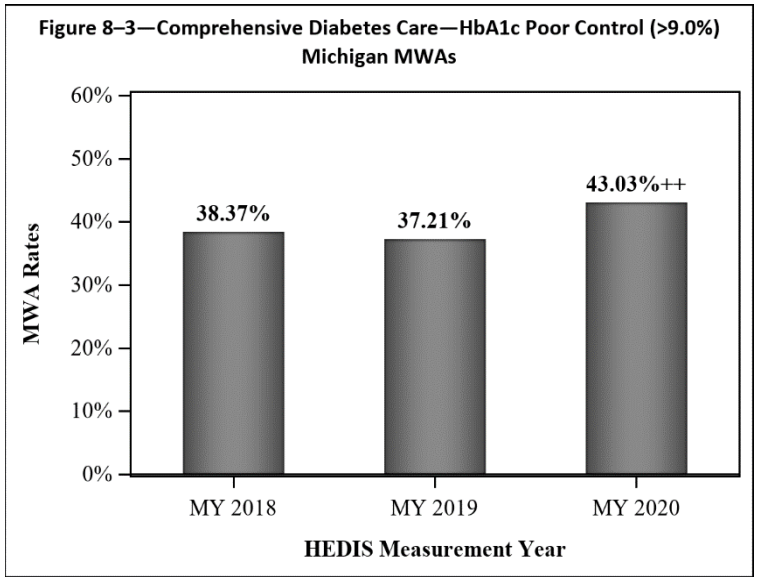
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile, but fell below the HPL. Eight MHPs and the MWA fell below the LPL. MHP performance varied by over 12 percentage points.

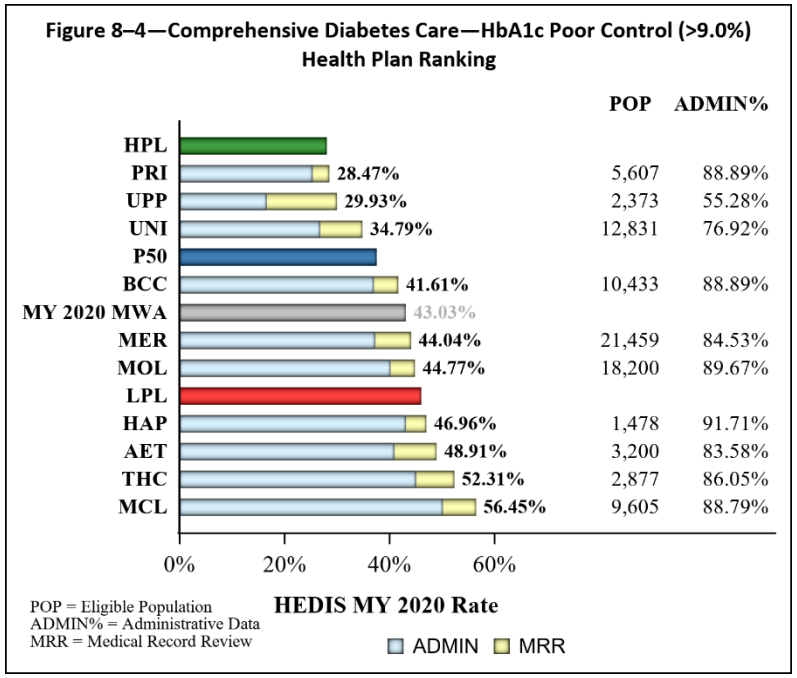
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recently documented HbA1c level was greater than 9.0 percent. For this measure, a lower rate indicates better performance. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

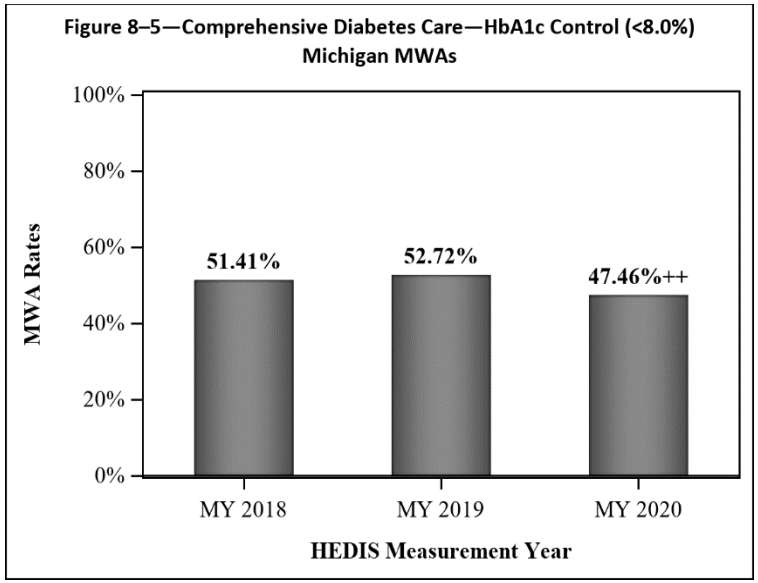
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Three MHPs ranked above the 50th percentile, but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by approximately 28 percentage points.

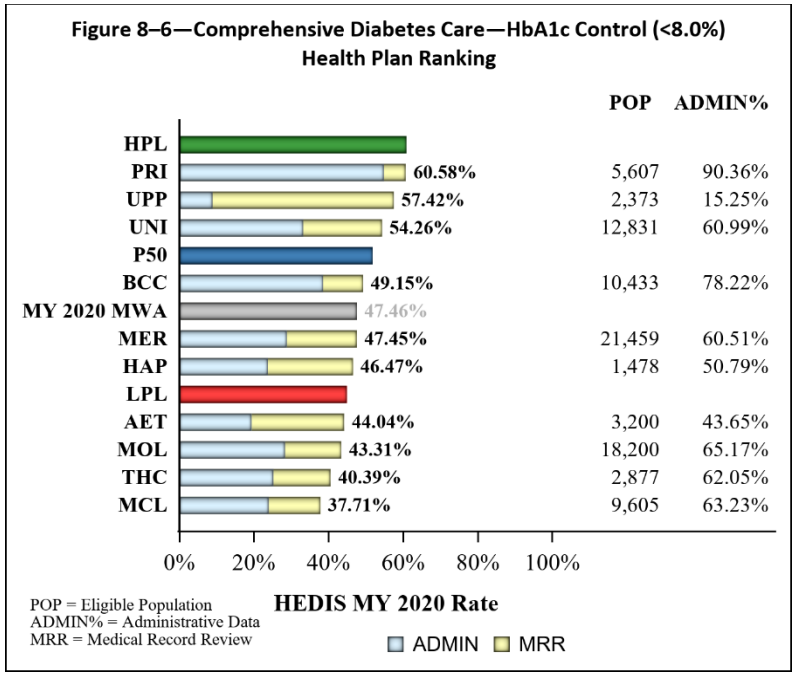
Comprehensive Diabetes Care—HbA1c Control (<8.0%)

Comprehensive Diabetes Care—HbA1c Control (<8.0%) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recently documented HbA1c level was less than 8.0 percent. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

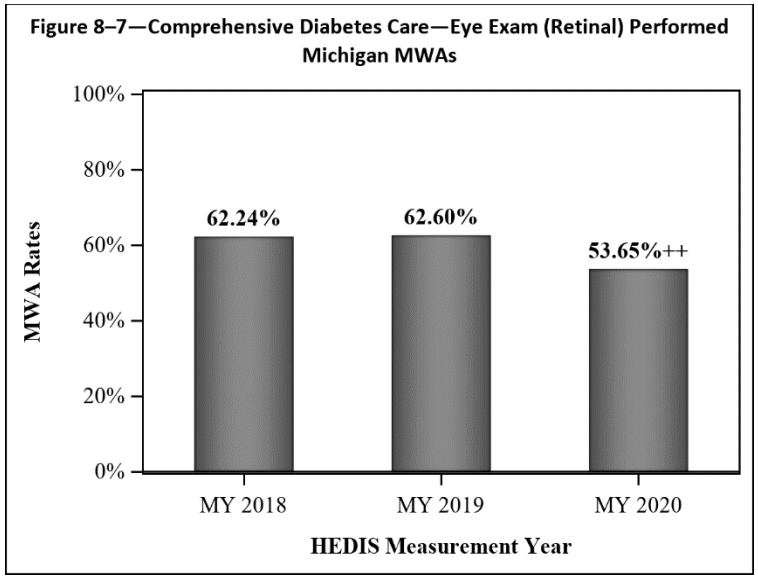
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Three MHPs ranked above the 50th percentile, but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 22 percentage points.

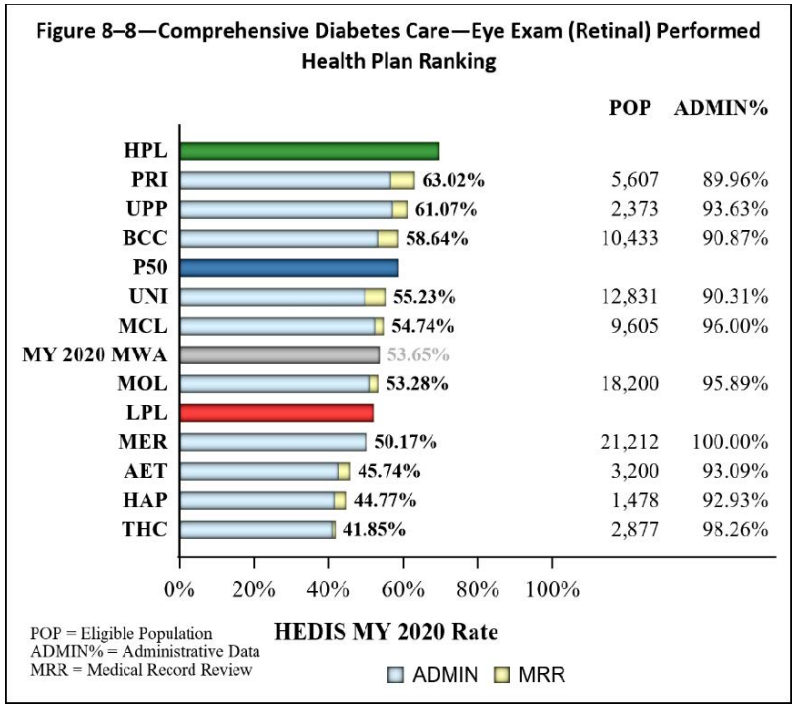
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

Comprehensive Diabetes Care—Eye Exam (Retinal) Performed assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had screening or monitoring for diabetic retinal disease. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

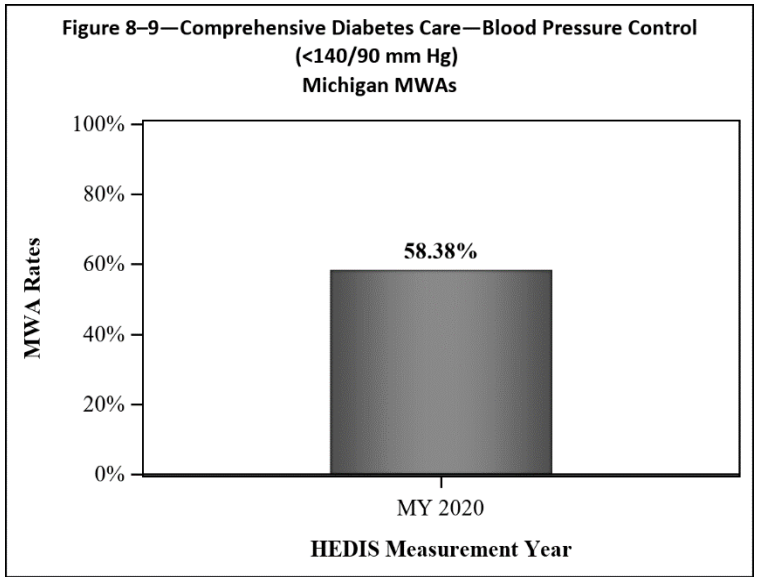
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



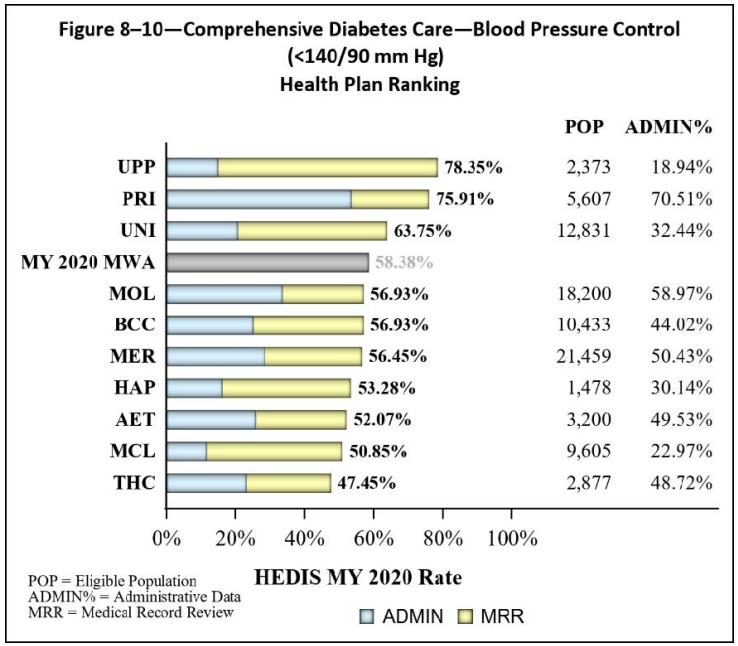
Three MHPs ranked above the 50th percentile, but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by approximately 21 percentage points.

Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)

Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure reading was less than 140/90 mm Hg. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



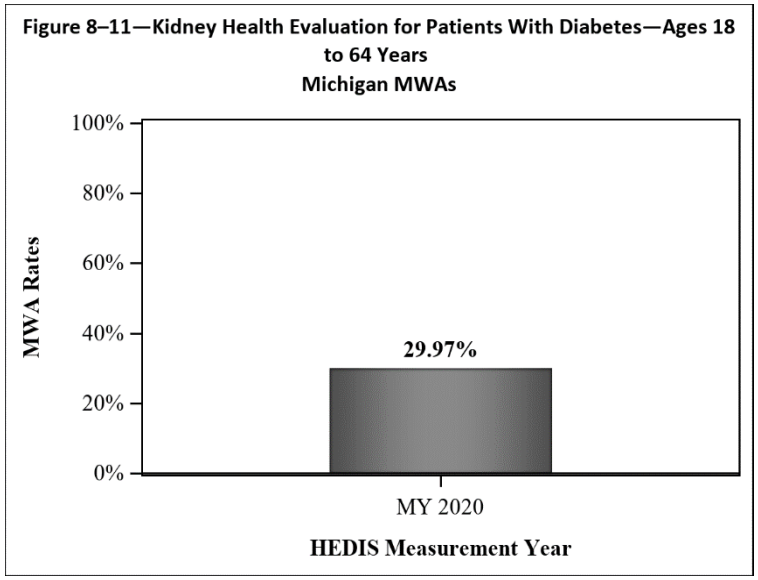
Due to changes in the technical specifications in HEDIS MY 2020 for the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



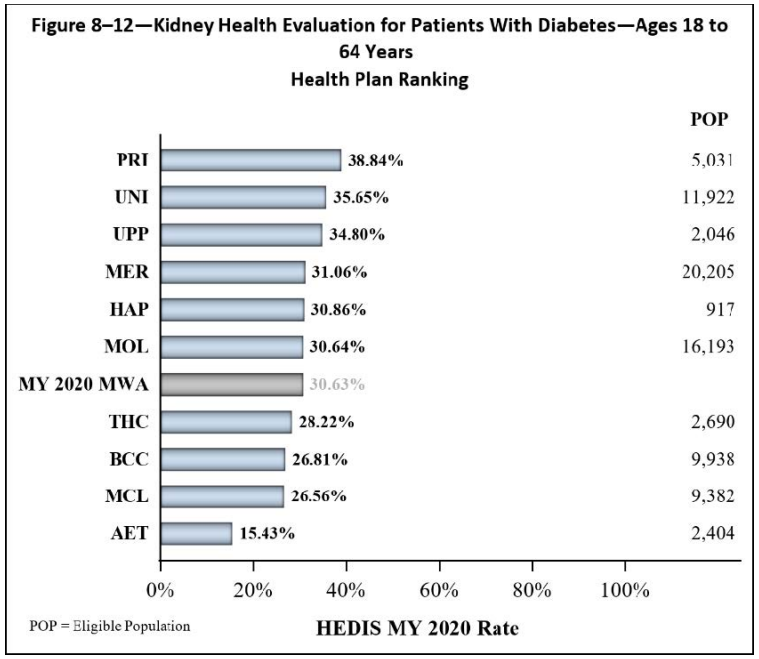
Due to changes in the technical specifications in HEDIS MY 2020 for the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by approximately 31 percentage points.

Kidney Health Evaluation for People With Diabetes—Ages 18 to 64 Years

Kidney Health Evaluation for Patients With Diabetes assesses the percentage of members 18 to 64 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the MY.



The *Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years* measure is a first-year measure for HEDIS MY 2020, and therefore was not included in the prior years' results. Therefore, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.

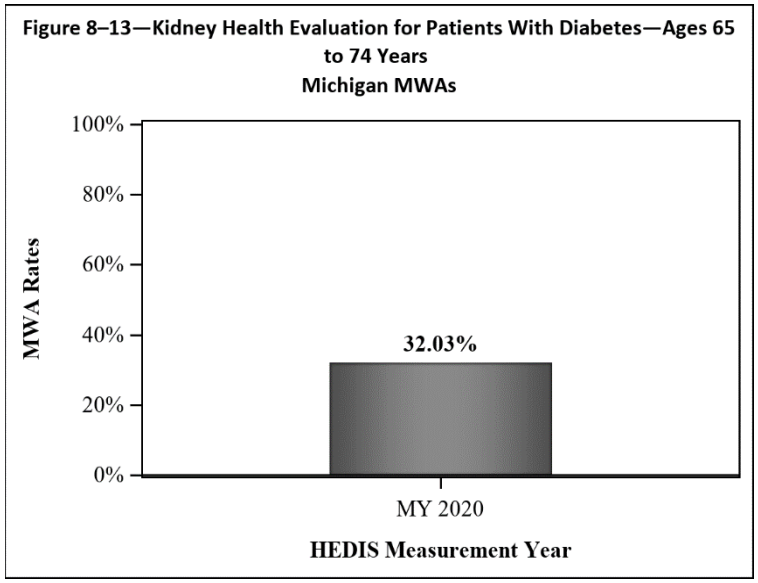


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

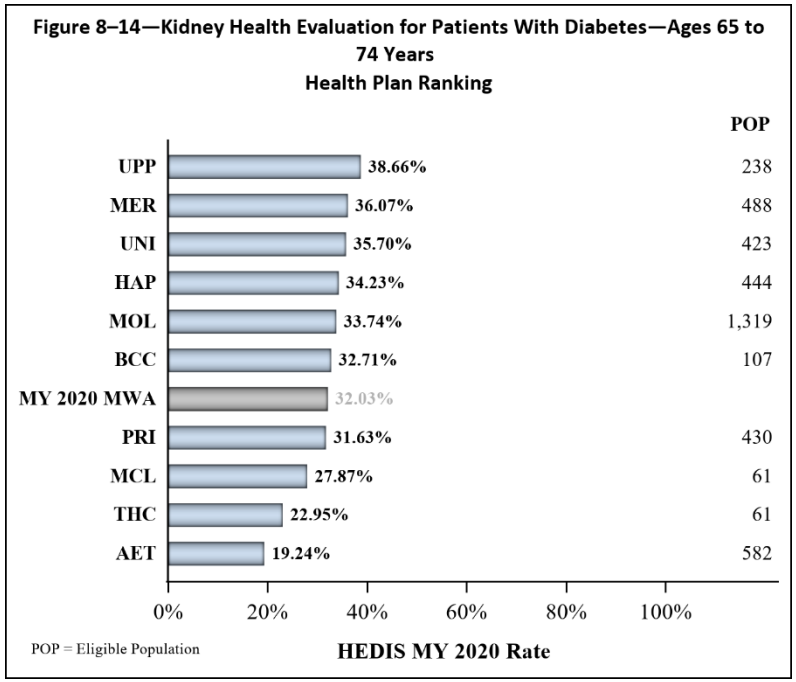
For HEDIS MY 2020, *Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years* was a first-year measure. Comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by approximately 23 percentage points.

Kidney Health Evaluation for People With Diabetes—Ages 65 to 74 Years

Kidney Health Evaluation for Patients With Diabetes assesses the percentage of members 65 to 74 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an eGFR and an uACR, during the MY.



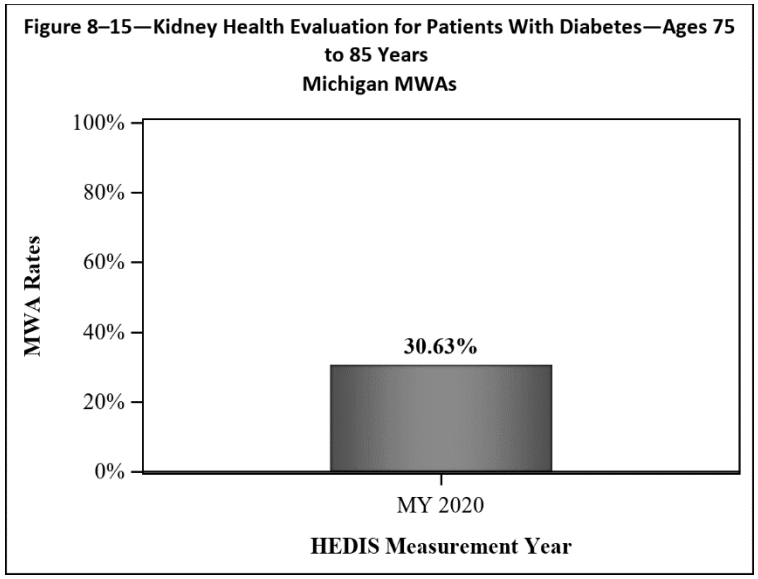
The *Kidney Health Evaluation for Patients With Diabetes—Ages 65 to 74 Years* measure is a first-year measure for HEDIS MY 2020, and therefore was not included in the prior years' results. Therefore, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



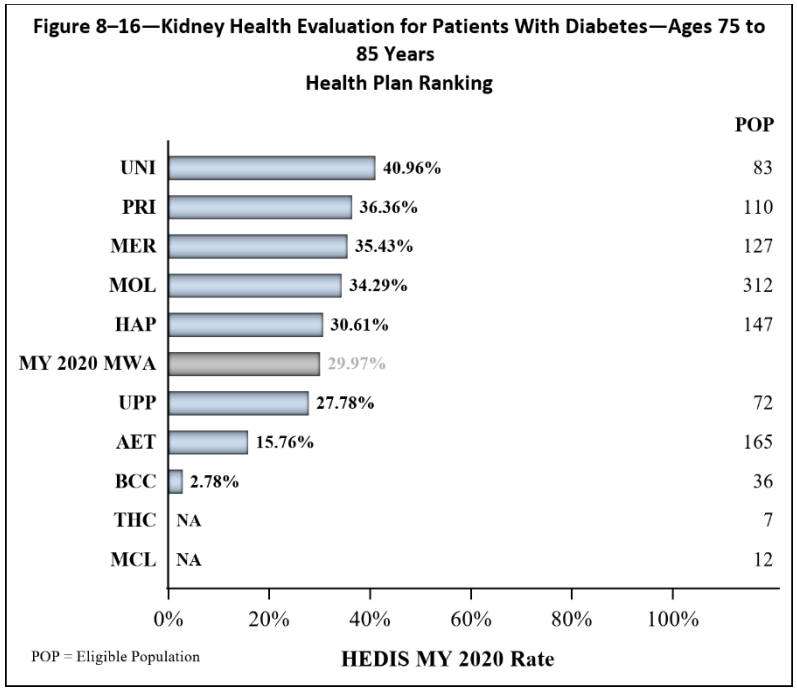
For HEDIS MY 2020, *Kidney Health Evaluation for Patients With Diabetes—Ages 65 to 74 Years* was a first-year measure. Comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 19 percentage points.

Kidney Health Evaluation for People With Diabetes—Ages 75 to 85 Years

Kidney Health Evaluation for Patients With Diabetes assesses the percentage of members 75 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the MY.



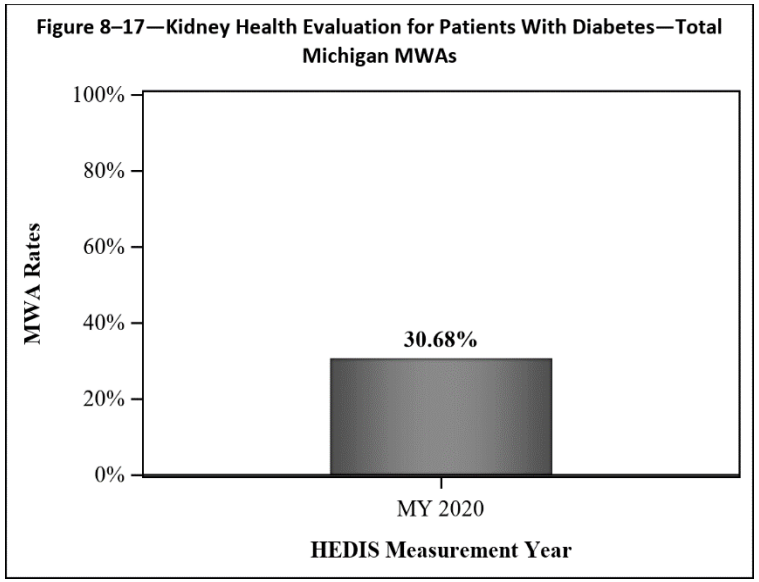
The *Kidney Health Evaluation for Patients With Diabetes—Ages 75 to 85 Years* measure is a first-year measure for HEDIS MY 2020, and therefore was not included in the prior years' results. Therefore, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



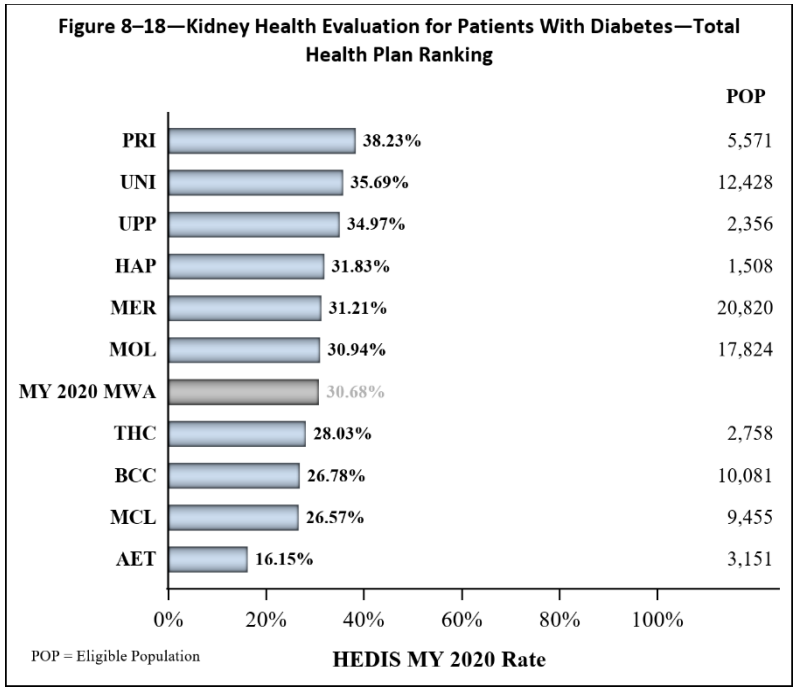
For HEDIS MY 2020, *Kidney Health Evaluation for Patients With Diabetes—Ages 75 to 85 Years* was a first-year measure. Comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 38 percentage points.

Kidney Health Evaluation for People With Diabetes—Total

Kidney Health Evaluation for Patients With Diabetes—Total assesses the percentage of members 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the MY.



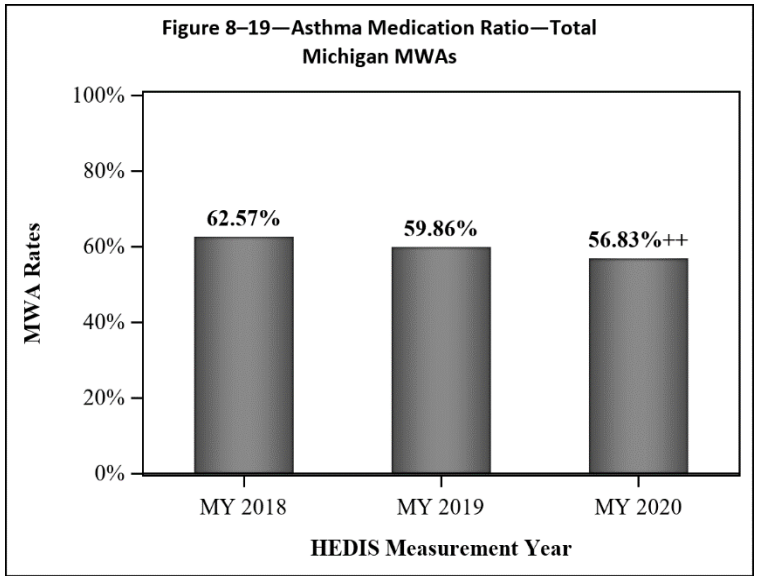
The *Kidney Health Evaluation for Patients With Diabetes—Total* measure is a first-year measure for HEDIS MY 2020, and therefore was not included in the prior years' results. Therefore, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



For HEDIS MY 2020, *Kidney Health Evaluation for Patients With Diabetes—Total* was a first-year measure. Comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by approximately 22 percentage points.

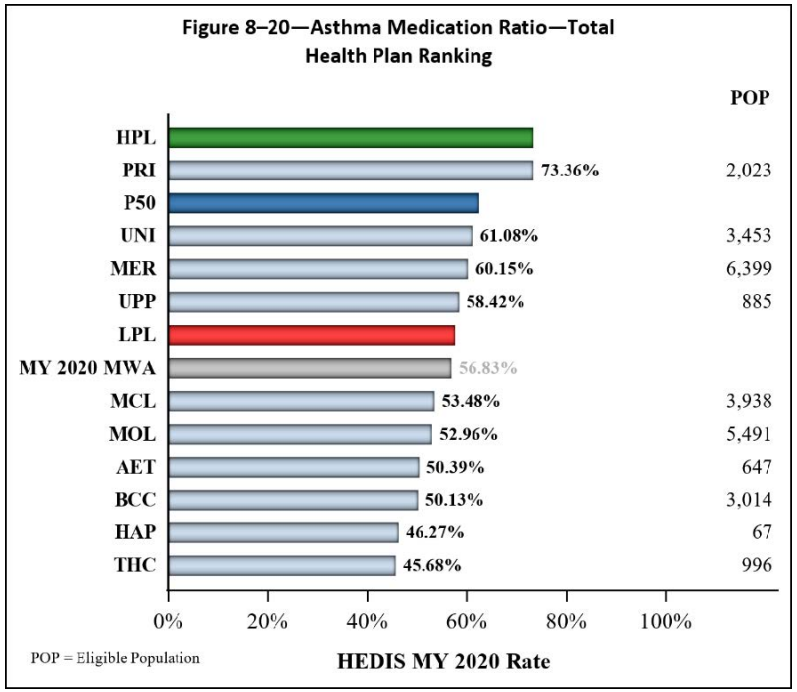
Asthma Medication Ratio—Total

Asthma Medication Ratio—Total assesses the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

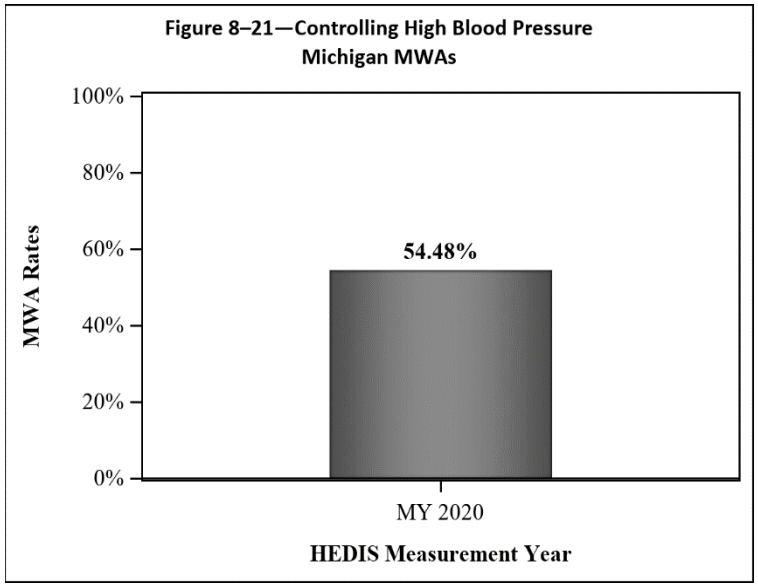
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



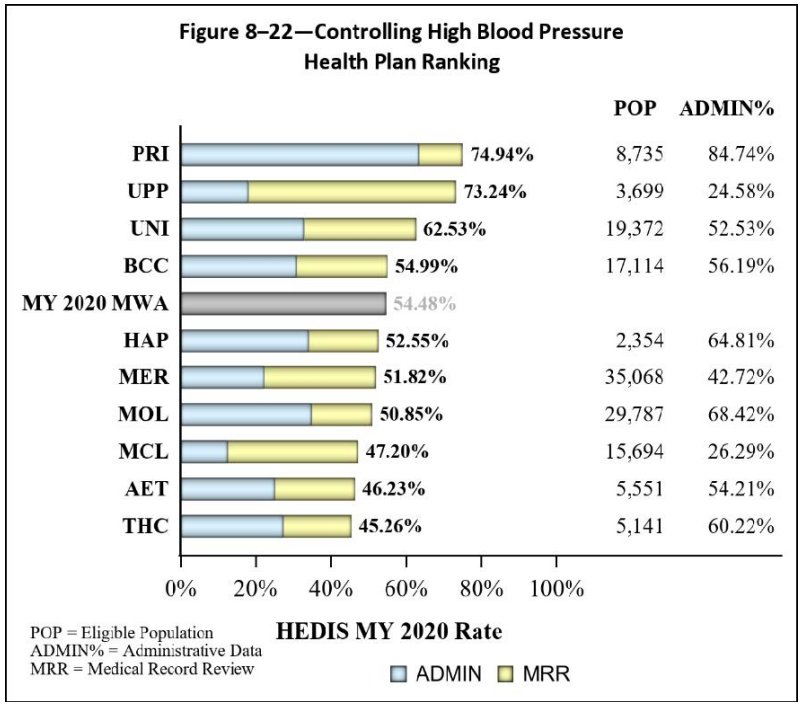
One MHP ranked above the 50th percentile, but fell below the HPL. Six MHPs and the MWA fell below the LPL. MHP performance varied by over 27 percentage points.

Controlling High Blood Pressure

Controlling High Blood Pressure assesses the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the MY. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



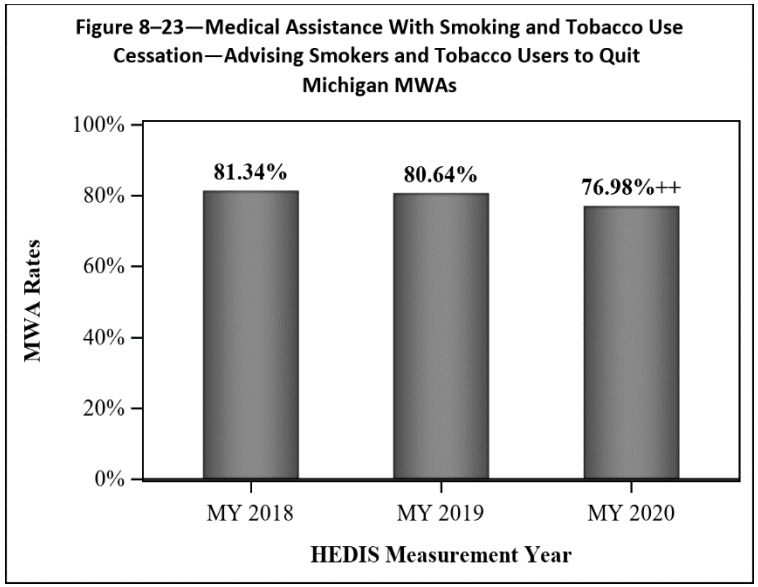
Due to changes in the technical specifications in HEDIS MY 2020 for the *Controlling High Blood Pressure* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



Due to changes in the technical specifications in HEDIS MY 2020 for the *Controlling High Blood Pressure* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 29 percentage points.

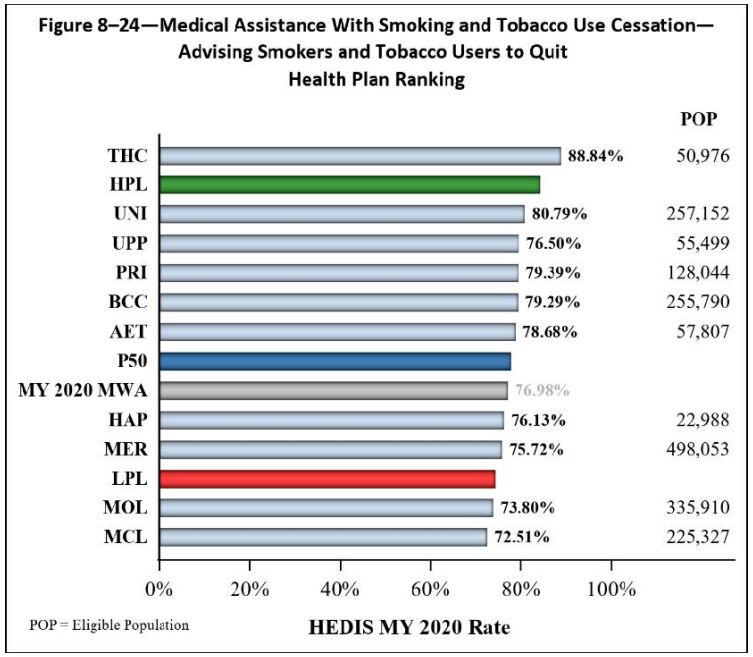
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit

Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit assesses the percentage of members 18 years of age and older who are current smokers or tobacco users and received cessation advice during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

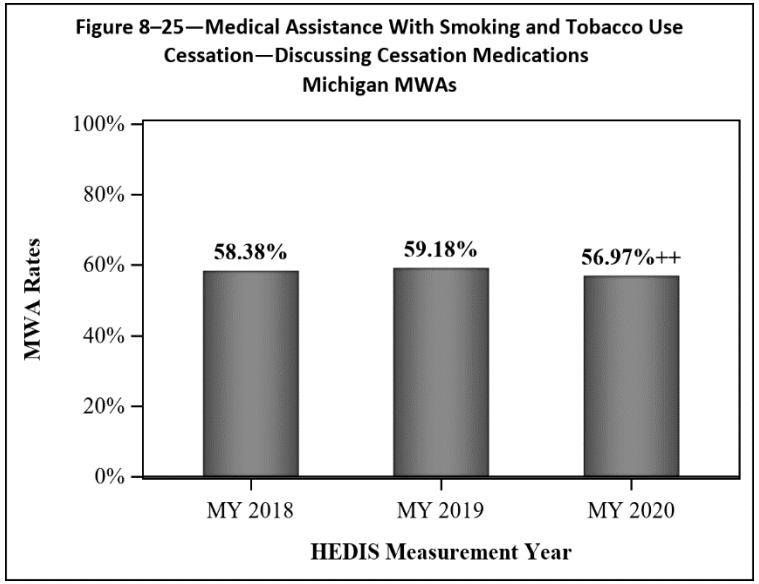
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Six MHPs ranked above the 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by approximately 16 percentage points.

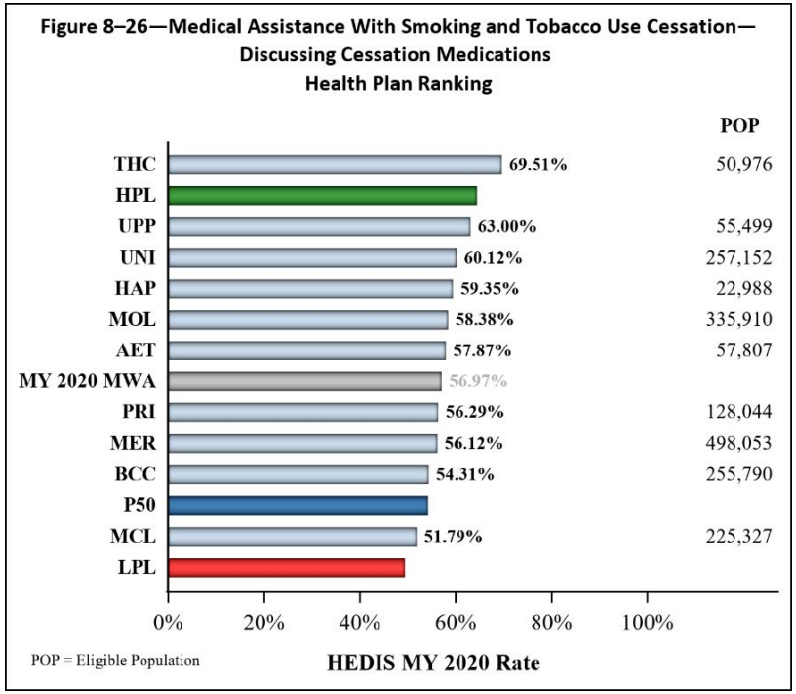
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications

Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications assesses the percentage of members 18 years of age and older who are current smokers or tobacco users and discussed or were recommended cessation medications during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

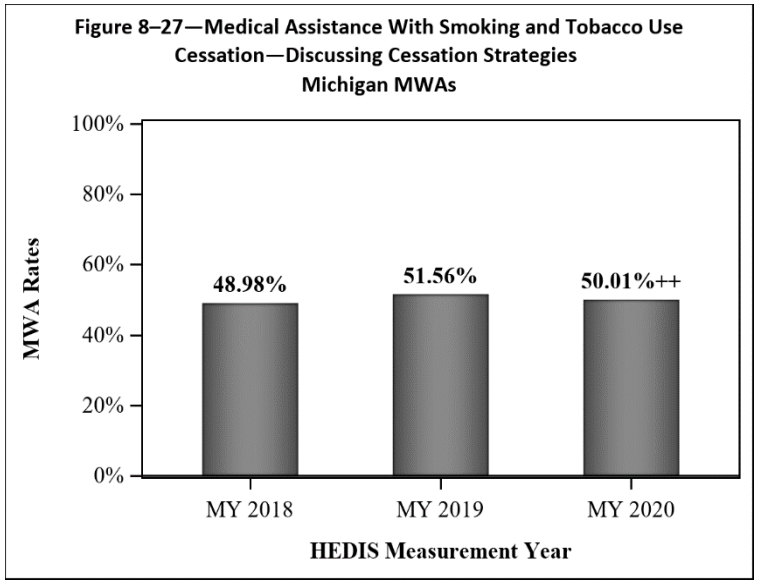
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Nine MHPs ranked above the 50th percentile, with one MHP ranking above the HPL. One MHPs ranked below the 50th percentile, but was above the LPL. MHP performance varied by over 17 percentage points.

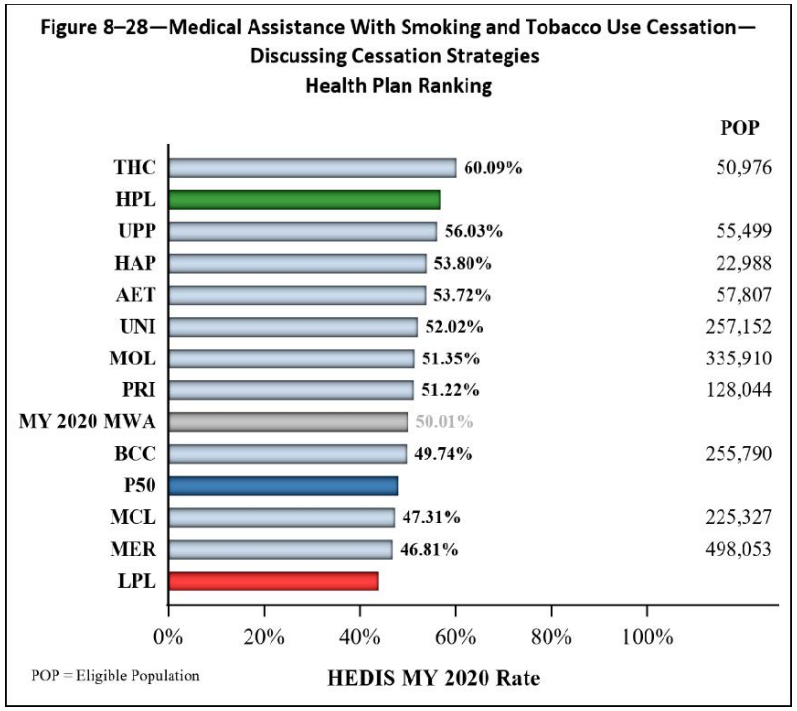
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies

Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies assesses the percentage of members 18 years of age or older who are current smokers or tobacco users and discussed or were provided cessation methods or strategies during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

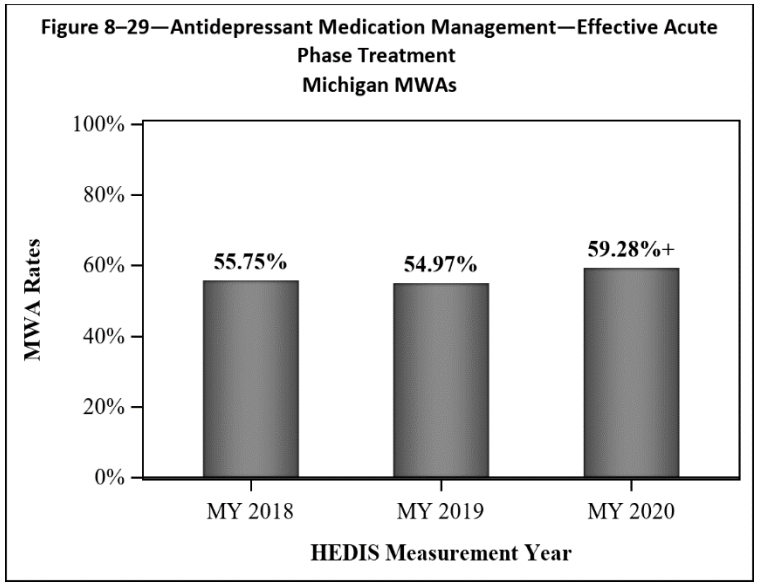
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Eight MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. Two MHPs ranked below the 50th percentile, but was above the LPL. MHP performance varied by over 13 percentage points.

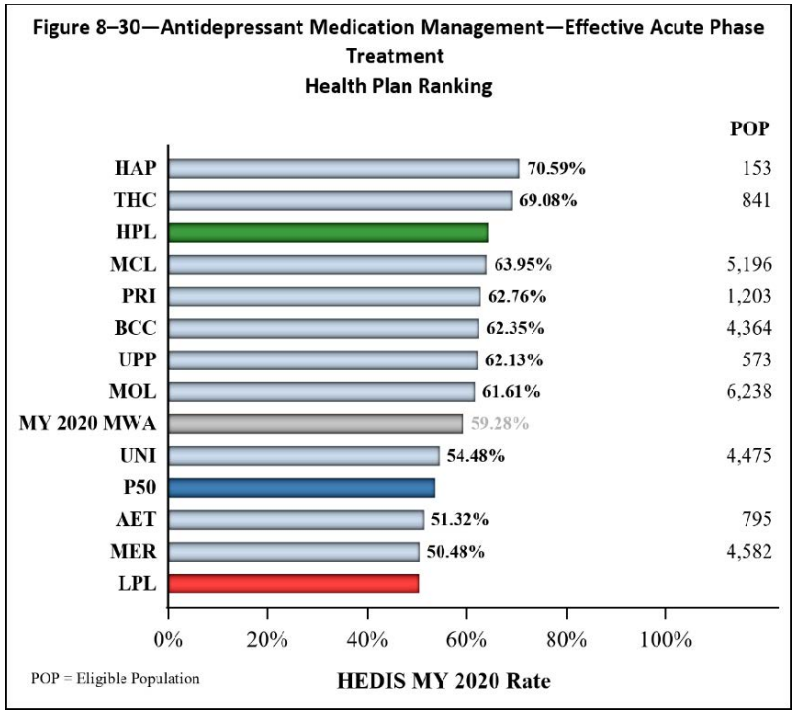
Antidepressant Medication Management—Effective Acute Phase Treatment

Antidepressant Medication Management—Effective Acute Phase Treatment assesses the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment for at least 84 days (12 weeks).



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

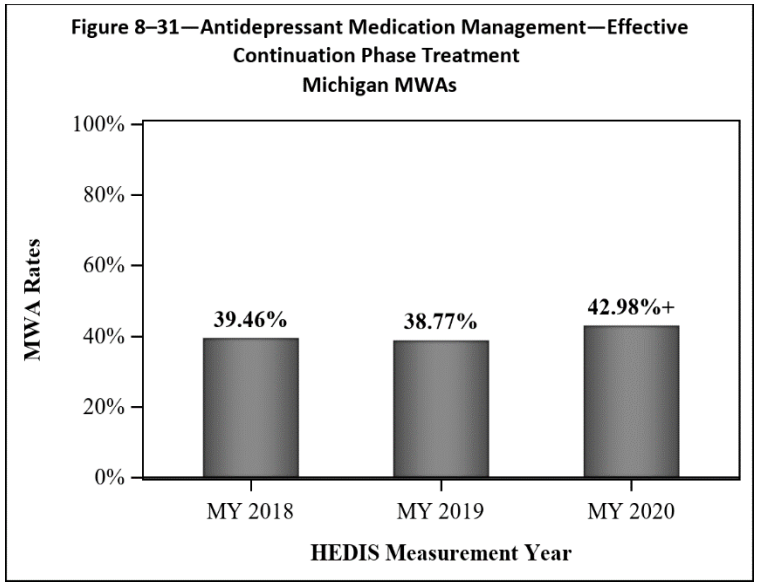
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



Eight MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. Two MHPs ranked below the 50th percentile, but were above the LPL. MHP performance varied by approximately 20 percentage points.

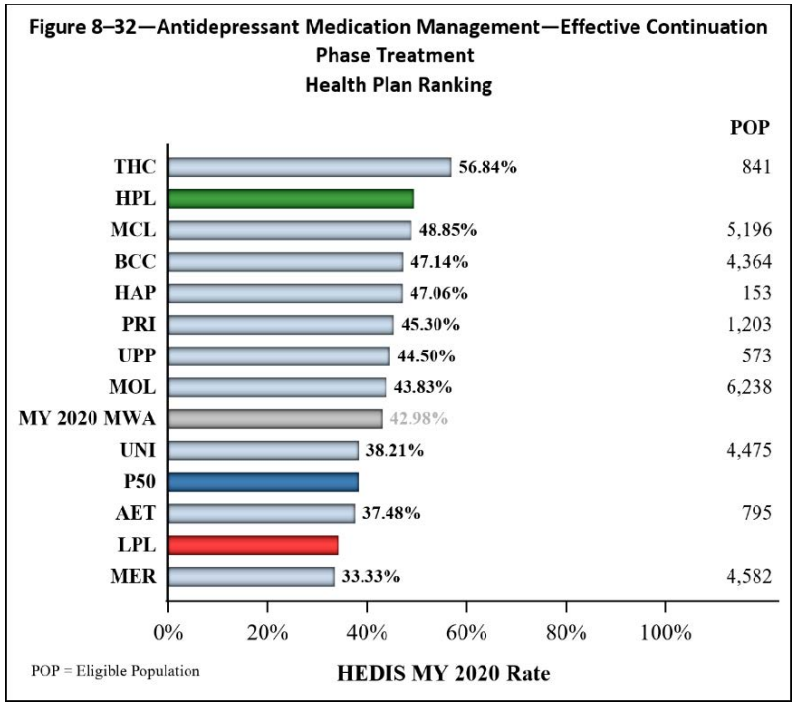
Antidepressant Medication Management—Effective Continuation Phase Treatment

Antidepressant Medication Management—Effective Continuation Phase Treatment assesses the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment for at least 180 days (6 months).



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

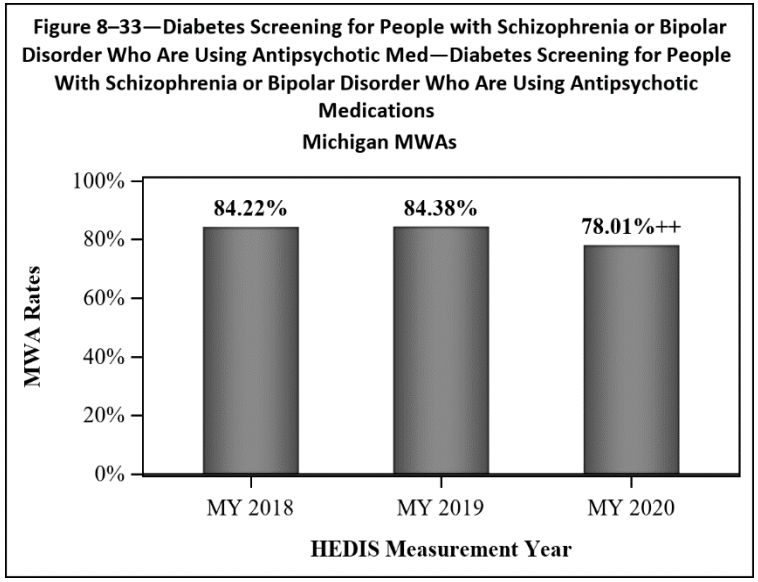
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019



Eight MHPs and the MWA ranked above the 50th percentile, with one MHPs ranking above the HPL. Two MHPs ranked below the 50th percentile, with one falling below the LPL. MHP performance varied by over 23 percentage points.

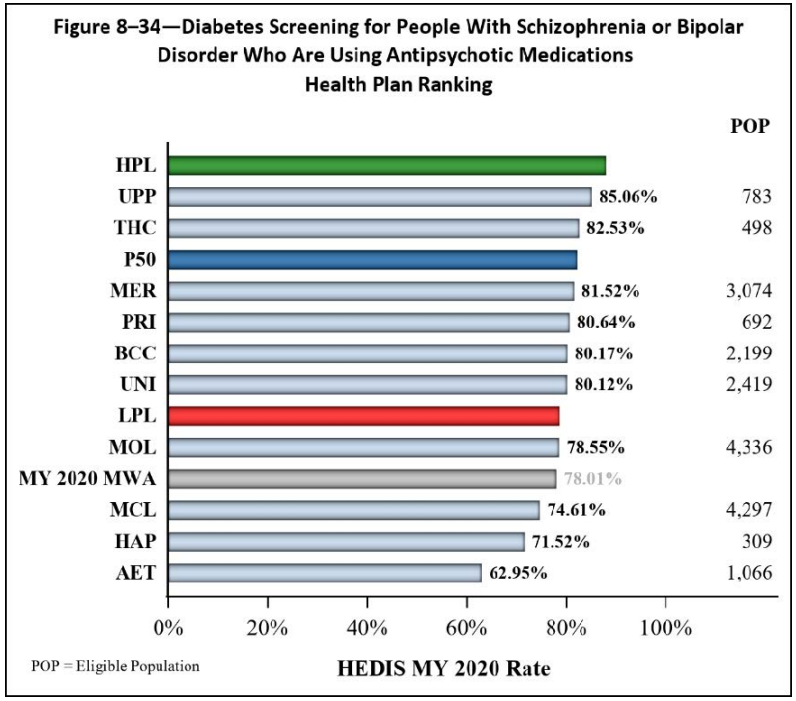
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications assesses the percentage of members 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

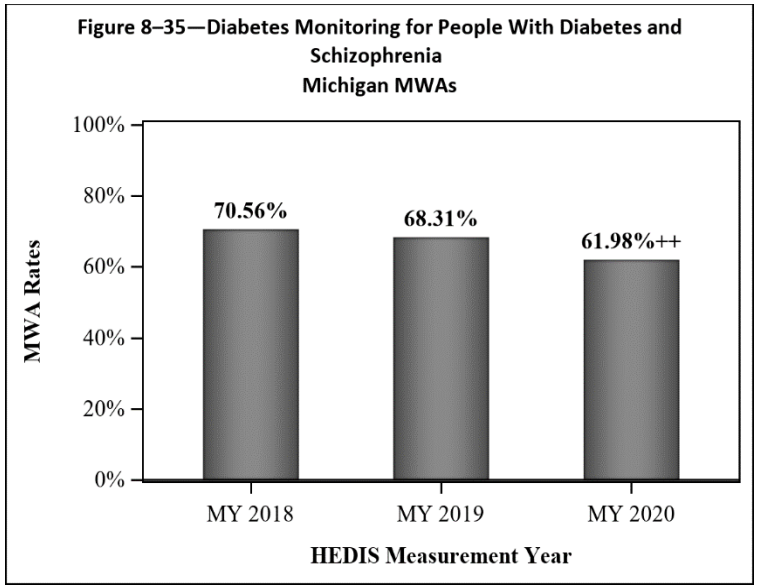
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Two MHPs ranked above the 50th percentile, but fell below the HPL. Four MHPs and the MWA fell below the LPL. MHP performance varied by approximately 22 percentage points.

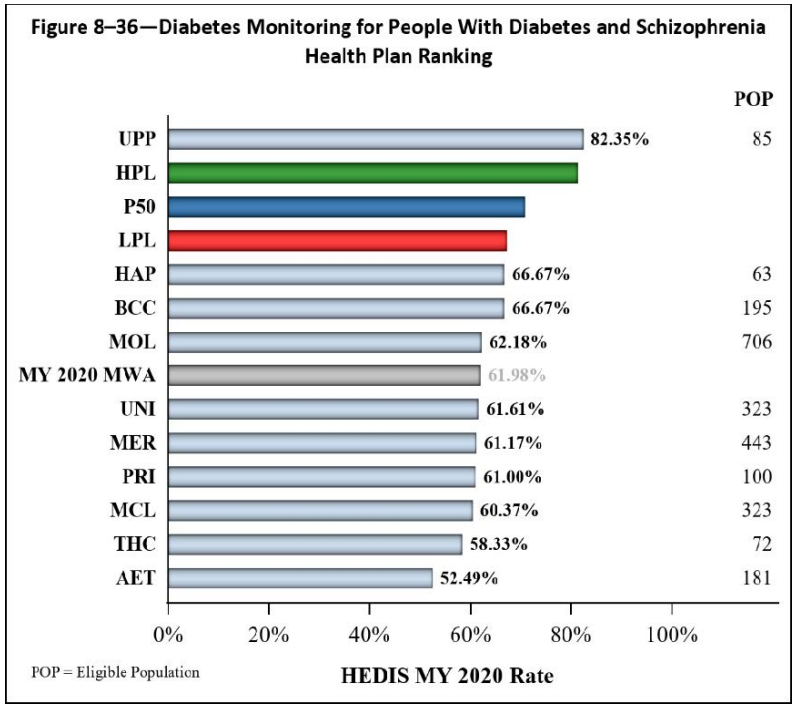
Diabetes Monitoring for People With Diabetes and Schizophrenia

Diabetes Monitoring for People With Diabetes and Schizophrenia assesses the percentage of members 18 to 64 years of age with schizophrenia or schizoaffective disorder and diabetes, who had both a low-density lipoprotein cholesterol (LDL-C) test and an HbA1c test during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

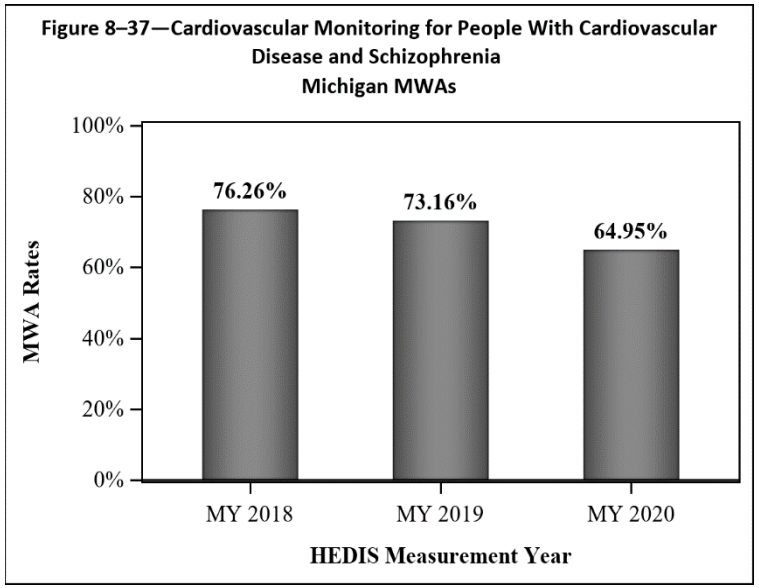
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



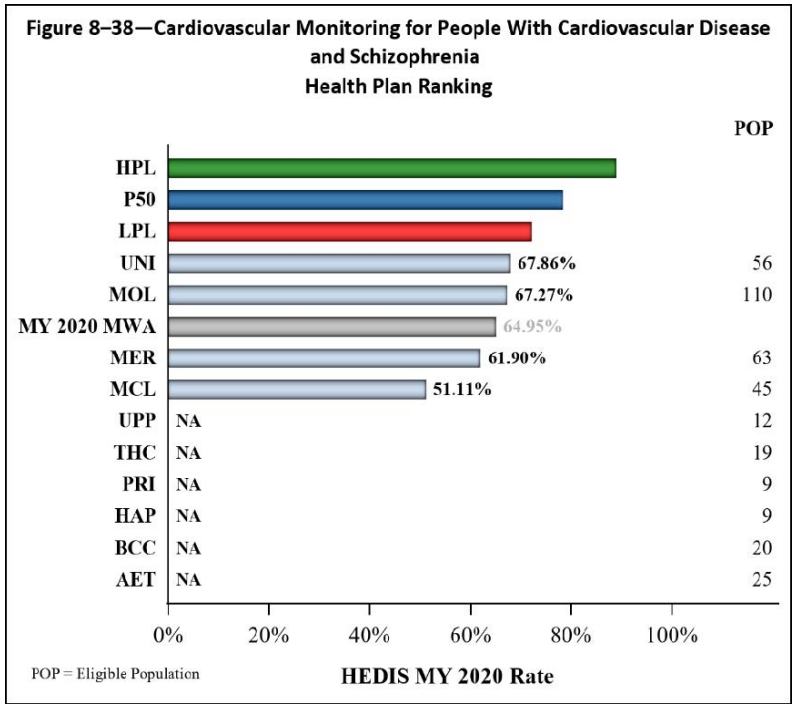
One MHPs ranked above the 50th percentile and the HPL. The remainder of MHPs fell below the LPL, along with the MWA. MHP performance varied by over 29 percentage points.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia assesses the percentage of members 18 to 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the MY.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.

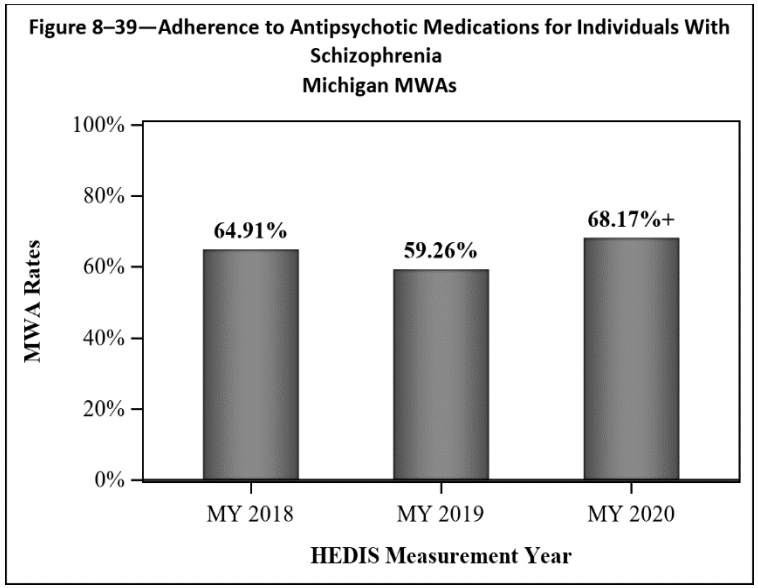


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

All MHPs and the MWA fell below the 50th percentile, HPL and the LPL. MHP performance varied by over 16 percentage points.

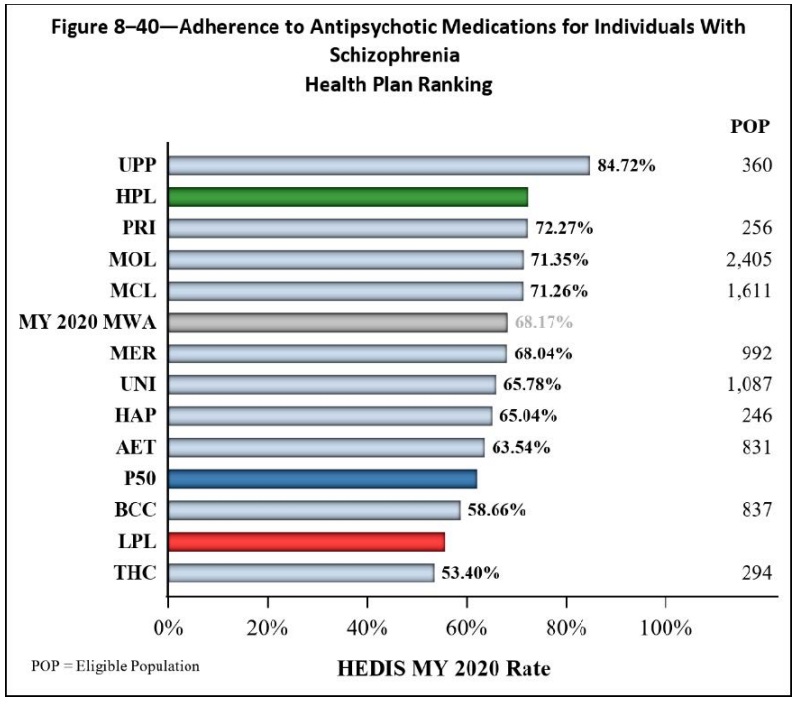
Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Adherence to Antipsychotic Medications for Individuals With Schizophrenia assesses the percentage of members 19 to 64 years of age with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



Eight MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 31 percentage points.

9. Health Plan Diversity

Introduction

The Health Plan Diversity domain encompasses the following HEDIS measures:

- *Race/Ethnicity Diversity of Membership*
- *Language Diversity of Membership—Spoken Language Preferred for Health Care, Preferred Language for Written Materials,* and *Other Language Needs*

Summary of Findings

Although measures under this domain are not performance measures and are not compared to percentiles, changes observed in the results may provide insight into how select member characteristics affect the MHPs' provision of services and care. The *Race/Ethnicity Diversity of Membership* measure shows that the HEDIS MY 2020 MWA rates for different racial/ethnic groups were fairly stable across years, with less than three percentage points difference between MY 2019 and MY 2020 for all racial/ethnic groups.

For the *Language Diversity of Membership* measure, MY 2020 rates remained similar to prior years, with Michigan members reporting English as the preferred spoken language for healthcare and preferred language for written materials, with nearly two percentage points difference between MY 2019 and MY 2020.

Race/Ethnicity Diversity of Membership

Measure Definition

Race/Ethnicity Diversity of Membership is an unduplicated count and percentage of members enrolled at any time during the MY, by race and ethnicity.

Results

Table 9-1a and b show that the statewide rates for reported racial/ethnic groups remained similar to prior years.

Table 9-1a—MHP and MWA Results for Race/Ethnicity Diversity of Membership

MHP	Eligible Population	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian and Other Pacific Islander
AET	64,191	32.58%	53.80%	0.19%	1.16%	0.08%
BCC	308,376	46.98%	34.60%	1.01%	1.77%	3.26%
HAP	30,185	39.22%	46.62%	0.15%	1.74%	0.04%
MCL	260,190	64.38%	20.63%	0.55%	0.80%	0.09%
MER	560,437	59.95%	22.36%	0.48%	2.43%	0.08%
MOL	419,718	45.74%	34.04%	0.27%	0.30%	<0.01%
PRI	173,634	59.62%	15.20%	0.55%	0.97%	0.08%
THC	70,651	29.57%	50.92%	0.22%	0.00%	0.08%
UNI	319,061	50.57%	29.76%	0.30%	3.38%	0.08%
UPP	60,478	87.12%	1.66%	2.67%	0.44%	0.13%
HEDIS MY 2020 MWA		**53.44%**	**28.03%**	**0.54%**	**1.61%**	**0.50%**
HEDIS MY 2019 MWA		**53.27%**	**27.45%**	**0.49%**	**1.87%**	**0.44%**
HEDIS MY 2018 MWA		**52.40%**	**26.89%**	**0.45%**	**0.88%**	**0.39%**

Table 9-1b—MHP and MWA Results for Race/Ethnicity Diversity of Membership (Continued)

MHP	Eligible Population	Some Other Race	Two or More Races	Unknown	Declined	Hispanic or Latino*
AET	64,191	0.00%	0.00%	6.03%	6.16%	3.62%
BCC	308,376	<0.01%	0.04%	12.35%	<0.01%	3.11%
HAP	30,185	3.98%	0.00%	8.24%	<0.01%	3.72%
MCL	260,190	6.06%	0.00%	7.48%	0.00%	6.06%
MER	560,437	0.00%	0.00%	14.70%	0.00%	0.00%
MOL	419,718	0.00%	0.00%	19.64%	0.00%	6.92%
PRI	173,634	0.00%	0.00%	23.58%	0.00%	11.27%
THC	70,651	0.00%	0.00%	6.28%	12.94%	3.41%
UNI	319,061	0.00%	0.00%	15.90%	0.00%	6.34%
UPP	60,478	2.08%	0.00%	0.00%	5.90%	2.08%
HEDIS MY 2020 MWA		**0.80%**	**0.00%**	**14.33%**	**0.74%**	**4.47%**
HEDIS MY 2019 MWA		**0.69%**	**0.00%**	**12.90%**	**2.89%**	**6.02%**
HEDIS MY 2018 MWA		**0.85%**	**0.00%**	**12.15%**	**5.99%**	**5.53%**

** Starting from HEDIS 2011, the rates associated with members of Hispanic origin were not based on the total number of members in the health plan. Therefore, the rates presented here were calculated by HSAG using the total number of members reported from the Hispanic or Latino column divided by the total number of members in the health plan reported in the MHP IDSS files.*

Language Diversity of Membership

Measure Definition

Language Diversity of Membership is an unduplicated count and percentage of members enrolled at any time during the MY by spoken language preferred for healthcare, the preferred language for written materials, and the preferred language for other language needs.

Results

Table 9-2 shows that the percentage of Michigan members using English as the preferred spoken language for healthcare decreased slightly (nearly two percentage points) when compared to MY 2019 but remains the preferred spoken language for healthcare at the statewide level.

Table 9-2—MHP and MWA Results for Language Diversity of Membership—Spoken Language Preferred for Healthcare

MHP	Eligible Population	Declined	English	Non-English	Unknown
AET	64,191	0.00%	0.00%	0.00%	100.00%
BCC	308,376	0.00%	98.39%	1.61%	0.01%
HAP	30,185	0.00%	90.36%	0.74%	8.91%
MCL	260,190	0.00%	52.87%	0.40%	46.73%
MER	560,437	0.00%	98.48%	0.67%	0.84%
MOL	419,718	0.00%	98.51%	1.47%	0.02%
PRI	173,634	0.00%	0.00%	0.00%	100.00%
THC	70,651	0.00%	57.53%	0.11%	42.36%
UNI	319,061	0.00%	96.13%	3.86%	0.01%
UPP	60,478	0.00%	99.90%	0.07%	0.03%
HEDIS MY 2020 MWA		**0.00%**	**81.23%**	**1.26%**	**17.51%**
HEDIS MY 2019 MWA		**0.00%**	**83.19%**	**1.48%**	**15.33%**
HEDIS MY 2018 MWA		**0.00%**	**86.29%**	**1.58%**	**12.12%**

Table 9-3 shows that for each MHP, over 57 percent of Michigan members who reported a language reported English as the language preferred for written materials. At the statewide level, English remained the preferred language for written materials for most (over 75 percent) Michigan members from MY 2018 to MY 2020.

Table 9-3—MHP and MWA Results for Language Diversity of Membership—Preferred Language for Written Materials

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	64,191	0.00%	0.00%	100.00%	0.00%
BCC	308,376	98.38%	1.62%	0.01%	0.00%
HAP	30,185	90.36%	0.74%	8.91%	0.00%
MCL	260,190	0.00%	0.00%	100.00%	0.00%
MER	560,437	98.48%	0.67%	0.84%	0.00%
MOL	419,718	98.51%	1.47%	0.02%	0.00%
PRI	173,634	0.00%	0.00%	100.00%	0.00%
THC	70,651	57.53%	0.11%	42.36%	0.00%
UNI	319,061	96.13%	3.86%	0.01%	0.00%
UPP	60,478	99.90%	0.07%	0.03%	0.00%
HEDIS MY 2020 MWA		**75.16%**	**1.22%**	**23.62%**	**0.00%**
HEDIS MY 2019 MWA		**76.52%**	**1.44%**	**22.04%**	**0.00%**
HEDIS MY 2018 MWA		**77.07%**	**1.51%**	**21.41%**	**0.00%**

Table 9-4 shows that at the statewide level, over 57 percent of Michigan members reported English as their preferred language for other language needs, and the Michigan members that listed Unknown as their preferred language for other language needs remained fairly constant from the prior year. Please note that *Language Diversity of Membership—Other Language Needs* captures data collected from questions that cannot be mapped to any other category (e.g., What is the primary language spoken at home?).

Table 9-4—MHP and MWA Results for Language Diversity of Membership—Other Language Needs

MHP	Eligible Population	English	Non-English	Unknown	Declined
AET	64,191	97.73%	0.99%	1.28%	0.00%
BCC	308,376	98.80%	1.19%	0.01%	0.00%
HAP	30,185	90.36%	0.74%	8.91%	0.00%
MCL	260,190	0.00%	0.00%	100.00%	0.00%
MER	560,437	98.48%	0.67%	0.84%	0.00%
MOL	419,718	98.51%	1.47%	0.02%	0.00%
PRI	173,634	0.00%	0.00%	100.00%	0.00%
THC	70,651	57.53%	0.11%	42.36%	0.00%
UNI	319,061	96.13%	3.86%	0.01%	0.00%
UPP	60,478	0.00%	0.00%	100.00%	0.00%
HEDIS MY 2020 MWA		**75.32%**	**1.19%**	**23.50%**	**0.00%**
HEDIS MY 2019 MWA		**76.58%**	**1.41%**	**22.01%**	**0.00%**
HEDIS MY 2018 MWA		**76.55%**	**1.48%**	**21.98%**	**0.00%**

10. Utilization

Introduction

The Utilization domain encompasses the following HEDIS measures:

- *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total* and *Outpatient Visits—Total*
- *Inpatient Utilization—General Hospital/Acute Care—Total*; *Inpatient—Discharges per 1,000 Member Months—Total* and *Average Length of Stay—Total*; *Maternity—Discharges per 1,000 Member Months—Total* and *Average Length of Stay—Total*; *Surgery—Discharges per 1,000 Member Months—Total* and *Average Length of Stay—Total*; and *Medicine—Discharges per 1,000 Member Months—Total* and *Average Length of Stay—Total*
- *Use of Opioids From Multiple Providers—Multiple Prescribers*, *Multiple Pharmacies,* and *Multiple Prescribers and Multiple Pharmacies*
- *Use of Opioids at High Dosage*
- *Risk of Continued Opioid Use—At Least 15 Days Covered—Total* and *At Least 31 Days Covered—Total*
- *Plan All-Cause Readmissions—Index Admissions—Total*, *Observed Readmissions Rate—Total*, *Expected Readmissions Rate—Total*, and *O/E Ratio—Total*

The following tables present the HEDIS MY 2020 MHP-specific rates as well as the MWA or Michigan Medicaid Average (MA) for HEDIS MY 2020, HEDIS MY 2019, and HEDIS MY 2018, where applicable. To align with calculations from prior years, HSAG calculated traditional averages for the *Ambulatory Care—Total (Per 1,000 Member Months)* and *Inpatient Utilization—General Hospital/Acute Care—Total* measure indicators in the Utilization domain; therefore, the MA is presented for those two measures rather than the MWA, which was calculated and presented for all other measures. The *Ambulatory Care* and *Inpatient Utilization* measures are designed to describe the frequency of specific services provided by the MHPs and are not risk adjusted. Therefore, it is important to assess utilization supplemented by information on the characteristics of each MHP's population.

Summary of Findings

Reported rates for the MHPs and MA rates for the *Ambulatory Care* and *Inpatient Utilization* measures do not take into account the characteristics of the population; therefore, HSAG could not draw conclusions on performance based on these measures. Due to changes in the technical specifications for the opioid measures, NCQA recommends trending between MY 2020 and prior years be considered with caution. For the *Plan All-Cause Readmissions* measure, five MHPs had an O/E ratio less than 1.0, indicating that these MHPs had fewer observed readmissions than were expected based on patient mix. The remaining five MHPs O/E ratio is more than one indicating they had more readmissions.

Measure-Specific Findings

Ambulatory Care—Total (Per 1,000 Member Months)

The *Ambulatory* Care—*Total (Per 1,000 Member Months)* measure summarizes use of ambulatory care for *ED Visits—Total* and *Outpatient Visits—Total*. In this section, the results for the total age group are presented.

Results

Table 10-1 shows *ED Visits—Total* and *Outpatient Visits—Total* per 1,000 member months for ambulatory care for the total age group.

Table 10-1—Ambulatory Care—Total (Per 1,000 Member Months) for Total Age Group

MHP	Member Months	Emergency Department Visits—Total*	Outpatient Visits—Total
AET	591,544	55.97	550.95
BCC	2,833,707	44.38	334.57
HAP	258,272	50.14	329.12
MCL	2,570,812	51.72	447.82
MER	5,775,940	45.54	397.73
MOL	4,072,877	47.07	340.07
PRI	1,670,934	49.54	294.42
THC	661,627	47.79	287.21
UNI	3,147,239	46.01	315.19
UPP	602,457	42.87	317.54
HEDIS MY 2020 MWA		**48.10**	**361.46**
HEDIS MY 2019 MWA		**66.05**	**433.13**
HEDIS MY 2018 MWA		**66.87**	**389.77**

** Awareness is advised when interpreting results for this indicator as a lower rate is a higher percentile.*

For the *ED Visits—Total* measure indicator, the MWA decreased by 18.77 visits per 1,000 member months from HEDIS MY 2018 to HEDIS MY 2020. The MWA for the *Outpatient Visits—Total* measure indicator decreased from HEDIS MY 2018 to HEDIS MY 2020 by 28.31 visits per 1,000 member months.

Inpatient Utilization—General Hospital/Acute Care—Total

The *Inpatient Utilization—General Hospital/Acute Care—Total* measure summarizes use of acute inpatient care and services in four categories: *Total Inpatient*, *Maternity, Surgery,* and *Medicine.*

Results

Table 10-2 shows the member months for all ages and the *Total Discharges per 1,000 Member Months* for the total age group. The values in the table below are presented for informational purposes only.

Table 10-2—Inpatient Utilization—General Hospital/Acute Care: Total Discharges per 1,000 Member Months for Total Age Group

MHP	Member Months	Total Inpatient	Maternity*	Surgery	Medicine
AET	591,544	5.60	2.58	9.05	5.05
BCC	2,833,707	4.40	2.41	7.67	4.38
HAP	258,272	5.95	2.57	9.44	5.33
MCL	2,570,812	3.87	1.69	6.00	3.86
MER	5,775,940	4.30	2.67	7.18	3.91
MOL	4,072,877	5.13	2.83	9.18	4.65
PRI	1,670,934	4.27	3.01	6.23	4.21
THC	661,627	3.85	1.91	7.01	3.36
UNI	3,147,239	4.70	2.46	8.02	4.61
UPP	602,457	4.41	2.75	6.46	3.96
HEDIS MY 2020 MWA		**4.65**	**2.49**	**7.62**	**4.33**
HEDIS MY 2019 MWA		**4.43**	**2.54**	**7.00**	**4.00**
HEDIS MY 2018 MWA		**4.33**	**2.66**	**6.89**	**3.87**

** The Maternity measure indicators were calculated using member months for members 10 to 64 years of age.*

Table 10-3 displays the *Total Average Length of Stay* for all ages and are presented for informational purposes only.

Table 10-3—Inpatient Utilization—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group

MHP	Member Months	Total Inpatient	Maternity	Surgery	Medicine
AET	526,238	5.41	2.72	7.91	5.05
BCC	2,387,564	4.09	2.58	6.57	3.83
HAP	98,184	5.97	2.79	9.24	4.82
MCL	2,277,157	3.87	1.77	5.81	3.86
MER	5,995,170	4.05	2.53	6.56	3.70
MOL	3,939,906	4.80	2.85	8.16	4.25
PRI	1,485,849	3.85	2.94	5.41	3.61
THC	610,307	3.56	1.86	6.98	2.88
UNI	2,958,340	4.63	2.60	7.61	4.45
UPP	579,064	4.08	2.80	5.71	3.56
HEDIS MY 2020 MWA		**4.43**	**2.54**	**7.00**	**4.00**
HEDIS MY 2019 MWA		**4.33**	**2.66**	**6.89**	**3.87**
HEDIS MY 2018 MWA		**4.38**	**2.62**	**6.44**	**4.17**

Use of Opioids From Multiple Providers

The *Use of Opioids From Multiple Providers* summarizes use of prescription opioids for at least 15 days received from four or more providers. Three rates are reported: *Multiple Prescribers*, *Multiple Pharmacies*, and *Multiple Prescribers and Multiple Pharmacies.* Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Results

Table 10-4 shows the HEDIS MY 2020 rates for receiving prescription opioids. The values in the table below are presented for informational purposes only.

Table 10-4—Use of Opioids From Multiple Providers*,[1]

MHP	Use of Opioids From Multiple Providers—Eligible Population	Use of Opioids From Multiple Providers—Multiple Prescribers	Use of Opioids From Multiple Providers—Multiple Pharmacies	Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies
AET	2,510	14.94%	3.43%	2.23%
BCC	7,737	14.62%	3.00%	1.84%
HAP	1,166	12.95%	3.34%	1.63%
MCL	8,604	14.77%	2.60%	1.21%
MER	17,806	14.84%	3.78%	2.59%
MOL	14,554	13.36%	2.75%	1.70%
PRI	4,300	18.70%	2.23%	1.21%
THC	3,107	12.71%	2.48%	1.29%
UNI	8,888	14.38%	2.00%	1.17%
UPP	2,263	16.04%	6.41%	4.77%
HEDIS MY 2020 MWA		**14.60%**	**3.03%**	**1.88%**
HEDIS MY 2019 MWA		**15.48%**	**4.21%**	**2.13%**
HEDIS MY 2018 MWA		**18.67%**	**6.16%**	**3.30%**

**For this measure, a lower rate indicates better performance.*
[1] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Use of Opioids at High Dosage

The *Use of Opioids at High Dosage* summarizes use of prescription opioids received at a high dosage for at least 15 days. Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Results

Table 10-5 shows the HEDIS MY 2020 rates for members receiving prescription opioids at a high dosage. The values in the table below are presented for informational purposes only.

Table 10-5—Use of Opioids at High Dosage*,[1]

MHP	Eligible Population	Rate
AET	2,135	2.53%
BCC	6,798	1.69%
HAP	971	2.16%
MCL	6,613	2.65%
MER	16,048	2.65%
MOL	13,001	2.15%
PRI	3,820	3.04%
THC	2,819	10.57%
UNI	7,888	2.90%
UPP	2,040	3.33%
HEDIS MY 2020 MWA		**2.86%**
HEDIS MY 2019 MWA		**3.36%**
HEDIS MY 2018 MWA		—

** For this measure, a lower rate indicates better performance.*
[1] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
— indicates that NCQA recommended a break in trending; therefore, prior year rates are not displayed.

Risk of Continued Opioid Use

The *Risk of Continued Opioid Use* summarizes new episodes of opioid use that puts members at risk for continued opioid use. Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Results

Table 10-6 shows the HEDIS MY 2020 rates for members whose new episode lasted at least 15 days in a 30-day period and at least 31 days in a 62-day period. The values in the table below are presented for informational purposes only.

Table 10-6—Risk of Continued Opioid Use*,[1]

MHP	Eligible Population	At Least 15 Days Covered—Total	At Least 31 Days Covered—Total
AET	2,459	16.92%	9.03%
BCC	12,146	8.40%	5.69%
HAP	858	14.45%	9.91%
MCL	11,890	12.40%	6.36%
MER	25,944	9.38%	5.91%
MOL	17,906	9.82%	6.95%
PRI	6,228	10.85%	5.88%
THC	2,710	28.78%	19.19%
UNI	12,653	9.87%	6.80%
UPP	3,095	9.27%	5.43%
HEDIS MY 2020 MWA		**10.66%**	**6.72%**
HEDIS MY 2019 MWA		**14.41%**	**7.54%**
HEDIS MY 2018 MWA		**17.31%**	**7.43%**

** For this measure, a lower rate indicates better performance.*
[1] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Plan All-Cause Readmissions

The *Plan All-Cause Readmissions* measure summarizes the percentage of inpatient hospital admissions that result in an unplanned readmission for any diagnosis within 30 days. This measure is risk-adjusted, so an O/E ratio is also calculated that indicates whether an MHP had more readmissions (O/E ratio greater than 1.0) or fewer readmissions (O/E ratio less than 1.0) than expected based on population mix.

Results

Table 10-7 shows the HEDIS MY 2020 observed rates, expected rates, and the O/E ratio for inpatient hospital admissions that were followed by an unplanned readmission for any diagnosis within 30 days.

Table 10-7—Plan All-Cause Readmissions*

MHP	Index Admissions	Observed Readmissions —Total	Expected Readmissions —Total	O/E Ratio —Total
AET	2,162	11.42%	9.91%	1.15
BCC	5,963	11.00%	10.23%	1.08
HAP	157	13.38%	9.81%	1.36
MCL	9,049	9.63%	9.76%	0.99
MER	17,606	8.60%	9.60%	0.90
MOL	12,933	9.43%	9.90%	0.95
PRI	3,366	7.75%	9.61%	0.81
THC	2,480	10.48%	10.01%	1.05
UNI	5,724	12.05%	10.77%	1.12
UPP	1,173	9.38%	9.97%	0.94
HEDIS MY 2020 MWA		**9.65%**	**9.90%**	**0.98**
HEDIS MY 2019 MWA		**9.09%**	**9.90%**	**0.92**
HEDIS MY 2018 MWA		—	—	—

** For this measure, a lower rate indicates better performance.*
— indicates that NCQA recommended a break in trending; therefore, prior year rates are not displayed.

The rates of observed readmissions ranged from 7.75 percent for Priority to 13.38 percent for HAP; however, five of the 10 MHPs had an O/E ratio greater than 1.0 indicating these MHPs had more readmissions. The remaining five MHPs had an O/E ratio less than 1.0, indicating that these MHPs had fewer observed readmissions than were expected based on patient mix.

HEDIS Reporting Capabilities—Information Systems Findings

NCQA's IS standards are the guidelines used by certified HEDIS compliance auditors to assess an MHP's ability to report HEDIS data accurately and reliably.[11-1] Compliance with the guidelines also helps an auditor to understand an MHP's HEDIS reporting capabilities. For HEDIS MY 2020, MHPs were assessed on six IS standards. To assess an MHP's adherence to the IS standards, HSAG reviewed several documents for the MHPs. These included the MHPs' final audit reports (FARs), IS compliance tools, and the IDSS files approved by their respective NCQA-licensed audit organization (LO).

All 10 of the Michigan MHPs that underwent NCQA HEDIS Compliance Audits™ in Michigan in 2020 contracted with the same LOs in 2021.[11-2] The MHPs were able to select the LO of their choice. Overall, the Michigan MHPs consistently maintain the same LOs across reporting years.

For HEDIS MY 2020, all but two MHPs contracted with external software vendors for HEDIS measure production and rate calculation. HSAG reviewed the MHPs' FARs and ensured that these software vendors participated in and passed the NCQA's Measure Certification process. MHPs could purchase the software with certified measures and generate HEDIS measure results internally or provide all data to the software vendor to generate HEDIS measures for them. Either way, using software with NCQA-certified measures may reduce the MHPs' burden for reporting and help ensure rate validity. For the MHP that calculated its rate using internally developed source code, the auditor selected a core set of measures and manually reviewed the programming codes to verify accuracy and compliance with HEDIS MY 2020 technical specifications.

HSAG found that, in general, all MHPs' IS and processes were compliant with the applicable IS standards and the HEDIS determination reporting requirements related to the measures for HEDIS MY 2020. The following sections present NCQA's IS standards and summarize the audit findings related to each IS standard for the MHPs.

[11-1] National Committee for Quality Assurance. *HEDIS® MY 2020, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

[11-2] NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry

This standard assesses whether:

- Industry standard codes are used and all characters are captured.
- Principal codes are identified and secondary codes are captured.
- Nonstandard coding schemes are fully documented and mapped back to industry standard codes.
- Standard submission forms are used and capture all fields relevant to measure reporting; all proprietary forms capture equivalent data; and electronic transmission procedures conform to industry standards.
- Data entry and file processing procedures are timely and accurate and include sufficient edit checks to ensure the accurate entry and processing of submitted data in transaction files for measure reporting.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 1.0, Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry*. The auditors confirmed that the MHPs captured all necessary data elements appropriately for HEDIS reporting. A majority of the MHPs accepted industry standard codes on industry standard forms. Any nonstandard code that was used for measure reporting was mapped to industry standard code appropriately. Adequate validation processes such as built-in edit checks, data monitoring, and quality control audits were in place to ensure that only complete and accurate claims and encounter data were used for HEDIS reporting.

IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- The organization has procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of membership data have necessary procedures to ensure accuracy.
- Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 2.0, Enrollment Data—Data Capture, Transfer, and Entry*. Data fields required for HEDIS measure reporting were captured appropriately. Based on the auditors' review, all MHPs processed eligibility files in a timely manner. Enrollment information housed in the MHPs' systems was reconciled against the enrollment files provided by the State. Sufficient data validations were in place to ensure that only accurate data were used for HEDIS reporting.

IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- Provider specialties are fully documented and mapped to HEDIS provider specialties necessary for measure reporting.
- The organization has effective procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of practitioner data are checked to ensure accuracy.
- Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 3.0, Practitioner Data—Data Capture, Transfer, and Entry*. MHPs had sufficient processes in place to capture all data elements required for HEDIS reporting. Primary care practitioners and specialists were appropriately identified by all MHPs. Provider specialties were fully and accurately mapped to HEDIS-specified provider types. Adequate validation processes were in place to ensure that only accurate provider data were used for HEDIS reporting.

IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

This standard assesses whether:

- Forms capture all fields relevant to measure reporting and whether electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off, and sign-off).
- Retrieval and abstraction of data from medical records are reliably and accurately performed.
- Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 4.0, Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight*. Medical record data were used by all MHPs to report HEDIS hybrid measures. Medical record abstraction tools were reviewed and approved by the MHPs' auditors for HEDIS reporting. Contracted vendor staff or internal staff used by the MHPs had sufficient qualification and training in the current year's HEDIS technical specifications and the use of MHP-specific abstraction tools to accurately conduct medical record reviews. Sufficient validation processes and edit checks were in place to ensure data completeness and data accuracy.

IS 5.0—Supplemental Data—Capture, Transfer, and Entry

This standard assesses whether:

- Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- The organization has effective procedures for submitting measure-relevant information for data entry and whether electronic transmissions of data have validation procedures to ensure accuracy.
- Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.
- Data approved for electronic clinical data system (ECDS) reporting met reporting requirements.

All MHPs were fully compliant with *IS 5.0, Supplemental Data—Capture, Transfer, and Entry*. Supplemental data sources used by the MHPs were verified and approved by the auditors. The auditors performed primary source verification of a sample of records selected from each nonstandard supplemental database used by the MHPs. In addition, the auditors reviewed the supplemental data impact reports provided by the MHPs for reasonability. Validation processes such as reconciliation between original data sources and MHP-specific data systems, edit checks, and system validations ensured data completeness and data accuracy. There were no issues noted regarding how the MHPs managed the collection, validation, and integration of the various supplemental data sources. The auditors continued to encourage the MHPs to explore ways to maximize the use of supplemental data.

IS 6.0—Data Production Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity

This standard assesses whether:

- Nonstandard coding schemes are fully documented and mapped to industry standard codes. Organization-to-vendor mapping is fully documented.
- Data transfers to HEDIS repository from transaction files are accurate.
- File consolidations, extracts, and derivations are accurate.
- Repository structure and formatting is suitable for measures and enable required programming efforts.
- Report production is managed effectively and operators perform appropriately.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 6.0—Data Production Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity*.

All but two MHPs contracted with external software vendors for HEDIS measure production and rate calculation. Measures were benchmarked to assess potential for bias. Cross measure checks were performed to determine appropriate relationships exist. Confirmed data logic for code mapping was applied consistently. When non-standard coding schemes were used, mapping documents showed that code systems were identified and mapped according to the requirements in the specifications. Data source identifiers were clear and documented.

IS 7.0—Data Integration and Reporting—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

This standard assesses whether:

- Data transfers to the HEDIS measure vendor from the HEDIS repository are accurate.
- Report production is managed effectively and operators perform appropriately.
- Measure reporting software is managed properly with regard to development, methodology, documentation, revision control, and testing.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 7.0, Data Integration and Reporting—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity.* For the MHP that did not use a software vendor, the auditor requested, reviewed, and approved source code for a selected core set of HEDIS measures. For all MHPs, the auditors determined that data mapping, data transfers, and file consolidations were sufficient. Adequate validation processes were in place for all MHPs to ensure that only accurate and complete data were used for HEDIS reporting. The auditors did not document any issues with the MHPs' data integration and report production processes. Sufficient vendor oversight was in place for each MHP using a software vendor.

Glossary

Table 12-1 provides definitions of terms and acronyms used throughout this report.

Table 12-1—Definition of Terms

Term	Description
ADHD	Attention-deficit/hyperactivity disorder.
Audit Result	The HEDIS auditor's final determination, based on audit findings, of the appropriateness of the MHP to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR), No Benefit (NB), Not Required (NQ), Not Reported (NR),* and *Un-Audited (UN)*.
ADMIN%	Percentage of the rate derived using administrative data (e.g., claims data and immunization registry).
BMI	Body mass index.
BR	Biased Rate; indicates that the MHP's reported rate was invalid, therefore, the rate was not presented.
CDC	Centers for Disease Control and Prevention.
COVID-19	Coronavirus disease 2019.
Data Completeness	The degree to which occurring services/diagnoses appear in the MHP's administrative data systems.
Denominator	The number of members who meet all criteria specified in a measure for inclusion in the eligible population. When using the administrative method, the entire eligible population becomes the denominator. When using the hybrid method, a sample of the eligible population becomes the denominator.
DTaP	Diphtheria, tetanus, and acellular pertussis vaccine.
ECDS	Electronic clinical data system. A structured, electronic version of a patient's comprehensive medical experiences maintained over time that may include some or all key administrative clinical data relevant to care (e.g., demographics, progress notes, problems, medications, vital signs, past medical history, social history, immunizations, laboratory data, radiology reports).
ED	Emergency department.
EDI	Electronic data interchange; the direct computer-to-computer transfer of data.
eGFR	Estimated Glomerular Filtration Rate.
Encounter Data	Billing data received from a capitated provider. (Although the MHP does not reimburse the provider for each encounter, submission of encounter data allows the MHP to collect the data for future HEDIS reporting.)

Term	Description
FAR	Following the MHP's completion of any corrective actions, an auditor completes the final audit report (FAR), documenting all final findings and results of the HEDIS audit. The FAR includes a summary report, IS capabilities assessment, medical record review validation findings, measure results, and the auditor's audit opinion (the final audit statement).
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by NCQA, is a set of performance measures used to assess the quality of care provided by managed health care organizations.
HEDIS Repository	The data warehouse where all data used for HEDIS reporting are stored.
Hep B	Hepatitis B vaccine.
HiB Vaccine	Haemophilus influenza type B vaccine.
HMO	Health maintenance organization.
HPL	High performance level. (For most performance measures, MDHHS defined the HPL as the most recent national Medicaid 90th percentile. For measures such as *Comprehensive Diabetes Care—HbA1c Poor Control [>9.0%]*, in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.)
HPV	Human papillomavirus vaccine.
HSAG	Health Services Advisory Group, Inc., the State's external quality review organization.
Hybrid Measures	Measures that can be reported using the hybrid method.
IDSS	The Interactive Data Submission System, a tool used to submit data to NCQA.
IPV	Inactivated polio virus vaccine.
IS	Information system: an automated system for collecting, processing, and transmitting data.
IS Standards	Information System (IS) standards: an NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data.[12-1]
LPL	Low performance level. (For most performance measures, MDHHS defined the LPL as the most recent national Medicaid 25th percentile. For measures such as *Comprehensive Diabetes Care—HbA1c Poor Control [>9.0%]*, in which lower rates in indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL).

[12-1] National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.

Term	Description
Material Bias	For most measures reported as a rate, any error that causes a ± 5 percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a ± 10 percent difference in the reported rate or calculation is considered materially biased.
Medical Record Validation	The process that the MHP's medical record abstraction staff uses to identify numerator positive cases.
Medicaid Percentiles	The NCQA national percentiles for each HEDIS measure for the Medicaid product line used to compare the MHP's performance and assess the reliability of the MHP's HEDIS rates.
MDHHS	Michigan Department of Health and Human Services.
MHP	Medicaid health plan.
MMR	Measles, mumps, and rubella vaccine.
MRR	Medical record review.
MY	Measurement year.
NA	Small Denominator: indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an NA designation.
NB	No Benefit: indicates that the required benefit to calculate the measure was not offered.
NCQA	The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed healthcare delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.
NR	Not Reported: indicates that the MHP chose not to report the required HEDIS 2018 measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: The MHP chose not to report the required measure indicator rate, or the MHP's reported rate was invalid.
Numerator	The number of members in the denominator who received all the services as specified in the measure.
NQ	Not Required: indicates that the MHP was not required to report this measure.
OB/GYN	Obstetrician/Gynecologist.
PCP	Primary care practitioner.
PCV	Pneumococcal conjugate vaccine.
POP	Eligible population.
Provider Data	Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location.

Term	Description
RV	Rotavirus vaccine.
Software Vendor	A third party, with source code certified by NCQA, that contracts with the MHP to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a "Pass" or "Pass With Qualifications" designation.)
Tdap	Tetanus, diphtheria toxoids, and acellular pertussis vaccine.
uACR	Urine albumin-creatinine ratio.
UN	Unaudited: indicates that the organization chose to report a measure that is not required to be audited. This result applies only to a limited set of measures.
URI	Upper respiratory infection.
Quality Compass	NCQA Quality Compass benchmark.
VZV	Varicella zoster virus (chicken pox) vaccine.

Appendix A. Tabular Results

Appendix A presents tabular results for each measure indicator. Where applicable, the results provided include the eligible population and rate as well as the Michigan MWA for HEDIS MY 2018, HEDIS MY 2019, and HEDIS MY 2020. Yellow shading with one cross (+) indicates that the HEDIS MY 2020 rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Child & Adolescent Care Performance Measure Results

Table A-1—MHP and MWA Results for Childhood Immunization Status

Plan	Eligible Population	Combo 2 Rate	Combo 3 Rate	Combo 4 Rate	Combo 5 Rate	Combo 6 Rate	Combo 7 Rate	Combo 8 Rate	Combo 9 Rate	Combo 10 Rate
AET	640	52.66%	49.38%	48.75%	41.25%	21.41%	40.63%	21.41%	18.13%	18.13%
BCC	4,437	64.96%	62.53%	61.80%	53.04%	37.71%	52.55%	37.71%	31.39%	31.39%
HAP	109	49.54%	44.95%	44.95%	37.61%	23.85%	37.61%	23.85%	20.18%	20.18%
MCL	4,324	65.94%	63.26%	61.56%	52.55%	37.23%	51.34%	36.74%	31.87%	31.39%
MER	10,921	64.72%	62.53%	62.04%	56.69%	35.77%	56.20%	35.77%	32.85%	32.85%
MOL	7,127	71.29%	67.15%	66.18%	59.37%	37.23%	58.64%	36.98%	34.06%	33.82%
PRI	3,230	75.91%+	74.70%+	73.72%+	66.67%+	53.53%+	65.94%+	53.04%+	48.42%+	47.93%+
THC	972	60.34%	53.04%	53.04%	44.53%	28.47%	44.53%	28.47%	24.57%	24.57%
UNI	5,117	65.21%	61.80%	61.07%	55.47%	32.85%	54.74%	32.85%	29.68%	29.68%
UPP	964	68.36%	66.08%	64.52%	55.08%	45.02%+	53.94%	44.40%+	39.83%+	39.21%+
HEDIS MY 2020 MWA		**66.88%**	**64.00%**	**63.16%**	**56.31%**	**37.33%**	**55.64%**	**37.17%**	**33.37%**	**33.22%**
HEDIS MY 2019 MWA		**72.71%**	**68.36%**	**67.54%**	**59.06%**	**37.86%**	**58.44%**	**37.69%**	**33.60%**	**33.44%**
HEDIS MY 2018 MWA		**72.51%**	**67.93%**	**67.00%**	**57.79%**	**38.40%**	**57.07%**	**38.20%**	**33.40%**	**33.24%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-2—MHP and MWA Results for Well-Child Visits in the First 30 Months of Life

Plan	Well-Child Visits in the First 15 Months—Six or More Well-Child Visits—Eligible Population	Well-Child Visits in the First 15 Months—Six or More Well-Child Visits—Rate[1]	Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits—Eligible Population	Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits—Rate[2]
AET	526	41.63%	574	52.61%
BCC	3,668	64.39%	3,959	66.84%
HAP	41	51.22%	56	55.36%
MCL	3,484	61.22%	3,851	67.44%
MER	8,907	63.12%	10,152	68.93%
MOL	5,822	59.93%	6,711	67.01%
PRI	2,571	65.77%	2,799	75.71%
THC	721	48.82%	813	57.20%
UNI	4,059	61.25%	4,782	65.10%
UPP	777	70.27%	897	73.13%
HEDIS MY 2020 MWA		**61.88%**		**67.71%**
HEDIS MY 2019 MWA		—		—
HEDIS MY 2018 MWA		—		—

[1]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.*

[2]*This measure is a first-year measure; therefore, prior years' rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.*

Table A-3—MHP and MWA Results for Lead Screening in Children

Plan	Eligible Population	Rate
AET	643	62.83%
BCC	4,437	71.53%
HAP	109	62.39%
MCL	4,337	74.21%+
MER	10,921	73.87%+
MOL	7,142	72.14%
PRI	3,231	78.35%+
THC	972	67.64%
UNI	5,117	74.70%+
UPP	964	74.48%+
HEDIS MY 2020 MWA		**73.44%+**
HEDIS MY 2019 MWA		**78.27%**
HEDIS MY 2018 MWA		**78.40%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-4—MHP and MWA Results for Child and Adolescents Well-Care Visits[1]

Plan	Ages 3 to 11 Years—Eligible Population	Ages 3 to 11 Years—Rate	Ages 12 to 17 Years—Eligible Population	Ages 12 to 17 Years—Rate	Ages 18 to 21 Years—Eligible Population	Ages 18 to 21 Years—Rate	Total—Eligible Population	Total—Rate
AET	7,415	41.17%	4,573	32.25%	2,738	21.59%	14,726	34.76%
BCC	35,840	50.56%	20,379	40.79%	11,410	27.43%	67,629	43.71%
HAP	2,064	34.54%	876	20.66%	755	18.28%	3,695	27.93%
MCL	39,295	48.09%	23,240	37.63%	12,281	21.68%	74,816	40.50%
MER	106,684	52.28%	59,665	42.30%	26,302	26.22%	192,651	45.63%
MOL	71,354	51.03%	46,993	45.06%	21,650	29.85%	139,997	45.75%
PRI	29,375	55.86%	17,156	46.32%	7,341	28.87%	53,872	49.14%
THC	8,709	48.36%	5,989	43.70%	3,365	38.72%	18,063	45.02%
UNI	54,690	50.09%	35,269	42.31%	16,695	29.19%	106,654	44.24%
UPP	8,759	50.87%	5,159	43.87%	2,539	22.41%	16,457	44.29%
HEDIS MY 2020 MWA		**50.92%**		**42.35%**		**27.36%**		**44.59%**
HEDIS MY 2019 MWA		—		—		—		—
HEDIS MY 2018 MWA		—		—		—		—

[1]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.*

Table A-5—MHP and MWA Results for Immunizations for Adolescents

Plan	Eligible Population	Combination 1 Rate	Combination 2 Rate
AET	718	79.56%	37.23%+
BCC	3,162	82.00%	34.06%
HAP	41	70.73%	21.95%
MCL	3,666	81.75%	30.90%
MER	9,776	82.73%+	36.50%
MOL	7,640	83.70%+	42.34%+
PRI	2,767	87.59%+	45.99%+
THC	974	81.75%	36.98%+
UNI	5,725	80.78%	38.20%+
UPP	856	80.72%	34.93%
HEDIS MY 2020 MWA		**82.68%+**	**37.95%+**
HEDIS MY 2019 MWA		**85.28%**	**40.40%**
HEDIS MY 2018 MWA		**85.66%**	—

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.
[1]The Immunizations for Adolescents—Combination 2 measure was not included in the MY 2018 results. Therefore, the MY 2018 results are not included here.

Table A-6—MHP and MWA Results for Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase[1]

Plan	Initiation Phase—Eligible Population	Initiation Phase—Rate	Continuation and Maintenance Phase—Eligible Population	Continuation and Maintenance Phase—Rate
AET	167	36.53%	37	45.95%
BCC	807	48.33%+	188	68.62%+
HAP	4	NA	1	NA
MCL	1,142	49.12%+	371	59.30%+
MER	2,577	44.59%+	714	55.18%+
MOL	1,796	51.67%+	455	65.49%+
PRI	669	37.07%	216	42.59%
THC	200	55.50%+	48	62.50%+
UNI	1,461	41.20%	318	54.09%
UPP	236	50.42%+	82	62.20%+
HEDIS MY 2020 MWA		**46.03%+**		**57.74%+**
HEDIS MY 2019 MWA		**44.44%**		**54.65%**
HEDIS MY 2018 MWA		**46.59%**		**58.80%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Women—Adult Care Performance Measure Results

Table A-7—MHP and MWA Results for Chlamydia Screening in Women

Plan	Ages 16 to 20 Years—Eligible Population	Ages 16 to 20 Years—Rate	Ages 21 to 24 Years—Eligible Population	Ages 21 to 24 Years—Rate	Total—Eligible Population	Total—Rate
AET	935	57.01%+	861	63.88%	1,796	60.30%+
BCC	3,921	58.99%+	4,086	64.86%	8,007	61.98%+
HAP	177	51.98%	236	59.75%	413	56.42%
MCL	4,704	53.49%	4,281	61.32%	8,985	57.22%
MER	10,496	55.53%+	8,720	62.83%	19,216	58.84%+
MOL	8,117	59.09%+	6,083	65.40%+	14,200	61.79%+
PRI	3,120	58.78%+	2,438	63.95%	5,558	61.05%+
THC	1,198	69.37%+	930	72.69%+	2,128	70.82%+
UNI	5,820	59.85%+	4,476	64.95%	10,296	62.06%+
UPP	1,068	41.01%	841	49.82%	1,909	44.89%
HEDIS MY 2020 MWA		**57.30%+**		**63.68%**		**60.20%+**
HEDIS MY 2019 MWA		**62.76%**		**68.90%**		**65.42%**
HEDIS MY 2018 MWA		**63.98%**		**69.17%**		**66.28%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-8—MHP and MWA Results for Cervical Cancer Screening in Women[1]

Plan	Cervical Cancer Screening—Eligible Population	Cervical Cancer Screening—Rate
AET	10,169	54.01%
BCC	52,196	60.73%
HAP	3,496	40.00%
MCL	46,037	59.85%
MER	109,120	59.41%
MOL	72,741	63.99%+
PRI	28,213	67.88%+
THC	11,549	61.56%+
UNI	56,011	57.66%
UPP	11,886	58.15%
HEDIS MY 2020 MWA		**60.53%**
HEDIS MY 2019 MWA		**67.66%**
HEDIS MY 2018 MWA		**65.76%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Table A-9—MHP and MWA Results for Breast Cancer Screening in Women[1]

Plan	Breast Cancer Screening—Eligible Population	Breast Cancer Screening—Rate
AET	2,600	50.35%
BCC	7,916	55.48%
HAP	1,019	57.02%
MCL	8,564	56.20%
MER	19,213	56.65%
MOL	16,053	55.52%
PRI	5,731	64.51%+
THC	2,503	50.62%
UNI	10,056	54.30%
UPP	2,914	61.87%+
HEDIS MY 2020 MWA		**56.31%**
HEDIS MY 2019 MWA		**60.83%**
HEDIS MY 2018 MWA		**61.37%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Access to Care Performance Measure Results

Table A-10—MHP and MWA Results for Adults' Access to Preventive/Ambulatory Health Services

Plan	Ages 20 to 44 Years—Eligible Population	Ages 20 to 44 Years—Rate	Ages 45 to 64 Years—Eligible Population	Ages 45 to 64 Years—Rate	Ages 65+ Years—Eligible Population	Ages 65+ Years—Rate	Total—Eligible Population	Total—Rate
AET	13,447	65.40%	8,274	79.70%	3,004	87.72%	24,725	72.90%
BCC	68,653	74.84%	38,286	82.29%	604	71.52%	107,543	77.48%
HAP	5,566	57.06%	3,465	74.49%	2,364	88.16%	11,395	68.81%
MCL	64,707	73.17%	34,458	83.28%	311	72.67%	99,476	76.67%
MER	140,954	76.20%	72,173	84.67%	2,399	88.91%	215,526	79.18%
MOL	91,905	75.54%	53,132	85.30%	6,110	90.28%+	151,147	79.57%
PRI	35,690	76.55%	18,209	85.47%	2,271	91.77%+	56,170	80.06%
THC	15,029	69.67%	9,697	82.94%	331	81.87%	25,057	74.97%
UNI	70,785	73.73%	38,981	84.72%	1,574	88.25%	111,340	77.79%
UPP	14,323	78.29%	8,860	85.12%	1,734	92.68%+	24,917	81.72%+
HEDIS MY 2020 MWA		**74.60%**		**84.05%**		**88.77%**		**78.22%**
HEDIS MY 2019 MWA		**79.02%**		**87.31%**		**92.68%**		**82.49%**
HEDIS MY 2018 MWA		**78.26%**		**87.05%**		**92.99%**		**81.95%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-11—MHP and MWA Results for Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

Plan	Ages 3 Months to 17 Years—Eligible Population	Ages 3 Months to 17 Years—Rate	Ages 18 to 64 Years—Eligible Population	Ages 18 to 64 Years—Rate	Ages 65+ Years—Eligible Population	Ages 65+ Years—Rate	Total—Eligible Population	Total—Rate
AET	369	61.25%+	567	43.03%+	67	28.36%	1,003	48.75%
BCC	2,189	62.81%+	2,658	38.45%+	7	NA	4,854	49.46%
HAP	54	75.93%+	116	40.52%+	44	29.55%	214	47.20%
MCL	2,269	61.39%+	2,560	39.96%+	2	NA	4,831	50.05%
MER	6,095	60.82%+	5,826	39.00%+	48	31.25%	11,969	50.08%
MOL	4,458	58.59%	4,047	38.65%+	110	22.73%	8,615	48.76%
PRI	1,266	71.56%+	1,467	48.74%+	28	NA	2,761	59.51%+
THC	514	64.79%+	734	39.51%+	6	NA	1,254	49.92%
UNI	3,279	60.54%+	3,414	38.84%+	32	31.25%	6,725	49.38%
UPP	280	64.64%+	414	36.47%	15	NA	709	47.53%
HEDIS MY 2020 MWA		**61.42%+**		**39.69%+**		**32.87%**		**50.15%**
HEDIS MY 2019 MWA		**60.04%**		**37.65%**		**34.71%**		**48.23%**
HEDIS MY 2018 MWA		—		—		—		—

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Table A-12—MHP and MWA Results for Appropriate Testing for Pharyngitis[1]

Plan	Ages 3 to 17 Years—Eligible Population	Ages 3 to 17 Years—Rate	Ages 18 to 64 Years—Eligible Population	Ages 18 to 64 Years—Rate	Ages 65+ Years—Eligible Population	Ages 65+ Years—Rate	Total—Eligible Population	Total—Rate
AET	627	68.58%	526	49.81%	22	NA	1,175	59.23%
BCC	4,110	75.69%	3,732	54.39%	2	NA	7,844	65.57%
HAP	97	65.98%	138	47.10%	19	NA	254	52.76%
MCL	6,022	81.62%	3,600	67.58%+	1	NA	9,623	76.36%
MER	14,387	77.32%	8,072	60.88%	12	NA	22,471	71.39%
MOL	10,897	70.08%	5,839	52.12%	50	24.00%+	16,786	63.70%
PRI	2,658	81.08%	1,534	68.19%+	2	NA	4,194	76.32%
THC	869	65.71%	733	45.57%	0	NA	1,602	56.49%
UNI	7,898	73.31%	4,743	51.63%	25	NA	12,666	65.10%
UPP	980	79.18%	593	71.84%+	3	NA	1,576	76.40%
HEDIS MY 2020 MWA		**75.34%**		**57.61%**		**25.00%+**		**68.56%**
HEDIS MY 2019 MWA		**76.87%**		**59.75%**		**34.85%**		**70.83%**
HEDIS MY 2018 MWA		—		—		—		—

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.
[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Table A-13—MHP and MWA Results for Appropriate Treatment for Upper Respiratory Infection

Plan	Ages 3 Months to 17 Years—Eligible Population	Ages 3 Months to 17 Years—Rate	Ages 18 to 64 Years—Eligible Population	Ages 18 to 64 Years—Rate	Ages 65+ Years—Eligible Population	Ages 65+ Years—Rate	Total—Eligible Population	Total—Rate
AET	2,384	91.28%	1,293	80.28%+	80	70.00%	3,757	87.04%
BCC	13,455	91.91%+	7,607	76.51%+	21	NA	21,083	86.34%
HAP	302	91.72%+	319	79.94%+	80	73.75%+	701	84.31%
MCL	11,246	90.52%	5,851	79.90%+	2	NA	17,099	86.88%
MER	36,486	91.71%+	14,751	78.27%+	60	88.33%+	51,297	87.84%+
MOL	27,509	89.18%	10,681	76.95%+	199	61.31%	38,389	85.63%
PRI	9,809	95.18%+	3,822	87.57%+	39	89.74%+	13,670	93.04%+
THC	2,972	91.99%+	1,519	75.58%+	9	NA	4,500	86.44%
UNI	21,746	91.43%	8,571	75.01%	59	67.80%	30,376	86.75%
UPP	2,673	91.43%	1,257	83.13%+	23	NA	3,953	88.72%+
HEDIS MY 2020 MWA		**91.30%**		**78.18%+**		**71.33%**		**87.28%**
HEDIS MY 2019 MWA		**90.61%**		**75.39%**		**68.24%**		**86.26%**
HEDIS MY 2018 MWA		—		—		—		—

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Obesity Performance Measure Results

Table A-14—MHP and MWA Results for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Plan	Eligible Population	BMI Percentile Documentation—Total—Rate[1]	Counseling for Nutrition—Total—Rate	Counseling for Physical Activity—Total—Rate
AET	6,602	80.29%	72.02%+	68.61%+
BCC	36,963	78.14%	64.87%	63.80%
HAP	1,190	80.67%+	69.85%	67.27%+
MCL	41,812	65.21%	53.53%	53.77%
MER	116,879	78.59%	69.83%	68.13%+
MOL	82,031	76.89%	70.80%	67.64%+
PRI	32,694	90.02%+	81.75%+	80.29%+
THC	8,486	75.91%	69.10%	66.91%+
UNI	58,693	82.48%+	73.72%+	71.29%+
UPP	10,329	88.08%+	72.99%+	69.59%+
HEDIS MY 2020 MWA		**78.53%**	**69.51%**	**67.60%+**
HEDIS MY 2019 MWA		**85.84%**	**75.68%**	**73.76%**
HEDIS MY 2018 MWA		**84.18%**	**75.19%**	**72.04%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Pregnancy Care Performance Measure Results

Table A-15—MHP and MWA Results for Prenatal and Postpartum Care[1]

Plan	Eligible Population	Timeliness of Prenatal Care—Rate	Postpartum Care—Rate
AET	820	68.86%	54.01%
BCC	4,540	78.91%	71.09%
HAP	228	68.30%	52.68%
MCL	4,026	78.59%	70.32%
MER	9,815	79.08%	67.88%
MOL	6,438	81.27%	70.32%
PRI	2,742	86.37%	79.56%+
THC	880	64.72%	53.53%
UNI	4,775	78.83%	71.78%
UPP	794	91.24%+	87.59%+
HEDIS MY 2020 MWA		**79.54%**	**70.13%**
HEDIS MY 2019 MWA		**86.17%**	**73.76%**
HEDIS MY 2018 MWA		—	—

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

[1] Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Living With Illness Performance Measure Results

Table A-16—MHP and MWA Results for Comprehensive Diabetes Care

Plan	Eligible Population	HbA1c Testing—Rate[1]	HbA1c Poor Control (>9.0%)—Rate[*,1]	HbA1c Control (<8.0%)—Rate[1]	Eye Exam (Retinal) Performed—Rate[1]	Blood Pressure Control (<140 90 mm Hg)—Rate[2]
AET	3,200	80.05%	48.91%	44.04%	45.74%	52.07%
BCC	10,433	80.29%	41.61%	49.15%	58.64%+	56.93%
HAP	1,478	84.18%	46.96%	46.47%	44.77%	53.28%
MCL	9,605	77.86%	56.45%	37.71%	54.74%	50.85%
MER	21,459	85.89%	44.04%	47.45%	50.17%	56.45%
MOL	18,200	82.73%	44.77%	43.31%	53.28%	56.93%
PRI	5,607	90.51%+	28.47%+	60.58%+	63.02%+	75.91%
THC	2,877	77.62%	52.31%	40.39%	41.85%	47.45%
UNI	12,831	83.21%	34.79%+	54.26%+	55.23%	63.75%
UPP	2,373	87.59%	29.93%+	57.42%+	61.07%+	78.35%
HEDIS MY 2020 MWA		**83.13%**	**43.03%**	**47.46%**	**53.65%**	**58.38%**
HEDIS MY 2019 MWA		**89.20%**	**37.21%**	**52.72%**	**62.60%**	—
HEDIS MY 2018 MWA		**88.35%**	**38.37%**	**51.41%**	**62.24%**	—

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

[1]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

[2]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.

Table A-17—MHP and MWA Results for Kidney Health Evaluation for People With Diabetes[1]

Plan	Ages 18 to 64 Years—Eligible Population	Ages 18 to 64 Years—Rate	Ages 65 to 74 Years—Eligible Population	Ages 65 to 74 Years—Rate	Ages 75 to 85 Years—Eligible Population	Ages 75 to 85 Years—Rate	Total—Eligible Population	Total—Rate
AET	2,404	15.43%	582	19.24%	165	15.76%	3,151	16.15%
BCC	9,938	26.81%	107	32.71%	36	2.78%	10,081	26.78%
HAP	917	30.86%	444	34.23%	147	30.61%	1,508	31.83%
MCL	9,382	26.56%	61	27.87%	12	NA	9,455	26.57%
MER	20,205	31.06%	488	36.07%	127	35.43%	20,820	31.21%
MOL	16,193	30.64%	1,319	33.74%	312	34.29%	17,824	30.94%
PRI	5,031	38.84%	430	31.63%	110	36.36%	5,571	38.23%
THC	2,690	28.22%	61	22.95%	7	NA	2,758	28.03%
UNI	11,922	35.65%	423	35.70%	83	40.96%	12,428	35.69%
UPP	2,046	34.80%	238	38.66%	72	27.78%	2,356	34.97%
HEDIS MY 2020 MWA		**30.63%**		**32.03%**		**29.97%**		**30.68%**
HEDIS MY 2019 MWA		—		—		—		—
HEDIS MY 2018 MWA		—		—		—		—

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

[1] This measure is a first-year measure; therefore, prior years' rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

Table A-18—MHP and MWA Results for Asthma Medication Ratio

Plan	Eligible Population	Total—Rate
AET	647	50.39%
BCC	3,014	50.13%
HAP	67	46.27%
MCL	3,938	53.48%
MER	6,399	60.15%
MOL	5,491	52.96%
PRI	2,023	73.36%+
THC	996	45.68%
UNI	3,453	61.08%
UPP	885	58.42%
HEDIS MY 2020 MWA		**56.83%**
HEDIS MY 2019 MWA		**59.86%**
HEDIS MY 2018 MWA		**62.57%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-19—MHP and MWA Results for Controlling High Blood Pressure[1]

Plan	Eligible Population	Rate
AET	5,551	46.23%
BCC	17,114	54.99%
HAP	2,354	52.55%
MCL	15,694	47.20%
MER	35,068	51.82%
MOL	29,787	50.85%
PRI	8,735	74.94%
THC	5,141	45.26%
UNI	19,372	62.53%
UPP	3,699	73.24%
HEDIS MY 2020 MWA		**54.48%**
HEDIS MY 2019 MWA		—
HEDIS MY 2018 MWA		—

[1]*Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.*

Table A-20—MHP and MWA Results for Medical Assistance With Smoking and Tobacco Use Cessation

Plan	Eligible Population	Advising Smokers and Tobacco Users to Quit—Rate	Discussing Cessation Medications—Rate	Discussing Cessation Strategies—Rate
AET	57,807	78.68%+	57.87%+	53.72%+
BCC	255,790	79.29%+	54.31%+	49.74%+
HAP	22,988	76.13%	59.35%+	53.80%+
MCL	225,327	72.51%	51.79%	47.31%
MER	498,053	75.72%	56.12%+	46.81%
MOL	335,910	73.80%	58.38%+	51.35%+
PRI	128,044	79.39%+	56.29%+	51.22%+
THC	50,976	88.84%+	69.51%+	60.09%+
UNI	257,152	80.79%+	60.12%+	52.02%+
UPP	55,499	79.50%+	63.00%+	56.03%+
HEDIS MY 2020 MWA		**76.98%**	**56.97%+**	**50.01%+**
HEDIS MY 2019 MWA		**80.64%**	**59.18%**	**51.56%**
HEDIS MY 2018 MWA		**81.34%**	**58.38%**	**48.98%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-21—MHP and MWA Results for Antidepressant Medication Management

Plan	Eligible Population	Effective Acute Phase Treatment—Rate	Effective Continuation Phase Treatment—Rate
AET	795	51.32%	37.48%
BCC	4,364	62.35%+	47.14%+
HAP	153	70.59%+	47.06%+
MCL	5,196	63.95%+	48.85%+
MER	4,582	50.48%	33.33%
MOL	6,238	61.61%+	43.83%+
PRI	1,203	62.76%+	45.30%+
THC	841	69.08%+	56.84%+
UNI	4,475	54.48%+	38.21%+
UPP	573	62.13%+	44.50%+
HEDIS MY 2020 MWA		**59.28%+**	**42.98%+**
HEDIS MY 2019 MWA		**54.97%**	**38.77%**
HEDIS MY 2018 MWA		**55.75%**	**39.46%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-22—MHP and MWA Results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Plan	Eligible Population	Rate
AET	1,066	62.95%
BCC	2,199	80.17%
HAP	309	71.52%
MCL	4,297	74.61%
MER	3,074	81.52%
MOL	4,336	78.55%
PRI	692	80.64%
THC	498	82.53%+
UNI	2,419	80.12%
UPP	783	85.06%+
HEDIS MY 2020 MWA		**78.01%**
HEDIS MY 2019 MWA		**84.38%**
HEDIS MY 2018 MWA		**84.22%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-23—MHP and MWA Results for Diabetes Monitoring for People With Diabetes and Schizophrenia

Plan	Eligible Population	Rate
AET	181	52.49%
BCC	195	66.67%
HAP	63	66.67%
MCL	323	60.37%
MER	443	61.17%
MOL	706	62.18%
PRI	100	61.00%
THC	72	58.33%
UNI	323	61.61%
UPP	85	82.35%+
HEDIS MY 2020 MWA		**61.98%**
HEDIS MY 2019 MWA		**68.31%**
HEDIS MY 2018 MWA		**70.56%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-24—MHP and MWA Results for Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Plan	Eligible Population	Rate
AET	25	NA
BCC	20	NA
HAP	9	NA
MCL	45	51.11%
MER	63	61.90%
MOL	110	67.27%
PRI	9	NA
THC	19	NA
UNI	56	67.86%
UPP	12	NA
HEDIS MY 2020 MWA		**64.95%**
HEDIS MY 2019 MWA		**73.16%**
HEDIS MY 2018 MWA		**76.26%**

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Table A-25—MHP and MWA Results for Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Plan	Eligible Population	Rate
AET	831	63.54%+
BCC	837	58.66%
HAP	246	65.04%+
MCL	1,611	71.26%+
MER	992	68.04%+
MOL	2,405	71.35%+
PRI	256	72.27%+
THC	294	53.40%
UNI	1,087	65.78%+
UPP	360	84.72%+
HEDIS MY 2020 MWA		**68.17%+**
HEDIS MY 2019 MWA		**59.26%**
HEDIS MY 2018 MWA		**64.91%**

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Health Plan Diversity and Utilization Measure Results

The Health Plan Diversity and Utilization measures' MHP and MWA results are presented in tabular format in Section 9 and Section 10 of this report.

Appendix B. Trend Tables

Appendix B includes trend tables for the MHPs. Where applicable, each measure's HEDIS MY 2018, HEDIS MY 2019, and HEDIS MY 2020 rates are presented as well as the HEDIS MY 2019 to HEDIS MY 2020 rate comparison and the HEDIS MY 2020 Performance Level. HEDIS MY 2019 and HEDIS MY 2020 rates were compared based on a Chi-square test of statistical significance with a p value <0.05. Values in the MY 2019–MY 2020 Comparison column that are shaded green with one cross ($^{+}$) indicate significant improvement from the previous year. Values in the MY 2019–MY 2020 Comparison column shaded red with two crosses ($^{++}$) indicate a significant decline in performance from the previous year.

Details regarding the trend analysis and performance ratings are found in Section 2.

Table B-1—AET Trend Table

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	63.02%	63.02%	52.66%	-10.36++	★
Combination 3	58.64%	58.64%	49.38%	-9.26++	★
Combination 4	58.39%	58.39%	48.75%	-9.64++	★
Combination 5	46.47%	46.47%	41.25%	-5.22	★
Combination 6	29.68%	29.68%	21.41%	-8.27++	★
Combination 7	46.47%	46.47%	40.63%	-5.84	★
Combination 8	29.68%	29.68%	21.41%	-8.27++	★
Combination 9	23.84%	23.84%	18.13%	-5.71++	★
Combination 10	23.84%	23.84%	18.13%	-5.71++	★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits[4]	—	—	41.63%	NC	NC
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[5]	—	—	52.61%	NC	NC
Lead Screening in Children					
Lead Screening in Children	76.40%	76.40%	62.83%	-13.57++	★
Child and Adolescent Well-Care Visits[4]					
Ages 3 to 11 Years	—	—	41.17%	NC	NC
Ages 12 to 17 Years	—	—	32.25%	NC	NC
Ages 18 to 21 Years	—	—	21.59%	NC	NC
Total	—	—	34.76%	NC	NC
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	88.56%	88.56%	79.56%	-9.00++	★★
Combination 2 (Meningococcal, Tdap, HPV)	—	37.96%	37.23%	-0.73	★★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	25.11%	27.78%	36.53%	+8.75	★
Continuation and Maintenance Phase	44.74%	52.63%	45.95%	-6.68	★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	67.86%	60.39%	57.01%	-3.38	★★★
Ages 21 to 24 Years	69.88%	69.84%	63.88%	-5.96++	★★
Total	68.65%	64.27%	60.30%	-3.97++	★★★
Cervical Cancer Screening[3]					
Cervical Cancer Screening	60.51%	60.51%	54.01%	-6.50	★
Breast Cancer Screening[3]					
Breast Cancer Screening	54.55%	54.38%	50.35%	-4.03++	★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	69.67%	72.86%	65.40%	-7.46++	★
Ages 45 to 64 Years	83.50%	84.44%	79.70%	-4.74++	★
65 Years and Older	89.86%	89.72%	87.72%	-2.00++	★★
Total	77.52%	79.50%	72.90%	-6.60++	★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	—	54.25%	61.25%	+7.00+	★★★
Ages 18 to 64 Years	—	35.34%	43.03%	+7.69+	★★★★
Ages 65 Years And Older	—	25.93%	28.36%	+2.43	★★
Total	—	42.53%	48.75%	+6.22+	★★
Appropriate Testing for Pharyngitis[3]					
Ages 3 to 17 Years	—	67.21%	68.58%	+1.37	★
Ages 18 to 64 Years	—	51.61%	49.81%	-1.80	★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	60.09%	59.23%	-0.86	★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	—	91.36%	91.28%	-0.08	★★
Ages 18 to 64 Years	—	74.70%	80.28%	+5.58+	★★★
Ages 65 Years And Older	—	61.90%	70.00%	+8.10	★★
Total	—	85.73%	87.04%	+1.31	★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
Body Mass index (BMI) Percentile—Total[3]	87.23%	87.23%	80.29%	**-6.94++**	★★
Counseling for Nutrition—Total	81.65%	81.65%	72.02%	**-9.63++**	★★★
Counseling for Physical Activity—Total	78.72%	78.72%	68.61%	**-10.11++**	★★★
Pregnancy Care					
Prenatal and Postpartum Care[3]					
Timeliness of Prenatal Care	—	70.07%	68.86%	-1.21	★
Postpartum Care	—	63.02%	54.01%	**-9.01++**	★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing[3]	84.43%	84.43%	80.05%	-4.38	★
HbA1c Poor Control (>9.0%)[3]*	38.93%	38.93%	48.91%	**+9.98++**	★
HbA1c Control (<8.0%)[3]	52.31%	52.31%	44.04%	**-8.27++**	★
Eye Exam (Retinal) Performed[3]	54.50%	54.50%	45.74%	**-8.76++**	★
Blood Pressure Control (<140/90 mm Hg)[4]	—	—	52.07%	NC	NC
Kidney Health Evaluation for Patients With Diabetes[5]					
Ages 18 to 64 Years	—	—	15.43%	NC	NC
Ages 65 to 74 Years	—	—	19.24%	NC	NC
Ages 75 to 85 Years	—	—	15.76%	NC	NC
Total	—	—	16.15%	NC	NC
Asthma Medication Ratio					
Total	52.42%	50.22%	50.39%	+0.17	★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	46.23%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	85.14%	85.78%	78.68%	-7.10	★★★
Discussing Cessation Medications	63.71%	60.00%	57.87%	-2.13	★★★
Discussing Cessation Strategies	56.10%	54.05%	53.72%	-0.33	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	53.29%	49.93%	51.32%	+1.39	★★
Effective Continuation Phase Treatment	35.48%	36.45%	37.48%	+1.03	★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	78.64%	74.64%	62.95%	**-11.69++**	★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	67.48%	48.80%	52.49%	+3.69	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	60.61%	60.36%	63.54%	+3.18	★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	25.44%	30.77%	32.58%	+1.81	NC
Total—Black or African American	63.29%	55.54%	53.80%	-1.74	NC
Total—American–Indian and Alaska Native	0.20%	0.26%	0.19%	-0.07	NC
Total—Asian	0.69%	1.82%	1.16%	-0.66	NC

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Total—Native Hawaiian and Other Pacific Islander	0.05%	0.08%	0.08%	0.00	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown[3]	4.19%	4.78%	6.03%	+1.25	NC
Total—Declined[3]	6.13%	6.76%	6.16%	-0.60	NC
Total—Hispanic or Latino[3]	3.05%	3.40%	3.62%	+0.22	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	100.00%	100.00%	100.00%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	99.06%	98.26%	97.73%	-0.53	NC
Other Language Needs—Non-English	0.67%	0.97%	0.99%	+0.02	NC
Other Language Needs—Unknown	0.28%	0.78%	1.28%	+0.50	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[6]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*Emergency Department Visits—Total**	80.69	75.36	55.97	-19.39	★★★
Outpatient Visits—Total	388.39	590.74	550.95	-39.79	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Discharges per 1,000 Member Months—Total Inpatient—Total All Ages	10.02	11.95	10.53	-1.42	NC
Average Length of Stay—Total Inpatient—Total All Ages	4.89	5.41	5.60	+0.19	NC
Discharges per 1,000 Member Months—Maternity—Total All Ages	2.19	2.39	2.32	-0.07	NC
Average Length of Stay—Maternity—Total All Ages	2.66	2.72	2.58	-0.14	NC
Discharges per 1,000 Member Months—Surgery—Total All Ages	2.52	2.91	2.50	-0.41	NC
Average Length of Stay—Surgery—Total All Ages	7.48	7.91	9.05	+1.14	NC
Discharges per 1,000 Member Months—Medicine—Total All Ages	5.93	7.33	6.34	-0.99	NC
Average Length of Stay—Medicine—Total All Ages	4.38	5.05	5.05	0.00	NC
Use of Opioids From Multiple Providers*[3]					
Multiple Prescribers	15.90%	15.69%	14.94%	-0.75	★★★★
Multiple Pharmacies	12.05%	16.15%	3.43%	-12.72[+]	★★★
Multiple Prescribers and Multiple Pharmacies	4.34%	4.60%	2.23%	-2.37[+]	★★★
Use of Opioids at High Dosage*[3]					
*Use of Opioids at High Dosage**	—	3.30%	2.53%	-0.77	★★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Risk of Continued Opioid Use*[*,3]					
At Least 15 Days Covered—Total	23.40%	18.46%	16.92%	-1.54	★
At Least 31 Days Covered—Total	9.32%	9.21%	9.03%	-0.18	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	—	10.10%	11.42%	+1.32	★
*Expected Readmissions—Total**	—	9.36%	9.91%	+0.55	★★
*O/E Ratio—Total**	—	1.08	1.15	**+0.07++**	★

[1]HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
[4]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.
[5]This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.
[6]Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.
** For this indicator, a lower rate indicates better performance.*
— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
HEDIS MY 2020 Performance Levels represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Table B-2—BCC Trend Table

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	70.32%	72.02%	64.96%	-7.06++	★
Combination 3	66.67%	67.15%	62.53%	-4.62	★
Combination 4	66.18%	66.42%	61.80%	-4.62	★
Combination 5	53.04%	59.61%	53.04%	-6.57	★
Combination 6	36.01%	36.50%	37.71%	+1.21	★★
Combination 7	52.80%	59.37%	52.55%	-6.82++	★
Combination 8	36.01%	36.50%	37.71%	+1.21	★★
Combination 9	30.17%	34.55%	31.39%	-3.16	★★
Combination 10	30.17%	34.55%	31.39%	-3.16	★★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits[4]	—	—	64.39%	NC	NC
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[5]	—	—	66.84%	NC	NC
Lead Screening in Children					
Lead Screening in Children	76.16%	74.94%	71.53%	-3.41	★★
Child and Adolescent Well-Care Visits[4]					
Ages 3 to 11 Years	—	—	50.56%	NC	NC
Ages 12 to 17 Years	—	—	40.79%	NC	NC
Ages 18 to 21 Years	—	—	27.43%	NC	NC
Total	—	—	43.71%	NC	NC
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	82.24%	80.05%	82.00%	+1.95	★★
Combination 2 (Meningococcal, Tdap, HPV)	—	39.42%	34.06%	-5.36	★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	44.44%	45.45%	48.33%	+2.88	★★★★
Continuation and Maintenance Phase	55.26%	58.26%	68.62%	+10.36+	★★★★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	65.45%	65.99%	58.99%	-7.00++	★★★
Ages 21 to 24 Years	69.62%	69.35%	64.86%	-4.49++	★★
Total	67.58%	67.67%	61.98%	-5.69++	★★★
Cervical Cancer Screening[3]					
Cervical Cancer Screening	69.10%	69.10%	60.73%	-8.37++	★★
Breast Cancer Screening[3]					
Breast Cancer Screening	58.63%	59.22%	55.48%	-3.74++	★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	75.71%	77.99%	74.84%	-3.15++	★★
Ages 45 to 64 Years	83.78%	84.70%	82.29%	-2.41++	★
65 Years and Older	84.21%	82.23%	71.52%	-10.71++	★
Total	78.84%	80.57%	77.48%	-3.09++	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[4]					
Ages 3 Months to 17 Years	—	61.98%	62.81%	+0.83	★★★
Ages 18 to 64 Years	—	36.29%	38.45%	+2.16	★★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	47.17%	49.46%	+2.29+	★★
Appropriate Testing for Pharyngitis[3]					
Ages 3 to 17 Years	—	76.04%	75.69%	-0.35	★
Ages 18 to 64 Years	—	55.99%	54.39%	-1.60	★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	67.07%	65.57%	-1.50++	★
Appropriate Treatment for Upper Respiratory Infection[4]					
Ages 3 Months to 17 Years	—	91.40%	91.91%	+0.51	★★★
Ages 18 to 64 Years	—	73.71%	76.51%	+2.80+	★★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	85.65%	86.34%	+0.69+	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
Body Mass index (BMI) Percentile—Total[3]	86.62%	87.21%	78.14%	-9.07++	★★
Counseling for Nutrition—Total	78.35%	80.00%	64.87%	-15.13++	★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Counseling for Physical Activity—Total	76.16%	79.02%	63.80%	-15.22++	★★
Pregnancy Care					
Prenatal and Postpartum Care[3]					
Timeliness of Prenatal Care	—	78.83%	78.91%	+0.08	★
Postpartum Care	—	71.78%	71.09%	-0.69	★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing[3]	85.16%	88.32%	80.29%	-8.03++	★
HbA1c Poor Control (>9.0%)[3]*	44.77%	42.34%	41.61%	-0.73	★★
HbA1c Control (<8.0%)[3]	43.80%	48.18%	49.15%	+0.97	★★
Eye Exam (Retinal) Performed[3]	57.42%	59.85%	58.64%	-1.21	★★★
Blood Pressure Control (<140/90 mm Hg)[4]	—	—	56.93%	NC	NC
Kidney Health Evaluation for Patients With Diabetes[5]					
Ages 18 to 64 Years	—	—	26.81%	NC	NC
Ages 65 to 74 Years	—	—	32.71%	NC	NC
Ages 75 to 85 Years	—	—	2.78%	NC	NC
Total	—	—	26.78%	NC	NC
Asthma Medication Ratio					
Total	64.02%	57.31%	50.13%	-7.18++	★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	54.99%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	82.89%	85.23%	79.29%	-5.94	★★★
Discussing Cessation Medications	60.35%	65.14%	54.31%	-10.83++	★★★
Discussing Cessation Strategies	51.54%	56.07%	49.74%	-6.33	★★★
Antidepressant Medication Management					
55.52%	62.04%	62.35%	+0.31	★★★★	55.52%
39.14%	46.27%	47.14%	+0.87	★★★★	39.14%

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	86.23%	85.24%	80.17%	-5.07++	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	60.80%	72.16%	66.67%	-5.49	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	55.33%	56.98%	58.66%	+1.68	★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	45.97%	46.23%	46.98%	+0.75	NC
Total—Black or African American	35.95%	35.41%	34.60%	-0.81	NC
Total—American–Indian and Alaska Native	0.67%	0.75%	1.01%	+0.26	NC
Total—Asian	1.64%	2.01%	1.77%	-0.24	NC
Total—Native Hawaiian and Other Pacific Islander	2.85%	3.22%	3.26%	+0.04	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.03%	0.04%	0.04%	0.00	NC
Total—Unknown[3]	12.88%	12.34%	12.35%	+0.01	NC
Total—Declined[3]	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino[3]	3.16%	3.32%	3.11%	-0.21	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.40%	98.35%	98.39%	+0.04	NC

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Spoken Language Preferred for Health Care—Non-English	1.59%	1.65%	1.61%	-0.04	NC
Spoken Language Preferred for Health Care—Unknown	0.01%	0.00%	0.01%	+0.01	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	98.39%	98.32%	98.38%	+0.06	NC
Language Preferred for Written Materials—Non-English	1.60%	1.68%	1.62%	-0.06	NC
Language Preferred for Written Materials—Unknown	0.01%	0.00%	0.01%	+0.01	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.78%	98.75%	98.80%	+0.05	NC
Other Language Needs—Non-English	1.20%	1.24%	1.19%	-0.05	NC
Other Language Needs—Unknown	0.01%	0.01%	0.01%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[6]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*Emergency Department Visits—Total**	62.97	62.86	44.38	-18.48	★★★★
Outpatient Visits—Total	388.15	393.07	334.57	-58.50	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Discharges per 1,000 Member Months—Total Inpatient—Total All Ages	7.24	7.23	6.18	-1.05	NC
Average Length of Stay—Total Inpatient—Total All Ages	4.00	4.09	4.40	+0.31	NC
Discharges per 1,000 Member Months—Maternity—Total All Ages	2.68	2.73	2.53	-0.20	NC
Average Length of Stay—Maternity—Total All Ages	2.63	2.58	2.41	-0.17	NC
Discharges per 1,000 Member Months—Surgery—Total All Ages	1.52	1.65	1.20	-0.45	NC
Average Length of Stay—Surgery—Total All Ages	5.94	6.57	7.67	+1.10	NC
Discharges per 1,000 Member Months—Medicine—Total All Ages	3.66	3.48	3.03	-0.45	NC
Average Length of Stay—Medicine—Total All Ages	3.96	3.83	4.38	+0.55	NC
Use of Opioids From Multiple Providers*[3]					
Multiple Prescribers	18.34%	16.58%	14.62%	-1.96[+]	★★★★
Multiple Pharmacies	8.45%	4.51%	3.00%	-1.51[+]	★★★★
Multiple Prescribers and Multiple Pharmacies	4.08%	2.57%	1.84%	-0.73[+]	★★★
Use of Opioids at High Dosage*[3]					
*Use of Opioids at High Dosage**	—	2.23%	1.69%	-0.54[+]	★★★★
Risk of Continued Opioid Use*[3]					
At Least 15 Days Covered—Total	16.69%	13.52%	8.40%	-5.12[+]	★★
At Least 31 Days Covered—Total	7.21%	6.42%	5.69%	-0.73[+]	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	—	10.60%	11.00%	+0.40	★★
*Expected Readmissions—Total**	—	9.80%	10.23%	+0.43	★★
*O/E Ratio—Total**	—	1.08	1.08	0.00	★★

[1]HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.

[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
[4]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.
[5]This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.
[6]Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.
** For this indicator, a lower rate indicates better performance.*
— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
HEDIS MY 2020 Performance Levels represent the following percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Table B-3—HAP Trend Table

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	55.32%	70.21%	49.54%	-20.67++	★
Combination 3	55.32%	68.09%	44.95%	-23.14++	★
Combination 4	53.19%	68.09%	44.95%	-23.14++	★
Combination 5	38.30%	55.32%	37.61%	-17.71++	★
Combination 6	27.66%	25.53%	23.85%	-1.68	★
Combination 7	38.30%	55.32%	37.61%	-17.71++	★
Combination 8	27.66%	25.53%	23.85%	-1.68	★
Combination 9	17.02%	21.28%	20.18%	-1.10	★
Combination 10	17.02%	21.28%	20.18%	-1.10	★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits[4]	—	—	51.22%	NC	NC
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[5]	—	—	55.36%	NC	NC
Lead Screening in Children					
Lead Screening in Children	63.83%	80.85%	62.39%	-18.46++	★
Child and Adolescent Well-Care Visits[4]					
Ages 3 to 11 Years	—	—	34.54%	NC	NC
Ages 12 to 17 Years	—	—	20.66%	NC	NC
Ages 18 to 21 Years	—	—	18.28%	NC	NC
Total	—	—	27.93%	NC	NC
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	NA	NA	70.73%	NC	★
Combination 2 (Meningococcal, Tdap, HPV)	—	NA	21.95%	NC	★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	NA	NA	NA	NC	NC
Continuation and Maintenance Phase	NA	NA	NA	NC	NC

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	NA	61.29%	51.98%	-9.31	★★
Ages 21 to 24 Years	45.95%	57.63%	59.75%	+2.12	★★
Total	39.34%	58.89%	56.42%	-2.47	★★
Cervical Cancer Screening[3]					
Cervical Cancer Screening	56.34%	56.34%	40.00%	-16.34++	★
Breast Cancer Screening[3]					
Breast Cancer Screening	57.25%	55.94%	57.02%	+1.08	★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	71.98%	70.22%	57.06%	-13.16++	★
Ages 45 to 64 Years	88.33%	88.65%	74.49%	-14.16++	★
65 Years and Older	88.19%	89.20%	88.16%	-1.04	★★
Total	83.99%	83.10%	68.81%	-14.29++	★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	—	NA	75.93%	NC	★★★★
Ages 18 to 64 Years	—	33.65%	40.52%	+6.87	★★★
Ages 65 Years And Older	—	32.69%	29.55%	-3.14	★★
Total	—	37.84%	47.20%	+9.36	★★
Appropriate Testing for Pharyngitis[3]					
Ages 3 to 17 Years	—	83.33%	65.98%	-17.35++	★
Ages 18 to 64 Years	—	50.00%	47.10%	-2.90	★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	59.31%	52.76%	-6.55	★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	—	89.68%	91.72%	+2.04	★★★
Ages 18 to 64 Years	—	70.80%	79.94%	+9.14+	★★★
Ages 65 Years And Older	—	57.65%	73.75%	+16.10+	★★★
Total	—	74.68%	84.31%	+9.63+	★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
Body Mass index (BMI) Percentile—Total[3]	86.98%	86.98%	80.67%	-6.31	★★★
Counseling for Nutrition—Total	63.31%	63.31%	69.85%	+6.54	★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Counseling for Physical Activity—Total	62.13%	62.13%	67.27%	+5.14	★★★
Pregnancy Care					
Prenatal and Postpartum Care[4]					
Timeliness of Prenatal Care	—	90.12%	68.30%	-21.82++	★
Postpartum Care	—	67.90%	52.68%	-15.22++	★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing[3]	83.70%	88.32%	84.18%	-4.14	★
HbA1c Poor Control (>9.0%)[3]*	40.15%	44.04%	46.96%	+2.92	★
HbA1c Control (<8.0%)[3]	49.88%	49.88%	46.47%	-3.41	★★
Eye Exam (Retinal) Performed[3]	58.88%	56.93%	44.77%	-12.16++	★
Blood Pressure Control (<140/90 mm Hg)[4]	—	—	53.28%	NC	NC
Kidney Health Evaluation for Patients With Diabetes[5]					
Ages 18 to 64 Years	—	—	30.86%	NC	NC
Ages 65 to 74 Years	—	—	34.23%	NC	NC
Ages 75 to 85 Years	—	—	30.61%	NC	NC
Total	—	—	31.83%	NC	NC
Asthma Medication Ratio					
Total	37.68%	55.93%	46.27%	-9.66	★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	52.55%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	83.23%	81.03%	76.13%	-4.90	★★
Discussing Cessation Medications	65.69%	67.32%	59.35%	-7.97	★★★
Discussing Cessation Strategies	54.22%	55.47%	53.80%	-1.67	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	53.49%	53.00%	70.59%	+17.59+	★★★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Effective Continuation Phase Treatment	41.09%	42.00%	47.06%	+5.06	★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	68.80%	73.36%	71.52%	-1.84	★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	61.54%	64.58%	66.67%	+2.09	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	69.31%	72.00%	65.04%	-6.96	★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	56.78%	0.24%	39.22%	+38.98	NC
Total—Black or African American	23.97%	0.28%	46.62%	+46.34	NC
Total—American–Indian and Alaska Native	0.00%	0.00%	0.15%	+0.15	NC
Total—Asian	0.02%	0.03%	1.74%	+1.71	NC
Total—Native Hawaiian and Other Pacific Islander	0.02%	0.00%	0.04%	+0.04	NC
Total—Some Other Race	3.38%	0.02%	3.98%	+3.96	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown[3]	15.83%	99.43%	8.24%	-91.19	NC
Total—Declined[3]	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino[3]	3.38%	0.01%	3.72%	+3.71	NC

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	97.26%	0.79%	90.36%	+89.57	NC
Spoken Language Preferred for Health Care—Non-English	0.18%	0.01%	0.74%	+0.73	NC
Spoken Language Preferred for Health Care—Unknown	2.55%	99.20%	8.91%	-90.29	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	97.26%	0.79%	90.36%	+89.57	NC
Language Preferred for Written Materials—Non-English	0.18%	0.01%	0.74%	+0.73	NC
Language Preferred for Written Materials—Unknown	2.55%	99.20%	8.91%	-90.29	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	97.26%	0.79%	90.36%	+89.57	NC
Other Language Needs—Non-English	0.18%	0.01%	0.74%	+0.73	NC
Other Language Needs—Unknown	2.55%	99.20%	8.91%	-90.29	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[6]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*Emergency Department Visits—Total**	66.17	66.59	50.14	-16.45	★★★
Outpatient Visits—Total	524.20	496.25	329.12	-167.13	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Discharges per 1,000 Member Months—Total Inpatient—Total All Ages	12.01	13.93	10.20	-3.73	NC
Average Length of Stay—Total Inpatient—Total All Ages	5.15	5.97	5.95	-0.02	NC
Discharges per 1,000 Member Months—Maternity—Total All Ages	1.35	1.68	1.85	+0.17	NC
Average Length of Stay—Maternity—Total All Ages	2.54	2.79	2.57	-0.22	NC
Discharges per 1,000 Member Months—Surgery—Total All Ages	3.18	4.10	2.44	-1.66	NC
Average Length of Stay—Surgery—Total All Ages	7.45	9.24	9.44	+0.20	NC
Discharges per 1,000 Member Months—Medicine—Total All Ages	8.02	8.79	6.42	-2.37	NC
Average Length of Stay—Medicine—Total All Ages	4.51	4.82	5.33	+0.51	NC
Use of Opioids From Multiple Providers*[3]					
Multiple Prescribers	15.29%	15.83%	12.95%	-2.88	★★★★★
Multiple Pharmacies	3.51%	2.33%	3.34%	+1.01	★★★
Multiple Prescribers and Multiple Pharmacies	2.18%	1.23%	1.63%	+0.40	★★★★
Use of Opioids at High Dosage*[3]					
*Use of Opioids at High Dosage**	—	2.84%	2.16%	-0.68	★★★★
Risk of Continued Opioid Use*[3]					
At Least 15 Days Covered—Total	28.28%	13.47%	14.45%	+0.98	★
At Least 31 Days Covered—Total	11.52%	7.92%	9.91%	+1.99	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	—	NA	13.38%	NC	★
*Expected Readmissions—Total**	—	NA	9.81%	NC	★★
*O/E Ratio—Total**	—	NA	1.36	NC	★

[1]HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
[4]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.
[5]This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.
[6]Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.
** For this indicator, a lower rate indicates better performance.*
— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
HEDIS MY 2020 Performance Levels represent the following percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Table B-4—MCL Trend Table

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	70.56%	70.56%	65.94%	-4.62	★
Combination 3	63.99%	63.99%	63.26%	-0.73	★
Combination 4	62.77%	62.77%	61.56%	-1.21	★
Combination 5	53.77%	53.77%	52.55%	-1.22	★
Combination 6	33.09%	33.09%	37.23%	+4.14	★★
Combination 7	52.80%	52.80%	51.34%	-1.46	★
Combination 8	32.85%	32.85%	36.74%	+3.89	★★
Combination 9	27.98%	27.98%	31.87%	+3.89	★★
Combination 10	27.74%	27.74%	31.39%	+3.65	★★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits[4]	—	—	61.22%	NC	NC
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[5]	—	—	67.44%	NC	NC
Lead Screening in Children					
Lead Screening in Children	82.73%	82.73%	74.21%	**-8.52**$^{++}$	★★★
Child and Adolescent Well-Care Visits[4]					
Ages 3 to 11 Years	—	—	48.09%	NC	NC
Ages 12 to 17 Years	—	—	37.63%	NC	NC
Ages 18 to 21 Years	—	—	21.68%	NC	NC
Total	—	—	40.50%	NC	NC
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	83.45%	86.37%	81.75%	-4.62	★★
Combination 2 (Meningococcal, Tdap, HPV)	—	34.55%	30.90%	-3.65	★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	50.35%	47.72%	49.12%	+1.40	★★★★
Continuation and Maintenance Phase	61.34%	57.74%	59.30%	+1.56	★★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	54.65%	56.13%	53.49%	**-2.64**$^{++}$	★★
Ages 21 to 24 Years	65.24%	66.14%	61.32%	**-4.82**$^{++}$	★★
Total	59.23%	60.58%	57.22%	**-3.36**$^{++}$	★★
Cervical Cancer Screening[3]					
Cervical Cancer Screening	65.21%	65.21%	59.85%	-5.36	★★
Breast Cancer Screening[3]					
Breast Cancer Screening	61.99%	60.82%	56.20%	**-4.62**$^{++}$	★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	77.87%	78.10%	73.17%	**-4.93**$^{++}$	★★
Ages 45 to 64 Years	86.81%	86.53%	83.28%	**-3.25**$^{++}$	★★
65 Years and Older	83.33%	86.07%	72.67%	**-13.40**$^{++}$	★
Total	81.45%	81.33%	76.67%	**-4.66**$^{++}$	★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	—	58.97%	61.39%	+2.42	★★★
Ages 18 to 64 Years	—	38.43%	39.96%	+1.53	★★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	47.71%	50.05%	+2.34^{+}	★★
Appropriate Testing for Pharyngitis[3]					
Ages 3 to 17 Years	—	82.55%	81.62%	-0.93	★★
Ages 18 to 64 Years	—	69.16%	67.58%	-1.58	★★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	77.73%	76.36%	**-1.37**$^{++}$	★★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	—	90.12%	90.52%	+0.40	★★
Ages 18 to 64 Years	—	77.09%	79.90%	+2.81^{+}	★★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	85.77%	86.88%	+1.11^{+}	★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
Body Mass index (BMI) Percentile—Total[3]	79.32%	79.32%	65.21%	**-14.11++**	★
Counseling for Nutrition—Total	66.67%	66.67%	53.53%	**-13.14++**	★
Counseling for Physical Activity—Total	63.26%	63.26%	53.77%	**-9.49++**	★
Pregnancy Care					
Prenatal and Postpartum Care[3]					
Timeliness of Prenatal Care	—	88.32%	78.59%	**-9.73++**	★
Postpartum Care	—	74.45%	70.32%	-4.13	★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing[3]	87.83%	87.83%	77.86%	**-9.97++**	★
HbA1c Poor Control (>9.0%)[3]*	42.58%	42.58%	56.45%	**+13.87++**	★
HbA1c Control (<8.0%)[3]	47.69%	47.69%	37.71%	**-9.98++**	★
Eye Exam (Retinal) Performed[3]	58.64%	58.64%	54.74%	-3.90	★★
Blood Pressure Control (<140/90 mm Hg)[4]	—	—	50.85%	NC	NC
Kidney Health Evaluation for Patients With Diabetes[5]					
Ages 18 to 64 Years	—	—	26.56%	NC	NC
Ages 65 to 74 Years	—	—	27.87%	NC	NC
Ages 75 to 85 Years	—	—	NA	NC	NC
Total	—	—	26.57%	NC	NC
Asthma Medication Ratio					
Total	66.58%	57.20%	53.48%	**-3.72++**	★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	47.20%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	79.45%	79.01%	72.51%	-6.50	★
Discussing Cessation Medications	58.23%	56.67%	51.79%	-4.88	★★
Discussing Cessation Strategies	45.20%	50.28%	47.31%	-2.97	★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	56.77%	63.61%	63.95%	+0.34	★★★★
Effective Continuation Phase Treatment	40.88%	49.09%	48.85%	-0.24	★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	79.10%	83.12%	74.61%	**-8.51++**	★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	73.23%	67.20%	60.37%	-6.83	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	82.22%	70.59%	51.11%	-19.48	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	66.40%	69.10%	71.26%	+2.16	★★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	64.93%	63.10%	64.38%	+1.28	NC
Total—Black or African American	19.55%	20.19%	20.63%	+0.44	NC
Total—American–Indian and Alaska Native	0.51%	0.52%	0.55%	+0.03	NC

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Total—Asian	0.63%	1.45%	0.80%	-0.65	NC
Total—Native Hawaiian and Other Pacific Islander	0.07%	0.08%	0.09%	+0.01	NC
Total—Some Other Race	5.59%	5.82%	6.06%	+0.24	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown[3]	8.72%	8.84%	7.48%	-1.36	NC
Total—Declined[3]	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino[3]	5.59%	5.82%	6.06%	+0.24	NC
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	76.22%	60.94%	52.87%	-8.07	NC
Spoken Language Preferred for Health Care—Non-English	0.60%	0.46%	0.40%	-0.06	NC
Spoken Language Preferred for Health Care—Unknown	23.18%	38.60%	46.73%	+8.13	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[6]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*ED Visits—Total**	65.51	70.40	51.72	-18.68	★★★
Outpatient Visits—Total	577.22	552.68	447.82	-104.86	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	7.80	9.14	8.31	-0.83	NC
Total Inpatient—Average Length of Stay—Total	3.38	3.87	3.87	0.00	NC
Maternity—Discharges per 1,000 Member Months—Total	2.57	2.77	2.61	-0.16	NC
Maternity—Average Length of Stay—Total	2.01	1.77	1.69	-0.08	NC
Surgery—Discharges per 1,000 Member Months—Total	1.99	2.24	2.07	-0.17	NC
Surgery—Average Length of Stay—Total	5.15	5.81	6.00	+0.19	NC
Medicine—Discharges per 1,000 Member Months—Total	3.91	4.82	4.28	-0.54	NC
Medicine—Average Length of Stay—Total	3.14	3.86	3.86	0.00	NC
***Use of Opioids From Multiple Providers**[*,3]*					
Multiple Prescribers	21.41%	14.91%	14.77%	-0.14	★★★★
Multiple Pharmacies	7.02%	3.48%	2.60%	-0.88[+]	★★★★
Multiple Prescribers and Multiple Pharmacies	3.76%	1.65%	1.21%	-0.44[+]	★★★★
***Use of Opioids at High Dosage**[*,3]*					
*Use of Opioids at High Dosage**	—	2.95%	2.65%	-0.30	★★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Risk of Continued Opioid Use*[*,3]					
At Least 15 Days Covered—Total	13.49%	19.36%	12.40%	-6.96[+]	★
At Least 31 Days Covered—Total	5.97%	11.64%	6.36%	-5.28[+]	★
Plan All-Cause Readmissions[4]					
*Observed Readmissions—Total**	—	8.50%	9.63%	**+1.13[++]**	★★★
*Expected Readmissions—Total**	—	9.55%	9.76%	+0.21	★★
*O/E Ratio—Total**	—	0.89	0.99	**+0.10[++]**	★★★

[1]HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
[4]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.
[5]This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.
[6]Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.
** For this indicator, a lower rate indicates better performance.*
— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
HEDIS MY 2020 Performance Levels represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Table B-5—MER Trend Table

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	72.02%	71.33%	64.72%	-6.61++	★
Combination 3	67.40%	67.60%	62.53%	-5.07++	★
Combination 4	66.91%	66.75%	62.04%	-4.71++	★
Combination 5	56.93%	58.46%	56.69%	-1.77	★★
Combination 6	40.39%	36.53%	35.77%	-0.76	★★
Combination 7	56.45%	57.79%	56.20%	-1.59	★★
Combination 8	40.39%	36.30%	35.77%	-0.53	★★
Combination 9	34.79%	32.54%	32.85%	+0.31	★★
Combination 10	34.79%	32.34%	32.85%	+0.51	★★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits[4]	—	—	63.12%	NC	NC
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[5]	—	—	68.93%	NC	NC
Lead Screening in Children					
Lead Screening in Children	78.42%	77.51%	73.87%	-3.64++	★★★
Child and Adolescent Well-Care Visits[4]					
Ages 3 to 11 Years	—	—	52.28%	NC	NC
Ages 12 to 17 Years	—	—	42.30%	NC	NC
Ages 18 to 21 Years	—	—	26.22%	NC	NC
Total	—	—	45.63%	NC	NC
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	86.37%	84.43%	82.73%	-1.70	★★★
Combination 2 (Meningococcal, Tdap, HPV)	—	38.44%	36.50%	-1.94	★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	44.78%	45.12%	44.59%	-0.53	★★★
Continuation and Maintenance Phase	56.86%	56.80%	55.18%	-1.62	★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	63.13%	61.42%	55.53%	-5.89++	★★★
Ages 21 to 24 Years	69.90%	69.18%	62.83%	-6.35++	★★
Total	66.33%	64.92%	58.84%	-6.08++	★★★
Cervical Cancer Screening[3]					
Cervical Cancer Screening	64.59%	67.64%	59.41%	-8.23++	★★
Breast Cancer Screening[3]					
Breast Cancer Screening	64.00%	63.17%	56.65%	-6.52++	★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	80.18%	80.91%	76.20%	-4.71++	★★
Ages 45 to 64 Years	88.46%	88.76%	84.67%	-4.09++	★★
65 Years and Older	96.22%	95.43%	88.91%	-6.52++	★★
Total	83.40%	84.02%	79.18%	-4.84++	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	—	61.92%	60.82%	-1.10	★★★
Ages 18 to 64 Years	—	37.45%	39.00%	+1.55	★★★
Ages 65 Years And Older	—	29.27%	31.25%	+1.98	★★
Total	—	49.29%	50.08%	+0.79	★★
Appropriate Testing for Pharyngitis[3]					
Ages 3 to 17 Years	—	78.99%	77.32%	-1.67++	★★
Ages 18 to 64 Years	—	63.96%	60.88%	-3.08++	★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	73.82%	71.39%	-2.43++	★★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	—	91.15%	91.71%	+0.56+	★★★
Ages 18 to 64 Years	—	75.27%	78.27%	+3.00+	★★★
Ages 65 Years And Older	—	75.65%	88.33%	+12.68+	★★★★
Total	—	86.80%	87.84%	+1.04+	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
Body Mass index (BMI) Percentile—Total[3]	83.70%	83.70%	78.59%	-5.11	★★
Counseling for Nutrition—Total	72.99%	72.99%	69.83%	-3.16	★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Counseling for Physical Activity—Total	69.59%	69.59%	68.13%	-1.46	★★★
Pregnancy Care					
Prenatal and Postpartum Care[3]					
Timeliness of Prenatal Care	—	79.81%	79.08%	-0.73	★
Postpartum Care	—	69.59%	67.88%	-1.71	★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing[3]	88.08%	88.08%	85.89%	-2.19	★
HbA1c Poor Control (>9.0%)[3]*	40.88%	40.88%	44.04%	+3.16	★★
HbA1c Control (<8.0%)[3]	49.15%	49.15%	47.45%	-1.70	★★
Eye Exam (Retinal) Performed[3]	67.61%	67.61%	50.17%	**-17.44**[++]	★
Blood Pressure Control (<140/90 mm Hg)[4]	—	—	56.45%	NC	NC
Kidney Health Evaluation for Patients With Diabetes[5]					
Ages 18 to 64 Years	—	—	31.06%	NC	NC
Ages 65 to 74 Years	—	—	36.07%	NC	NC
Ages 75 to 85 Years	—	—	35.43%	NC	NC
Total	—	—	31.21%	NC	NC
Asthma Medication Ratio					
Total	62.95%	63.10%	60.15%	**-2.95**[++]	★★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	51.82%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	80.83%	78.06%	75.72%	-2.34	★★
Discussing Cessation Medications	56.05%	55.05%	56.12%	+1.07	★★★
Discussing Cessation Strategies	47.62%	46.86%	46.81%	-0.05	★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	53.57%	52.58%	50.48%	**-2.10**[++]	★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Effective Continuation Phase Treatment	37.03%	35.43%	33.33%	**-2.10**[++]	★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	86.06%	86.14%	81.52%	**-4.62**[++]	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	71.46%	73.60%	61.17%	**-12.43**[++]	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	72.06%	79.55%	61.90%	**-17.65**[++]	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	69.06%	69.10%	68.04%	-1.06	★★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	54.61%	59.99%	59.95%	-0.04	NC
Total—Black or African American	18.96%	21.94%	22.36%	+0.42	NC
Total—American–Indian and Alaska Native	0.37%	0.47%	0.48%	+0.01	NC
Total—Asian	0.66%	3.04%	2.43%	-0.61	NC
Total—Native Hawaiian and Other Pacific Islander	0.05%	0.07%	0.08%	+0.01	NC
Total—Some Other Race	0.19%	0.02%	0.00%	-0.02	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown[3]	5.12%	6.70%	14.70%	+8.00	NC
Total—Declined[3]	20.05%	7.76%	0.00%	-7.76	NC
Total—Hispanic or Latino[3]	5.10%	6.40%	0.00%	-6.40	NC

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.62%	98.53%	98.48%	-0.05	NC
Spoken Language Preferred for Health Care—Non-English	1.38%	1.44%	0.67%	-0.77	NC
Spoken Language Preferred for Health Care—Unknown	0.00%	0.04%	0.84%	+0.80	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	98.62%	98.53%	98.48%	-0.05	NC
Language Preferred for Written Materials—Non-English	1.38%	1.44%	0.67%	-0.77	NC
Language Preferred for Written Materials—Unknown	0.00%	0.04%	0.84%	+0.80	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.62%	98.53%	98.48%	-0.05	NC
Other Language Needs—Non-English	1.38%	1.44%	0.67%	-0.77	NC
Other Language Needs—Unknown	0.00%	0.04%	0.84%	+0.80	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[6]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*Emergency Department Visits—Total**	68.41	64.84	45.54	-19.30	★★★★
Outpatient Visits—Total	396.93	389.60	397.73	+8.13	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Discharges per 1,000 Member Months—Total Inpatient—Total All Ages	7.59	7.44	6.67	-0.77	NC
Average Length of Stay—Total Inpatient—Total All Ages	3.98	4.05	4.30	+0.25	NC
Discharges per 1,000 Member Months—Maternity—Total All Ages	2.99	2.88	2.63	-0.25	NC
Average Length of Stay—Maternity—Total All Ages	2.54	2.53	2.67	+0.14	NC
Discharges per 1,000 Member Months—Surgery—Total All Ages	1.76	1.76	1.52	-0.24	NC
Average Length of Stay—Surgery—Total All Ages	6.45	6.56	7.18	+0.62	NC
Discharges per 1,000 Member Months—Medicine—Total All Ages	3.69	3.62	3.25	-0.37	NC
Average Length of Stay—Medicine—Total All Ages	3.64	3.70	3.91	+0.21	NC
Use of Opioids From Multiple Providers*[3]					
Multiple Prescribers	18.12%	15.44%	14.84%	-0.60	★★★★
Multiple Pharmacies	5.64%	3.73%	3.78%	+0.05	★★★
Multiple Prescribers and Multiple Pharmacies	3.10%	2.08%	2.59%	**+0.51**[++]	★★★
Use of Opioids at High Dosage*[3]					
*Use of Opioids at High Dosage**	—	3.31%	2.65%	-0.66[+]	★★★★
Risk of Continued Opioid Use*[3]					
At Least 15 Days Covered—Total	15.52%	13.21%	9.38%	-3.83[+]	★★
At Least 31 Days Covered—Total	6.76%	6.70%	5.91%	-0.79[+]	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	—	8.21%	8.60%	+0.39	★★★
*Expected Readmissions—Total**	—	10.28%	9.60%	-0.68[+]	★★★
*O/E Ratio—Total**	—	0.80	0.90	**+0.10**[++]	★★★★

[1]HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
[4]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.
[5]This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.
[6]Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.
** For this indicator, a lower rate indicates better performance.*
— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
HEDIS MY 2020 Performance Levels represent the following percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Table B-6—MOL Trend Table

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	75.91%	75.91%	71.29%	-4.62	★★
Combination 3	71.29%	71.29%	67.15%	-4.14	★★
Combination 4	70.32%	70.32%	66.18%	-4.14	★★
Combination 5	61.80%	61.80%	59.37%	-2.43	★★
Combination 6	38.93%	38.93%	37.23%	-1.70	★★
Combination 7	61.07%	61.07%	58.64%	-2.43	★★
Combination 8	38.93%	38.93%	36.98%	-1.95	★★
Combination 9	33.82%	33.82%	34.06%	+0.24	★★
Combination 10	33.82%	33.82%	33.82%	0.00	★★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits[4]	—	—	59.93%	NC	NC
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[5]	—	—	67.01%	NC	NC
Lead Screening in Children					
Lead Screening in Children	78.83%	78.83%	72.14%	-6.69++	★★
Child and Adolescent Well-Care Visits[4]					
Ages 3 to 11 Years	—	—	51.03%	NC	NC
Ages 12 to 17 Years	—	—	45.06%	NC	NC
Ages 18 to 21 Years	—	—	29.85%	NC	NC
Total	—	—	45.75%	NC	NC
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	88.56%	87.59%	83.70%	-3.89	★★★
Combination 2 (Meningococcal, Tdap, HPV)	—	42.09%	42.34%	+0.25	★★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	54.32%	43.00%	51.67%	+8.67+	★★★★
Continuation and Maintenance Phase	68.20%	47.17%	65.49%	+18.32+	★★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	66.65%	65.32%	59.09%	-6.23++	★★★
Ages 21 to 24 Years	70.08%	71.11%	65.40%	-5.71++	★★★
Total	68.09%	67.64%	61.79%	-5.85++	★★★
Cervical Cancer Screening[3]					
Cervical Cancer Screening	67.40%	67.40%	63.99%	-3.41	★★★
Breast Cancer Screening[3]					
Breast Cancer Screening	59.49%	59.27%	55.52%	-3.75++	★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	78.52%	78.91%	75.54%	-3.37++	★★
Ages 45 to 64 Years	87.40%	87.19%	85.30%	-1.89++	★★
65 Years and Older	94.07%	93.18%	90.28%	-2.90++	★★★
Total	82.47%	82.61%	79.57%	-3.04++	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	—	56.03%	58.59%	+2.56+	★★
Ages 18 to 64 Years	—	37.43%	38.65%	+1.22	★★★
Ages 65 Years And Older	—	38.14%	22.73%	-15.41++	★
Total	—	47.10%	48.76%	+1.66+	★★
Appropriate Testing for Pharyngitis[3]					
Ages 3 to 17 Years	—	72.02%	70.08%	-1.94++	★
Ages 18 to 64 Years	—	54.73%	52.12%	-2.61++	★
Ages 65 Years And Older	—	41.67%	24.00%	-17.67	★★★
Total	—	66.65%	63.70%	-2.95++	★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	—	88.42%	89.18%	+0.76+	★★
Ages 18 to 64 Years	—	73.82%	76.95%	+3.13+	★★★
Ages 65 Years And Older	—	65.93%	61.31%	-4.62	★
Total	—	84.57%	85.63%	+1.06+	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
Body Mass index (BMI) Percentile—Total[3]	81.27%	85.67%	76.89%	-8.78++	★★
Counseling for Nutrition—Total	75.18%	74.63%	70.80%	-3.83	★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Counseling for Physical Activity—Total	72.02%	74.33%	67.64%	-6.69++	★★★
Pregnancy Care					
Prenatal and Postpartum Care[3]					
Timeliness of Prenatal Care	—	97.81%	81.27%	-16.54++	★
Postpartum Care	—	77.86%	70.32%	-7.54++	★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing[3]	87.10%	89.29%	82.73%	-6.56++	★
HbA1c Poor Control (>9.0%)[3]*	41.36%	37.23%	44.77%	+7.54++	★★
HbA1c Control (<8.0%)[3]	49.15%	52.07%	43.31%	-8.76++	★
Eye Exam (Retinal) Performed[3]	59.37%	58.88%	53.28%	-5.60	★★
Blood Pressure Control (<140/90 mm Hg)[4]	—	—	56.93%	NC	NC
Kidney Health Evaluation for Patients With Diabetes[5]					
Ages 18 to 64 Years	—	—	30.64%	NC	NC
Ages 65 to 74 Years	—	—	33.74%	NC	NC
Ages 75 to 85 Years	—	—	34.29%	NC	NC
Total	—	—	30.94%	NC	NC
Asthma Medication Ratio					
Total	60.16%	55.87%	52.96%	-2.91++	★
Controlling High Blood Pressure					
Controlling High Blood Pressure[3]	—	—	50.85%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	80.00%	77.25%	73.80%	-3.45	★
Discussing Cessation Medications	56.54%	58.59%	58.38%	-0.21	★★★
Discussing Cessation Strategies	45.59%	49.61%	51.35%	+1.74	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	57.07%	43.73%	61.61%	+17.88+	★★★★
Effective Continuation Phase Treatment	40.40%	26.47%	43.83%	+17.36+	★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	85.98%	84.56%	78.55%	-6.01++	★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	71.26%	69.18%	62.18%	-7.00++	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	76.74%	71.67%	67.27%	-4.40	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	64.60%	41.22%	71.35%	+30.13+	★★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	45.40%	45.25%	45.74%	+0.49	NC
Total—Black or African American	34.44%	34.24%	34.04%	-0.20	NC
Total—American–Indian and Alaska Native	0.26%	0.27%	0.27%	0.00	NC
Total—Asian	0.30%	0.29%	0.30%	+0.01	NC
Total—Native Hawaiian and Other Pacific Islander	0.00%	0.00%	0.00%	0.00	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown[3]	19.60%	19.95%	19.64%	-0.31	NC
Total—Declined[3]	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino[3]	6.76%	6.90%	6.92%	+0.02	NC

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	98.64%	98.52%	98.51%	-0.01	NC
Spoken Language Preferred for Health Care—Non-English	1.32%	1.43%	1.47%	+0.04	NC
Spoken Language Preferred for Health Care—Unknown	0.04%	0.05%	0.02%	-0.03	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	98.64%	98.52%	98.51%	-0.01	NC
Language Preferred for Written Materials—Non-English	1.32%	1.43%	1.47%	+0.04	NC
Language Preferred for Written Materials—Unknown	0.04%	0.05%	0.02%	-0.03	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	98.64%	98.52%	98.51%	-0.01	NC
Other Language Needs—Non-English	1.32%	1.43%	1.47%	+0.04	NC
Other Language Needs—Unknown	0.04%	0.05%	0.02%	-0.03	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[6]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*Emergency Department Visits—Total**	68.48	66.87	47.07	-19.80	★★★★
Outpatient Visits—Total	418.38	429.45	340.07	-89.38	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Discharges per 1,000 Member Months—Total Inpatient—Total All Ages	7.34	7.20	5.99	-1.21	NC
Average Length of Stay—Total Inpatient—Total All Ages	4.57	4.80	5.13	+0.33	NC
Discharges per 1,000 Member Months—Maternity—Total All Ages	2.62	2.69	2.44	-0.25	NC
Average Length of Stay—Maternity—Total All Ages	2.78	2.85	2.83	-0.02	NC
Discharges per 1,000 Member Months—Surgery—Total All Ages	1.72	1.70	1.35	-0.35	NC
Average Length of Stay—Surgery—Total All Ages	7.41	8.16	9.18	+1.02	NC
Discharges per 1,000 Member Months—Medicine—Total All Ages	3.73	3.56	2.86	-0.70	NC
Average Length of Stay—Medicine—Total All Ages	4.16	4.25	4.65	+0.40	NC
Use of Opioids From Multiple Providers*[3]					
Multiple Prescribers	18.63%	14.07%	13.36%	-0.71	★★★★★
Multiple Pharmacies	5.64%	3.84%	2.75%	-1.09[+]	★★★★
Multiple Prescribers and Multiple Pharmacies	3.37%	2.06%	1.70%	-0.36[+]	★★★
Use of Opioids at High Dosage*[3]					
*Use of Opioids at High Dosage**	—	2.29%	2.15%	-0.14	★★★★
Risk of Continued Opioid Use*[3]					
At Least 15 Days Covered—Total	19.29%	12.76%	9.82%	-2.94[+]	★
At Least 31 Days Covered—Total	7.93%	6.62%	6.95%	+0.33	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	—	8.87%	9.43%	+0.56	★★★
*Expected Readmissions—Total**	—	9.56%	9.90%	+0.34	★★
*O/E Ratio—Total**	—	0.93	0.95	**+0.02[++]**	★★★

[1]HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
[4]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.
[5]This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.
[6]Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.
** For this indicator, a lower rate indicates better performance.*
— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
HEDIS MY 2020 Performance Levels represent the following percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Table B-7—PRI Trend Table

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	80.05%	80.05%	75.91%	-4.14	★★★
Combination 3	76.89%	76.89%	74.70%	-2.19	★★★
Combination 4	76.40%	76.40%	73.72%	-2.68	★★★★
Combination 5	69.10%	69.10%	66.67%	-2.43	★★★★
Combination 6	51.82%	51.82%	53.53%	+1.71	★★★★
Combination 7	68.86%	68.86%	65.94%	-2.92	★★★★
Combination 8	51.82%	51.82%	53.04%	+1.22	★★★★
Combination 9	47.93%	47.93%	48.42%	+0.49	★★★★
Combination 10	47.93%	47.93%	47.93%	0.00	★★★★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits[4]	—	—	65.77%	NC	NC
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[5]	—	—	75.71%	NC	NC
Lead Screening in Children					
Lead Screening in Children	82.00%	82.00%	78.35%	-3.65	★★★
Child and Adolescent Well-Care Visits[4]					
Ages 3 to 11 Years	—	—	55.86%	NC	NC
Ages 12 to 17 Years	—	—	46.32%	NC	NC
Ages 18 to 21 Years	—	—	28.87%	NC	NC
Total	—	—	49.14%	NC	NC
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	83.70%	87.35%	87.59%	+0.24	★★★★
Combination 2 (Meningococcal, Tdap, HPV)	—	50.85%	45.99%	-4.86	★★★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	26.15%	36.56%	37.07%	+0.51	★★
Continuation and Maintenance Phase	26.23%	40.30%	42.59%	+2.29	★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	68.22%	67.87%	58.78%	-9.09++	★★★
Ages 21 to 24 Years	70.23%	68.88%	63.95%	-4.93++	★★
Total	69.06%	68.30%	61.05%	-7.25++	★★★
Cervical Cancer Screening[3]					
Cervical Cancer Screening	68.61%	73.24%	67.88%	-5.36	★★★★
Breast Cancer Screening[3]					
Breast Cancer Screening	64.48%	66.04%	64.51%	-1.53	★★★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	81.39%	81.45%	76.55%	-4.90++	★★
Ages 45 to 64 Years	88.98%	89.15%	85.47%	-3.68++	★★
65 Years and Older	94.70%	94.82%	91.77%	-3.05++	★★★
Total	84.69%	84.72%	80.06%	-4.66++	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	—	69.89%	71.56%	+1.67	★★★★
Ages 18 to 64 Years	—	45.63%	48.74%	+3.11	★★★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	55.95%	59.51%	+3.56+	★★★★
Appropriate Testing for Pharyngitis[3]					
Ages 3 to 17 Years	—	82.40%	81.08%	-1.32	★★
Ages 18 to 64 Years	—	72.26%	68.19%	-4.07++	★★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	78.75%	76.32%	-2.43++	★★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	—	94.65%	95.18%	+0.53	★★★★
Ages 18 to 64 Years	—	86.80%	87.57%	+0.77	★★★★★
Ages 65 Years And Older	—	83.33%	89.74%	+6.41	★★★★
Total	—	92.45%	93.04%	+0.59	★★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
Body Mass index (BMI) Percentile—Total[3]	91.48%	93.43%	90.02%	-3.41	★★★★
Counseling for Nutrition—Total	79.32%	85.16%	81.75%	-3.41	★★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Counseling for Physical Activity—Total	79.32%	84.43%	80.29%	-4.14	★★★★
Pregnancy Care					
Prenatal and Postpartum Care[3]					
Timeliness of Prenatal Care	—	92.21%	86.37%	**-5.84++**	★★
Postpartum Care	—	80.05%	79.56%	-0.49	★★★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing[3]	93.43%	92.70%	90.51%	-2.19	★★★
HbA1c Poor Control (>9.0%)[3]*	28.47%	26.28%	28.47%	+2.19	★★★★
HbA1c Control (<8.0%)[3]	61.50%	65.94%	60.58%	-5.36	★★★★
Eye Exam (Retinal) Performed[3]	69.53%	72.75%	63.02%	**-9.73++**	★★★
Blood Pressure Control (<140/90 mm Hg)[4]	—	—	75.91%	NC	NC
Kidney Health Evaluation for Patients With Diabetes[5]					
Ages 18 to 64 Years	—	—	38.84%	NC	NC
Ages 65 to 74 Years	—	—	31.63%	NC	NC
Ages 75 to 85 Years	—	—	36.36%	NC	NC
Total	—	—	38.23%	NC	NC
Asthma Medication Ratio					
Total	70.40%	71.70%	73.36%	+1.66	★★★★
Controlling High Blood Pressure[3]					
Controlling High Blood Pressure	—	—	74.94%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	81.94%	81.78%	79.39%	-2.39	★★★
Discussing Cessation Medications	57.42%	58.88%	56.29%	-2.59	★★★
Discussing Cessation Strategies	50.16%	55.14%	51.22%	-3.92	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	79.84%	74.59%	62.76%	**-11.83++**	★★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Effective Continuation Phase Treatment	66.67%	55.74%	45.30%	**-10.44++**	★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	85.12%	84.17%	80.64%	-3.53	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	54.84%	57.69%	61.00%	+3.31	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	65.24%	75.11%	72.27%	-2.84	★★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	60.16%	58.71%	59.62%	+0.91	NC
Total—Black or African American	14.30%	14.63%	15.20%	+0.57	NC
Total—American–Indian and Alaska Native	0.53%	0.55%	0.55%	0.00	NC
Total—Asian	0.77%	1.81%	0.97%	-0.84	NC
Total—Native Hawaiian and Other Pacific Islander	0.05%	0.07%	0.08%	+0.01	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown[3]	24.18%	24.23%	23.58%	-0.65	NC
Total—Declined[3]	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino[3]	10.53%	10.98%	11.27%	+0.29	NC

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	0.00%	0.00%	0.00%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	100.00%	100.00%	100.00%	0.00	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Non-English	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—Unknown	100.00%	100.00%	100.00%	0.00	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[6]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*Emergency Department Visits—Total**	65.22	65.08	49.54	-15.54	★★★
Outpatient Visits—Total	368.60	379.56	294.42	-85.14	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Discharges per 1,000 Member Months—Total Inpatient—Total All Ages	6.48	6.33	5.35	-0.98	NC
Average Length of Stay—Total Inpatient—Total All Ages	3.91	3.85	4.27	+0.42	NC
Discharges per 1,000 Member Months—Maternity—Total All Ages	2.92	3.07	2.72	-0.35	NC
Average Length of Stay—Maternity—Total All Ages	2.85	2.94	3.01	+0.07	NC
Discharges per 1,000 Member Months—Surgery—Total All Ages	1.71	1.64	1.30	-0.34	NC
Average Length of Stay—Surgery—Total All Ages	5.62	5.41	6.23	+0.82	NC
Discharges per 1,000 Member Months—Medicine—Total All Ages	2.72	2.56	2.13	-0.43	NC
Average Length of Stay—Medicine—Total All Ages	3.62	3.61	4.21	+0.60	NC
Use of Opioids From Multiple Providers*[3]					
Multiple Prescribers	21.61%	19.47%	18.70%	-0.77	★★★
Multiple Pharmacies	4.24%	2.39%	2.23%	-0.16	★★★★
Multiple Prescribers and Multiple Pharmacies	2.43%	1.43%	1.21%	-0.22	★★★★
Use of Opioids at High Dosage*[3]					
*Use of Opioids at High Dosage**	—	3.20%	3.04%	-0.16	★★★
Risk of Continued Opioid Use*[3]					
At Least 15 Days Covered—Total	12.41%	9.87%	10.85%	+0.98	★
At Least 31 Days Covered—Total	5.45%	4.62%	5.88%	**+1.26**[++]	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	—	6.34%	7.75%	**+1.41**[++]	★★★★
*Expected Readmissions—Total**	—	9.97%	9.61%	-0.36	★★★
*O/E Ratio—Total**	—	0.64	0.81	**+0.17**[++]	★★★★★

[1]HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
[4]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.
[5]This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.
[6]Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.
** For this indicator, a lower rate indicates better performance.*
— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
HEDIS MY 2020 Performance Levels represent the following percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Table B-8—THC Trend Table

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	64.46%	64.46%	60.34%	-4.12	★
Combination 3	58.94%	58.94%	53.04%	-5.90	★
Combination 4	58.94%	58.94%	53.04%	-5.90	★
Combination 5	49.23%	49.23%	44.53%	-4.70	★
Combination 6	25.83%	25.83%	28.47%	+2.64	★
Combination 7	49.23%	49.23%	44.53%	-4.70	★
Combination 8	25.83%	25.83%	28.47%	+2.64	★
Combination 9	21.85%	21.85%	24.57%	+2.72	★
Combination 10	21.85%	21.85%	24.57%	+2.72	★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits[4]	—	—	48.82%	NC	NC
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[5]	—	—	57.20%	NC	NC
Lead Screening in Children					
Lead Screening in Children	68.43%	68.43%	67.64%	-0.79	★★
Child and Adolescent Well-Care Visits[4]					
Ages 3 to 11 Years	—	—	48.36%	NC	NC
Ages 12 to 17 Years	—	—	43.70%	NC	NC
Ages 18 to 21 Years	—	—	38.72%	NC	NC
Total	—	—	45.02%	NC	NC
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	84.55%	86.62%	81.75%	-4.87	★★
Combination 2 (Meningococcal, Tdap, HPV)	—	38.69%	36.98%	-1.71	★★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	51.78%	56.41%	55.50%	-0.91	★★★★★
Continuation and Maintenance Phase	65.45%	53.66%	62.50%	+8.84	★★★★
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	67.78%	66.64%	69.37%	+2.73	★★★★
Ages 21 to 24 Years	70.09%	70.60%	72.69%	+2.09	★★★★
Total	68.69%	68.18%	70.82%	+2.64	★★★★
Cervical Cancer Screening[3]					
Cervical Cancer Screening	60.89%	65.69%	61.56%	-4.13	★★★
Breast Cancer Screening[3]					
Breast Cancer Screening	54.44%	54.60%	50.62%	**-3.98**[++]	★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	73.35%	74.44%	69.67%	**-4.77**[++]	★
Ages 45 to 64 Years	83.46%	85.45%	82.94%	**-2.51**[++]	★
65 Years and Older	87.69%	90.82%	81.87%	**-8.95**[++]	★
Total	77.65%	79.31%	74.97%	**-4.34**[++]	★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	—	58.75%	64.79%	+6.04[+]	★★★
Ages 18 to 64 Years	—	35.71%	39.51%	+3.80	★★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	45.23%	49.92%	+4.69[+]	★★
Appropriate Testing for Pharyngitis[3]					
Ages 3 to 17 Years	—	67.37%	65.71%	-1.66	★
Ages 18 to 64 Years	—	47.19%	45.57%	-1.62	★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	59.36%	56.49%	-2.87	★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	—	90.53%	91.99%	+1.46[+]	★★★
Ages 18 to 64 Years	—	71.68%	75.58%	+3.90[+]	★★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	83.99%	86.44%	+2.45[+]	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
Body Mass index (BMI) Percentile—Total[3]	86.31%	86.31%	75.91%	**-10.40**[++]	★★
Counseling for Nutrition—Total	77.26%	77.26%	69.10%	**-8.16**[++]	★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Counseling for Physical Activity—Total	75.28%	75.28%	66.91%	-8.37++	★★★
Pregnancy Care					
Prenatal and Postpartum Care[3]					
Timeliness of Prenatal Care	—	85.64%	64.72%	-20.92++	★
Postpartum Care	—	65.94%	53.53%	-12.41++	★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing[3]	88.30%	88.30%	77.62%	-10.68++	★
HbA1c Poor Control (>9.0%)[3]*	35.10%	35.10%	52.31%	+17.21++	★
HbA1c Control (<8.0%)[3]	49.67%	49.67%	40.39%	-9.28++	★
Eye Exam (Retinal) Performed[3]	55.85%	55.85%	41.85%	-14.00++	★
Blood Pressure Control (<140/90 mm Hg)[4]	—	—	47.45%	NC	NC
Kidney Health Evaluation for Patients With Diabetes[5]					
Ages 18 to 64 Years	—	—	28.22%	NC	NC
Ages 65 to 74 Years	—	—	22.95%	NC	NC
Ages 75 to 85 Years	—	—	NA	NC	NC
Total	—	—	28.03%	NC	NC
Asthma Medication Ratio					
Total	51.33%	51.18%	45.68%	-5.50++	★
Controlling High Blood Pressure[4]					
Controlling High Blood Pressure	—	—	45.26%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	80.43%	86.01%	88.84%	+2.83	★★★★★
Discussing Cessation Medications	60.11%	65.02%	69.51%	+4.49	★★★★★
Discussing Cessation Strategies	47.54%	53.90%	60.09%	+6.19	★★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	69.46%	73.08%	69.08%	-4.00	★★★★★
Effective Continuation Phase Treatment	56.57%	59.50%	56.84%	-2.66	★★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	87.68%	85.33%	82.53%	-2.80	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	65.43%	61.90%	58.33%	-3.57	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	57.43%	61.02%	53.40%	-7.62	★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	30.67%	29.70%	29.57%	-0.13	NC
Total—Black or African American	54.84%	53.20%	50.92%	-2.28	NC
Total—American–Indian and Alaska Native	0.25%	0.24%	0.22%	-0.02	NC
Total—Asian	1.12%	0.00%	0.00%	0.00	NC
Total—Native Hawaiian and Other Pacific Islander	0.06%	0.06%	0.08%	+0.02	NC
Total—Some Other Race	2.86%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown[3]	10.19%	4.81%	6.28%	+1.47	NC
Total—Declined[3]	0.00%	11.99%	12.94%	+0.95	NC
Total—Hispanic or Latino[3]	2.86%	3.05%	3.41%	+0.36	NC

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	99.10%	82.52%	57.53%	-24.99	NC
Spoken Language Preferred for Health Care—Non-English	0.89%	0.17%	0.11%	-0.06	NC
Spoken Language Preferred for Health Care—Unknown	0.01%	17.31%	42.36%	+25.05	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	99.10%	82.52%	57.53%	-24.99	NC
Language Preferred for Written Materials—Non-English	0.89%	0.17%	0.11%	-0.06	NC
Language Preferred for Written Materials—Unknown	0.01%	17.31%	42.36%	+25.05	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	99.10%	82.52%	57.53%	-24.99	NC
Other Language Needs—Non-English	0.89%	0.17%	0.11%	-0.06	NC
Other Language Needs—Unknown	0.01%	17.31%	42.36%	+25.05	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[6]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*Emergency Department Visits—Total**	68.80	69.38	47.79	-21.59	★★★
Outpatient Visits—Total	339.74	373.79	287.21	-86.58	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	9.33	10.34	8.36	-1.98	NC
Total Inpatient—Average Length of Stay—Total	4.41	3.56	3.85	+0.29	NC
Maternity—Discharges per 1,000 Member Months—Total	2.32	2.43	2.16	-0.27	NC
Maternity—Average Length of Stay—Total	2.71	1.86	1.91	+0.05	NC
Surgery—Discharges per 1,000 Member Months—Total	2.12	2.18	1.78	-0.40	NC
Surgery—Average Length of Stay—Total	7.82	6.98	7.01	+0.03	NC
Medicine—Discharges per 1,000 Member Months—Total	5.44	6.29	4.89	-1.40	NC
Medicine—Average Length of Stay—Total	3.63	2.88	3.36	+0.48	NC
***Use of Opioids From Multiple Providers**[*,3]*					
Multiple Prescribers	16.77%	15.42%	12.71%	-2.71[+]	★★★★★
Multiple Pharmacies	6.23%	5.07%	2.48%	-2.59[+]	★★★★
Multiple Prescribers and Multiple Pharmacies	3.33%	2.37%	1.29%	-1.08[+]	★★★★
***Use of Opioids at High Dosage**[*,3]*					
*Use of Opioids at High Dosage**	—	11.83%	10.57%	-1.26	★
***Risk of Continued Opioid Use**[*,3]*					
At Least 15 Days Covered—Total	31.83%	29.40%	28.78%	-0.62	★
At Least 31 Days Covered—Total	19.28%	20.95%	19.19%	-1.76	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	—	10.13%	10.48%	+0.35	★★
*Expected Readmissions—Total**	—	10.00%	10.01%	+0.01	★★
*O/E Ratio—Total**	—	1.01	1.05	**+0.04**[++]	★★

[1]HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
[4]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.
[5]This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.
[6]Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.
** For this indicator, a lower rate indicates better performance.*
— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
HEDIS MY 2020 Performance Levels represent the following percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Table B-9—UNI Trend Table

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	71.05%	71.78%	65.21%	-6.57++	★
Combination 3	66.42%	68.13%	61.80%	-6.33	★
Combination 4	63.99%	67.40%	61.07%	-6.33	★
Combination 5	58.15%	57.91%	55.47%	-2.44	★
Combination 6	33.58%	37.71%	32.85%	-4.86	★
Combination 7	56.20%	57.18%	54.74%	-2.44	★
Combination 8	32.36%	37.23%	32.85%	-4.38	★
Combination 9	30.41%	32.85%	29.68%	-3.17	★
Combination 10	29.44%	32.36%	29.68%	-2.68	★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits[4]	—	—	61.25%	NC	NC
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[5]	—	—	65.10%	NC	NC
Lead Screening in Children					
Lead Screening in Children	75.91%	78.35%	74.70%	-3.65	★★★
Child and Adolescent Well-Care Visits[4]					
Ages 3 to 11 Years	—	—	50.09%	NC	NC
Ages 12 to 17 Years	—	—	42.31%	NC	NC
Ages 18 to 21 Years	—	—	29.19%	NC	NC
Total	—	—	44.24%	NC	NC
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	85.16%	85.16%	80.78%	-4.38	★★
Combination 2 (Meningococcal, Tdap, HPV)	—	42.34%	38.20%	-4.14	★★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	42.41%	BR	41.20%	NC	★★
Continuation and Maintenance Phase	57.02%	BR	54.09%	NC	★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	67.63%	64.73%	59.85%	-4.88++	★★★
Ages 21 to 24 Years	71.25%	69.61%	64.95%	-4.66++	★★
Total	69.09%	66.70%	62.06%	-4.64++	★★★
Cervical Cancer Screening[3]					
Cervical Cancer Screening	64.48%	68.37%	57.66%	-10.71++	★★
Breast Cancer Screening[3]					
Breast Cancer Screening	61.31%	59.73%	54.30%	-5.43++	★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	77.98%	77.80%	73.73%	-4.07++	★★
Ages 45 to 64 Years	87.95%	87.89%	84.72%	-3.17++	★★
65 Years and Older	95.08%	92.43%	88.25%	-4.18++	★★
Total	81.97%	81.79%	77.79%	-4.00++	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	—	59.47%	60.54%	+1.07	★★★
Ages 18 to 64 Years	—	36.88%	38.84%	+1.96	★★★
Ages 65 Years And Older	—	NA	31.25%	NC	★★
Total	—	48.09%	49.38%	+1.29	★★
Appropriate Testing for Pharyngitis[3]					
Ages 3 to 17 Years	—	76.94%	73.31%	-3.63++	★
Ages 18 to 64 Years	—	52.83%	51.63%	-1.20	★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	68.81%	65.10%	-3.71++	★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	—	90.70%	91.43%	+0.73+	★★
Ages 18 to 64 Years	—	72.60%	75.01%	+2.41+	★★
Ages 65 Years And Older	—	NA	67.80%	NC	★★
Total	—	86.03%	86.75%	+0.72+	★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
Body Mass index (BMI) Percentile—Total[3]	86.37%	89.29%	82.48%	-6.81++	★★★
Counseling for Nutrition—Total	81.27%	81.27%	73.72%	-7.55++	★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Counseling for Physical Activity—Total	77.13%	79.81%	71.29%	-8.52++	★★★
Pregnancy Care					
Prenatal and Postpartum Care[3]					
Timeliness of Prenatal Care	—	86.86%	78.83%	-8.03++	★
Postpartum Care	—	75.18%	71.78%	-3.40	★★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing[3]	91.51%	91.51%	83.21%	-8.30++	★
HbA1c Poor Control (>9.0%)[3]*	29.63%	29.63%	34.79%	+5.16	★★★
HbA1c Control (<8.0%)[3]	60.80%	60.80%	54.26%	-6.54++	★★★
Eye Exam (Retinal) Performed[3]	61.27%	61.27%	55.23%	-6.04	★★
Blood Pressure Control (<140/90 mm Hg)[4]	—	—	63.75%	NC	NC
Kidney Health Evaluation for Patients With Diabetes[5]					
Ages 18 to 64 Years	—	—	35.65%	NC	NC
Ages 65 to 74 Years	—	—	35.70%	NC	NC
Ages 75 to 85 Years	—	—	40.96%	NC	NC
Total	—	—	35.69%	NC	NC
Asthma Medication Ratio					
Total	62.94%	62.58%	61.08%	-1.50	★★
Controlling High Blood Pressure[3]					
Controlling High Blood Pressure	—	—	62.53%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	84.33%	85.02%	80.79%	-4.23	★★★
Discussing Cessation Medications	63.16%	63.05%	60.12%	-2.93	★★★★
Discussing Cessation Strategies	55.30%	57.14%	52.02%	-5.12	★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	52.99%	56.04%	54.48%	-1.56	★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Effective Continuation Phase Treatment	36.51%	39.44%	38.21%	-1.23	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	86.71%	87.12%	80.12%	-7.00++	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	74.24%	69.46%	61.61%	-7.85++	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	79.69%	73.21%	67.86%	-5.35	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	60.25%	57.61%	65.78%	+8.17+	★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	51.15%	50.75%	50.57%	-0.18	NC
Total—Black or African American	30.36%	30.35%	29.76%	-0.59	NC
Total—American–Indian and Alaska Native	0.28%	0.31%	0.30%	-0.01	NC
Total—Asian	1.89%	2.23%	3.38%	+1.15	NC
Total—Native Hawaiian and Other Pacific Islander	0.08%	0.08%	0.08%	0.00	NC
Total—Some Other Race	0.00%	0.00%	0.00%	0.00	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown[3]	16.24%	16.28%	15.90%	-0.38	NC
Total—Declined[3]	0.00%	0.00%	0.00%	0.00	NC
Total—Hispanic or Latino[3]	5.90%	6.14%	6.34%	+0.20	NC

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	95.23%	96.02%	96.13%	+0.11	NC
Spoken Language Preferred for Health Care—Non-English	4.71%	3.94%	3.86%	-0.08	NC
Spoken Language Preferred for Health Care—Unknown	0.06%	0.04%	0.01%	-0.03	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	95.23%	96.02%	96.13%	+0.11	NC
Language Preferred for Written Materials—Non-English	4.71%	3.94%	3.86%	-0.08	NC
Language Preferred for Written Materials—Unknown	0.06%	0.04%	0.01%	-0.03	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	95.23%	96.02%	96.13%	+0.11	NC
Other Language Needs—Non-English	4.71%	3.94%	3.86%	-0.08	NC
Other Language Needs—Unknown	0.06%	0.04%	0.01%	-0.03	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[6]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*Emergency Department Visits—Total**	66.48	65.10	46.01	-19.09	★★★★
Outpatient Visits—Total	371.07	374.36	315.19	-59.17	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	5.62	5.68	5.29	-0.39	NC
Total Inpatient—Average Length of Stay—Total	4.56	4.63	4.70	+0.07	NC
Maternity—Discharges per 1,000 Member Months—Total	2.51	2.53	2.27	-0.26	NC
Maternity—Average Length of Stay—Total	2.63	2.60	2.46	-0.14	NC
Surgery—Discharges per 1,000 Member Months—Total	1.30	1.40	1.19	-0.21	NC
Surgery—Average Length of Stay—Total	7.42	7.61	8.02	+0.41	NC
Medicine—Discharges per 1,000 Member Months—Total	2.50	2.44	2.41	-0.03	NC
Medicine—Average Length of Stay—Total	4.46	4.45	4.61	+0.16	NC
***Use of Opioids From Multiple Providers**[*,3]*					
Multiple Prescribers	18.82%	15.67%	14.38%	-1.29[+]	★★★★
Multiple Pharmacies	4.88%	3.21%	2.00%	-1.21[+]	★★★★
Multiple Prescribers and Multiple Pharmacies	2.58%	1.64%	1.17%	-0.47[+]	★★★★
***Use of Opioids at High Dosage**[*,3]*					
*Use of Opioids at High Dosage**	—	3.60%	2.90%	-0.70[+]	★★★★
***Risk of Continued Opioid Use**[*,3]*					
At Least 15 Days Covered—Total	20.54%	15.82%	9.87%	-5.95[+]	★
At Least 31 Days Covered—Total	7.88%	7.14%	6.80%	-0.34	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	—	11.39%	12.05%	+0.66	★
*Expected Readmissions—Total**	—	10.69%	10.77%	+0.08	★
*O/E Ratio—Total**	—	1.06	1.12	**+0.06**[++]	★

[1]HEDIS MY 2020 to HEDIS MY 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
[4]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.
[5]This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.
[6]Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.
** For this indicator, a lower rate indicates better performance.*
— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
BR indicates that the MHP's reported rate was invalid; therefore, the rate is not presented.
HEDIS MY 2020 Performance Levels represent the following percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Table B-10—UPP Trend Table

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	71.93%	75.43%	68.36%	-7.07++	★
Combination 3	69.23%	70.07%	66.08%	-3.99	★
Combination 4	67.78%	68.86%	64.52%	-4.34	★
Combination 5	55.30%	58.88%	55.08%	-3.80	★
Combination 6	44.91%	46.23%	45.02%	-1.21	★★★
Combination 7	54.68%	57.91%	53.94%	-3.97	★
Combination 8	44.70%	45.74%	44.40%	-1.34	★★★
Combination 9	37.94%	40.88%	39.83%	-1.05	★★★
Combination 10	37.84%	40.63%	39.21%	-1.42	★★★
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits[4]	—	—	70.27%	NC	NC
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits[5]	—	—	73.13%	NC	NC
Lead Screening in Children					
Lead Screening in Children	82.00%	79.23%	74.48%	-4.75++	★★★
Child and Adolescent Well-Care Visits[4]					
Ages 3 to 11 Years	—	—	50.87%	NC	NC
Ages 12 to 17 Years	—	—	43.87%	NC	NC
Ages 18 to 21 Years	—	—	22.41%	NC	NC
Total	—	—	44.29%	NC	NC
Immunizations for Adolescents					
Combination 1 (Meningococcal, Tdap)	80.97%	77.32%	80.72%	+3.40	★★
Combination 2 (Meningococcal, Tdap, HPV)	—	35.07%	34.93%	-0.14	★★
Follow-Up Care for Children Prescribed ADHD Medication[3]					
Initiation Phase	49.62%	47.77%	50.42%	+2.65	★★★★
Continuation and Maintenance Phase	53.92%	58.76%	62.20%	+3.44	★★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Women—Adult Care					
Chlamydia Screening in Women					
Ages 16 to 20 Years	43.19%	46.00%	41.01%	-4.99++	★
Ages 21 to 24 Years	53.78%	55.87%	49.82%	-6.05++	★
Total	47.86%	50.29%	44.89%	-5.40++	★
Cervical Cancer Screening[3]					
Cervical Cancer Screening	65.21%	64.96%	58.15%	-6.81++	★★
Breast Cancer Screening[3]					
Breast Cancer Screening	65.42%	64.85%	61.87%	-2.98++	★★★
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	82.16%	81.08%	78.29%	-2.79++	★★
Ages 45 to 64 Years	88.60%	87.99%	85.12%	-2.87++	★★
65 Years and Older	94.91%	94.93%	92.68%	-2.25++	★★★★
Total	85.65%	84.69%	81.72%	-2.97++	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis					
Ages 3 Months to 17 Years	—	58.03%	64.64%	+6.61	★★★
Ages 18 to 64 Years	—	31.94%	36.47%	+4.53	★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	42.62%	47.53%	+4.91+	★★
Appropriate Testing for Pharyngitis[3]					
Ages 3 to 17 Years	—	78.22%	79.18%	+0.96	★★
Ages 18 to 64 Years	—	68.24%	71.84%	+3.60	★★★
Ages 65 Years And Older	—	NA	NA	NC	NC
Total	—	74.41%	76.40%	+1.99	★★
Appropriate Treatment for Upper Respiratory Infection					
Ages 3 Months to 17 Years	—	89.64%	91.43%	+1.79+	★★
Ages 18 to 64 Years	—	83.16%	83.13%	-0.03	★★★★
Ages 65 Years And Older	—	80.00%	NA	NC	NC
Total	—	87.63%	88.72%	+1.09	★★★
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total[3]	92.21%	89.29%	88.08%	-1.21	★★★★
Counseling for Nutrition—Total	69.83%	69.59%	72.99%	+3.40	★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Counseling for Physical Activity—Total	66.42%	69.10%	69.59%	+0.49	★★★
Pregnancy Care					
Prenatal and Postpartum Care[3]					
Timeliness of Prenatal Care	—	92.46%	91.24%	-1.22	★★★
Postpartum Care	—	90.27%	87.59%	-2.68	★★★★★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing[3]	92.21%	92.70%	87.59%	-5.11++	★★
HbA1c Poor Control (>9.0%)[3]*	21.90%	24.57%	29.93%	+5.36	★★★★
HbA1c Control (<8.0%)[3]	63.50%	61.07%	57.42%	-3.65	★★★★
Eye Exam (Retinal) Performed[3]	70.32%	70.56%	61.07%	-9.49++	★★★
Blood Pressure Control (<140/90 mm Hg)[3]	—	—	78.35%	NC	NC
Kidney Health Evaluation for Patients With Diabetes[5]					
Ages 18 to 64 Years	—	—	34.80%	NC	NC
Ages 65 to 74 Years	—	—	38.66%	NC	NC
Ages 75 to 85 Years	—	—	27.78%	NC	NC
Total	—	—	34.97%	NC	NC
Asthma Medication Ratio					
Total	63.06%	62.33%	58.42%	-3.91	★★
Controlling High Blood Pressure[3]					
Controlling High Blood Pressure	—	—	73.24%	NC	NC
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	77.22%	79.96%	76.50%	-0.46	★★★
Discussing Cessation Medications	56.42%	59.96%	63.00%	+3.04	★★★★
Discussing Cessation Strategies	49.09%	54.65%	56.03%	+1.38	★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	59.54%	55.85%	62.13%	+6.28+	★★★★

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Effective Continuation Phase Treatment	44.15%	40.30%	44.50%	+4.20	★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	88.87%	87.08%	85.06%	-2.02	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	84.15%	81.25%	82.35%	+1.10	★★★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA	NA	NC	NC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	83.38%	81.84%	84.72%	+2.88	★★★★★
Health Plan Diversity[5]					
Race/Ethnicity Diversity of Membership					
Total—White	87.85%	86.34%	87.12%	+0.78	NC
Total—Black or African American	1.48%	1.46%	1.66%	+0.20	NC
Total—American–Indian and Alaska Native	2.43%	2.34%	2.67%	+0.33	NC
Total—Asian	0.24%	2.07%	0.44%	-1.63	NC
Total—Native Hawaiian and Other Pacific Islander	0.07%	0.11%	0.13%	+0.02	NC
Total—Some Other Race	1.68%	1.92%	2.08%	+0.16	NC
Total—Two or More Races	0.00%	0.00%	0.00%	0.00	NC
Total—Unknown[3]	0.00%	0.00%	0.00%	0.00	NC
Total—Declined[3]	6.25%	5.76%	5.90%	+0.14	NC
Total—Hispanic or Latino[3]	1.68%	1.92%	2.08%	+0.16	NC

Measure	HEDIS MY 2018	HEDIS MY 2019	HEDIS MY 2020	MY 2019–MY 2020 Comparison[1]	MY 2020 Performance Level[2]
Language Diversity of Membership					
Spoken Language Preferred for Health Care—English	99.93%	99.90%	99.90%	0.00	NC
Spoken Language Preferred for Health Care—Non-English	0.04%	0.07%	0.07%	0.00	NC
Spoken Language Preferred for Health Care—Unknown	0.02%	0.02%	0.03%	+0.01	NC
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00%	0.00	NC
Language Preferred for Written Materials—English	99.93%	99.90%	99.90%	0.00	NC
Language Preferred for Written Materials—Non-English	0.04%	0.07%	0.07%	0.00	NC
Language Preferred for Written Materials—Unknown	0.02%	0.02%	0.03%	+0.01	NC
Language Preferred for Written Materials—Declined	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Non-English	0.00%	0.00%	0.00%	0.00	NC
Other Language Needs—Unknown	100.00%	100.00%	100.00%	0.00	NC
Other Language Needs—Declined	0.00%	0.00%	0.00%	0.00	NC
Utilization[6]					
Ambulatory Care—Total (Per 1,000 Member Months)					
*Emergency Department Visits—Total**	52.04	54.01	42.87	-11.14	★★★★
Outpatient Visits—Total	307.10	351.79	317.54	-34.25	NC
Inpatient Utilization—General Hospital/Acute Care—Total					
Total Inpatient—Discharges per 1,000 Member Months—Total	5.34	7.06	6.20	-0.86	NC
Total Inpatient—Average Length of Stay—Total	3.80	4.08	4.41	+0.33	NC
Maternity—Discharges per 1,000 Member Months—Total	2.22	2.13	2.01	-0.12	NC
Maternity—Average Length of Stay—Total	2.93	2.80	2.75	-0.05	NC
Surgery—Discharges per 1,000 Member Months—Total	1.65	2.25	1.83	-0.42	NC
Surgery—Average Length of Stay—Total	5.60	5.71	6.46	+0.75	NC
Medicine—Discharges per 1,000 Member Months—Total	2.08	3.26	2.88	-0.38	NC
Medicine—Average Length of Stay—Total	3.05	3.56	3.96	+0.40	NC
Use of Opioids From Multiple Providers*[3]					
Multiple Prescribers	15.85%	15.76%	16.04%	+0.28	★★★★
Multiple Pharmacies	6.53%	6.33%	6.41%	+0.08	★★
Multiple Prescribers and Multiple Pharmacies	4.16%	4.24%	4.77%	+0.53	★
Use of Opioids at High Dosage*[3]					
*Use of Opioids at High Dosage**	—	3.51%	3.33%	-0.18	★★★
Risk of Continued Opioid Use*[3]					
At Least 15 Days Covered—Total	13.07%	7.95%	9.27%	+1.32	★★
At Least 31 Days Covered—Total	5.72%	4.38%	5.43%	**+1.05[++]**	★
Plan All-Cause Readmissions					
*Observed Readmissions—Total**	—	8.40%	9.38%	+0.98	★★★
*Expected Readmissions—Total**	—	9.82%	9.97%	+0.15	★★
*O/E Ratio—Total**	—	0.86	0.94	**+0.08[++]**	★★★

[1]HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.
[2]HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.
[4]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.
[5]This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.
[6]Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.
** For this indicator, a lower rate indicates better performance.*
— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
HEDIS MY 2020 Performance Levels represent the following percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Appendix C. Performance Summary Stars

Introduction

This section presents the MHPs' performance summary stars for each measure within the following measure domains:

- Child & Adolescent Care
- Women—Adult Care
- Access to Care
- Obesity
- Living With Illness
- Utilization

Performance ratings were assigned by comparing the MHPs' HEDIS MY 2020 rates to the HEDIS MY 2019 MWA Quality Compass national Medicaid benchmarks (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Please note, HSAG assigned performance ratings to all but one measure in the Utilization measure domain, *Plan All-Cause Readmissions*. Please refer to Appendix B for comparisons to national percentiles for *Plan All-Cause Readmissions*. Measures in the Health Plan Diversity domain and the remaining utilization-based measure rates were not evaluated based on comparisons to national benchmarks; however, rates for these measure indicators are presented in Appendix B. Due to changes in the technical specifications for Well-Child Visits in the First 30 Months of Life—Six or More Well-Child Visits, Child and Adolescent Well-Care Visits, Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg), Controlling High Blood Pressure in HEDIS MY 2020, NCQA does not recommend comparing these measures' rates to national Medicaid benchmarks; therefore, these measures are not displayed in this appendix. Additional details about the performance comparisons and star ratings are found in Section 2.

Child & Adolescent Care Performance Summary Stars

Table C-1—Child & Adolescent Care Performance Summary Stars (Table 1 of 3)

MHP	Childhood Immunization Status—Combination 2	Childhood Immunization Status—Combination 3	Childhood Immunization Status—Combination 4	Childhood Immunization Status—Combination 5	Childhood Immunization Status—Combination 6	Childhood Immunization Status—Combination 7
AET	★	★	★	★	★	★
BCC	★	★	★	★	★★	★
HAP	★	★	★	★	★	★
MCL	★	★	★	★	★★	★
MER	★	★	★	★★	★★	★★
MOL	★★	★★	★★	★★	★★	★★
PRI	★★★	★★★	★★★★	★★★★	★★★★	★★★★
THC	★	★	★	★	★	★
UNI	★	★	★	★	★	★
UPP	★	★	★	★	★★★	★

Table C-2—Child & Adolescent Care Performance Summary Stars (Table 2 of 3)

MHP	*Childhood Immunization Status—Combination 8*	*Childhood Immunization Status—Combination 9*	*Childhood Immunization Status—Combination 10*	*Lead Screening in Children*	*Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap)*	*Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV)*
AET	★	★	★	★	★★	★★★
BCC	★★	★★	★★	★★	★★	★★
HAP	★	★	★	★	★	★
MCL	★★	★★	★★	★★★	★★	★
MER	★★	★★	★★	★★★	★★★	★★
MOL	★★	★★	★★	★★	★★★	★★★
PRI	★★★★	★★★★	★★★★	★★★	★★★★	★★★★
THC	★	★	★	★★	★★	★★★
UNI	★	★	★	★★★	★★	★★★
UPP	★★★	★★★	★★★	★★★	★★	★★

Table C-3—Child & Adolescent Care Performance Summary Stars (Table 3 of 3)

MHP	*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*	*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*
AET	★	★
BCC	★★★★	★★★★★
HAP	NA	NA
MCL	★★★★	★★★
MER	★★★	★★★
MOL	★★★★	★★★★
PRI	★★	★
THC	★★★★★	★★★★
UNI	★★	★★
UPP	★★★★	★★★★

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Women—Adult Care Performance Summary Stars

Table C-4—Women—Adult Care Performance Summary Stars

MHP	*Chlamydia Screening in Women—Ages 16 to 20 Years*	*Chlamydia Screening in Women—Ages 21 to 24 Years*	*Chlamydia Screening in Women—Total*	*Cervical Cancer Screening*	*Breast Cancer Screening*
AET	★★★	★★	★★★	★	★
BCC	★★★	★★	★★★	★★	★★
HAP	★★	★★	★★	★	★★
MCL	★★	★★	★★	★★	★★
MER	★★★	★★	★★★	★★	★★
MOL	★★★	★★★	★★★	★★★	★★
PRI	★★★	★★	★★★	★★★★	★★★★
THC	★★★★	★★★★	★★★★	★★★	★
UNI	★★★	★★	★★★	★★	★★
UPP	★	★	★	★★	★★★

Access to Care Performance Summary Stars

Table C-5—Access to Care Performance Summary Stars (Table 1 of 3)

MHP	*Adults' Access to Preventive/ Ambulatory Health Services—Ages 20 to 44 Years*	*Adults' Access to Preventive/ Ambulatory Health Services—Ages 45 to 64 Years*	*Adults' Access to Preventive/ Ambulatory Health Services—Ages 65 Years and Older*	*Adults' Access to Preventive/ Ambulatory Health Services—Total*	*Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis—Ages 3 Months to 17 Years*	*Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis—Ages 18 to 64 Years*
AET	★	★	★★	★	★★★	★★★★
BCC	★★	★	★	★★	★★★	★★★
HAP	★	★	★★	★	★★★★	★★★
MCL	★★	★★	★	★	★★★	★★★
MER	★★	★★	★★	★★	★★★	★★★
MOL	★★	★★	★★★	★★	★★	★★★
PRI	★★	★★	★★★	★★	★★★★	★★★★
THC	★	★	★	★	★★★	★★★
UNI	★★	★★	★★	★★	★★★	★★★
UPP	★★	★★	★★★★	★★★	★★★	★★

Table C-6—Access to Care Performance Summary Stars (Table 2 of 3)

MHP	Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis—Ages 65 Years And Older	Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis—Total	Appropriate Testing for Pharyngitis—Ages 3 to 17 Years	Appropriate Testing for Pharyngitis—Ages 18 to 64 Years	Appropriate Testing for Pharyngitis—Ages 65 Years And Older	Appropriate Testing for Pharyngitis—Total
AET	★★	★★	★	★	NA	★
BCC	NA	★★	★	★	NA	★
HAP	★★	★★	★	★	NA	★
MCL	NA	★★	★★	★★★	NA	★★
MER	★★	★★	★★	★★	NA	★★
MOL	★	★★	★	★	★★★	★
PRI	NA	★★★★	★★	★★★	NA	★★
THC	NA	★★	★	★	NA	★
UNI	★★	★★	★	★	NA	★
UPP	NA	★★	★★	★★★	NA	★★

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Table C-7—Access to Care Performance Summary Stars (Table 3 of 3)

MHP	Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years	Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years	Appropriate Treatment for Upper Respiratory Infection—Ages 65 Years And Older	Appropriate Treatment for Upper Respiratory Infection—Total
AET	★★	★★★	★★	★★
BCC	★★★	★★★	NA	★★
HAP	★★★	★★★	★★★	★
MCL	★★	★★★	NA	★★
MER	★★★	★★★	★★★★	★★★
MOL	★★	★★★	★	★★
PRI	★★★★	★★★★★	★★★★	★★★★
THC	★★★	★★★	NA	★★
UNI	★★	★★	★★	★★
UPP	★★	★★★★	NA	★★★

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Obesity Performance Summary Stars

Table C-8—Obesity Performance Summary Stars

MHP	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total*	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total*	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total*
AET	★★	★★★	★★★
BCC	★★	★★	★★
HAP	★★★	★★	★★★
MCL	★	★	★
MER	★★	★★	★★★
MOL	★★	★★	★★★
PRI	★★★★	★★★★	★★★★
THC	★★	★★	★★★
UNI	★★★	★★★	★★★
UPP	★★★★	★★★	★★★

Pregnancy Care Performance Summary Stars

Table C-9—Pregnancy Care Performance Summary Stars

MHP	*Prenatal and Postpartum Care—Timeliness of Prenatal Care*	*Prenatal and Postpartum Care—Postpartum Care*
AET	★	★
BCC	★	★
HAP	★	★
MCL	★	★
MER	★	★
MOL	★	★
PRI	★★	★★★
THC	★	★
UNI	★	★★
UPP	★★★	★★★★★

Living With Illness Performance Summary Stars

Table C-10—Living With Illness Performance Summary Stars (Table 1 of 3)

MHP	Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing	Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)	Comprehensive Diabetes Care—HbA1c Control (<8.0%)	Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
AET	★	★	★	★
BCC	★	★★	★★	★★★
HAP	★	★	★★	★
MCL	★	★	★	★★
MER	★	★★	★★	★
MOL	★	★★	★	★★
PRI	★★★	★★★★	★★★★	★★★
THC	★	★	★	★
UNI	★	★★★	★★★	★★
UPP	★★	★★★★	★★★★	★★★

Table C-11—Living With Illness Performance Summary Stars (Table 2 of 3)

MHP	*Asthma Medication Ratio—Total*	*Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit*	*Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications*	*Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies*	*Antidepressant Medication Management—Effective Acute Phase Treatment*	*Antidepressant Medication Management—Effective Continuation Phase Treatment*
AET	★	★★★	★★★	★★★	★★	★★
BCC	★	★★★	★★★	★★★	★★★★	★★★★
HAP	★	★★	★★★	★★★	★★★★★	★★★★
MCL	★	★	★★	★★	★★★★	★★★★
MER	★★	★★	★★★	★★	★★	★
MOL	★	★	★★★	★★★	★★★★	★★★★
PRI	★★★★	★★★	★★★	★★★	★★★★	★★★★
THC	★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
UNI	★★	★★★	★★★★	★★★	★★★	★★★
UPP	★★	★★★	★★★★	★★★★	★★★★	★★★★

Table C-12—Living With Illness Performance Summary Stars (Table 3 of 3)

MHP	*Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*	*Diabetes Monitoring for People With Diabetes and Schizophrenia*	*Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*	*Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
AET	★	★	NA	★★★
BCC	★★	★	NA	★★
HAP	★	★	NA	★★★
MCL	★	★	★	★★★★
MER	★★	★	★	★★★★
MOL	★	★	★	★★★★
PRI	★★	★	NA	★★★★
THC	★★★	★	NA	★
UNI	★★	★	★	★★★
UPP	★★★★	★★★★★	NA	★★★★★

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Utilization Performance Summary Stars

Table C-13—Utilization Performance Summary Stars (Table 1 of 2)[1]

MHP	Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits—Total	Use of Opioids From Multiple Providers—Multiple Prescribers	Use of Opioids From Multiple Providers—Multiple Pharmacies	Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	Use of Opioids at High Dosage	Risk of Continued Opioid Use—At Least 15 Days Covered—Total
AET	★★★	★★★★	★★★	★★★	★★★★	★
BCC	★★★★	★★★★	★★★★	★★★	★★★★	★★
HAP	★★★	★★★★★	★★★	★★★★	★★★★	★
MCL	★★★	★★★★	★★★★	★★★★	★★★★	★
MER	★★★★	★★★★	★★★	★★★	★★★★	★★
MOL	★★★★	★★★★★	★★★★	★★★	★★★★	★
PRI	★★★	★★★	★★★★	★★★★	★★★	★
THC	★★★	★★★★★	★★★★	★★★★	★	★
UNI	★★★★	★★★★	★★★★	★★★★	★★★★	★
UPP	★★★★	★★★★	★★	★	★★★	★★

[1] *A lower rate may indicate more favorable performance for this measure indicator (i.e., low rates of ED services may indicate better utilization of services). Therefore, percentiles were reversed to align with performance (e.g., the 10th percentile [a lower rate] was inverted to become the 90th percentile, indicating better performance).*

Table C-14—Utilization Performance Summary Stars (Table 2 of 2)[1]

MHP	Risk of Continued Opioid Use—At Least 31 Days Covered—Total	Plan All-Cause Readmissions—Observed Readmissions—Total	Plan All-Cause Readmissions—Expected Readmissions—Total	Plan All-Cause Readmissions—O/E Ratio—Total
AET	★	★	★★	★
BCC	★	★★	★★	★★
HAP	★	★	★★	★
MCL	★	★★★	★★	★★★
MER	★	★★★	★★★	★★★★
MOL	★	★★★	★★	★★★
PRI	★	★★★★	★★★	★★★★★
THC	★	★★	★★	★★
UNI	★	★	★	★
UPP	★	★★★	★★	★★★

[1] *A lower rate may indicate more favorable performance for this measure indicator (i.e., low rates of ED services may indicate better utilization of services). Therefore, percentiles were reversed to align with performance (e.g., the 10th percentile [a lower rate] was inverted to become the 90th percentile, indicating better performance).*

State Fiscal Year 2020 External Quality Review Technical Report for Medicaid Health Plans

March 2021

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Purpose and Overview of Report

States with Medicaid managed care delivery systems are required to annually provide an assessment of managed care entities' (MCEs') performance related to the quality of, timeliness of, and access to care and services they provide, as mandated by 42 Code of Federal Regulations (CFR) §438.364. To meet this requirement, the Michigan Department of Health and Human Services (MDHHS) has contracted with Health Services Advisory Group, Inc. (HSAG) to perform the assessment and produce this annual report.

MDHHS administers and oversees the Michigan Medicaid managed care program; specifically, the Comprehensive Health Care Program (CHCP), which contracts with 10 MCEs, referred to as Medicaid health plans (MHPs),[1-1] contracted with MDHHS to provide physical health and mild-to-moderate behavioral health services to Medicaid members in Michigan. The MHPs contracted with MDHHS during state fiscal year (SFY) 2020 are displayed in Table 1-1.

Table 1-1—MHPs in Michigan

MHP Name	MHP Short Name
Aetna Better Health of Michigan	AET
Blue Cross Complete of Michigan	BCC
HAP Empowered	HAP
McLaren Health Plan	MCL
Meridian Health Plan of Michigan	MER
Molina Healthcare of Michigan	MOL
Priority Health Choice	PRI
Total Health Care	THC
UnitedHealthcare Community Plan	UNI
Upper Peninsula Health Plan	UPP

[1-1] Effective September 13, 2019, Health Alliance Plan (HAP) acquired Trusted Health Plan. All Trusted Health Plan Medicaid members were transitioned to HAP Empowered, HAP's subsidiary, effective January 1, 2020.

Scope of External Quality Review Activities

To conduct this assessment, HSAG used the results of mandatory and optional external quality review (EQR) activities, as described in 42 CFR §438.358. The EQR activities included as part of this assessment were conducted consistent with the associated EQR protocols developed by the Centers for Medicare & Medicaid Services (CMS).[1-2] The purpose of these activities, in general, is to improve states' ability to oversee and manage MCEs they contract with for services, and help MCEs improve their performance with respect to quality of, timeliness of, and access to care and services. Effective implementation of the EQR-related activities will facilitate state efforts to purchase cost-effective high-value care and to achieve higher performing healthcare delivery systems for their Medicaid members. For the SFY 2020 assessment, HSAG used findings from the mandatory and optional EQR activities displayed in Table 1-2 to derive conclusions and make recommendations about the quality of, timeliness of, and access to care and services provided by each MHP. Detailed information about each activity's methodology is provided in Appendix A of this report.

Table 1-2—EQR Activities

Activity	Description	CMS Protocol
Validation of Performance Improvement Projects (PIPs)	This activity verifies whether a PIP conducted by an MHP used sound methodology in its design, implementation, analysis, and reporting.	Protocol 1. Validation of Performance Improvement Projects
Performance Measure Validation (PMV)	This activity assesses whether the performance measures calculated by an MHP are accurate based on the measure specifications and state reporting requirements.	Protocol 2. Validation of Performance Measures
Compliance Review	This activity determines the extent to which an MHP is in compliance with federal standards and associated state-specific requirements, when applicable.	Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations
Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[1-3] Analysis	This activity assesses member experience with an MHP and its providers, and the quality of care they receive.	Protocol 6. Administration or Validation of Quality of Care Surveys
Quality Rating*	This activity assigns a quality rating (using indicators of clinical quality management; member satisfaction; and/or plan efficiency, affordability, and management)	Protocol 10. Assist With Quality Rating of Medicaid and CHIP Managed Care Organizations, Prepaid Inpatient Health Plans,

[1-2] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, October 2019*. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: June 26, 2020.

[1-3] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Activity	Description	CMS Protocol
	care members that enables members and potential members to consider quality when choosing an MHP.	and Prepaid Ambulatory Health Plans

* The quality rating results (Michigan Consumer Guide) are included as part of Section 5 to demonstrate MHP comparative information for potential and enrolled Michigan Medicaid managed care members to consider when selecting a Michigan MHP.

Statewide Findings and Conclusions

HSAG used its analyses and evaluations of EQR activity findings from the preceding 12 months to comprehensively assess the MHPs' performance in providing quality, timely, and accessible healthcare services to Medicaid members. For each MHP reviewed, HSAG provides a summary of its overall key findings, conclusions, and recommendations based on the MHP's performance, which can be found in Section 3 of this report. The overall findings and conclusions for all MHPs were also compared and analyzed to develop overarching conclusions and recommendations for the Medicaid managed care program specific to the CHCP. Table 1-3 highlights substantive findings and actionable state-specific recommendations, when applicable, for MDHHS to further promote its goals and objectives in its quality strategy. Refer to Section 6 for more details.

Table 1-3—Statewide Substantive Findings

Program Strengths
• **Pregnancy Care**—The MHPs' continued perseverance and focused interventions initiated through the state-mandated *Addressing Disparities in Timeliness of Prenatal Care* PIP resulted in significant statewide improvement in timeliness of prenatal care and the elimination of disparities in this performance area in SFY 2020 as demonstrated through PIP results. • **Asthma Management**—The MHPs' SFY 2020 initiatives related to asthma management resulted in a statistically significant improvement over the past year's statewide results, suggesting that members diagnosed with persistent asthma are taking asthma controller medications during their treatment periods. • **Compliance Monitoring**—The MHPs conformed to and abided by the MDHHS-specific monitoring standards, which support quality, timely, and accessible care for Medicaid managed care members enrolled in the CHCP.
Program Weaknesses
• **Children's Access to Care and Preventive Services—**Child members are not obtaining the preventive services they need to maintain optimal health, as demonstrated through low statewide performance measure rates in the *Childhood Immunization Status* and *Children and Adolescents' Access to Primary Care Practitioners* measures; lower positive member experiences with both personal doctors and getting needed care, as reported through CAHPS; continued deficiencies in the Provider standard, as noted through the compliance monitoring activity, indicating possible access issues created from inaccurate provider data; and potential population-wide barriers similar to those identified through the PIP activity and documented through the follow-up to EQR recommendations process, which suggest there may be challenges addressing these lower performing areas due to inadequate member contact information and parents/guardians' hesitation to vaccinate their children due to philosophical and other reasons.

Program Recommendations	
Recommendation	**Associated Quality Strategy Goal and/or Objective**
• MDHHS could consider conducting a focus group of parents/guardians whose children have not been vaccinated in accordance with the Centers for Disease Control and Prevention's (CDC's) recommended immunization schedule to identify potential barriers or deterrence to having their children vaccinated.	**Goal #1:** Ensure high quality and high levels of access to care. **Goal #4:** Reduce racial and ethnic disparities in healthcare and health outcomes.
• MDHHS could expand the scope of existing provider data validation activities within the compliance monitoring review by conducting an evaluation of each MHP's provider data systems and the subsequent processes that result in the MHPs' and MDHHS' published provider information and directories.	
• MDHHS could host a workgroup that focuses on identifying barriers to obtaining up-to-date member contact information.	
• MDHHS should review its overall compliance monitoring process to ensure adherence to CMS EQR *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations.*	**Objective 3.1:** Establish common program-specific quality metrics and definitions to collaborate meaningfully across program areas and delivery systems.

2. Overview of the Medicaid Health Plans

Managed Care in Michigan

In Michigan, management of the Medicaid program is spread across two different administrations, and four separate divisions within MDHHS. Physical health, children's and adult dental services, and mild-to-moderate behavioral health services are managed by the Managed Care Plan Division in the Medical Services Administration (MSA). Long-term services and supports (LTSS) are implemented by three different MDHHS program areas including the Long-Term Care Services Division (MI Choice Program), the Integrated Care Division (MI Health Link Medicaid/Medicare Dual Eligible Demonstration and the Program of All-Inclusive Care for the Elderly), and the Behavioral Health and the Developmental Disabilities Administration (BHDDA) Quality Division. BHDDA also administers Medicaid waivers for people with intellectual/developmental disabilities, mental illness, and serious emotional disturbance, and it administers prevention and treatment services for substance use disorders (SUDs). Table 2-1 displays the Michigan Medicaid managed care programs, the MCE(s) responsible for providing services to members, and the MDHHS division accountable for the administration of the benefits included under each applicable program.

Table 2-1—Medicaid Managed Care Programs in Michigan

Medicaid Managed Care Program	MCEs	MDHHS Division
CHCP, including: • Children's Health Insurance Program (CHIP)—MIChild • Children's Special Health Care Services (CSHCS) Program • Healthy Michigan Plan (HMP) (Medicaid Expansion) • Flint Medicaid Expansion Waiver	MHPs	MSA
Managed LTSS, including: • MI Health Link Demonstration	Integrated Care Organizations (ICOs) Prepaid Inpatient Health Plans (PIHPs)	MSA
Dental Managed Care Programs, including: • Healthy Kids Dental • Pregnant Women Dental • HMP Dental	Prepaid Ambulatory Health Plans (PAHPs)	MSA
Behavioral Health Managed Care	PIHPs	BHDDA

Comprehensive Health Care Program

MDHHS contracts with 10 MHPs in targeted geographical service areas comprised of 83 counties (divided into 10 regions) and provides medically necessary services to approximately 2 million[2-1] Medicaid and CHIP managed care members in the state. Michigan's waiver requires managed care members to obtain services from specified MHPs based on the county of residence. MDHHS enrolls a diverse set of populations into the CHCP managed care program, including the disabled, foster children, pregnant women, and children dually eligible for Title V and Title XIX under the Social Security Act. Individuals dually eligible for Medicare and Medicaid may enroll in MHPs voluntarily. Additionally, since 2016, MDHHS implemented the HMP, which is Michigan's Medicaid expansion. HMP provides coverage to nearly 500,000 members through the MHPs. The HMP benefit package includes a comprehensive dental benefit in addition to primary, preventive, and behavioral healthcare. Michigan's stand-alone CHIP, known as MIChild, is also administered through the CHCP.

Overview of MHPs

During the SFY 2020 review period, MDHHS contracted with 10 MHPs. These MHPs are responsible for the provision of medically necessary services to Medicaid members. Table 2-2 provides a profile for each MHP.

Table 2-2—MHP Profiles

MHP	Covered Services[2-2]	Operating Region(s)	Number of Counties Served[2-3]
Aetna Better Health of Michigan (AET)	All MHPs cover medically necessary services such as the following: • Ambulance • Chiropractic • Doctor visits • Emergency services • Family planning	8, 9, 10	16
Blue Cross Complete of Michigan (BCC)		4, 6, 7, 9, 10	32
HAP Empowered (HAP)		6, 10	10
McLaren Health Plan (MCL)		2, 3, 4, 5, 6, 7, 8, 9, 10	68

[2-1] Michigan Department of Health and Human Services. *Medicaid and Healthy Michigan Enrollees, December 2020.* Available at: https://www.michigan.gov/documents/mdhhs/JE02_122020_711928_7.pdf. Accessed on: Dec 17, 2020.

[2-2] Michigan Department of Health and Human Services. *A Guide to Michigan Medicaid Health Plans, Quality Checkup, January 2020.* Available at: https://www.michigan.gov/documents/QualityCheckupJan03_59423_7.pdf. Accessed on: Dec 17, 2020.

[2-3] Michigan Department of Health and Human Services. *Michigan Medicaid Health Plan Listing, January 6, 2020.* Available at: https://www.michigan.gov/documents/mdch/MHP_Service_Area_Listing_326102_7.pdf. Accessed on: Dec 17, 2020.

MHP	Covered Services[2-2]	Operating Region(s)	Number of Counties Served[2-3]
Meridian Health Plan of Michigan (MER)	• Health checkups • Hearing and speech • Home health • Hospice care • Hospital care • Immunizations • Laboratory and X-rays • Medical supplies • Medicine • Mental health • Physical and occupational therapy • Podiatry • Prenatal care and delivery • Surgery • Vision	2, 3, 4, 5, 6, 7, 8, 9, 10	68
Molina Healthcare of Michigan (MOL)		2, 3, 4, 5, 6, 7, 8, 9, 10	68
Priority Health Choice (PRI)		4, 8	20
Total Health Care (THC)		10	3
UnitedHealthcare Community Plan (UNI)		2, 3, 4, 5, 6, 8, 9, 10	65
Upper Peninsula Health Plan (UPP)		1	15

Quality Strategy

The 2020–2023 MDHHS Comprehensive Quality Strategy (CQS)[2-4] provides a summary of the initiatives in place in Michigan to assess and improve the quality of care and services provided and reimbursed by MDHHS Medicaid managed care programs, including CHCP, LTSS, dental programs, and behavioral health managed care. The CQS document is intended to meet the required Medicaid Managed Care and CHIP Managed Care Final Rule, at 42 CFR §438.340. Through the development of the 2020–2023 CQS, MDHHS strives to incorporate each managed care program's individual accountability, population characteristics, provider network, and prescribed authorities into a common strategy with the intent of guiding all Medicaid managed care programs toward aligned goals that address equitable, quality healthcare and services. The CQS also aligns with CMS' Quality Strategy and the U.S. Department of Health and Human Services' (HHS') National Quality Strategy (NQS), wherever applicable, to improve the delivery of healthcare services, patient health outcomes, and population health. The MDHHS CQS is organized around the three aims of the NQS—better care, healthy people and communities, and affordable care—and the six associated priorities. The goals and objectives of the MDHHS CQS pursue an integrated framework for both overall population health improvement as well as commitment to eliminating unfair outcomes within subpopulations in Medicaid managed care. These

[2-4] Michigan Department of Health and Human Services. *Comprehensive Quality Strategy, 2020–2023*. Available at: https://www.michigan.gov/documents/mdhhs/Quality_Strategy_2015_FINAL_for_CMS_112515_657260_7.pdf. Accessed on: Dec 17, 2020.

goals and objectives are summarized in Table 2-3, and align with MDHHS' vision to *deliver health and opportunity to all Michiganders, reducing intergenerational poverty and health inequity*, and specifically were designed to *give all kids a healthy start* (MDHHS pillar/strategic priority #1), and to *serve the whole person* (MDHHS pillar/strategic priority #3).

Table 2-3—MDHHS CQS Goals and Objectives

MDHHS CQS Managed Care Program Goals	MDHHS Strategic Priorities	Objectives
Goal #1: Ensure high quality and high levels of access to care		
NQS Aim #1: Better Care MDHHS Pillar #1: Give all kids a healthy start	Expand and simplify safety net access	**Objective 1.1:** Ensure outreach activities and materials meet the cultural and linguistic needs of the managed care populations.
		Objective 1.2: Assess and reduce identified racial disparities.
		Objective 1.3: Implement processes to monitor, track, and trend the quality, timeliness, and availability of care and services.
		Objective 1.4: Ensure care is delivered in a way that maximizes consumers' health and safety.
		Objective 1.5: Implement evidence-based, promising, and best practices that support person-centered care or recovery-oriented systems of care.
Goal #2: Strengthen person and family-centered approaches		
NQS Aim #1: Better Care MDHHS Pillar #3: Serve the whole person	Address food and nutrition, housing, and other social determinants of health Integrate services, including physical and behavioral health, and medical care with long-term support services	**Objective 2.1**: Support self-determination, empowering individuals to participate in their communities and live in the least restrictive setting as possible.
		Objective 2.2: Facilitate an environment where individuals and their families are empowered to make healthcare decisions that suit their unique needs and life goals.
		Objective 2.3: Ensure that the social determinants of health needs and risk factors are assessed and addressed when developing person-centered care planning and approaches.
		Objective 2.4: Encourage community engagement and systematic referrals among healthcare providers and to other needed services.
		Objective 2.5: Promote and support health equity, cultural competency, and implicit bias training for providers to better ensure a networkwide, effective approach to healthcare within the community.

MDHHS CQS Managed Care Program Goals	MDHHS Strategic Priorities	Objectives
Goal #3: Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external)		
NQS Aim #1: Better Care MDHHS Pillar #3: Serve the whole person	Address food and nutrition, housing, and other social determinants of health Integrate services, including physical and behavioral health, and medical care with long-term support services	**Objective 3.1:** Establish common program-specific quality metrics and definitions to collaborate meaningfully across program areas and delivery systems.
		Objective 3.2: Support the integration of services and improve transitions across the continuum of care among providers and systems serving the managed care populations.
		Objective 3.3: Promote the use of and adoption of health information technology and health information exchange to connect providers, payers, and programs to optimize patient outcomes.
Goal #4: Reduce racial and ethnic disparities in healthcare and health outcomes		
NQS Aim #1: Better Care MDHHS Pillar #1: Give all kids a healthy start MDHHS Pillar #3: Serve the whole person	Improve maternal-infant health and reduce outcome disparities Address food and nutrition, housing, and other social determinants of health Integrate services, including physical and behavioral health, and medical care with long-term support services	**Objective 4.1:** Use a data-driven approach to identify root causes of racial and ethnic disparities and address health inequity at its source whenever possible.
		Objective 4.2: Gather input from stakeholders at all levels (MDHHS, beneficiaries, communities, providers) to ensure people of color are engaged in the intervention design and implementation process.
		Objective 4.3: Promote and ensure access to and participation in health equity training.
		Objective 4.4: Create a valid/reliable system to quantify and monitor racial/ethnic disparities to identify gaps in care and reduce identified racial disparities among the managed care populations.
		Objective 4.5: Expand and share promising practices for reducing racial disparities.
		Objective 4.6: Collaborate and expand partnerships with community-based organizations and public health entities across the state to address racial inequities.

MDHHS CQS Managed Care Program Goals	MDHHS Strategic Priorities	Objectives
Goal #5: Improve quality outcomes and disparity reduction through value-based initiatives and payment reform		
NQS Aim #3: Affordable Care MDHHS Pillar #4: Use data to drive outcomes	Drive value in Medicaid Ensure we are managing to outcomes and investing in evidence-based solutions	**Objective 5.1:** Promote the use of value-based payment models to improve quality of care.
		Objective 5.2: Align value-based goals and objectives across programs.

The CQS also includes a common set of performance measures to address the required Medicaid Managed Care and CHIP Managed Care Final Rule. The common domains include:

- Network Adequacy and Availability
- Access to Care
- Member Satisfaction
- Health Equity

These domains address the required state-defined network adequacy and availability of services standards and take into consideration the health status of all populations served by the MCEs in Michigan. Each program also has identified performance measures that are specific to the populations it serves.

MDHHS employs various methods to regularly monitor and assess the quality of care and services provided by the managed care programs. MDHHS also intends to conduct a formal comprehensive assessment of performance against CQS performance objectives annually. Findings will be summarized in the Michigan Medicaid Comprehensive Quality Strategy Annual Effectiveness Review, which drives program activities and priorities for the upcoming year and identifies modifications to the CQS.

Quality Initiatives and Interventions

Through its CQS, MDHHS has also implemented many initiatives and interventions that focus on quality improvement. Examples of these initiatives and interventions include:

- **Accreditation**—MCEs, including all MHPs and some ICOs and PIHPs, are accredited by a national accrediting body such as the National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC), Commission on Accreditation of Rehabilitation Facilities (CARF), and/or the Joint Commission.
- **Opioid Strategy**—MDHHS actively participates in and supports Michigan's opioid efforts to combat the opioid epidemic by preventing opioid misuse, ensuring individuals using opioids can

access high quality recovery treatment, and reducing the harm caused by opioids to individuals and their communities.

- **Health Home Models**—Michigan established three Health Home models in accordance with Section 2703 of the Affordable Care Act including the Opioid Health Home, MI Care Team, and the Behavioral Health Home. These Health Homes focus on high-need/high-cost members with chronic conditions, provide flexibility to create innovative and integrated care management models, and offer sustainable reimbursement to affect the social determinants of health. Federally mandated core services include comprehensive care management and care coordination, health promotion, comprehensive transitional care and follow-up, individual and family support, and referral to community and social services. Participation in the Health Home models is voluntary, and enrolled beneficiaries may opt out at any time.
- **Behavioral Health Integration**—All Medicaid managed care programs address the integration of behavioral health services by requiring plans to coordinate behavioral health services and services for persons with disabilities with the Community Mental Health Services Programs (CMHSPs)/PIHPs. While contracted plans may not be responsible for the direct delivery of specified behavioral health and developmental disability services, they must establish and maintain agreements with MDHHS-contracted local behavioral health and developmental disability agencies or organizations. Plans are also required to work with MDHHS to develop initiatives to better integrate services and to provide incentives to support behavioral health integration.
- **Value-based Payment**—MDHHS employs a population health management framework and intentionally contracts with high-performing plans to build a Medicaid managed care delivery system that maximizes the health status of members, improves member experience, and lowers cost. The population health framework is supported through evidence- and value-based care delivery models, health information technology/health information exchange, and a robust quality strategy. Population health management includes an overarching emphasis on health promotion and disease prevention and incorporates community-based health and wellness strategies with a strong focus on the social determinants of health, creating health equity and supporting efforts to build more resilient communities. MDHHS supports payment reform initiatives that pay providers for value rather than volume, with "value" defined as health outcome per dollar of cost expended over the full cycle of care. In this regard, performance metrics are linked to outcomes. The Medicaid managed care programs are at varying degrees of payment reform; however, all programs utilize a performance bonus (quality withhold) with defined measures, thresholds, and criteria to incentivize quality improvement and improved outcomes.
- **Health Equity Reporting and Tracking**—MDHHS is committed to addressing health equity and reducing racial and ethnic disparities in the healthcare services provided to Medicaid members. Disparities assessment, identification, and reduction are priorities for the Medicaid managed care programs, as indicated by the CQS goal to reduce racial and ethnic disparities in healthcare and health outcomes.

3. Assessment of MHP Performance

MHP Methodology

HSAG used findings across mandatory and optional EQR activities conducted during the SFY 2020 review period to evaluate the performance of MHPs on providing quality, timely, and accessible healthcare services to CHCP members.

To identify strengths and weaknesses and draw conclusions for each MHP, HSAG analyzed and evaluated each EQR activity and its resulting findings related to the provision of healthcare services across the CHCP. The composite findings for each MHP were analyzed and aggregated to identify overarching conclusions and focus areas for the MHP in alignment with the priorities of MDHHS. For more details about the technical methods for data collection and analysis, refer to Appendix A.

Validation of Performance Improvement Projects

For the SFY 2020 validation, the MHPs continued their MDHHS-mandated PIP topics reporting Remeasurement 2 study indicator outcomes. The purpose of each PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time. HSAG's PIP validation ensures that MDHHS and key stakeholders can have confidence that any reported improvement is related to and can be directly linked to the quality improvement strategies and activities conducted by the MHP during the project.

The state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, is based on the Healthcare Effectiveness Data and Information Set (HEDIS®)[3-1] *Prenatal and Postpartum Care* (*PPC*) measure; however, each MHP was required to use historical data to identify disparities within its population related to timeliness of prenatal care. It should be noted that the 2020 HEDIS specifications included several revisions to the PPC measure as compared to the 2018 HEDIS specifications, which were used by the MHPs to report the baseline measurement results. These revisions may impact the comparability of the Remeasurement 2 study indicator results to the baseline performance. This PIP topic has the potential to improve the health of pregnant members through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes.[3-2]

[3-1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

[3-2] National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC). Available at: https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/. Accessed on: Dec 17, 2020.

Table 3-1 outlines the selected PIP topic and study indicator(s) for all MHPs.

Table 3-1—PIP Topic and Study Indicator(s)

MHP	PIP Topic	Study Indicator(s)
AET	*Addressing Disparities in Timeliness of Prenatal Care*	1. The percentage of eligible African American women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year. 2. The percentage of eligible White women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.
BCC	*Addressing Disparities in Timeliness of Prenatal Care*	1. The percentage of eligible African American women residing in Wayne County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year. 2. The percentage of eligible Caucasian women residing in Wayne County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.
HAP	*Improving the Timeliness of Prenatal Care for Black Women**	The percentage of eligible Black women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.
MCL	*Addressing Disparities in Timeliness of Prenatal Care*	1. The percentage of eligible pregnant women residing in Region 7 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year. 2. The percentage of eligible pregnant women residing in Region 6 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.
MER	*Addressing Disparities in Timeliness of Prenatal Care*	1. The percentage of eligible pregnant women residing in Region 3 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year. 2. The percentage of eligible pregnant women residing in Region 5 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.

MHP	PIP Topic	Study Indicator(s)
MOL	*Addressing Disparities in Timeliness of Prenatal Care*	1. The percentage of eligible African American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year. 2. The percentage of eligible Caucasian women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.
PRI	*Improving the Timeliness of Prenatal Care for African American Women*	The percentage of eligible African American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.
THC	*Improving Timeliness of Prenatal Care for Women Ages 23 to 28*	The percentage of eligible women ages 23 to 28 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.
UNI	*Addressing Disparities in Timeliness of Prenatal Care*	1. The percentage of eligible African American or Black women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year. 2. The percentage of eligible White women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.
UPP	*Addressing Disparities in Timeliness of Prenatal Care*	1. The percentage of eligible pregnant women residing in Marquette County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year. 2. The percentage of eligible pregnant women residing in all other counties served by UPP who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.

*The MHP did not have an identified disparity and were approved to focus on the targeted population.

Performance Measure Validation

Each MHP underwent an NCQA HEDIS Compliance Audit™,[3-3] conducted by an NCQA licensed organization. The NCQA HEDIS Compliance Audit followed NCQA audit methodology as set out in NCQA's 2020 Volume 5, *HEDIS Compliance Audit: Standards, Policies and Procedures*. The NCQA HEDIS Compliance Audit encompasses an in-depth examination of the MHPs' processes consistent with CMS' publication, *External Quality Review (EQR) Protocols, October 2019*.[3-4] To complete the validation of the performance measure process according to the CMS protocol, HSAG performed an independent evaluation of the 2020 HEDIS Compliance Audit Report, which contained findings related to the following seven Information Systems (IS) standards:

- IS 1.0: Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry
- IS 2.0: Enrollment Data—Data Capture, Transfer, and Entry
- IS 3.0: Practitioner Data—Data Capture, Transfer, and Entry
- IS 4.0: Medical Record Review Processes—Sampling, Abstraction, and Oversight
- IS 5.0: Supplemental Data—Capture, Transfer, and Entry
- IS 6.0: Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity
- IS 7.0: Data Integration and Reporting—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity

Additionally, MDHHS expects its contracted MHPs to support claims systems, membership and provider files, as well as hardware/software management tools that facilitate valid reporting of the HEDIS measures. MDHHS contracted with HSAG to calculate statewide average rates based on the MHPs' rates and evaluate each MHP's current performance level, as well as the statewide performance, relative to national Medicaid percentiles.

MDHHS provided HSAG with a selected list of HEDIS measures to evaluate the Michigan MHPs for the annual assessment. These measures were within the following four domains, and are listed in Table 3-2:

- Child & Adolescent Care
- Access to Care
- Pregnancy Care
- Living With Illness

Due to the possible effect of coronavirus disease 2019 (COVID-19) on HEDIS hybrid measures, specifically an MHP's ability to collect medical record data, NCQA allowed MHPs to report their audited HEDIS 2019 (measurement year [MY] 2018) hybrid rates if they were better than their HEDIS

[3-3] HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

[3-4] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, October 2019*. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: Dec 30, 2020.

2020 (MY 2019) hybrid rates. MHPs were not required to rotate all hybrid measures but were required to rotate entire measures when there were multiple indicators (e.g., *Comprehensive Diabetes Care*). NCQA's Interactive Data Submission System (IDSS) was not configured to capture rotation decisions, meaning that even when a hybrid measure was rotated, the MY will say 2019.

Table 3-2—Performance Measures for Validation

Performance Measures	HEDIS Data Collection Methodology
Child & Adolescent Care	
Childhood Immunization Status—Combinations 2–10	Hybrid
Lead Screening in Children	Hybrid
Immunizations for Adolescents—Combination 1 and 2	Hybrid
Access to Care	
Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, *Ages 25 Months to 6 Years*, *Ages 7 to 11 Years*, and *Ages 12 to 19 Years*	Administrative
Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, *Ages 45 to 64 Years*, *Ages 65+ Years*, and *Total*	Administrative
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis—Ages 3 to 17 Years, *Ages 18 to 64 Years*, *Ages 65 Years and Older*, and *Total*	Administrative
Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, *Ages 18 to 64 Years*, *Ages 65 Years and Older*, and *Total*	Administrative
Appropriate Treatment for Upper Respiratory Infection—Ages 3 to 17 Years, *Ages 18 to 64 Years*, *Ages 65 Years and Older*, and *Total*	Administrative
Pregnancy Care	
Prenatal and Postpartum Care—Timeliness of Prenatal Care and *Postpartum Care*	Hybrid
Living With Illness	
Medication Management for People With Asthma—Medication Compliance 50%—Total and *Medication Compliance 75%—Total*	Administrative
Asthma Medication Ratio—Total	Administrative

Compliance Review

MDHHS evaluated the MHPs' compliance with federal Medicaid managed care regulations using a compliance review process. HSAG examined, compiled, and analyzed the results as presented in the MHP compliance review documentation provided by MDHHS. The SFY 2020 MDHHS compliance review included an evaluation of each MHP's performance in six program areas, called standards, identified in Table 3-3. These standards are reviewed annually by MDHHS in accordance with an established timeline that spans the SFY.

Table 3-3—Compliance Review Standards

Standard	
1	Administrative
2	Provider
3	Member
4	Quality/Utilization
5	MIS [Management Information System]/Data Reporting
6	Program Integrity

Consumer Assessment of Healthcare Providers and Systems Analysis

The CAHPS surveys ask members to report on and evaluate their experiences with healthcare. These surveys cover topics that are important to members, such as the communication skills of providers and the accessibility of services. The primary objective of the CAHPS surveys was to effectively and efficiently obtain information on members' experiences with their healthcare and health plan. HSAG presents top-box scores, which indicate the percentage of members who responded to the survey with positive experiences in a particular aspect of their healthcare.

Table 3-4 provides an overview of the populations and survey types used for each of the applicable programs.

Table 3-4—CAHPS Surveys

Program	Population	Survey Type
Adult and Child Medicaid	Adult Medicaid and parents/caretakers of child Medicaid members enrolled in the MHPs	Adult and Child Medicaid Health Plan Surveys
CSHCS	Parents/caretakers of child members enrolled in the CSHCS Program	Modified version of the CAHPS Child Medicaid Health Plan Survey with the children with chronic conditions (CCC) measurement set
HMP	Adult members enrolled in the HMP health plans	Adult Medicaid Health Plan Survey

EQR Activity Results

Aetna Better Health of Michigan

Validation of Performance Improvement Projects

Performance Results

Table 3-5 displays the overall validation status; the baseline, Remeasurement 1, and Remeasurement 2 results; and the MHP-designated goal for each study indicator.

Table 3-5—Overall Validation Rating for AET

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	Goal
Addressing Disparities in Timeliness of Prenatal Care	*Met*	1. The percentage of eligible African American women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	48.5%	41.2% ⇔	60.6% ↑	54%
		2. The percentage of eligible White women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	50.3%	52.7% ⇔	63.1% ↑	55%

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-6 displays the interventions implemented to address the barriers identified by the MHP using quality improvement and causal/barrier analysis processes.

Table 3-6—Remeasurement 2 Interventions for AET

Intervention Descriptions	
The MHP educated members on when it is appropriate to go to the obstetrician/gynecologist (OB/GYN)/primary care provider (PCP) instead of emergency department (ED)/urgent care. The MHP contracted with a multimodal communication company that uses a	HEDIS outreach coordinators assisted members with finding providers for prenatal care in their community and with arranging transportation. With health plan approval, the protocols to limit trips with the transportation company to within 30 miles can now be

Intervention Descriptions	
combination of interactive voice response (IVR), text, email, and mailers to provide this education.	overridden, allowing members to travel outside of the normal service area to the desired provider office.
The Maternal Infant Health Programs (MIHPs), community health workers (CHWs), care coordinators, and PIHPs work together with other community resources to identify and resolve social determinants of health and behavioral health issues.	The MHP educated providers about the provider incentive for completing a timely prenatal care visit.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Aetna Better Health of Michigan met 100 percent of the requirements for data analysis and implementation of improvement strategies.

Strength: Aetna Better Health of Michigan demonstrated statistically significant improvement over the baseline rate for both study indicators in the second remeasurement period. The goal of removing the racial disparity was also achieved.

Weaknesses

Weakness: There were no identified weaknesses.

Recommendation: Although there were no identified weaknesses, HSAG recommends, as **Aetna Better Health of Michigan** progresses into the third remeasurement, the MHP revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.

Performance Measure Validation

Performance Results

Aetna Better Health of Michigan was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the 2020 HEDIS Compliance Audit Report findings, **Aetna Better Health of Michigan** was fully compliant with all seven IS standards.

According to the auditor's review, **Aetna Better Health of Michigan** followed the NCQA HEDIS 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-7 displays the HEDIS 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles[3-5] for **Aetna Better Health of Michigan**.

Table 3-7—HEDIS 2020 Performance Measure Results for AET

Measure	HEDIS 2020	2020 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	63.02%	★
Combination 3	58.64%	★
Combination 4	58.39%	★
Combination 5	46.47%	★
Combination 6	29.68%	★
Combination 7	46.47%	★
Combination 8	29.68%	★
Combination 9	23.84%	★
Combination 10	23.84%	★
Lead Screening in Children		
Lead Screening in Children	76.40%	★★★
Immunizations for Adolescents		
Combination 1	88.56%	★★★★
Combination 2	37.96%	★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners[3]		
Ages 12 to 24 Months	92.14%	★
Ages 25 Months to 6 Years	79.11%	★
Ages 7 to 11 Years	82.10%	★
Ages 12 to 19 Years	82.37%	★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	72.86%	★★
Ages 45 to 64 Years	84.44%	★★
Ages 65+ Years	89.72%	★★★
Total	79.50%	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]		
Ages 3 Months to 17 Years	54.25%	NC
Ages 18 to 64 Years	35.34%	NC

[3-5] HEDIS 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid Health Maintenance Organization (HMO) percentiles for HEDIS 2019 (referred to as "percentiles" throughout this section of the report).

Measure	HEDIS 2020	2020 Performance Level
Ages 65+ Years	25.93%	NC
Total	42.53%	NC
Appropriate Testing for Pharyngitis[2]		
Ages 3 to 17 Years	67.21%	NC
Ages 18 to 64 Years	51.61%	NC
Ages 65+ Years	NA	NC
Total	60.09%	NC
Appropriate Treatment for Upper Respiratory Infection[2]		
Ages 3 Months to 17 Years	91.36%	NC
Ages 18 to 64 Years	74.70%	NC
Ages 65+ Years	61.90%	NC
Total	85.73%	NC
Pregnancy Care		
Prenatal and Postpartum Care[2]		
Timeliness of Prenatal Care	70.07%	NC
Postpartum Care	63.02%	NC
Living With Illness		
Medication Management for People With Asthma		
Medication Compliance 50%—Total[1]	56.04%	★★
Medication Compliance 75%—Total	32.48%	★★
Asthma Medication Ratio		
Total	50.22%	★

[1]Performance Levels for 2020 were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.
[2]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to benchmarks are not performed for this measure.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.
2020 Performance Levels represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Aetna Better Health of Michigan's performance ranked between the 75th and 89th percentile for the *Immunizations for Adolescents—Combination 1* measure indicator, indicating adolescents 13 years of age are receiving the meningococcal and tetanus, diphtheria, and pertussis (Tdap) immunizations, which are important for avoidance of vaccine-preventable diseases.[3-6]

Weaknesses

Weakness: Aetna Better Health of Michigan's performance for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, indicating children do not always get their immunizations by their second birthday. Immunizations are essential for disease prevention and are a critical aspect of preventive care for children.[3-7]

Why the weakness exists: The rates for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, suggesting barriers exist for children to receive immunizations.

Recommendation: HSAG recommends **Aetna Better Health of Michigan** conduct a root cause analysis or focused study to determine why some children did not receive their immunizations. Upon identification of a root cause, **Aetna Better Health of Michigan** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.

Weakness: **Aetna Better Health of Michigan**'s performance for all four *Children and Adolescents' Access to Primary Care Practitioners* measure indicators ranked below the 25th percentile, indicating children and adolescents do not always access their PCPs for screenings, appropriate treatment, and preventive services. Access to primary care is important for the health and well-being of children and adolescents, and access to high quality primary care services has been found to reduce children's non-urgent ED visits.[3-8]

Why the weakness exists: The rates for all four *Children and Adolescents' Access to Primary Care Practitioners* measure indicators ranked below the 25th percentile, suggesting barriers exist for children to access their PCPs.

Recommendation: HSAG recommends **Aetna Better Health of Michigan** conduct a root cause analysis or focused study to determine why some children did not access primary care services. Upon identification of a root cause, **Aetna Better Health of Michigan** should implement appropriate interventions to improve the performance related to the *Children and Adolescents' Access to Primary Care Practitioners* measure.

[3-6] National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/. Accessed on: Jan 20, 2021.

[3-7] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Jan 20, 2021.

[3-8] National Committee for Quality Assurance. Children and Adolescents' Access to Primary Care Practitioners (CAP). Available at: https://www.ncqa.org/hedis/measures/children-and-adolescents-access-to-primary-care-practitioners-cap/ Accessed on: Jan 20, 2021.

Weakness: **Aetna Better Health of Michigan**'s performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with emergency room (ER) visits, inpatient admissions, and missed days of work or school.[3-9]

Why the weakness exists: The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance.

Recommendation: HSAG recommends **Aetna Better Health of Michigan** conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **Aetna Better Health of Michigan** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

Compliance Review

Performance Results

Table 3-8 presents the total number of criteria for each standard as well as the number of criteria for each standard that received a score of *Pass*, *Incomplete*, or *Fail*. Table 3-8 also presents **Aetna Better Health of Michigan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

Table 3-8—Compliance Review Results for AET

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	AET	Statewide
1	Administrative	5	0	0	5	100%	100%
2	Provider	13	2	1	16	88%	94%
3	Member	9	5	0	14	82%	98%
4	Quality/Utilization	18	2	0	20	95%	99%

[3-9] National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	AET	Statewide
5	MIS/Data Reporting	13	2	0	15	93%	96%
6	Program Integrity	27	1	0	28	98%	97%
	Overall	**85**	**12**	**1**	**98**	**93%**	**97%**

The overall compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Aetna Better Health of Michigan demonstrated an adequate administrative structure, including an organizational chart, administrative positions, governing body, and participation in administrative meetings, which are necessary to effectively carry out managed care functions.

Weaknesses

Weakness: Aetna Better Health of Michigan scored below the statewide average in the Provider standard.

Why the weakness exists: Discrepancies in provider information were identified in **Aetna Better Health of Michigan**'s provider directory; **Aetna Better Health of Michigan**'s network access plan did not address continuity of care for members in the event of new population enrollment, changes in service area, covered benefits, contract termination between **Aetna Better Health of Michigan** and any of its participating providers; and the process for Maximum Allowable Cost (MAC) did not address the requirement to notify a pharmacy of national drug codes (three national drug codes, if there are three or more available, and all available national drug codes, if there are fewer than three) for the drug in question that are available and deliverable, or time frame requirements for this notification.

Recommendation: As **Aetna Better Health of Michigan** previously submitted a corrective action plan (CAP) to address these findings, which was accepted by MDHHS, HSAG recommends **Aetna Better Health of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies. Additionally, HSAG recommends that **Aetna Better Health of Michigan** conduct its own secret shopper survey of a sample of its provider network to further analyze the completeness and accuracy of its provider data.

Weakness: Aetna Better Health of Michigan scored below the statewide average in the Member standard.

Why the weakness exists: Aetna Better Health of Michigan's member handbook did not include managed care uniform definitions or information regarding habilitative services; not all requests for member handbooks were processed timely (within five business days); IS was pulling incorrect data for appeal resolution time frames; and policies did not include a member's right to an MDHHS State fair hearing, or required **Aetna Better Health of Michigan** to consult with the Office of Medical Affairs to determine pediatric sub-specialists, hospitals, and ancillary providers available and appropriate to render services to children with special healthcare needs (e.g., CSHCS) members.

Recommendation: As **Aetna Better Health of Michigan** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG recommends **Aetna Better Health of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies. HSAG further recommends that **Aetna Better Health of Michigan** ensure it has a tracking mechanism in place to appropriately monitor time frames for sending member handbooks upon member request.

Weakness: Aetna Better Health of Michigan scored below the statewide average in the Quality/Utilization standard.

Why the weakness exists: Aetna Better Health of Michigan did not submit the Utilization Management (UM) Decisions and Notification Timeframe Requirement Job Aid in its initial submission, and did not review the most current performance measures or address the not met standard for the *Outreach and Engagement to Facilitate Entry to Primary Care* measure.

Recommendation: As **Aetna Better Health of Michigan** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG recommends **Aetna Better Health of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies. Further, HSAG recommends that **Aetna Better Health of Michigan** include any lower performing measures in its quality assessment and performance improvement (QAPI) program workplan and subsequent evaluation to ensure interventions are targeting any noted opportunities.

Weakness: Aetna Better Health of Michigan scored below the statewide average in the MIS/Data Reporting standard.

Why the weakness exists: Aetna Better Health of Michigan did not submit all quarterly financial reports or third-party liability recovery policies and procedures in its initial submission.

Recommendation: As **Aetna Better Health of Michigan** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG recommends **Aetna Better Health of Michigan** ensure its CAP is fully implemented to mitigate the deficiencies.

Consumer Assessment of Healthcare Providers and Systems Analysis

Performance Results

Table 3-9 presents **Aetna Better Health of Michigan**'s 2020 adult and child Medicaid CAHPS top-box scores.

Table 3-9—Summary of 2020 Adult and Child Medicaid CAHPS Top-Box Scores for AET

	2020 Adult Medicaid	2020 Child Medicaid
Global Ratings		
Rating of Health Plan	64.4%	60.6% ↓
Rating of All Health Care	56.3%	56.8% ↓
Rating of Personal Doctor	66.9%	73.8%
Rating of Specialist Seen Most Often	75.4% ↑	71.9%*
Composite Measures		
Getting Needed Care	87.5% ↑	83.0%*
Getting Care Quickly	83.3%	90.6%*
How Well Doctors Communicate	94.4%	93.9%
Customer Service	91.2%	93.3%*
Individual Item Measure		
Coordination of Care	88.3%	77.5%* ↓
Effectiveness of Care Measures**		
Advising Smokers and Tobacco Users to Quit	85.8% ↑	
Discussing Cessation Medications	60.0% ↑	
Discussing Cessation Strategies	54.1% ↑	

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Strengths

Strength: Adult members enrolled in **Aetna Better Health of Michigan** had more positive experiences with the specialist they saw most often and getting the care they needed, since the scores for these measures were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages. In addition, the Effectiveness of Care scores were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages.

Weaknesses

Weakness: Parents/caretakers of child members enrolled in **Aetna Better Health of Michigan** had less positive overall experiences with their child's health plan, healthcare their child received, and coordination of care, since the scores for these measures were at least 5 percentage points less than the 2019 NCQA child Medicaid national averages.

Why the weakness exists: **Aetna Better Health of Michigan** providers may not be as informed and up-to-date about the care child members are receiving as other providers compared to national benchmarks, which may be leading to less positive experiences in other areas.

Recommendation: HSAG recommends that **Aetna Better Health of Michigan** explore what may be driving lower experience scores and develop initiatives designed to improve quality of care and coordination of care.

Table 3-10 presents **Aetna Better Health of Michigan**'s 2020 CSHCS Survey top-box scores. The following measures could not be displayed in the table because these measures had fewer than 11 responses and were suppressed: *Rating of CMDS Clinic*, *Rating of Beneficiary Help Line*, *Customer Service*, *How Well Doctors Communicate*, *Access to Specialized Services*, *Transportation*, *CSHCS Family Center*, *CMDS Clinic*, *Local Health Department Services*, and *Beneficiary Help Line*.

Table 3-10—Summary of 2020 CSHCS Survey Top-Box Scores for AET

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	52.6%* ↓
Rating of Health Care	55.0%* NA
Rating of Specialist Seen Most Often	72.7%*
Individual Item Measure	
Access to Prescription Medicines	83.3%* ↓

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
NA indicates a national average is not available for the measure.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—CSHCS

Strengths

Strength: None of the scores for any of the measures were at least 5 percentage points greater than the 2019 NCQA child Medicaid national averages, indicating strengths were not identified for this population.

Weaknesses

Weakness: Parents/caretakers of child members enrolled in **Aetna Better Health of Michigan** had less positive overall experiences with their child's health plan and access to their child's prescription medicines since the scores for these measures were at least 5 percentage points less than the 2019 NCQA child Medicaid national averages.

Why the weakness exists: Parents/caretakers of child members enrolled in **Aetna Better Health of Michigan** may not be easily able to receive their child's prescription medicines, which may be leading to less positive experiences with the health plan.

Recommendation: HSAG recommends that **Aetna Better Health of Michigan** explore what may be driving lower experience scores and develop initiatives designed to improve quality of care.

Table 3-11 presents **Aetna Better Health of Michigan**'s 2020 CAHPS top-box scores for Healthy Michigan.

Table 3-11—Summary of 2020 Healthy Michigan CAHPS Top-Box Scores for AET

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	55.5%
Rating of All Health Care	60.2% ↑
Rating of Personal Doctor	69.0%
Rating of Specialist Seen Most Often	69.6%*
Composite Measures	
Getting Needed Care	81.4%*
Getting Care Quickly	79.3%*
How Well Doctors Communicate	94.5%*
Customer Service	89.0%*
Individual Item Measure	
Coordination of Care	88.2%*

	2020 Top-Box Score
Effectiveness of Care Measures**	
Advising Smokers and Tobacco Users to Quit	76.4%
Discussing Cessation Medications	52.1%
Discussing Cessation Strategies	45.0%

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Healthy Michigan

Strengths

Strength: Adult members enrolled in **Aetna Better Health of Michigan** had more positive experiences with their overall healthcare, since the score for this measure is at least 5 percentage points greater than the 2019 NCQA adult Medicaid national average.

Weaknesses

Weakness: HSAG did not identify any weaknesses for **Aetna Better Health of Michigan** for the HMP CAHPS survey.

Why the weakness exists: NA

Recommendation: NA

Blue Cross Complete of Michigan

Validation of Performance Improvement Projects

Performance Results

Table 3-12 displays the overall validation status; the baseline, Remeasurement 1, and Remeasurement 2 results; and the MHP-designated goal for each study indicator.

Table 3-12—Overall Validation Rating for BCC

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	Goal
Addressing Disparities in Timeliness of Prenatal Care	*Met*	1. The percentage of eligible African American women residing in Wayne County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	59.3%	59.5% ⇔	64.1% ↑	63%
		2. The percentage of eligible Caucasian women residing in Wayne County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	65.8%	71.4% ⇔	80.4% ↑	65.8%

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-13 displays the interventions implemented to address the barriers identified by the MHP using quality improvement and causal/barrier analysis processes.

Table 3-13—Remeasurement 2 Interventions for BCC

Intervention Descriptions	
Stratified African American women in Wayne County as high risk in order to conduct targeted outreach.	Offered gift cards to women who attended a prenatal visit within the specified HEDIS measure timeline.
Conducted comprehensive reviews of, and made updates to, the Early Identification Report to increase the number of women identified as pregnant and increase the time frame for when these women are identified by the MHP as pregnant.	

Strengths, Weaknesses, and Recommendations

Strengths	**Strength: Blue Cross Complete of Michigan** met 100 percent of the requirements for data analysis and implementation of improvement strategies.
	Strength: Blue Cross Complete of Michigan demonstrated statistically significant improvement over the baseline rate for both study indicators in the second remeasurement period.
Weaknesses	**Weakness: Blue Cross Complete of Michigan** did not achieve the goal of removing the disparity for timeliness of prenatal care between the two population subgroups. **Why the weakness exists:** Although **Blue Cross Complete of Michigan** made progress in improving performance among the disparate group, the disparity still remains, indicating additional efforts are necessary to remove the barriers the disparate population faces when seeking prenatal care. **Recommendation:** HSAG recommends, as **Blue Cross Complete of Michigan** progresses into the third remeasurement, the MHP revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions.

Performance Measure Validation

Performance Results

Blue Cross Complete of Michigan was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the 2020 HEDIS Compliance Audit Report findings, **Blue Cross Complete of Michigan** was fully compliant with all seven IS standards.

According to the auditor's review, **Blue Cross Complete of Michigan** followed the NCQA HEDIS 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-14 displays the HEDIS 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles[3-10] for **Blue Cross Complete of Michigan**.

[3-10] HEDIS 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS 2019 (referred to as "percentiles" throughout this section of the report).

Table 3-14—HEDIS 2020 Performance Measure Results for BCC

Measure	HEDIS 2020	2020 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	72.02%	★★
Combination 3	67.15%	★★
Combination 4	66.42%	★★
Combination 5	59.61%	★★
Combination 6	36.50%	★★
Combination 7	59.37%	★★★
Combination 8	36.50%	★★
Combination 9	34.55%	★★
Combination 10	34.55%	★★
Lead Screening in Children		
Lead Screening in Children	74.94%	★★★
Immunizations for Adolescents		
Combination 1	80.05%	★★
Combination 2	39.42%	★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners[3]		
Ages 12 to 24 Months	94.87%	★★
Ages 25 Months to 6 Years	86.64%	★★
Ages 7 to 11 Years	88.36%	★★
Ages 12 to 19 Years	88.10%	★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	77.99%	★★
Ages 45 to 64 Years	84.70%	★★
Ages 65+ Years	82.23%	★
Total	80.57%	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]		
Ages 3 Months to 17 Years	61.98%	NC
Ages 18 to 64 Years	36.29%	NC
Ages 65+ Years	NA	NC
Total	47.17%	NC
Appropriate Testing for Pharyngitis[2]		
Ages 3 to 17 Years	76.04%	NC
Ages 18 to 64 Years	55.99%	NC
Ages 65+ Years	NA	NC
Total	67.07%	NC

Measure	HEDIS 2020	2020 Performance Level
Appropriate Treatment for Upper Respiratory Infection[2]		
Ages 3 Months to 17 Years	91.40%	NC
Ages 18 to 64 Years	73.71%	NC
Ages 65+ Years	NA	NC
Total	85.65%	NC
Pregnancy Care		
Prenatal and Postpartum Care[2]		
Timeliness of Prenatal Care	78.83%	NC
Postpartum Care	71.78%	NC
Living With Illness		
Medication Management for People With Asthma		
Medication Compliance 50%—Total[1]	75.14%	★★★★★
Medication Compliance 75%—Total	53.01%	★★★★★
Asthma Medication Ratio		
Total	57.31%	★

[1]Performance Levels for 2020 were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.
[2]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to benchmarks are not performed for this measure.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.
2020 Performance Levels represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Blue Cross Complete of Michigan's performance ranked at or above the 90th percentile for both *Medication Management for People With Asthma* measure indicators, indicating members 5 to 64 years of age, who were identified as having persistent asthma and dispensed appropriate asthma medications, continued to take the medications for 50 percent and 75 percent of the treatment period. Asthma is a treatable, reversible condition that affects more than 25 million people in the United States (U.S.). Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs.[3-11]

[3-11] National Committee for Quality Assurance. Medication Management for People with Asthma (MMA). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

Weaknesses

Weakness: Blue Cross Complete of Michigan's performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school.[3-12]

Why the weakness exists: The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever mediations were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance.

Recommendation: HSAG recommends **Blue Cross Complete of Michigan** conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **Blue Cross Complete of Michigan** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

Weakness: **Blue Cross Complete of Michigan**'s performance for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* measure indicator ranked below the 25th percentile, indicating members 65 years of age and older did not always access preventive or ambulatory health services. Access to preventive and ambulatory services provides an important opportunity for individuals to receive preventive services and to address acute or chronic conditions.[3-13]

Why the weakness exists: The rate for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* measure indicator ranked below the 25th percentile, suggesting barriers exist for members 65 years of age and older to access preventive or ambulatory health services.

Recommendation: HSAG recommends **Blue Cross Complete of Michigan** conduct a root cause analysis or focused study to determine why some members 65 years of age and older did not have access to preventive or ambulatory health services. Upon identification of a root cause, **Blue Cross Complete of Michigan** should implement appropriate interventions to improve the performance related to the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* measure indicator.

[3-12] National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

[3-13] National Committee for Quality Assurance. Adults' Access to Preventative/Ambulatory Health Services (AAP). Available at: https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/. Accessed on: Jan 20, 2021.

Compliance Review

Performance Results

Table 3-15 presents the total number of criteria for each standard as well as the number of criteria for each standard that received a score of *Pass*, *Incomplete*, or *Fail*. Table 3-15 also presents **Blue Cross Complete of Michigan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

Table 3-15—Compliance Review Results for BCC

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	BCC	Statewide
1	Administrative	5	0	0	5	100%	100%
2	Provider	15	0	1	16	94%	94%
3	Member	14	0	0	14	100%	98%
4	Quality/Utilization	20	0	0	20	100%	99%
5	MIS/Data Reporting	15	0	0	15	100%	96%
6	Program Integrity	28	0	0	28	100%	97%
	Overall	**97**	**0**	**1**	**98**	**99%**	**97%**

The overall compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Blue Cross Complete of Michigan demonstrated an adequate administrative structure, including an organizational chart, administrative positions, governing body, and participation in administrative meetings, which are necessary to effectively carry out managed care functions.

Strength: Blue Cross Complete of Michigan maintained sufficient procedures to ensure members have access to service authorization processes; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services.

Strength: Blue Cross Complete of Michigan's quality program demonstrated compliance with all requirements related to accreditation, the CHW program, addressing health disparities, vendor oversight, the member incentive program, performance measures, tobacco cessation, and PIPs. A comprehensive quality program is necessary to

increase and sustain the quality of, and access to, timely healthcare and services received by members.

Strength: Blue Cross Complete of Michigan maintained a health information system (HIS) that collected, analyzed, integrated, and reported data in various program areas and functions; for example, member enrollment and disenrollment, provider enrollment, claims payment, grievance and appeal tracking, and quality reporting. An HIS that collects, analyzes, and reports health information is necessary to support healthcare-related decision making and drive improved healthcare outcomes.

Strength: Blue Cross Complete of Michigan demonstrated a sufficient compliance program, including adequacy policies and procedures; employee education on fraud, waste, and abuse (FWA); communication between internal and external partners; internal monitoring of utilization and billing practices; and auditing and investigation practices. A comprehensive compliance program promotes the prevention, detection, and resolution of instances of conduct that do not conform to federal and State law, or to federal healthcare program requirements.

Weaknesses

Weakness: While **Blue Cross Complete of Michigan** received one deficiency related to discrepancies in provider information in the directory, **Blue Cross Complete of Michigan** scored at or above the statewide average in all standards.

Why the weakness exists: NA

Recommendation: As **Blue Cross Complete of Michigan** previously submitted a CAP to address this finding, which was accepted by MDHHS, HSAG recommends **Blue Cross Complete of Michigan** ensure its CAP is fully implemented to mitigate the deficiency. Additionally, HSAG recommends that **Blue Cross Complete of Michigan** conduct its own secret shopper survey of a sample of its provider network to further analyze the completeness and accuracy of its provider data.

Consumer Assessment of Healthcare Providers and Systems Analysis

Performance Results

Table 3-16 presents **Blue Cross Complete of Michigan**'s 2020 adult and child Medicaid CAHPS top-box scores.

Table 3-16—Summary of 2020 Adult and Child Medicaid CAHPS Top-Box Scores for BCC

	2020 Adult Medicaid	2020 Child Medicaid
Global Ratings		
Rating of Health Plan	67.9% ↑	74.4%
Rating of All Health Care	63.7% ↑	70.0%
Rating of Personal Doctor	71.0%	77.7%
Rating of Specialist Seen Most Often	63.7%	67.2%* ↓

	2020 Adult Medicaid	2020 Child Medicaid
Composite Measures		
Getting Needed Care	81.5%	91.4% ↑
Getting Care Quickly	85.7%	91.6%
How Well Doctors Communicate	95.5%	96.8%
Customer Service	90.3%	93.0%*
Individual Item Measure		
Coordination of Care	81.3%*	83.9%*
Effectiveness of Care Measures**		
Advising Smokers and Tobacco Users to Quit	85.2% ↑	
Discussing Cessation Medications	65.1% ↑	
Discussing Cessation Strategies	56.1% ↑	

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Strengths

Strength: Adult members enrolled in **Blue Cross Complete of Michigan** had more positive experiences with their health plan and the healthcare they received, since the scores for these measures were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages. In addition, the Effectiveness of Care scores were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages.

Strength: Parents/caretakers of child members enrolled in **Blue Cross Complete of Michigan** had more positive experiences getting the care they needed for their child, since the score for this measure was at least 5 percentage points greater than the 2019 NCQA child Medicaid national average.

Weaknesses

Weakness: Parents/caretakers of child members had less positive overall experiences with the specialist their child saw most often. The score for this measure was at least 5 percentage points less than the 2019 NCQA child Medicaid national average.

Why the weakness exists: Parents/caretakers of child members are reporting a more negative experience with their child's specialist compared to national benchmarks.

Recommendation: HSAG recommends that **Blue Cross Complete of Michigan** focus on improving parents/caretakers of child members' overall experiences with children's specialists.

Table 3-17 presents **Blue Cross Complete of Michigan**'s 2020 CSHCS Survey top-box scores. The following measure could not be displayed in the table because this measure had fewer than 11 responses and was suppressed: *CSHCS Family Center*.

Table 3-17—Summary of 2020 CSHCS Survey Top-Box Scores for BCC

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	65.0%
Rating of Health Care	70.1% NA
Rating of Specialist Seen Most Often	75.1%
Rating of CMDS Clinic	67.7%* NA
Rating of Beneficiary Help Line	57.9%* NA
Composite Measures	
Customer Service	86.5%*
How Well Doctors Communicate	94.3%* NA
Access to Specialized Services	70.9%* NA
Transportation	67.5%* NA
Individual Item Measures	
Access to Prescription Medicines	94.1%
CMDS Clinics	71.0%* NA
Local Health Department Services	76.0%* NA
Beneficiary Help Line	82.4%* NA

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
NA indicates a national average is not available for the measure.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—CSHCS

Strengths

Strength: HSAG did not identify any strengths for **Blue Cross Complete of Michigan** for the CSHCS Survey as the 2020 score was not at least 5 percentage points greater than the 2019 national average.

Weaknesses

Weakness: HSAG did not identify any weaknesses for **Blue Cross Complete of Michigan** for the CSHCS Survey as the 2020 score was not at least 5 or more percentage points less than the 2019 national average.

Table 3-18 presents **Blue Cross Complete of Michigan**'s 2020 CAHPS top-box scores for Healthy Michigan.

Table 3-18—Summary of 2020 Healthy Michigan CAHPS Top-Box Scores for BCC

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	66.5% ↑
Rating of All Health Care	58.7%
Rating of Personal Doctor	70.1%
Rating of Specialist Seen Most Often	66.3%*
Composite Measures	
Getting Needed Care	81.7%
Getting Care Quickly	86.1%
How Well Doctors Communicate	95.0%
Customer Service	91.8%*
Individual Item Measure	
Coordination of Care	81.6%*
Effectiveness of Care Measures**	
Advising Smokers and Tobacco Users to Quit	75.3%
Discussing Cessation Medications	48.0%
Discussing Cessation Strategies	39.7% ↓

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Healthy Michigan

Strengths

Strength: Adult members enrolled in **Blue Cross Complete of Michigan** had more positive experiences with their health plan, since the score for this measure was at least 5 percentage points greater than the 2019 NCQA adult Medicaid national average.

Weaknesses

Weakness: Adult members enrolled in **Blue Cross Complete of Michigan** had fewer positive experiences with their doctor discussing smoking and tobacco cessation strategies with them, since the score for this measure was at least 5 percentage points below the 2019 adult Medicaid national average.

Why the weakness exists: Adult members enrolled in **Blue Cross Complete of Michigan** may not be receiving the cessation strategies or information they need from their providers compared to the national benchmarks, which may be leading to less positive experiences than other areas.

Recommendation: HSAG recommends that **Blue Cross Complete of Michigan** focus on quality improvement initiatives designed to encourage providers to discuss cessation strategies with members.

HAP Empowered

Validation of Performance Improvement Projects

Performance Results

Table 3-19 displays the overall validation status; the baseline, Remeasurement 1, and Remeasurement 2 results; and the MHP-designated goal for the study indicator.

Table 3-19—Overall Validation Rating for HAP

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	Goal
Improving the Timeliness of Prenatal Care for Black Women	*Met*	The percentage of eligible Black women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	48.2%	48.0% ⇔	93.5% ↑	83.8%

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-20 displays the interventions implemented to address the barriers identified by the MHP using quality improvement and causal/barrier analysis processes.

Table 3-20—Remeasurement 2 Interventions for HAP

Intervention Descriptions	
Continued using the pregnancy indicator and due date from the enrollment file to identify members who were pregnant and conducted telephonic outreach.	Identified members' pregnancy via claims report and 834 indicator on enrollment file to refer to Michigan's MIHP and the MHP's maternity case management program.
Continued member incentive program and used strategies to engage members and provide education for the program.	Continued the internal maternity case management program.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: HAP Empowered met 100 percent of the requirements for data analysis and implementation of improvement strategies.

Strength: HAP Empowered achieved statistically significant improvement over the baseline rate for the study indicator in the second remeasurement period.

Weaknesses

Weakness: There were no identified weaknesses.

Recommendation: Although there were no identified weaknesses, HSAG recommends, as **HAP Empowered** progresses into the third remeasurement, the MHP revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.

Performance Measure Validation

Performance Results

HAP Empowered was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the 2020 HEDIS Compliance Audit Report findings, **HAP Empowered** was fully compliant with all seven IS standards.

According to the auditor's review, **HAP Empowered** followed the NCQA HEDIS 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-21 displays the HEDIS 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles[3-14] for **HAP Empowered**.

Table 3-21—HEDIS 2020 Performance Measure Results for HAP

Measure	HEDIS 2020	2020 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	70.21%	★★
Combination 3	68.09%	★★
Combination 4	68.09%	★★★
Combination 5	55.32%	★★
Combination 6	25.53%	★
Combination 7	55.32%	★★
Combination 8	25.53%	★
Combination 9	21.28%	★

[3-14] HEDIS 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS 2019 (referred to as "percentiles" throughout this section of the report).

Measure	HEDIS 2020	2020 Performance Level
Combination 10	21.28%	★
Lead Screening in Children		
Lead Screening in Children	80.85%	★★★
Immunizations for Adolescents		
Combination 1	NA	NC
Combination 2	NA	NC
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners[3]		
Ages 12 to 24 Months	85.00%	★
Ages 25 Months to 6 Years	69.95%	★
Ages 7 to 11 Years	77.08%	★
Ages 12 to 19 Years	75.22%	★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	70.22%	★
Ages 45 to 64 Years	88.65%	★★★
Ages 65+ Years	89.20%	★★★
Total	83.10%	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]		
Ages 3 Months to 17 Years	NA	NC
Ages 18 to 64 Years	33.65%	NC
Ages 65+ Years	32.69%	NC
Total	37.84%	NC
Appropriate Testing for Pharyngitis[2]		
Ages 3 to 17 Years	83.33%	NC
Ages 18 to 64 Years	50.00%	NC
Ages 65+ Years	NA	NC
Total	59.31%	NC
Appropriate Treatment for Upper Respiratory Infection[2]		
Ages 3 Months to 17 Years	89.68%	NC
Ages 18 to 64 Years	70.80%	NC
Ages 65+ Years	57.65%	NC
Total	74.68%	NC
Pregnancy Care		
Prenatal and Postpartum Care[2]		
Timeliness of Prenatal Care	90.12%	NC
Postpartum Care	67.90%	NC

Measure	HEDIS 2020	2020 Performance Level
Living With Illness		
Medication Management for People With Asthma		
Medication Compliance 50%—Total[1]	74.42%	★★★★★
Medication Compliance 75%—Total	55.81%	★★★★★
Asthma Medication Ratio		
Total	55.93%	★

[1]Performance Levels for 2020 were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.
[2]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to benchmarks are not performed for this measure.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.
2020 Performance Levels represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths

Strength: HAP Empowered's performance ranked at or above the 90th percentile for both *Medication Management for People With Asthma* measure indicators, indicating members 5 to 64 years of age, who were identified as having persistent asthma and dispensed appropriate asthma medications, continued to take the medications for 50 percent and 75 percent of the treatment period. Asthma is a treatable, reversible condition that affects more than 25 million people in the U.S. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs.[3-15]

Weaknesses

Weakness: HAP Empowered's performance for four out of nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, indicating children 2 years of age did not always receive immunizations. Immunizations are essential for disease prevention and are a critical aspect of preventive care for children.[3-16]

[3-15] National Committee for Quality Assurance. Medication Management for People with Asthma (MMA). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

[3-16] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Jan 20, 2021.

Why the weakness exists: The rates for four of the *Childhood Immunization Status* measure indicators ranked below the 25th percentile, suggesting barriers exist for children 2 years of age to receive immunizations.

Recommendation: HSAG recommends **HAP Empowered** conduct a root cause analysis or focused study to determine why some children 2 years of age did not receive immunizations. Upon identification of a root cause, **HAP Empowered** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.

Weakness: **HAP Empowered**'s performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members' use of asthma reliver medications were high in comparison with controller medications, indicating an increased need for asthma reliver medications and suggesting a lack of control for asthma. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school.[3-17]

Why the weakness exists: The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance.

Recommendation: HSAG recommends **HAP Empowered** conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **HAP Empowered** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

Weakness: **HAP Empowered**'s performance for all four *Children and Adolescents' Access to Primary Care Practitioners* measure indicators ranked below the 25th percentile, indicating children do not always have access to their primary care practitioners. Access to primary care is important for the health and well-being of children and adolescents. High-quality primary care services have been found to significantly reduce children's non-urgent ER visits.[3-18]

Why the weakness exists: The rates for all four *Children and Adolescents' Access to Primary Care Practitioners* measure indicators ranked below the 25th percentile, suggesting barriers exist for children to access their primary care practitioners.

Recommendation: HSAG recommends **HAP Empowered** conduct a root cause analysis or focused study to determine why some children did not access primary care services. Upon identification of a root cause, **HAP Empowered** should implement appropriate

[3-17] National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

[3-18] National Committee for Quality Assurance. Children and Adolescents' Access to Primary Care Practitioners (CAP). Available at: https://www.ncqa.org/hedis/measures/children-and-adolescents-access-to-primary-care-practitioners-cap/. Accessed on: Jan 20, 2021.

interventions to improve the performance related to the *Children and Adolescents' Access to Primary Care Practitioners* measure.

Weakness: **HAP Empowered**'s performance for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* measure indicator ranked below the 25th percentile, indicating members ages 20 to 44 years did not always access preventive or ambulatory health services. Access to preventive and ambulatory services provides an important opportunity for individuals to receive preventive services and to address acute or chronic conditions.[3-19]

Why the weakness exists: The rate for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* measure indicator ranked below the 25th percentile, suggesting barriers exist for members ages 20 to 44 years to access preventive or ambulatory health services.

Recommendation: HSAG recommends **HAP Empowered** conduct a root cause analysis or focused study to determine why some members ages 20 to 44 years did not have access to preventive or ambulatory health services. Upon identification of a root cause, **HAP Empowered** should implement appropriate interventions to improve the performance related to the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* measure.

Compliance Review

Performance Results

Table 3-22 presents the total number of criteria for each standard as well as the number of criteria for each standard that received a score of *Pass*, *Incomplete*, or *Fail*. Table 3-22 also presents **HAP Empowered**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

Table 3-22—Compliance Review Results for HAP

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	HAP	Statewide
1	Administrative	5	0	0	5	100%	100%
2	Provider	14	1	1	16	91%	94%
3	Member	13	1	0	14	96%	98%
4	Quality/Utilization	20	0	0	20	100%	99%
5	MIS/Data Reporting	14	1	0	15	97%	96%

[3-19] National Committee for Quality Assurance. Adults' Access to Preventative/Ambulatory Health Services (AAP). Available at: https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/. Accessed on: Jan 20, 2021.

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	HAP	Statewide
6	Program Integrity	27	1	0	28	98%	97%
	Overall	**93**	**4**	**1**	**98**	**97%**	**97%**

The overall compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: HAP Empowered demonstrated an adequate administrative structure, including an organizational chart, administrative positions, governing body, and participation in administrative meetings, which are necessary to effectively carry out managed care functions.

Strength: HAP Empowered's quality program demonstrated compliance with all requirements related to accreditation, the CHW program, addressing health disparities, vendor oversight, the member incentive program, performance measures, tobacco cessation, and PIPs. A comprehensive quality program is necessary to increase and sustain the quality of, and access to, timely healthcare and services received by members.

Weaknesses

Weakness: HAP Empowered scored below the statewide average in the Provider standard.

Why the weakness exists: Discrepancies in provider information were identified in **HAP Empowered**'s provider directory. Additionally, in the initial compliance review document submission, **HAP Empowered** did not address how it ensures that medical records are retained for 10 years for claims monitoring.

Recommendation: As MDHHS required a CAP to address these findings, HSAG recommends **HAP Empowered** ensure its CAP is fully implemented to mitigate the deficiency.

Weakness: HAP Empowered scored below the statewide average in the Member standard.

Why the weakness exists: HAP Empowered had an issue with timeliness; specifically, the requirement to provide member handbooks within five business days of request.

Recommendation: As **HAP Empowered** previously completed a CAP to address this finding and improved its timeliness for processing member requests for handbooks, HSAG has no additional recommendations.

Consumer Assessment of Healthcare Providers and Systems Analysis

Performance Results

Table 3-23 presents **HAP Empowered**'s 2020 adult and child Medicaid CAHPS top-box scores.

Table 3-23—Summary of 2020 Adult and Child Medicaid CAHPS Top-Box Scores for HAP

	2020 Adult Medicaid	2020 Child Medicaid
Global Ratings		
Rating of Health Plan	70.4% ↑	55.7%* ↓
Rating of All Health Care	58.9%	71.7%*
Rating of Personal Doctor	72.4%	73.6%*
Rating of Specialist Seen Most Often	70.8%	91.7%* ↑
Composite Measures		
Getting Needed Care	86.8%	93.6%* ↑
Getting Care Quickly	86.4%	97.8%* ↑
How Well Doctors Communicate	94.6%	97.7%*
Customer Service	91.8%	86.4%*
Individual Item Measure		
Coordination of Care	85.6%	100.0%* ↑
Effectiveness of Care Measures**		
Advising Smokers and Tobacco Users to Quit	81.0%	
Discussing Cessation Medications	67.3% ↑	
Discussing Cessation Strategies	55.5% ↑	

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Strengths

Strength: Adult members enrolled in **HAP Empowered** had more positive experiences with their health plan, since the score for this measure was at least 5 percentage points greater than the 2019 NCQA adult Medicaid national average. In addition, two of the Effectiveness of Care scores were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages.

Strength: Parents/caretakers of child members enrolled in **HAP Empowered** had more positive experiences with the specialist their child saw most often, getting the care they needed for their child, timeliness of getting care, and coordination of care, since the scores for these measures were at least 5 percentage points greater than the 2019 NCQA child Medicaid national averages.

Weaknesses

Weakness: Parents/caretakers of child members had less positive overall experiences with their child's health plan. The score for this measure was at least 5 percentage points less than the 2019 NCQA child Medicaid national average.

Why the weakness exists: Parents/caretakers of child members are reporting a more negative experience with their child's health plan compared to national benchmarks.

Recommendation: HSAG recommends that **HAP Empowered** focus on improving parents/caretakers of child members' overall experiences with their child's health plan.

Due to minimal CSHCS enrollment, HAP Empowered was not included in the 2020 survey administration; therefore, results are not available for this population.

Table 3-24 presents **HAP Empowered**'s 2020 CAHPS top-box scores for Healthy Michigan.

Table 3-24—Summary of 2020 Healthy Michigan CAHPS Top-Box Scores for HAP

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	54.8% ↓
Rating of All Health Care	57.0%*
Rating of Personal Doctor	65.5%
Rating of Specialist Seen Most Often	73.6%* ↑
Composite Measures	
Getting Needed Care	88.9%* ↑
Getting Care Quickly	85.8%*
How Well Doctors Communicate	97.1%* ↑
Customer Service	91.4%*
Individual Item Measure	
Coordination of Care	85.1%*

	2020 Top-Box Score
Effectiveness of Care Measures**	
Advising Smokers and Tobacco Users to Quit	68.1% ↓
Discussing Cessation Medications	50.4%
Discussing Cessation Strategies	45.7%

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Healthy Michigan

Strengths

Strength: Adult members enrolled in **HAP Empowered** had more positive experiences with the specialist they saw most often, getting the care they needed, and communication with their doctor, since the scores for these measures were at least 5 percentage points higher than the 2019 adult Medicaid national averages.

Weaknesses

Weakness: Adult members had less positive overall experiences with their health plan, as the score for this measure was at least 5 percentage points less than the 2019 NCQA adult Medicaid national average. In addition, one Effectiveness of Care score, *Advising Smokers and Tobacco Users to Quit*, was at least 5 percentage points lower than the 2019 adult Medicaid national average.

Why the weakness exists: There may be a factor at the health plan that contributed to less positive member experience with the care and services being provided by **HAP Empowered**. Providers may not be advising members who smoke or use tobacco to quit as much as other providers compared to national benchmarks.

Recommendation: HSAG recommends that **HAP Empowered** focus on improving members' overall experiences with their health plan, as well as on quality improvement initiatives to provide medical assistance with smoking and tobacco use cessation.

McLaren Health Plan

Validation of Performance Improvement Projects

Performance Results

Table 3-25 displays the overall validation status; the baseline, Remeasurement 1, and Remeasurement 2 results; and the MHP-designated goal for each study indicator.

Table 3-25—Overall Validation Rating for MCL

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	Goal
Addressing Disparities in Timeliness of Prenatal Care	*Not Met*	1. The percentage of eligible pregnant women residing in Region 7 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	63.8%	85.5% ↑	78.3% ⇔	71%
		2. The percentage of eligible pregnant women residing in Region 6 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	71.2%	74.2% ⇔	66.3% ⇔	71%

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-26 displays the interventions implemented to address the barriers identified by the MHP using quality improvement and causal/barrier analysis processes.

Table 3-26—Remeasurement 2 Interventions for MCL

Intervention Descriptions	
Face-to-face provider education conducted by network development staff members. Timely prenatal care guidelines are provided during the visit.	Developed improved reporting to capture members who are pregnant and determine the estimated date of conception (EDC) from the State report.
Expanded member outreach to remind and educate on the importance of timely prenatal care.	Developed a report to capture International Classification of Diseases, Tenth Revision (ICD-10) pregnancy codes.

Strengths, Weaknesses, and Recommendations

Strengths	**Strength: McLaren Health Plan** designed a methodologically sound PIP.
	Strength: McLaren Health Plan used appropriate quality improvement tools to conduct a causal/barrier analysis and prioritize the identified barriers.
Weaknesses	**Weakness:** Although **McLaren Health Plan** removed the disparity between the two population subgroups, the performance for the second study indicator fell below the baseline rate for the second remeasurement period. **Why the weakness exists:** While it is unclear what specifically led to the decrease in performance in Region 6, **McLaren Health Plan** focused its efforts on Region 7 as they were the lower performing region, suggesting lack of focus on Region 6 may have contributed to the lower performance rate. **Recommendation:** As **McLaren Health Plan** progresses to the third remeasurement period, HSAG recommends revisiting the causal/barrier analysis process and ensuring it includes both regions so interventions are implemented as appropriate.

Performance Measure Validation

Performance Results

McLaren Health Plan was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the 2020 HEDIS Compliance Audit Report findings, **McLaren Health Plan** was fully compliant with six of the seven IS standards.

McLaren Health Plan's auditor noted that **McLaren Health Plan** was not fully compliant with the following standard:

- IS 6.0: Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity

Table 3-27 displays the HEDIS 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles[3-20] for **McLaren Health Plan**.

[3-20] HEDIS 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS 2019 (referred to as "percentiles" throughout this section of the report).

Table 3-27—HEDIS 2020 Performance Measure Results for MCL

Measure	HEDIS 2020	2020 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	70.56%	★★
Combination 3	63.99%	★
Combination 4	62.77%	★
Combination 5	53.77%	★
Combination 6	33.09%	★★
Combination 7	52.80%	★
Combination 8	32.85%	★★
Combination 9	27.98%	★
Combination 10	27.74%	★
Lead Screening in Children		
Lead Screening in Children	82.73%	★★★★
Immunizations for Adolescents		
Combination 1	86.37%	★★★★
Combination 2	34.55%	★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners[3]		
Ages 12 to 24 Months	94.36%	★★
Ages 25 Months to 6 Years	87.62%	★★
Ages 7 to 11 Years	90.83%	★★
Ages 12 to 19 Years	89.06%	★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	78.10%	★★
Ages 45 to 64 Years	86.53%	★★★
Ages 65+ Years	86.07%	★★
Total	81.33%	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]		
Ages 3 Months to 17 Years	58.97%	NC
Ages 18 to 64 Years	38.43%	NC
Ages 65+ Years	NA	NC
Total	47.71%	NC
Appropriate Testing for Pharyngitis[2]		
Ages 3 to 17 Years	82.55%	NC
Ages 18 to 64 Years	69.16%	NC
Ages 65+ Years	NA	NC

Measure	HEDIS 2020	2020 Performance Level
Total	77.73%	NC
Appropriate Treatment for Upper Respiratory Infection[2]		
Ages 3 Months to 17 Years	90.12%	NC
Ages 18 to 64 Years	77.09%	NC
Ages 65+ Years	NA	NC
Total	85.77%	NC
Pregnancy Care		
Prenatal and Postpartum Care[2]		
Timeliness of Prenatal Care	88.32%	NC
Postpartum Care	74.45%	NC
Living With Illness		
Medication Management for People With Asthma		
Medication Compliance 50%—Total[1]	87.49%	★★★★★
Medication Compliance 75%—Total	74.34%	★★★★★
Asthma Medication Ratio		
Total	57.20%	★

[1]Performance Levels for 2020 were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.
[2]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to benchmarks are not performed for this measure.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.
2020 Performance Levels represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths

Strength: McLaren Health Plan's performance ranked at or above the 90th percentile for both *Medication Management for People With Asthma* measure indicators, indicating members 5 to 64 years of age, who were identified as having persistent asthma and dispensed appropriate asthma medications, continued to take the medications for 50 percent and 75 percent of the treatment period. Asthma is a treatable, reversible condition that affects more than 25 million people in the U.S. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs.[3-21]

Strength: McLaren Health Plan's performance ranked between the 75th and 89th percentile for the *Lead Screening in Children* measure indicator, indicating children 2 years of age had one or more capillary or venous lead blood tests for lead poisoning by their second birthday, which causes damage to the brain and other vital organs, as well as intellectual and behavioral deficits. Children who are exposed to lead often have no obvious symptoms, so lead poisoning often goes unrecognized.[3-22]

Strength: McLaren Health Plan's performance ranked between the 75th and 89th percentile for the *Immunizations for Adolescents—Combination 1* measure indicator, indicating adolescents 13 years of age are receiving the meningococcal and Tdap immunizations, which are important for avoidance of vaccine-preventable diseases.[3-23]

Weaknesses

Weakness: McLaren Health Plan's performance for six out of nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, indicating children 2 years of age did not always receive immunizations. Immunizations are essential for disease prevention and are a critical aspect of preventive care for children.[3-24]

Why the weakness exists: The rates for six of the *Childhood Immunization Status* measure indicators ranked below the 25th percentile, suggesting barriers exist for children 2 years of age to receive immunizations.

Recommendation: HSAG recommends **McLaren Health Plan** conduct a root cause analysis or focused study to determine why some children 2 years of age did not receive immunizations. Upon identification of a root cause, **McLaren Health Plan** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.

[3-21] National Committee for Quality Assurance. Medication Management for People with Asthma (MMA). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

[3-22] National Committee for Quality Assurance. Lead Screening in Children (LSC). Available at: https://www.ncqa.org/hedis/measures/lead-screening-in-children/. Accessed on: Jan 20, 2021.

[3-23] National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/. Accessed on: Jan 20, 2021.

[3-24] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Jan 20, 2021.

Weakness: **McLaren Health Plan**'s performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school.[3-25]

Why the weakness exists: The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance.

Recommendation: HSAG recommends **McLaren Health Plan** conduct a root cause analysis or focused study to help identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **McLaren Health Plan** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

Compliance Review

Performance Results

Table 3-28 presents the total number of criteria for each standard as well as the number of criteria for each standard that received a score of *Pass*, *Incomplete*, or *Fail*. Table 3-28 also presents **McLaren Health Plan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

Table 3-28—Compliance Review Results for MCL

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	MCL	Statewide
1	Administrative	5	0	0	5	100%	100%
2	Provider	15	0	1	16	94%	94%
3	Member	13	1	0	14	96%	98%
4	Quality/Utilization	20	0	0	20	100%	99%

[3-25] National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	MCL	Statewide
5	MIS/Data Reporting	12	3	0	15	90%	96%
6	Program Integrity	28	0	0	28	100%	97%
	Overall	**93**	**4**	**1**	**98**	**97%**	**97%**

The overall compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: McLaren Health Plan demonstrated an adequate administrative structure, including an organizational chart, administrative positions, governing body, and participation in administrative meetings, which are necessary to effectively carry out managed care functions.

Strength: McLaren Health Plan's quality program demonstrated compliance with all requirements related to accreditation, the CHW program, addressing health disparities, vendor oversight, the member incentive program, performance measures, tobacco cessation, and PIPs. A comprehensive quality program is necessary to increase and sustain the quality of, and access to, timely healthcare and services received by members.

Strength: McLaren Health Plan demonstrated a sufficient compliance program, including adequacy policies and procedures, employee education on FWA, communication between internal and external partners, internal monitoring of utilization and billing practices, and auditing and investigation practices. A comprehensive compliance program promotes the prevention, detection, and resolution of instances of conduct that do not conform to federal and state law, or to federal healthcare program requirements.

Weaknesses

Weakness: McLaren Health Plan scored below the statewide average in the Member standard.

Why the weakness exists: McLaren Health Plan did not meet the 10-business-day standard for mailing ID cards and member handbooks in all instances.

Recommendation: As **McLaren Health Plan** previously submitted a CAP to address these findings, which was approved by MDHHS, HSAG recommends **McLaren Health Plan** ensure its CAP is fully implemented to mitigate the deficiencies.

Weakness: McLaren Health Plan scored below the statewide average in the MIS/Data Reporting standard.

Why the weakness exists: **McLaren Health Plan** did not submit the physician incentive program attestation form and all third-party liability recovery policies and procedures in its initial submission. Further, **McLaren Health Plan** had non-compliant pharmacy claims rejections.

Recommendation: As **McLaren Health Plan** previously submitted a CAP to address these findings, which was approved by MDHHS, HSAG has no further recommendations.

Consumer Assessment of Healthcare Providers and Systems Analysis

Performance Results

Table 3-29 presents **McLaren Health Plan**'s 2020 adult and child Medicaid CAHPS top-box scores.

Table 3-29—Summary of 2020 Adult and Child Medicaid CAHPS Top-Box Scores for MCL

	2020 Adult Medicaid	2020 Child Medicaid
Global Ratings		
Rating of Health Plan	61.6%	68.1%
Rating of All Health Care	54.8%	67.2%
Rating of Personal Doctor	66.5%	76.8%
Rating of Specialist Seen Most Often	66.7%*	65.5%* ↓
Composite Measures		
Getting Needed Care	87.9% ↑	84.3%
Getting Care Quickly	83.9%	87.7%
How Well Doctors Communicate	93.8%	95.4%
Customer Service	87.7%*	90.8%*
Individual Item Measure		
Coordination of Care	80.2%*	76.0%* ↓
Effectiveness of Care Measures**		
Advising Smokers and Tobacco Users to Quit	79.0%	
Discussing Cessation Medications	56.7%	
Discussing Cessation Strategies	50.3%	

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Strengths

Strength: Adult members enrolled in **McLaren Health Plan** had positive experiences getting the care they needed, since the score for this measure was at least 5 percentage points greater than the 2019 NCQA adult Medicaid national average.

Weaknesses

Weakness: Parents/caretakers of child members enrolled in **McLaren Health Plan** had less positive overall experiences with the specialist their child saw most often and coordination of care, since the scores for these measures were at least 5 percentage points less than the 2019 NCQA child Medicaid national averages.

Why the weakness exists: **McLaren Health Plan** providers may not be as informed and up-to-date about the care child members are receiving as much as other providers compared to national benchmarks, which may be leading to less positive experiences in other areas. Parents/caretakers of child members are reporting a more negative experience with their child's specialist compared to national benchmarks.

Recommendation: HSAG recommends that **McLaren Health Plan** explore what may be driving lower experience scores and develop initiatives designed to improve quality of care and coordination of care. In addition, **McLaren Health Plan** should focus on improving parents/caretakers of child members' overall experiences with children's specialists.

Table 3-30 presents **McLaren Health Plan**'s 2020 CSHCS Survey top-box scores.

Table 3-30—Summary of 2020 CSHCS Survey Top-Box Scores for MCL

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	66.4%
Rating of Health Care	70.9% NA
Rating of Specialist Seen Most Often	73.7%
Rating of CMDS Clinic	78.0%* NA
Rating of Beneficiary Help Line	46.2%* NA
Composite Measures	
Customer Service	86.8%*
How Well Doctors Communicate	95.3%* NA
Access to Specialized Services	77.2%* NA
Transportation	81.7%* NA

	2020 Top-Box Score
CSHCS Family Center	63.3%* NA
Individual Item Measures	
Access to Prescription Medicines	91.0%
CMDS Clinics	77.5%* NA
Local Health Department Services	69.6% NA
Beneficiary Help Line	70.0%* NA

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
NA indicates a national average is not available for the measure.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—CSHCS

Strengths

Strength: HSAG did not identify any strengths for **McLaren Health Plan** for the CSHCS Survey as the 2020 score was not at least 5 percentage points greater than the 2019 national average.

Weaknesses

Weakness: HSAG did not identify any weaknesses for **McLaren Health Plan** for the CSHCS Survey as the 2020 score was not at least 5 or more percentage points less than the 2019 national average.

Table 3-31 presents **McLaren Health Plan**'s 2020 CAHPS top-box scores for Healthy Michigan.

Table 3-31—Summary of 2020 Healthy Michigan CAHPS Top-Box Scores for MCL

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	60.9%
Rating of All Health Care	58.7%
Rating of Personal Doctor	63.8%
Rating of Specialist Seen Most Often	58.0% ↓

	2020 Top-Box Score
Composite Measures	
Getting Needed Care	86.7%
Getting Care Quickly	83.6%
How Well Doctors Communicate	95.7%
Customer Service	92.5%*
Individual Item Measure	
Coordination of Care	84.0%*
Effectiveness of Care Measures**	
Advising Smokers and Tobacco Users to Quit	77.1%
Discussing Cessation Medications	54.4%
Discussing Cessation Strategies	48.1%

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Healthy Michigan

Strengths

Strength: HSAG did not identify any strengths for **McLaren Health Plan** for the HMP CAHPS survey.

Weaknesses

Weakness: Adult members of **McLaren Health Plan** had less positive experiences with the specialist they saw most often, since the score for this measure was at least 5 percentage points lower than the 2019 adult Medicaid national average.

Why the weakness exists: Members are reporting a more negative experience with their specialist compared to national benchmarks.

Recommendation: HSAG recommends that **McLaren Health Plan** explore what may be driving lower experience scores and focus on improving the care specialists are providing to members.

Meridian Health Plan of Michigan

Validation of Performance Improvement Projects

Performance Results

Table 3-32 displays the overall validation status; and the baseline, Remeasurement 1, and Remeasurement 2 results.

Table 3-32—Overall Validation Rating for MER

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	Goal
Addressing Disparities in Timeliness of Prenatal Care	*Not Met*	1. The percentage of eligible pregnant women residing in Region 3 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	74.7%	70.5% ⇔	60.6%↓	
		2. The percentage of eligible pregnant women residing in Region 5 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	81.9%	77.1% ⇔	69.3%↓	

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-33 displays the interventions implemented to address the barriers identified by the MHP using quality improvement and causal/barrier analysis processes.

Table 3-33—Remeasurement 2 Interventions for MER

Intervention Descriptions	
Faxed PPC HEDIS measure specifications to all OB/GYN providers in Regions 3 and 5. The fax educated providers on updated HEDIS specifications and appropriate timeline and billing for PPC HEDIS measure.	Expanded member outreach by Member Services Department. When members who are identified as pregnant contact the health plan via phone, they are also reminded about the need for timely prenatal care.

Intervention Descriptions	
Used Admission, Discharge, and Transfer (ADT) feed to identify members who have not initiated regular prenatal care and may be using the ED instead. In addition, updated demographics are provided with each visit to the hospital through the ADT feeds. The MHP uses interactive ADT dashboards to identify ED usage trends and conducts outreach to members based on their ED usage.	Developed an unable to reach (UTR) process to implement when a member is UTR by phone after two attempts. Members will receive a CHW referral for a home visit to provide education on the importance of seeking prenatal care and ensure connection to care. CHWs assist members during the home visit with finding providers, appointment scheduling, and transportation scheduling if needed.
The Member Services Department ensured members have a connection to care by assisting them with finding providers, appointment scheduling, and transportation scheduling if needed.	Used the State's 834 enrollment file to flag any new pregnant woman enrolling into the MHP. The pregnancy flag includes the expected due date so the MHP can calculate when the prenatal visit needs to occur.
Distributed PPC HEDIS measure lists and education to providers for noncompliant members.	Network development expanded provider access, specifically for OB/GYN providers in Region 3, while upholding the access standard in Region 5.
Region 3 members receive a $15 gift card incentive for the completion of the PPC HEDIS measure.	Programmed the administrative system to identify pregnant members sooner.
Providers received a $30 bonus per member when the first prenatal visit occurred during the first trimester, or within 42 days of enrollment. Promoted HEDIS bonuses and clinical practice guidelines using a distributed educational flyer.	

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Meridian Health Plan of Michigan designed a methodologically sound PIP.

Strength: Meridian Health Plan of Michigan used appropriate quality improvement tools to conduct a causal/barrier analysis and developed a collaborative team to identify and prioritize barriers.

Weaknesses

Weakness: Meridian Health Plan of Michigan did not meet the goal of removing the regional disparity and demonstrated a significant decrease in performance for both study indicators.

Why the weakness exists: While it is unclear what led to the decrease in prenatal care visits, **Meridian Health Plan of Michigan** documented that a full medical record review was not conducted due to COVID-19. The study indicator rates should be interpreted with caution as the same methodology was not used across measurement periods.

Recommendation: HSAG recommends **Meridian Health Plan of Michigan** use the same data collection method for each measurement period. As reasonable, the MHP should attempt to collect medical records for Remeasurement 2 in the subsequent year and update the study indicator data as appropriate.

Performance Measure Validation

Performance Results

Meridian Health Plan of Michigan was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the 2020 HEDIS Compliance Audit Report findings, **Meridian Health Plan of Michigan** was fully compliant with all seven IS standards.

According to the auditor's review, **Meridian Health Plan of Michigan** followed the NCQA HEDIS 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-34 displays the HEDIS 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles[3-26] for **Meridian Health Plan of Michigan**.

Table 3-34—HEDIS 2020 Performance Measure Results for MER

Measure	HEDIS 2020	2020 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	71.33%	★★
Combination 3	67.60%	★★
Combination 4	66.75%	★★
Combination 5	58.46%	★★
Combination 6	36.53%	★★
Combination 7	57.79%	★★
Combination 8	36.30%	★★
Combination 9	32.54%	★★
Combination 10	32.34%	★★
Lead Screening in Children		
Lead Screening in Children	77.51%	★★★
Immunizations for Adolescents		
Combination 1	84.43%	★★★
Combination 2	38.44%	★★★

[3-26] HEDIS 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS 2019 (referred to as "percentiles" throughout this section of the report).

Measure	HEDIS 2020	2020 Performance Level
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners[3]		
Ages 12 to 24 Months	95.77%	★★★
Ages 25 Months to 6 Years	89.28%	★★★
Ages 7 to 11 Years	91.50%	★★★
Ages 12 to 19 Years	91.02%	★★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	80.91%	★★★
Ages 45 to 64 Years	88.76%	★★★
Ages 65+ Years	95.43%	★★★★★
Total	84.02%	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]		
Ages 3 Months to 17 Years	61.92%	NC
Ages 18 to 64 Years	37.45%	NC
Ages 65+ Years	29.27%	NC
Total	49.29%	NC
Appropriate Testing for Pharyngitis[2]		
Ages 3 to 17 Years	78.99%	NC
Ages 18 to 64 Years	63.96%	NC
Ages 65+ Years	NA	NC
Total	73.82%	NC
Appropriate Treatment for Upper Respiratory Infection[2]		
Ages 3 Months to 17 Years	91.15%	NC
Ages 18 to 64 Years	75.27%	NC
Ages 65+ Years	75.65%	NC
Total	86.80%	NC
Pregnancy Care		
Prenatal and Postpartum Care[2]		
Timeliness of Prenatal Care	79.81%	NC
Postpartum Care	69.59%	NC
Living With Illness		
Medication Management for People With Asthma		
Medication Compliance 50%—Total[1]	65.67%	★★★★
Medication Compliance 75%—Total	41.37%	★★★

Measure	HEDIS 2020	2020 Performance Level
Asthma Medication Ratio		
Total	63.10%	★★

[1]Performance Levels for 2020 were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.
[2]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to benchmarks are not performed for this measure.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.
2020 Performance Levels represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Meridian Health Plan of Michigan's performance ranked at or above the 90th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+Years* measure indicator, indicating members 65 years of age and older had an ambulatory or preventive care visit. Access to preventive and ambulatory services provides an important opportunity for individuals to receive preventive services and address acute or chronic conditions.[3-27]

Strength: Meridian Health Plan of Michigan's performance ranked between the 75th and 89th percentile for the *Medication Management for People With Asthma—Medication Compliance 50%—Total* measure indicator, indicating members 5 to 64 years of age, who were identified as having persistent asthma and dispensed appropriate asthma medications, continued to take the medications for 50 percent of the treatment period. Asthma is a treatable, reversible condition that affects more than 25 million people in the U.S. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs.[3-28]

[3-27] National Committee for Quality Assurance. Adults' Access to Preventative/Ambulatory Health Services (AAP). Available at: https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/. Accessed on: Jan 20, 2021.

[3-28] National Committee for Quality Assurance. Medication Management for People with Asthma (MMA). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

Weaknesses

Weakness: **Meridian Health Plan of Michigan**'s performance for all *Childhood Immunization Status* measure indicators ranked between the 25th and 49th percentile, indicating children 2 years of age did not always receive immunizations. Immunizations are essential for disease prevention and are a critical aspect of preventive care for children.[3-29]

Why the weakness exists: The rate for all of the *Childhood Immunization Status* measure indicators ranked between the 25th and 49th percentile, suggesting barriers exist for children 2 years of age to receive immunizations.

Recommendation: HSAG recommends **Meridian Health Plan of Michigan** conduct a root cause analysis or focused study to determine why some children 2 years of age did not receive immunizations. Upon identification of a root cause, **Meridian Health Plan of Michigan** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.

Weakness: **Meridian Health Plan of Michigan**'s performance for the *Asthma Medication Ratio* measure ranked between the 25th and 49th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school.[3-30]

Why the weakness exists: The rate for the *Asthma Medication Ratio* measure ranked between the 25th and 49th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance.

Recommendation: HSAG recommends **Meridian Health Plan of Michigan** conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **Meridian Health Plan of Michigan** should implement appropriate interventions to improve the performance related to the *Asthma Medication* Ratio measure.

[3-29] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Jan 20, 2021.

[3-30] National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

Compliance Review

Performance Results

Table 3-35 presents the total number of criteria for each standard as well as the number of criteria for each standard that received a score of *Pass*, *Incomplete*, or *Fail*. Table 3-35 also presents **Meridian Health Plan of Michigan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

Table 3-35—Compliance Review Results for MER

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	MER	Statewide
1	Administrative	5	0	0	5	100%	100%
2	Provider	16	0	0	16	100%	94%
3	Member	14	0	0	14	100%	98%
4	Quality/Utilization	20	0	0	20	100%	99%
5	MIS/Data Reporting	15	0	0	15	100%	96%
6	Program Integrity	28	0	0	28	100%	97%
	Overall	**98**	**0**	**0**	**98**	**100%**	**97%**

The overall compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Meridian Health Plan of Michigan demonstrated an adequate administrative structure, including an organizational chart, administrative positions, governing body, and participation in administrative meetings, which are necessary to effectively carry out managed care functions.

Strength: Meridian Health Plan of Michigan ensured that services are available and accessible to members in a timely manner through the maintenance of provider/pharmacy contracts and the provider directory; subcontract policies and monitoring; providing 24/7 access to member assistance and provider authorizations; maintaining an adequate number of providers and specialists; pharmacy benefits manager (PBM); processes for community health coordination and communication with providers; claims monitoring; and MIHP activities.

Strength: Meridian Health Plan of Michigan maintained sufficient procedures to ensure members have access to service authorization processes; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services.

Strength: Meridian Health Plan of Michigan's quality program demonstrated compliance with all requirements related to accreditation, the CHW program, addressing health disparities, vendor oversight, the member incentive program, performance measures, tobacco cessation, and PIPs. A comprehensive quality program is necessary to increase and sustain the quality of, and access to, timely healthcare and services received by members.

Strength: Meridian Health Plan of Michigan maintained an HIS that collected, analyzed, integrated, and reported data in various program areas and functions; for example, member enrollment and disenrollment, provider enrollment, claims payment, grievance and appeal tracking, and quality reporting. An HIS that collects, analyzes, and reports health information is necessary to support healthcare-related decision making and drive improved healthcare outcomes.

Strength: Meridian Health Plan of Michigan demonstrated a sufficient compliance program, including adequacy policies and procedures, employee education on FWA, communication between internal and external partners, internal monitoring of utilization and billing practices, and auditing and investigation practices. A comprehensive compliance program promotes the prevention, detection, and resolution of instances of conduct that do not conform to federal and state law, or to federal healthcare program requirements.

Weaknesses

Weakness: No weaknesses were identified. **Meridian Health Plan of Michigan** achieved full compliance in all standards.

Why the weakness exists: NA

Recommendation: Meridian Health Plan of Michigan achieved full compliance in all standards; therefore, HSAG has no recommendations.

Consumer Assessment of Healthcare Providers and Systems Analysis

Performance Results

Table 3-36 presents **Meridian Health Plan of Michigan**'s 2020 adult and child Medicaid CAHPS top-box scores.

Table 3-36—Summary of 2020 Adult and Child Medicaid CAHPS Top-Box Scores for MER

	2020 Adult Medicaid	2020 Child Medicaid
Global Ratings		
Rating of Health Plan	63.0%	67.9%
Rating of All Health Care	53.5%	66.2%
Rating of Personal Doctor	61.8% ↓	75.6%
Rating of Specialist Seen Most Often	61.7% ↓	73.8%*
Composite Measures		
Getting Needed Care	81.3%	85.7%
Getting Care Quickly	80.1%	92.9%
How Well Doctors Communicate	93.3%	95.5%
Customer Service	89.9%	87.5%*
Individual Item Measure		
Coordination of Care	87.6%	88.2%
Effectiveness of Care Measures**		
Advising Smokers and Tobacco Users to Quit	78.1%	
Discussing Cessation Medications	55.0%	
Discussing Cessation Strategies	46.9%	

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Strengths

Strength: HSAG did not identify any strengths for **Meridian Health Plan of Michigan** for the CAHPS surveys as the 2020 score was not at least 5 percentage points greater than the 2019 national average.

Weaknesses

Weakness: Adult members enrolled in **Meridian Health Plan of Michigan** had less positive overall experiences with their personal doctor and specialist they saw most often. The scores for these measures were at least 5 percentage points less than the 2019 NCQA adult Medicaid national averages.

Why the weakness exists: Adult members are reporting more negative experiences with their personal doctor and specialist compared to national benchmarks.

Recommendation: HSAG recommends that **Meridian Health Plan of Michigan** focus on improving members' overall experiences with their personal doctor and specialist. **Meridian Health Plan of Michigan** should explore what may be driving lower experience scores for these measures.

Table 3-37 presents **Meridian Health Plan of Michigan**'s 2020 CSHCS Survey top-box scores. The following measure could not be displayed in the table because this measure had fewer than 11 responses and was suppressed: *CSHCS Family Center*.

Table 3-37—Summary of 2020 CSHCS Survey Top-Box Scores for MER

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	73.8% ↑
Rating of Health Care	73.1% NA
Rating of Specialist Seen Most Often	79.0% ↑
Rating of CMDS Clinic	83.3%* NA
Rating of Beneficiary Help Line	50.0%* NA
Composite Measures	
Customer Service	91.0%
How Well Doctors Communicate	95.5% NA
Access to Specialized Services	72.1%* NA
Transportation	91.6%* NA
Individual Item Measures	
Access to Prescription Medicines	92.1%
CMDS Clinics	92.6%* NA
Local Health Department Services	76.7% NA
Beneficiary Help Line	83.3%* NA

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
NA indicates a national average is not available for the measure.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—CSHCS

Strengths

Strength: Parents/caretakers of child members enrolled in **Meridian Health Plan of Michigan** had more positive experiences with their child's health plan and the specialist their child saw most often, since the scores for these measures were at least 5 percentage points greater than the 2019 NCQA child Medicaid national averages.

Weaknesses

Weakness: HSAG did not identify any weaknesses for **Meridian Health Plan of Michigan** for the CSHCS Survey.

Table 3-38 presents **Meridian Health Plan of Michigan**'s 2020 CAHPS top-box scores for Healthy Michigan.

Table 3-38—Summary of 2020 Healthy Michigan CAHPS Top-Box Scores for MER

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	65.5% ↑
Rating of All Health Care	58.2%
Rating of Personal Doctor	65.9%
Rating of Specialist Seen Most Often	61.1%* ↓
Composite Measures	
Getting Needed Care	82.5%
Getting Care Quickly	84.1%
How Well Doctors Communicate	94.7%
Customer Service	86.0%*
Individual Item Measure	
Coordination of Care	84.7%*
Effectiveness of Care Measures**	
Advising Smokers and Tobacco Users to Quit	78.0%
Discussing Cessation Medications	57.8%
Discussing Cessation Strategies	45.3%

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Healthy Michigan

Strengths

Strength: Adult members of **Meridian Health Plan of Michigan** had more positive experiences with their health plan, since the score for this measure was at least 5 percentage points higher than the 2019 adult Medicaid national average.

Weaknesses

Weakness: Adult members of **Meridian Health Plan of Michigan** had less positive experiences with the specialist they saw most often, since the score for this measure was at least 5 percentage points lower than the 2019 adult Medicaid national average.

Why the weakness exists: Members are reporting a more negative experience with their specialist compared to national benchmarks.

Recommendation: HSAG recommends that **Meridian Health Plan of Michigan** explore what may be driving lower experience scores and focus on improving the care specialists are providing to members.

Molina Healthcare of Michigan

Validation of Performance Improvement Projects

Performance Results

Table 3-39 displays the overall validation status; the baseline, Remeasurement 1, and Remeasurement 2 results; and the MHP-designated goal for each study indicator.

Table 3-39—Overall Validation Rating for MOL

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	Goal
Addressing Disparities in Timeliness of Prenatal Care	*Met*	1. The percentage of eligible African American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	62.5%	61.8% ⇔	94.9% ↑	87.6%
		2. The percentage of eligible Caucasian women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	71.4%	70.3% ⇔	96.7% ↑	87.6%

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-40 displays the interventions implemented to address the barriers identified by the MHP using quality improvement and causal/barrier analysis processes.

Table 3-40—Remeasurement 2 Interventions for MOL

Intervention Descriptions	
Emailed notification to women of childbearing age to direct members to the pregnancy program information on the MHP's website; directed members regarding where to call to notify the MHP of their pregnancy and enroll in the enhanced dental benefit for pregnant women; and provided a link to the Health in Hand application, which	Provider Service and Provider Engagement Teams reminded providers to co-sign intake forms, which are completed by a registered nurse during their regularly scheduled discussion of the PPC HEDIS specifications. Spoke with staff members at high performing sites who service primarily Caucasian members to determine any

Intervention Descriptions	
provides pregnancy information and trackers that members can access using their phone.	best practices or resources that can be shared with the lower performing sites servicing primarily African-American members.
Reviewed performance results of high-volume prenatal care providers and targeted low performers to reeducate on the prenatal measure.	Women's health postcard mailed quarterly. The post card educates women of childbearing age to schedule appointment as soon as they think they are pregnant.
Conducted outreach to African-American women entering the MHP due to pregnancy to encourage scheduling prenatal appointments. Reassured women of the safety precautions the provider office has in place due to COVID-19.	

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Molina Healthcare of Michigan met 100 percent of the requirements for data analysis and implementation of improvement strategies.

Strength: Molina Healthcare of Michigan demonstrated statistically significant improvement over the baseline rate during the second remeasurement period for both study indicators.

Weaknesses

Weakness: Molina Healthcare of Michigan did not achieve the goal of removing the racial disparity.

Why the weakness exists: While it is unclear why the disparity remains, **Molina Healthcare of Michigan** has made progress in improving performance among the disparate group.

Recommendation: HSAG recommends, as **Molina Healthcare of Michigan** progresses into the third remeasurement, the MHP revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions.

Performance Measure Validation

Performance Results

Molina Healthcare of Michigan was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the 2020 HEDIS Compliance Audit Report findings, **Molina Healthcare of Michigan** was fully compliant with all seven IS standards.

According to the auditor's review, **Molina Healthcare of Michigan** followed the NCQA HEDIS 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-41 displays the HEDIS 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles[3-31] for **Molina Healthcare of Michigan**.

Table 3-41—HEDIS 2020 Performance Measure Results for MOL

Measure	HEDIS 2020	2020 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	75.91%	★★★
Combination 3	71.29%	★★★
Combination 4	70.32%	★★★
Combination 5	61.80%	★★★
Combination 6	38.93%	★★
Combination 7	61.07%	★★★
Combination 8	38.93%	★★
Combination 9	33.82%	★★
Combination 10	33.82%	★★
Lead Screening in Children		
Lead Screening in Children	78.83%	★★★
Immunizations for Adolescents		
Combination 1	87.59%	★★★★
Combination 2	42.09%	★★★★

[3-31] HEDIS 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS 2019 (referred to as "percentiles" throughout this section of the report).

Measure	HEDIS 2020	2020 Performance Level
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners[3]		
Ages 12 to 24 Months	94.82%	★★
Ages 25 Months to 6 Years	87.66%	★★
Ages 7 to 11 Years	90.81%	★★
Ages 12 to 19 Years	90.50%	★★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	78.91%	★★★
Ages 45 to 64 Years	87.19%	★★★
Ages 65+ Years	93.18%	★★★★
Total	82.61%	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]		
Ages 3 Months to 17 Years	56.03%	NC
Ages 18 to 64 Years	37.43%	NC
Ages 65+ Years	38.14%	NC
Total	47.10%	NC
Appropriate Testing for Pharyngitis[2]		
Ages 3 to 17 Years	72.02%	NC
Ages 18 to 64 Years	54.73%	NC
Ages 65+ Years	41.67%	NC
Total	66.65%	NC
Appropriate Treatment for Upper Respiratory Infection[2]		
Ages 3 Months to 17 Years	88.42%	NC
Ages 18 to 64 Years	73.82%	NC
Ages 65+ Years	65.93%	NC
Total	84.57%	NC
Pregnancy Care		
Prenatal and Postpartum Care[2]		
Timeliness of Prenatal Care	97.81%	NC
Postpartum Care	77.86%	NC
Living With Illness		
Medication Management for People With Asthma		
Medication Compliance 50%—Total[1]	57.78%	★★
Medication Compliance 75%—Total	33.57%	★★

Measure	HEDIS 2020	2020 Performance Level
Asthma Medication Ratio		
Total	55.87%	★

[1]Performance Levels for 2020 were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.
[2]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to benchmarks are not performed for this measure.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
2020 Performance Levels represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Molina Healthcare of Michigan's performance ranked between the 75th and 89th percentile for the *Immunizations and Adolescents—Combination 1* and *Combination 2* measure indicators, indicating adolescents 13 years of age are receiving the meningococcal vaccine, Tdap vaccine, and the complete human papillomavirus (HPV) vaccine series, which are important for avoidance of preventable diseases such as meningococcal meningitis, tetanus, diphtheria, pertussis, and HPV.[3-32]

Strength: Molina Healthcare of Michigan's performance ranked between the 75th and 89th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+Years* measure indicator, indicating members 65 years of age and older had an ambulatory or preventive care visit. Access to preventive and ambulatory services provides an important opportunity for individuals to receive preventive services and to address acute or chronic conditions.[3-33]

Weaknesses

Weakness: Molina Healthcare of Michigan's performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. Appropriate medication management for patients with asthma could reduce the need for

[3-32] National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/. Accessed on: Jan 20, 2021.
[3-33] National Committee for Quality Assurance. Adults' Access to Preventative/Ambulatory Health Services (AAP). Available at: https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/. Accessed on: Jan 20, 2021.

rescue medication—as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school.[3-34]

Why the weakness exists: The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance.

Recommendation: HSAG recommends **Molina Healthcare of Michigan** conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **Molina Healthcare of Michigan** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

Weakness: **Molina Healthcare of Michigan**'s performance for four out of nine *Childhood Immunization Status* measure indicators ranked between the 25th and 49th percentile, indicating children 2 years of age did not always receive immunizations. Immunizations are important for disease prevention among children including diphtheria, measles, meningitis, polio, tetanus, and whooping cough. Approximately 300 children in the U.S. die each year from vaccine preventable diseases.[3-35]

Why the weakness exists: The rate for four of the *Childhood Immunization Status* measure indicators ranked between the 25th and 49th percentile, suggesting barriers exist for children 2 years of age to receive immunizations.

Recommendation: HSAG recommends **Molina Healthcare of Michigan** conduct a root cause analysis or focused study to determine why some children 2 years of age did not receive immunizations. Upon identification of a root cause, **Molina Healthcare of Michigan** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.

Weakness: **Molina Healthcare of Michigan**'s performance for three out of four *Children and Adolescents' Access to Primary Care Practitioners* measure indicators ranked between the 25th and 49th percentile, indicating children do not always have access to their primary care practitioners. Access to primary care is important for the health and well-being of children and adolescents. High-quality primary care services have been found to significantly reduce children's non-urgent ER visits.[3-36]

Why the weakness exists: The rates for three out of four *Children and Adolescents' Access to Primary Care Practitioners* measure indicators ranked between the 25th and

[3-34] National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

[3-35] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Jan 20, 2021.

[3-36] National Committee for Quality Assurance. Children and Adolescents' Access to Primary Care Practitioners (CAP). Available at: https://www.ncqa.org/hedis/measures/children-and-adolescents-access-to-primary-care-practitioners-cap/. Accessed on: Jan 20, 2021.

49th percentile, suggesting barriers exist for children to access their primary care practitioners.

Recommendation: HSAG recommends **Molina Healthcare of Michigan** conduct a root cause analysis or focused study to determine why some children did not access primary care services. Upon identification of a root cause, **Molina Healthcare of Michigan** should implement appropriate interventions to improve the performance related to the *Children and Adolescents' Access to Primary Care Practitioners* measure.

Compliance Review

Performance Results

Table 3-42 presents the total number of criteria for each standard as well as the number of criteria for each standard that received a score of *Pass*, *Incomplete*, or *Fail*. Table 3-42 also presents **Molina Healthcare of Michigan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

Table 3-42—Compliance Review Results for MOL

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	MOL	Statewide
1	Administrative	5	0	0	5	100%	100%
2	Provider	15	1	0	16	97%	94%
3	Member	14	0	0	14	100%	98%
4	Quality/Utilization	19	1	0	20	98%	99%
5	MIS/Data Reporting	15	0	0	15	100%	96%
6	Program Integrity	28	0	0	28	100%	97%
	Overall	**96**	**2**	**0**	**98**	**99%**	**97%**

The overall compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Molina Healthcare of Michigan demonstrated an adequate administrative structure, including an organizational chart, administrative positions, governing body, and participation in administrative meetings, which are necessary to effectively carry out managed care functions.

Strength: Molina Healthcare of Michigan maintained sufficient procedures to ensure members have access to service authorization processes; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services.

Strength: Molina Healthcare of Michigan maintained an HIS that collected, analyzed, integrated, and reported data in various program areas and functions; for example, member enrollment and disenrollment, provider enrollment, claims payment, grievance and appeal tracking, and quality reporting. An HIS that collects, analyzes and reports health information is necessary to support healthcare-related decision making and drive improved healthcare outcomes.

Strength: Molina Healthcare of Michigan demonstrated a sufficient compliance program, including adequacy policies and procedures, employee education on FWA, communication between internal and external partners, internal monitoring of utilization and billing practices, and auditing and investigation practices. A comprehensive compliance program promotes the prevention, detection, and resolution of instances of conduct that do not conform to federal and state law, or to federal healthcare program requirements.

Weaknesses

Weakness: Molina Healthcare of Michigan scored below the statewide average in the Quality/Utilization standard.

Why the weakness exists: Molina Healthcare of Michigan did not provide a copy of its accreditation organization letter stating date(s) of planned accreditation survey, if certification is expired or will expire within six months.

Recommendation: As **Molina Healthcare of Michigan** previously submitted a CAP to address these findings, which was approved by MDHHS, HSAG has no additional recommendations.

Consumer Assessment of Healthcare Providers and Systems Analysis

Performance Results

Table 3-43 presents **Molina Healthcare of Michigan**'s 2020 adult and child Medicaid CAHPS top-box scores.

Table 3-43—Summary of 2020 Adult and Child Medicaid CAHPS Top-Box Scores for MOL

	2020 Adult Medicaid	2020 Child Medicaid
Global Ratings		
Rating of Health Plan	74.3% ↑	63.2% ↓
Rating of All Health Care	62.1% ↑	69.1%
Rating of Personal Doctor	68.4%	70.7% ↓
Rating of Specialist Seen Most Often	72.6% ↑	74.2%*
Composite Measures		
Getting Needed Care	84.1%	89.2%
Getting Care Quickly	82.7%	92.8%
How Well Doctors Communicate	92.8%	95.4%
Customer Service	87.9%	94.0%* ↑
Individual Item Measure		
Coordination of Care	88.0%*	92.0%* ↑
Effectiveness of Care Measures**		
Advising Smokers and Tobacco Users to Quit	77.3%	
Discussing Cessation Medications	58.6% ↑	
Discussing Cessation Strategies	49.6%	

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Strengths

Strength: Adult members enrolled in **Molina Healthcare of Michigan** had positive experiences with their health plan, their healthcare, specialist they saw most often, and with their doctor discussing smoking and tobacco cessation medications, since the scores for these measures were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages.

Strength: Parents/caretakers of child members enrolled in **Molina Healthcare of Michigan** had more positive experiences with the health plan's customer service and the coordination of care for their child, since the scores for these measures were at least 5 percentage points greater than the 2019 NCQA child Medicaid national averages.

Weaknesses

Weakness: Parents/caretakers of child members enrolled in **Molina Healthcare of Michigan** had less positive overall experiences with their child's health plan and personal doctor. The scores for these measures were at least 5 percentage points less than the 2019 NCQA child Medicaid national averages.

Why the weakness exists: Parents/caretakers of child members are reporting more negative experiences with their overall experience with their child's health plan and their child's personal doctor compared to national benchmarks.

Recommendation: HSAG recommends that **Molina Healthcare of Michigan** focus on improving parents/caretakers of child members' overall experiences with their health plan and personal doctor. **Molina Healthcare of Michigan** should explore what may be driving lower experience scores for these measures.

Table 3-44 presents **Molina Healthcare of Michigan**'s 2020 CSHCS Survey top-box scores. The following measure could not be displayed in the table because this measure had fewer than 11 responses and was suppressed: *CSHCS Family Center*.

Table 3-44—Summary of 2020 CSHCS Survey Top-Box Scores for MOL

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	63.4%
Rating of Health Care	68.6% NA
Rating of Specialist Seen Most Often	72.4%
Rating of CMDS Clinic	72.5%* NA
Rating of Beneficiary Help Line	52.9%* NA

	2020 Top-Box Score
Composite Measures	
Customer Service	84.2%* ↓
How Well Doctors Communicate	91.3%* NA
Access to Specialized Services	66.7%* NA
Transportation	79.5%* NA
Individual Item Measures	
Access to Prescription Medicines	89.6%
CMDS Clinics	82.5%* NA
Local Health Department Services	70.3%* NA
Beneficiary Help Line	46.7%* NA

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
NA indicates a national average is not available for the measure.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—CSHCS

Strengths

Strength: HSAG did not identify any strengths for **Molina Healthcare of Michigan** for the CSHCS Survey as the 2020 score was not at least 5 percentage points greater than the 2019 national average.

Weaknesses

Weakness: Parents/caretakers of child members enrolled in **Molina Healthcare of Michigan** had less positive overall experiences with customer service, since the score for this measure was at least 5 percentage points less than the 2019 NCQA child Medicaid national average.

Why the weakness exists: Parents/caretakers of child members enrolled in **Molina Healthcare of Michigan** may not be receiving the information or help needed or may not be being treated with as much courtesy and respect by customer service staff compared to national benchmarks, which may be leading to less positive experiences in other areas.

Recommendation: HSAG recommends that **Molina Healthcare of Michigan** explore what may be driving this lower experience score and develop initiatives designed to improve quality of care.

Table 3-45 presents **Molina Healthcare of Michigan**'s 2020 CAHPS top-box scores for Healthy Michigan.

Table 3-45—Summary of 2020 Healthy Michigan CAHPS Top-Box Scores for MOL

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	58.6%
Rating of All Health Care	59.9% ↑
Rating of Personal Doctor	65.3%
Rating of Specialist Seen Most Often	63.2%
Composite Measures	
Getting Needed Care	82.1%
Getting Care Quickly	81.1%
How Well Doctors Communicate	95.6%
Customer Service	87.2%*
Individual Item Measure	
Coordination of Care	87.2%*
Effectiveness of Care Measures**	
Advising Smokers and Tobacco Users to Quit	76.0%
Discussing Cessation Medications	57.1%
Discussing Cessation Strategies	42.2%

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Healthy Michigan

Strengths

Strength: Molina Healthcare of Michigan adult members had more positive experience with their healthcare, since the score for this measure was at least 5 percentage points higher than the 2019 adult Medicaid national average.

Weaknesses

Weakness: HSAG did not identify any weaknesses for **Molina Healthcare of Michigan** for the HMP CAHPS survey as the 2020 score was not at least 5 or more percentage points less than the 2019 national average.

Priority Health Choice

Validation of Performance Improvement Projects

Performance Results

Table 3-46 displays the overall validation status; the baseline, Remeasurement 1, and Remeasurement 2 results; and the MHP-designated goal for the study indicator.

Table 3-46—Overall Validation Rating for PRI

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	Goal
Improving the Timeliness of Prenatal Care for African American Women	*Met*	The percentage of eligible African American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	46.8%	36.9% ↓	62.2% ↑	43.8%

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-47 displays the interventions implemented to address the barriers identified by the MHP using quality improvement and causal/barrier analysis processes.

Table 3-47—Remeasurement 2 Interventions for PRI

Intervention Descriptions	
Placed a registered nurse care manager in providers' offices that serves a high volume of African-American members.	Conducted outreach to members, targeting African Americans first, to connect them with the Centering Pregnancy Program.
Collaborated with the Strong Beginnings program, which works specifically with African-American and Hispanic families providing social and emotional support.	Worked with targeted provider offices to engage in best practices for scheduling timely prenatal appointments and removing barriers.
Reviewed billing practices and internal procedures for earlier identification of pregnant women.	

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Priority Health Choice designed a methodologically sound PIP.

Strength: Priority Health Choice demonstrated statistically significant improvement over the baseline for the second remeasurement period.

Weaknesses

Weakness: There were no identified weaknesses.

Recommendation: Although there were no identified weaknesses, HSAG recommends, as **Priority Health Choice** progresses into the third remeasurement, the MHP revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.

Performance Measure Validation

Performance Results

Priority Health Choice was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the 2020 HEDIS Compliance Audit Report findings, **Priority Health Choice** was fully compliant with all seven IS standards.

According to the auditor's review, **Priority Health Choice** followed the NCQA HEDIS 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-48 displays the HEDIS 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles[3-37] for **Priority Health Choice**.

Table 3-48—HEDIS 2020 Performance Measure Results for PRI

Measure	HEDIS 2020	2020 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	80.05%	★★★★
Combination 3	76.89%	★★★★

[3-37] HEDIS 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS 2019 (referred to as "percentiles" throughout this section of the report).

Measure	HEDIS 2020	2020 Performance Level
Combination 4	76.40%	★★★★★
Combination 5	69.10%	★★★★★
Combination 6	51.82%	★★★★
Combination 7	68.86%	★★★★★
Combination 8	51.82%	★★★★
Combination 9	47.93%	★★★★
Combination 10	47.93%	★★★★
Lead Screening in Children		
Lead Screening in Children	82.00%	★★★★
Immunizations for Adolescents		
Combination 1	87.35%	★★★★
Combination 2	50.85%	★★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners[3]		
Ages 12 to 24 Months	96.39%	★★★
Ages 25 Months to 6 Years	88.05%	★★★
Ages 7 to 11 Years	91.42%	★★★
Ages 12 to 19 Years	90.75%	★★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	81.45%	★★★
Ages 45 to 64 Years	89.15%	★★★★
Ages 65+ Years	94.82%	★★★★★
Total	84.72%	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]		
Ages 3 Months to 17 Years	69.89%	NC
Ages 18 to 64 Years	45.63%	NC
Ages 65+ Years	NA	NC
Total	55.95%	NC
Appropriate Testing for Pharyngitis[2]		
Ages 3 to 17 Years	82.40%	NC
Ages 18 to 64 Years	72.26%	NC
Ages 65+ Years	NA	NC
Total	78.75%	NC
Appropriate Treatment for Upper Respiratory Infection[2]		
Ages 3 Months to 17 Years	94.65%	NC
Ages 18 to 64 Years	86.80%	NC
Ages 65+ Years	83.33%	NC
Total	92.45%	NC

Measure	HEDIS 2020	2020 Performance Level
Pregnancy Care		
Prenatal and Postpartum Care[2]		
Timeliness of Prenatal Care	92.21%	NC
Postpartum Care	80.05%	NC
Living With Illness		
Medication Management for People With Asthma		
Medication Compliance 50%—Total[1]	68.31%	★★★★
Medication Compliance 75%—Total	47.04%	★★★★
Asthma Medication Ratio		
Total	71.70%	★★★★★

[1]Performance Levels for 2020 were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.
[2]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to benchmarks are not performed for this measure.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
2020 Performance Levels represent the following percentile comparisons:
NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Priority Health Choice's performance ranked at or above the 90th percentile for three out of 10 measure indicators and between the 75th and 89th percentile for six of 10 measure indicators for the *Childhood Immunization Status* measure, indicating children 2 years of age are receiving immunizations, which are essential for disease prevention and are a critical aspect of preventive care for children.[3-38]

Strength: Priority Health Choice's performance ranked at or above the 90th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+Years* measure indicator and between the 75th to 89th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years* measure indicator, indicating members 45 years of age and older had an ambulatory or preventive care visit.

[3-38] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Jan 20, 2021.

Access to preventive and ambulatory services provides an important opportunity for individuals to receive preventive services and to address acute or chronic conditions.[3-39]

Strength: **Priority Health Choice**'s performance ranked at or above the 90th percentile for the *Asthma Medication Ratio* measure, indicating members were dispensed controller medications more often than reliever medications, suggesting low use of short-acting medications and controlled asthma. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school.[3-40]

Weaknesses

Weakness: Priority Health Choice's performance for all *Children and Adolescents' Access to Primary Care Practitioners* measure indicators ranked between the 50th and 74th percentile, indicating children do not always have access to their primary care practitioners. Access to primary care is important for the health and well-being of children and adolescents. High-quality primary care services have been found to significantly reduce children's non-urgent ER visits.[3-41]

Why the weakness exists: The rates for all *Children and Adolescents' Access to Primary Care Practitioners* measure indicators ranked between the 50th and 74th percentile, suggesting barriers exist for children to access their primary care practitioners.

Recommendation: HSAG recommends **Priority Health Choice** conduct a root cause analysis or focused study to determine why some children did not access primary care services. Upon identification of a root cause, **Priority Health Choice** should implement appropriate interventions to improve the performance related to the *Children and Adolescents' Access to Primary Care Practitioners* measure.

[3-39] National Committee for Quality Assurance. Adults' Access to Preventative/Ambulatory Health Services (AAP). Available at: https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/. Accessed on: Jan 20, 2021.

[3-40] National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

[3-41] National Committee for Quality Assurance. Children and Adolescents' Access to Primary Care Practitioners (CAP). Available at: https://www.ncqa.org/hedis/measures/children-and-adolescents-access-to-primary-care-practitioners-cap/. Accessed on: Jan 20, 2021.

Compliance Review

Performance Results

Table 3-49 presents the total number of criteria for each standard as well as the number of criteria for each standard that received a score of *Pass*, *Incomplete*, or *Fail*. Table 3-49 also presents **Priority Health Choice**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

Table 3-49—Compliance Review Results for PRI

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	PRI	Statewide
1	Administrative	5	0	0	5	100%	100%
2	Provider	15	0	1	16	94%	94%
3	Member	14	0	0	14	100%	98%
4	Quality/Utilization	20	0	0	20	100%	99%
5	MIS/Data Reporting	13	2	0	15	93%	96%
6	Program Integrity	27	1	0	28	98%	97%
	Overall	**94**	**3**	**1**	**98**	**97%**	**97%**

The overall compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Priority Health Choice demonstrated an adequate administrative structure, including an organizational chart, administrative positions, governing body, and participation in administrative meetings, which are necessary to effectively carry out managed care functions.

Strength: Priority Health Choice maintained sufficient procedures to ensure members have access to service authorization processes; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services.

Strength: Priority Health Choice's quality program demonstrated compliance with all requirements related to accreditation, the CHW program, addressing health disparities, vendor oversight, the member incentive program, performance measures, tobacco cessation, and PIPs. A comprehensive quality program is necessary to increase and sustain the quality of, and access to, timely healthcare and services received by members.

Strength: Priority Health Choice demonstrated a sufficient compliance program, including adequacy policies and procedures, employee education on FWA, communication between internal and external partners, internal monitoring of utilization and billing practices, and auditing and investigation practices. A comprehensive compliance program promotes the prevention, detection, and resolution of instances of conduct that do not conform to federal and state law, or to federal healthcare program requirements.

Weaknesses

Weakness: Priority Health Choice scored below the statewide average for the MIS/Data Reporting standard.

Why the weakness exists: Priority Health Choice did not submit all third-party liability recovery policies and procedures or provide evidence that **Priority Health Choice** reviewed pharmacy claim coding to identify additional fixes for non-compliant pharmacy claims rejections.

Recommendation: As **Priority Health Choice** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG has no additional recommendations.

Consumer Assessment of Healthcare Providers and Systems Analysis

Performance Results

Table 3-50 presents **Priority Health Choice**'s 2020 adult and child Medicaid CAHPS top-box scores.

Table 3-50—Summary of 2020 Adult and Child Medicaid CAHPS Top-Box Scores for PRI

	2020 Adult Medicaid	2020 Child Medicaid
Global Ratings		
Rating of Health Plan	68.9% ↑	74.8%
Rating of All Health Care	56.7%	70.9%
Rating of Personal Doctor	78.3% ↑	81.2%
Rating of Specialist Seen Most Often	64.3%	75.4%*
Composite Measures		
Getting Needed Care	86.9%	89.4%
Getting Care Quickly	88.4% ↑	92.8%
How Well Doctors Communicate	96.8%	98.0%
Customer Service	89.1%*	89.1%*

	2020 Adult Medicaid	2020 Child Medicaid
Individual Item Measure		
Coordination of Care	89.5% ↑	88.9% ↑
Effectiveness of Care Measures**		
Advising Smokers and Tobacco Users to Quit	81.8% ↑	
Discussing Cessation Medications	58.9% ↑	
Discussing Cessation Strategies	55.1% ↑	

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Strengths

Strength: Adult members enrolled in **Priority Health Choice** had more positive experiences with their health plan, personal doctor, timeliness of care, and coordination of care, since the scores for these measures were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages. In addition, the Effectiveness of Care scores were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages.

Strength: Parents/caretakers of child members enrolled in **Priority Health Choice** had more positive experiences with the coordination of care for their child, since the score for this measure was at least 5 percentage points greater than the 2019 NCQA child Medicaid national average.

Weaknesses

Weakness: HSAG did not identify any weaknesses for **Priority Health Choice** for the CAHPS surveys as the 2020 score was not at least 5 or more percentage points less than the 2019 national average.

Table 3-51 presents **Priority Health Choice**'s 2020 CSHCS Survey top-box scores. The following measures could not be displayed in the table because these measures had fewer than 11 responses and were suppressed: *CSHCS Family Center* and *Beneficiary Help Line*.

Table 3-51—Summary of 2020 CSHCS Survey Top-Box Scores for PRI

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	77.5% ↑
Rating of Health Care	73.2% NA
Rating of Specialist Seen Most Often	78.0%
Rating of CMDS Clinic	70.4%* NA
Rating of Beneficiary Help Line	30.8%* NA
Composite Measures	
Customer Service	91.6%*
How Well Doctors Communicate	97.1%* NA
Access to Specialized Services	77.3%* NA
Transportation	89.5%* NA
Individual Item Measures	
Access to Prescription Medicines	92.0%
CMDS Clinics	89.3%* NA
Local Health Department Services	82.2%* NA

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
NA indicates a national average is not available for the measure.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—CSHCS

Strengths

Strength: Parents/caretakers of child members enrolled in **Priority Health Choice** had more positive experiences with their child's health plan, since the score for this measure was at least 5 percentage points greater than the 2019 NCQA child Medicaid national average.

Weaknesses

Weakness: HSAG did not identify any weaknesses for **Priority Health Choice** for the CSHCS Survey as the 2020 score was not at least 5 or more percentage points less than the 2019 national average.

Table 3-52 presents **Priority Health Choice**'s 2020 CAHPS top-box scores for Healthy Michigan.

Table 3-52—Summary of 2020 Healthy Michigan CAHPS Top-Box Scores for PRI

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	66.1% ↑
Rating of All Health Care	58.9%
Rating of Personal Doctor	66.7%
Rating of Specialist Seen Most Often	64.9%
Composite Measures	
Getting Needed Care	84.3%
Getting Care Quickly	83.6%
How Well Doctors Communicate	94.9%
Customer Service	91.6%*
Individual Item Measure	
Coordination of Care	86.8%
Effectiveness of Care Measures**	
Advising Smokers and Tobacco Users to Quit	80.0%
Discussing Cessation Medications	59.3% ↑
Discussing Cessation Strategies	48.0%

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Healthy Michigan

Strengths

Strength: Adult members enrolled in **Priority Health Choice** had more positive experiences with their health plan, since the score for this measure was at least 5 percentage points higher than the 2019 adult Medicaid national average. In addition, one Effectiveness of Care score, *Discussing Cessation Medications*, was at least 5 percentage points higher than the 2019 adult Medicaid national average.

Weaknesses

Weakness: HSAG did not identify any weaknesses for **Priority Health Choice** for the HMP CAHPS survey as the 2020 score was not at least 5 or more percentage points less than the 2019 national average.

Total Health Care

Validation of Performance Improvement Projects

Performance Results

Table 3-53 displays the overall validation status; the baseline, Remeasurement 1, and Remeasurement 2 results; and the MHP-designated goal for the study indicator.

Table 3-53—Overall Validation Rating for THC

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	Goal
Improving Timeliness of Prenatal Care for Women Ages 23 to 28	*Met*	The percentage of eligible women ages 23 to 28 who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	35.4%	61% ↑	69.5% ↑	83%

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-54 displays the interventions implemented to address the barriers identified by the MHP using quality improvement and causal/barrier analysis processes.

Table 3-54—Remeasurement 2 Interventions for THC

Intervention Descriptions	
Implemented standardized quality metrics for MIHPs.	Implemented gap reports for provider and internal use.
Member services made inquiries of new members whose calls were related to pregnancy.	

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Total Health Care used appropriate quality improvement tools to conduct a causal/barrier analysis and prioritize the identified barriers.

Strength: Total Health Care demonstrated sustained improvement over the baseline rate for the second remeasurement period.

Weaknesses

Weakness: There were no identified weaknesses.

Recommendation: Although there were no identified weaknesses, HSAG recommends, as **Total Health Care** progresses into the third remeasurement, the MHP revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.

Performance Measure Validation

Performance Results

Total Health Care was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the 2020 HEDIS Compliance Audit Report findings, **Total Health Care** was fully compliant with all seven IS standards.

According to the auditor's review, **Total Health Care** followed the NCQA HEDIS 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-55 displays the HEDIS 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles[3-42] for **Total Health Care**.

Table 3-55—HEDIS 2020 Performance Measure Results for THC

Measure	HEDIS 2020	2020 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	64.46%	★
Combination 3	58.94%	★

[3-42] HEDIS 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS 2019 (referred to as "percentiles" throughout this section of the report).

Measure	HEDIS 2020	2020 Performance Level
Combination 4	58.94%	★
Combination 5	49.23%	★
Combination 6	25.83%	★
Combination 7	49.23%	★
Combination 8	25.83%	★
Combination 9	21.85%	★
Combination 10	21.85%	★
Lead Screening in Children		
Lead Screening in Children	68.43%	★★
Immunizations for Adolescents		
Combination 1	86.62%	★★★★
Combination 2	38.69%	★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioner[3]		
Ages 12 to 24 Months	91.82%	★
Ages 25 Months to 6 Years	80.79%	★
Ages 7 to 11 Years	85.85%	★
Ages 12 to 19 Years	85.32%	★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	74.44%	★★
Ages 45 to 64 Years	85.45%	★★
Ages 65+ Years	90.82%	★★★
Total	79.31%	★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]		
Ages 3 Months to 17 Years	58.75%	NC
Ages 18 to 64 Years	35.71%	NC
Ages 65+ Years	NA	NC
Total	45.23%	NC
Appropriate Testing for Pharyngitis[2]		
Ages 3 to 17 Years	67.37%	NC
Ages 18 to 64 Years	47.19%	NC
Ages 65+ Years	NA	NC
Total	59.36%	NC
Appropriate Treatment for Upper Respiratory Infection[2]		
Ages 3 Months to 17 Years	90.53%	NC
Ages 18 to 64 Years	71.68%	NC
Ages 65+ Years	NA	NC
Total	83.99%	NC

Measure	HEDIS 2020	2020 Performance Level
Pregnancy Care		
Prenatal and Postpartum Care[2]		
Timeliness of Prenatal Care	85.64%	NC
Postpartum Care	65.94%	NC
Living With Illness		
Medication Management for People With Asthma		
Medication Compliance 50%—Total[1]	86.62%	★★★★★
Medication Compliance 75%—Total	73.38%	★★★★★
Asthma Medication Ratio		
Total	51.18%	★

[1]Performance Levels for 2020 were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.
[2]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to benchmarks are not performed for this measure.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.
2020 Performance Levels represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Total Health Care's performance ranked at or above the 90th percentile for both *Medication Management for People With Asthma* measure indicators, indicating members 5 to 64 years of age, who were identified as having persistent asthma and dispensed appropriate asthma medications, continued to take the medications for 50 percent and 75 percent of the treatment period. Asthma is a treatable, reversible condition that affects more than 25 million people in the U.S. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs.[3-43]

[3-43] National Committee for Quality Assurance. Medication Management for People with Asthma (MMA). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

Weaknesses

Weakness: Total Health Care's performance for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, indicating children do not always get their immunizations by their second birthday. Immunizations are essential for disease prevention and are a critical aspect of preventive care for children.[3-44]

Why the weakness exists: The rates for all nine *Childhood Immunization Status* measure indicators ranked below the 25th percentile, suggesting barriers exist for children to receive immunizations.

Recommendation: HSAG recommends **Total Health Care** conduct a root cause analysis or focused study to determine why some children did not receive their immunizations. Upon identification of a root cause, **Total Health Care** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.

Weakness: **Total Health Care**'s performance for all four *Children and Adolescents' Access to Primary Care Practitioners* measure indicators ranked below the 25th percentile, indicating children do not always have access to their primary care practitioners. Access to primary care is important for the health and well-being of children and adolescents. High-quality primary care services have been found to significantly reduce children's non-urgent ER visits.[3-45]

Why the weakness exists: The rates for all four *Children and Adolescents' Access to Primary Care Practitioners* measure indicators ranked below the 25th percentile, suggesting barriers exist for children to access their primary care practitioners.

Recommendation: HSAG recommends **Total Health Care** conduct a root cause analysis or focused study to determine why some children did not access primary care services. Upon identification of a root cause, **Total Health Care** should implement appropriate interventions to improve the performance related to the *Children and Adolescents' Access to Primary Care Practitioners* measure.

Weakness: **Total Health Care**'s performance for the *Asthma Medication Ratio* measure ranked below the 25th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school.[3-46]

[3-44] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Jan 20, 2021.

[3-45] National Committee for Quality Assurance. Children and Adolescents' Access to Primary Care Practitioners (CAP). Available at: https://www.ncqa.org/hedis/measures/children-and-adolescents-access-to-primary-care-practitioners-cap/. Accessed on: Jan 20, 2021.

[3-46] National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

Why the weakness exists: The rate for the *Asthma Medication Ratio* measure ranked below the 25th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance.

Recommendation: HSAG recommends **Total Health Care** conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **Total Health Care** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

Compliance Review

Performance Results

Table 3-56 presents the total number of criteria for each standard as well as the number of criteria for each standard that received a score of *Pass*, *Incomplete*, or *Fail*. Table 3-56 also presents **Total Health Care**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

Table 3-56—Compliance Review Results for THC

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	THC	Statewide
1	Administrative	5	0	0	5	100%	100%
2	Provider	15	1	0	16	97%	94%
3	Member	14	0	0	14	100%	98%
4	Quality/Utilization	20	0	0	20	100%	99%
5	MIS/Data Reporting	15	0	0	15	100%	96%
6	Program Integrity	24	4	0	28	93%	97%
	Overall	**93**	**5**	**0**	**98**	**97%**	**97%**

The overall compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Total Health Care demonstrated an adequate administrative structure, including an organizational chart, administrative positions, governing body, and participation in administrative meetings, which are necessary to effectively carry out managed care functions.

Strength: Total Health Care maintained sufficient procedures to ensure members have access to service authorization processes; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services.

Strength: Total Health Care's quality program demonstrated compliance with all requirements related to accreditation, the CHW program, addressing health disparities, vendor oversight, the member incentive program, performance measures, tobacco cessation, and PIPs. A comprehensive quality program is necessary to increase and sustain the quality of, and access to, timely healthcare and services received by members.

Strength: Total Health Care maintained an HIS that collected, analyzed, integrated, and reported data in various program areas and functions; for example, member enrollment and disenrollment, provider enrollment, claims payment, grievance and appeal tracking, and quality reporting. An HIS that collects, analyzes and reports health information is necessary to support healthcare-related decision making and drive improved healthcare outcomes.

Weaknesses

Weakness: Total Health Care scored below the statewide average for the Program Integrity standard.

Why the weakness exists: Total Health Care's program integrity form (Tips and Grievances) contained reporting errors, lack of evidence of employee education and associated testing, and disparities in program integrity quarterly submissions/grid.

Recommendation: As **Total Health Care** previously submitted a CAP to address these findings, which was accepted by MDHHS, HSAG has no additional recommendations.

Consumer Assessment of Healthcare Providers and Systems Analysis

Performance Results

Table 3-57 presents **Total Health Care**'s 2020 adult and child Medicaid CAHPS top-box scores.

Table 3-57—Summary of 2020 Adult and Child Medicaid CAHPS Top-Box Scores for THC

	2020 Adult Medicaid	2020 Child Medicaid
Global Ratings		
Rating of Health Plan	57.5%	65.2% ↓
Rating of All Health Care	53.4%	70.2%
Rating of Personal Doctor	64.0%	69.7% ↓
Rating of Specialist Seen Most Often	70.5%	73.8%*
Composite Measures		
Getting Needed Care	82.9%	89.9% ↑
Getting Care Quickly	82.1%	86.2%
How Well Doctors Communicate	92.3%	94.1%
Customer Service	86.7%	85.0%*
Individual Item Measure		
Coordination of Care	83.6%	86.4%*
Effectiveness of Care Measures**		
Advising Smokers and Tobacco Users to Quit	86.0% ↑	
Discussing Cessation Medications	65.0% ↑	
Discussing Cessation Strategies	53.9% ↑	

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Strengths

Strength: The Effectiveness of Care scores were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages.

Strength: Parents/caretakers of child members enrolled in **Total Health Care** had more positive experiences getting the care they needed for their child, since the score for this measure was at least 5 percentage points greater than the 2019 NCQA child Medicaid national average.

Weaknesses

Weakness: Parents/caretakers of child members enrolled in **Total Health Care** had less positive overall experiences with their child's health plan and personal doctor. The scores for these measures were at least 5 percentage points less than the 2019 NCQA child Medicaid national averages.

Why the weakness exists: Parents/caretakers of child members are reporting more negative experiences with their overall experience with their child's health plan and their child's personal doctor compared to national benchmarks.

Recommendation: HSAG recommends that **Total Health Care** focus on improving parents/caretakers of child members' overall experiences with their health plan and personal doctor. **Total Health Care** should explore what may be driving lower experience scores for these measures.

Table 3-58 presents **Total Health Care**'s 2020 CSHCS Survey top-box scores. The following measures could not be displayed in the table because these measures had fewer than 11 responses and were suppressed: *Rating of CMDS Clinic*, *Rating of Beneficiary Help Line*, *Customer Service*, *How Well Doctors Communicate*, *Access to Specialized Services*, *Transportation*, *CSHCS Family Center*, *CMDS Clinic*, *Local Health Department Services*, and *Beneficiary Help Line*.

Table 3-58—Summary of 2020 CSHCS Survey Top-Box Scores for THC

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	74.2%* ↑
Rating of Health Care	74.2%* NA
Rating of Specialist Seen Most Often	69.6%*
Individual Item Measures	
Access to Prescription Medicines	95.8%*

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
NA indicates a national average is not available for the measure.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—CSHCS

Strengths

Strength: Parents/caretakers of child members enrolled in **Total Health Care** had more positive experiences with their child's health plan, since the score for this measure was at least 5 percentage points greater than the 2019 NCQA child Medicaid national average.

Weaknesses

Weakness: While none of the scores for any of the reportable measures were at least 5 percentage points less than the 2019 NCQA child Medicaid national averages, parents/caretakers of child members reported the lowest score related to their overall experiences with the specialist their child saw most often.

Why the weakness exists: Parents/caretakers of child members may not be receiving timely care with a specialist.

Recommendation: HSAG recommends that **Total Health Care** focus on improving parents/caretakers of child members' overall experiences with children's specialists.

Table 3-59 presents **Total Health Care**'s 2020 CAHPS top-box scores for Healthy Michigan.

Table 3-59—Summary of 2020 Healthy Michigan CAHPS Top-Box Scores for THC

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	63.3%
Rating of All Health Care	61.5% ↑
Rating of Personal Doctor	66.2%
Rating of Specialist Seen Most Often	70.0%*
Composite Measures	
Getting Needed Care	87.4%
Getting Care Quickly	82.8%
How Well Doctors Communicate	94.6%
Customer Service	88.1%*
Individual Item Measure	
Coordination of Care	75.7%* ↓
Effectiveness of Care Measures**	
Advising Smokers and Tobacco Users to Quit	81.5%
Discussing Cessation Medications	64.3% ↑
Discussing Cessation Strategies	57.3% ↑

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Healthy Michigan

Strengths

Strength: Adult members enrolled in **Total Health Care** had more positive experiences with their healthcare, since the score for this measure was at least 5 percentage points greater than the 2019 NCQA adult Medicaid national average. In addition, two of the three Effectiveness of Care scores were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages.

Weaknesses

Weakness: Members enrolled in **Total Health Care** had less positive experiences with the coordination of care they received from doctors or other health providers, since the score for this measure was at least 5 percentage points lower than the 2019 adult Medicaid national average.

Why the weakness exists: **Total Health Care** providers may not be as informed or up-to-date about the care their members are receiving as much as other providers compared to national benchmarks.

Recommendation: HSAG recommends that **Total Health Care** explore what may be driving lower experience scores and develop initiatives designed to improve quality of care and coordination of care.

UnitedHealthcare Community Plan

Validation of Performance Improvement Projects

Performance Results

Table 3-60 displays the overall validation status; the baseline, Remeasurement 1, and Remeasurement 2 results; and the MHP-designated goal for each study indicator.

Table 3-60—Overall Validation Rating for UNI

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	Goal
Addressing Disparities in Timeliness of Prenatal Care	*Partially Met*	1. The percentage of eligible African American or Black women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	55.9%	57.8% ⇔	64.6%↑	87.6%
		2. The percentage of eligible White women who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	61.3%	66.2% ↑	72.8%↑	87.6%

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-61 displays the interventions implemented to address the barriers identified by the MHP using quality improvement and causal/barrier analysis processes.

Table 3-61—Remeasurement 2 Interventions for UNI

Intervention Descriptions	
Increased local access to members upon identification of pregnancy. Social determinants of health needs assessed and addressed upon engagement with the Healthy First Steps (HFS) program.	Contracted with the MIHPs throughout the State with a goal to increase access to social determinants of health programs through MIHP participation.

Intervention Descriptions
Used Michigan Health Information Network (MiHIN) ADT data feeds to identify members being seen in the ED or inpatient for more timely identification of pregnant members.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: UnitedHealthcare Community Plan designed a methodologically sound PIP.

Strength: UnitedHealthcare Community Plan demonstrated statistically significant improvement over the baseline rate for the second remeasurement period.

Weaknesses

Weakness: UnitedHealthcare Community Plan did not achieve the goal of removing the existing disparity.

Why the weakness exists: Although **UnitedHealthcare Community Plan** made progress in improving performance among the disparate group, it is unclear why the disparity remains.

Recommendation: HSAG recommends, as **UnitedHealthcare Community Plan** progresses into the third remeasurement, the MHP revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions.

Performance Measure Validation

Performance Results

UnitedHealthcare Community Plan was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the 2020 HEDIS Compliance Audit Report findings, **UnitedHealthcare Community Plan** was fully compliant with six of seven IS standards.

UnitedHealthcare Community Plan was not fully compliant with the following standard:

- IS 3.0: Practitioner Data—Data Capture, Transfer, and Entry

UnitedHealthcare Community Plan had a finding for IS standard 3.1, which requires provider specialties to be fully documented and mapped to provider specialties necessary for measure reporting. The licensed organization's auditor identified that the rates declined for measures requiring the provider's specialty, and subsequently identified that providers assigned with 'Unknown' specialty should have been designated differently. Due to timing, **UnitedHealthcare Community Plan** could not resolve the issue with provider specialty and the rates for the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* measure indicators were

therefore determined to be materially biased. This measure is not included as part of this annual assessment and, therefore, is not included in the performance measure results for **UnitedHealthcare Community Plan**.

Table 3-62 displays the HEDIS 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles[3-47] for **UnitedHealthcare Community Plan**.

Table 3-62—HEDIS 2020 Performance Measure Results for UNI

Measure	HEDIS 2020	2020 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	71.78%	★★
Combination 3	68.13%	★★
Combination 4	67.40%	★★
Combination 5	57.91%	★★
Combination 6	37.71%	★★
Combination 7	57.18%	★★
Combination 8	37.23%	★★
Combination 9	32.85%	★★
Combination 10	32.36%	★★
Lead Screening in Children		
Lead Screening in Children	78.35%	★★★
Immunizations for Adolescents		
Combination 1	85.16%	★★★
Combination 2	42.34%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners[3]		
Ages 12 to 24 Months	93.25%	★
Ages 25 Months to 6 Years	84.76%	★★
Ages 7 to 11 Years	88.90%	★★
Ages 12 to 19 Years	88.64%	★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	77.80%	★★
Ages 45 to 64 Years	87.89%	★★★
Ages 65+ Years	92.43%	★★★★
Total	81.79%	★★

[3-47] HEDIS 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS 2019 (referred to as "percentiles" throughout this section of the report).

Measure	HEDIS 2020	2020 Performance Level
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]		
Ages 3 Months to 17 Years	59.47%	NC
Ages 18 to 64 Years	36.88%	NC
Ages 65+ Years	NA	NC
Total	48.09%	NC
Appropriate Testing for Pharyngitis[2]		
Ages 3 to 17 Years	76.94%	NC
Ages 18 to 64 Years	52.83%	NC
Ages 65+ Years	NA	NC
Total	68.81%	NC
Appropriate Treatment for Upper Respiratory Infection[2]		
Ages 3 Months to 17 Years	90.70%	NC
Ages 18 to 64 Years	72.60%	NC
Ages 65+ Years	NA	NC
Total	86.03%	NC
Pregnancy Care		
Prenatal and Postpartum Care[2]		
Timeliness of Prenatal Care	86.86%	NC
Postpartum Care	75.18%	NC
Living With Illness		
Medication Management for People With Asthma		
Medication Compliance 50%—Total[1]	65.59%	★★★★
Medication Compliance 75%—Total	42.40%	★★★
Asthma Medication Ratio		
Total	62.58%	★★

[1]Performance Levels for 2020 were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.

[2]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to benchmarks are not performed for this measure.

[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths

Strength: UnitedHealthcare Community Plan's performance ranked between the 75th and 89th percentile for the *Immunizations and Adolescents—Combination 2* measure indicator, indicating adolescents 13 years of age are receiving the meningococcal, Tdap, and HPV immunizations, which are important for avoidance of these preventable diseases.[3-48]

Strength: **UnitedHealthcare Community Plan**'s performance ranked at or above the 90th percentile for the *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total* measure indicators, indicating members 5 to 64 years of age, who were identified as having persistent asthma and dispensed appropriate asthma medications, continued to take the medications for 50 percent and 75 percent of the treatment period. Asthma is a treatable, reversible condition that affects more than 25 million people in the U.S. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs.[3-49]

Weaknesses

Weakness: UnitedHealthcare Community Plan's performance for all nine *Childhood Immunization Status* measure indicators ranked between the 25th and 49th percentile, indicating children do not always get their immunizations by their second birthday. Immunizations are essential for disease prevention and are a critical aspect of preventive care for children.[3-50]

Why the weakness exists: The rates for all nine *Childhood Immunization Status* measure indicators ranked between the 25th and 49th percentile, suggesting barriers exist for children to receive immunizations.

Recommendation: HSAG recommends **UnitedHealthcare Community Plan** conduct a root cause analysis or focused study to determine why some children did not receive their immunizations. Upon identification of a root cause, **UnitedHealthcare Community Plan** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.

Weakness: **UnitedHealthcare Community Plan**'s performance for the *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months* measure indicator ranked below the 25th percentile, indicating adolescents ages 12 to 24 months do not always have access to their primary care practitioners. Access to primary care is

[3-48] National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/. Accessed on: Jan 20, 2021.

[3-49] National Committee for Quality Assurance. Medication Management for People with Asthma (MMA). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

[3-50] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Jan 20, 2021.

important for the health and well-being of children and adolescents. High-quality primary care services have been found to significantly reduce children's non-urgent ER visits.[3-51]

Why the weakness exists: The rates for the *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months* measure indicator ranked below the 25th percentile, suggesting barriers exist for adolescents ages 12 to 24 months to access their primary care practitioners.

Recommendation: HSAG recommends **UnitedHealthcare Community Plan** conduct a root cause analysis or focused study to determine why some adolescents ages 12 to 24 months did not access primary care services. Upon identification of a root cause, **UnitedHealthcare Community Plan** should implement appropriate interventions to improve the performance related to *Children and Adolescents' Access to Primary Care Practitioners*.

Weakness: **UnitedHealthcare Community Plan**'s performance for the *Asthma Medication Ratio* measure ranked between the 25th and 49th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school.[3-52]

Why the weakness exists: The rate for the *Asthma Medication Ratio* measure ranked between the 25th and 49th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance.

Recommendation: HSAG recommends **UnitedHealthcare Community Plan** conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **UnitedHealthcare Community Plan** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

[3-51] National Committee for Quality Assurance. Children and Adolescents' Access to Primary Care Practitioners (CAP). Available at: https://www.ncqa.org/hedis/measures/children-and-adolescents-access-to-primary-care-practitioners-cap/. Accessed on: Jan 20, 2021.

[3-52] National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

Compliance Review

Performance Results

Table 3-63 presents the total number of criteria for each standard as well as the number of criteria for each standard that received a score of *Pass*, *Incomplete*, or *Fail*. Table 3-63 also presents **UnitedHealthcare Community Plan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

Table 3-63—Compliance Review Results for UHC

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	UHC	Statewide
1	Administrative	5	0	0	5	100%	100%
2	Provider	15	0	1	16	94%	94%
3	Member	14	0	0	14	100%	98%
4	Quality/Utilization	19	1	0	20	98%	99%
5	MIS/Data Reporting	13	1	1	15	90%	96%
6	Program Integrity	24	4	0	28	93%	97%
	Overall	**90**	**6**	**2**	**98**	**95%**	**97%**

The overall compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: UnitedHealthcare Community Plan demonstrated an adequate administrative structure, including an organizational chart, administrative positions, governing body, and participation in administrative meetings, which are necessary to effectively carry out managed care functions.

Strength: UnitedHealthcare Community Plan maintained sufficient procedures to ensure members have access to service authorization processes; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services.

Weaknesses

Weakness: UnitedHealthcare Community Plan scored below the statewide average in the Quality/Utilization standard.

Why the weakness exists: UnitedHealthcare Community Plan did not provide evidence of an MHP-initiated PIP.

Recommendation: As **UnitedHealthcare Community Plan** previously submitted a CAP to address this finding, which was accepted by MDHHS, HSAG has no additional recommendations.

Weakness: UnitedHealthcare Community Plan scored below the statewide average in the MIS/Data Reporting standard.

Why the weakness exists: UnitedHealthcare Community Plan did not submit all third-party liability recovery policies and procedures.

Recommendation: While MDHHS required a CAP to address this finding, MDHHS noted that **UnitedHealthcare Community Plan**'s policy did not include specific details about the provider takeback process. HSAG recommends that **UnitedHealthcare Community Plan** prioritize the review of its policy and update accordingly.

Weakness: UnitedHealthcare Community Plan scored below the statewide average in the Program Integrity standard.

Why the weakness exists: UnitedHealthcare Community Plan's program integrity forms (Tips and Grievances, Data Mining, and Provider Dis-enrollments) contained reporting errors.

Recommendation: UnitedHealthcare Community Plan was required to submit a CAP addressing these deficiencies; however, HSAG recommends that **UnitedHealthcare Community Plan** conduct additional staff training on the completion of program integrity forms and enhance quality assurance activities to ensure forms and reports meet MDHHS' reporting expectations prior to submission to the State.

Consumer Assessment of Healthcare Providers and Systems Analysis

Performance Results

Table 3-64 presents **UnitedHealthcare Community Plan**'s 2020 adult and child Medicaid CAHPS top-box scores.

Table 3-64—Summary of 2020 Adult and Child Medicaid CAHPS Top-Box Scores for UHC

	2020 Adult Medicaid	2020 Child Medicaid
Global Ratings		
Rating of Health Plan	58.7%	68.5%
Rating of All Health Care	56.8%	67.6%
Rating of Personal Doctor	69.9%	74.9%

	2020 Adult Medicaid	2020 Child Medicaid
Rating of Specialist Seen Most Often	64.6%	67.2%* ↓
Composite Measures		
Getting Needed Care	82.2%	83.6%
Getting Care Quickly	80.0%	89.7%
How Well Doctors Communicate	91.1%	95.8%
Customer Service	88.6%	86.8%*
Individual Item Measure		
Coordination of Care	80.2%	82.0%*
Effectiveness of Care Measures**		
Advising Smokers and Tobacco Users to Quit	85.0% ↑	
Discussing Cessation Medications	63.1% ↑	
Discussing Cessation Strategies	57.1% ↑	

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Strengths

Strength: The Effectiveness of Care scores were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages.

Weaknesses

Weakness: Parents/caretakers of child members enrolled in **UnitedHealthcare Community Plan** had less positive overall experiences with the specialist their child saw most often, since the score for this measure was at least 5 percentage points less than the 2019 NCQA child Medicaid national average.

Why the weakness exists: Parents/caretakers of child members are reporting a more negative experience with their child's specialist compared to national benchmarks.

Recommendation: HSAG recommends that **UnitedHealthcare Community Plan** focus on improving parents/caretakers of child members' overall experiences with children's specialists.

Table 3-65 presents **UnitedHealthcare Community Plan**'s 2020 CSHCS Survey top-box scores.

Table 3-65—Summary of 2020 CSHCS Survey Top-Box Scores for UHC

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	70.6%
Rating of Health Care	72.3% NA
Rating of Specialist Seen Most Often	76.2%
Rating of CMDS Clinic	75.0%* NA
Rating of Beneficiary Help Line	69.2%* NA
Composite Measures	
Customer Service	88.0%*
How Well Doctors Communicate	92.7%* NA
Access to Specialized Services	74.2%* NA
Transportation	89.5%* NA
CSHCS Family Center	90.6%* NA
Individual Item Measures	
Access to Prescription Medicines	92.9%
CMDS Clinics	81.1%* NA
Local Health Department Services	85.9%* NA
Beneficiary Help Line	81.8%* NA

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
NA indicates a national average is not available for the measure.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—CSHCS

Strengths

Strength: HSAG did not identify any strengths for **UnitedHealthcare Community Plan** for the CSHCS Survey as the 2020 score was not at least 5 percentage points greater than the 2019 national average.

Weaknesses

Weakness: HSAG did not identify any weaknesses for **UnitedHealthcare Community Plan** for the CSHCS Survey as the 2020 score was not at least 5 or more percentage points less than the 2019 national average.

Table 3-66 presents **UnitedHealthcare Community Plan**'s 2020 CAHPS top-box scores for Healthy Michigan.

Table 3-66—Summary of 2020 Healthy Michigan CAHPS Top-Box Scores for UHC

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	60.1%
Rating of All Health Care	59.0%
Rating of Personal Doctor	64.3%
Rating of Specialist Seen Most Often	63.4%
Composite Measures	
Getting Needed Care	82.9%
Getting Care Quickly	77.8%
How Well Doctors Communicate	96.0%
Customer Service	93.0%*
Individual Item Measure	
Coordination of Care	84.4%*
Effectiveness of Care Measures**	
Advising Smokers and Tobacco Users to Quit	72.1%
Discussing Cessation Medications	55.3%
Discussing Cessation Strategies	44.8%

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Healthy Michigan

Strengths

Strength: HSAG did not identify any strengths for **UnitedHealthcare Community Plan** for the HMP CAHPS survey as the 2020 score was not at least 5 percentage points greater than the 2019 national average.

Weaknesses

Weakness: HSAG did not identify any weaknesses for **UnitedHealthcare Community Plan** for the HMP CAHPS survey as the 2020 score was not at least 5 or more percentage points less than the 2019 national average.

Upper Peninsula Health Plan

Validation of Performance Improvement Projects

Performance Results

Table 3-67 displays the overall validation status; and the baseline, Remeasurement 1, and Remeasurement 2 results for each study indicator.

Table 3-67—Overall Validation Rating for UPP

PIP Topic	Validation Rating	Study Indicator	Study Indicator Results			
			Baseline	R1	R2	Goal
Addressing Disparities in Timeliness of Prenatal Care	*Met*	1. The percentage of eligible pregnant women residing in Marquette County who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	39.6%	54.2% ↑	69.7% ↑	
		2. The percentage of eligible pregnant women residing in all other counties served by UPP who received a prenatal visit during the first trimester, on or before the enrollment date, or within 42 days of enrollment in the health plan during the measurement year.	52.3%	57.8% ↑	59.7% ↑	

R1 = Remeasurement 1
R2 = Remeasurement 2
↑ = Statistically significant improvement over the baseline measurement period (p value < 0.05).
⇔ = Improvement or decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05).
↓ = Designates statistically significant decline over the baseline measurement period (p value < 0.05).

Table 3-68 displays the interventions implemented to address the barriers identified by the MHP using quality improvement and causal/barrier analysis processes.

Table 3-68—Remeasurement 2 Interventions for UPP

Intervention Descriptions	
Providers offered an incentive for CPT II code 0500F submission to increase notification of prenatal timeliness.	Pregnant members with a SUD were stratified as high risk through the pregnancy notification form and received a diaper bag incentive for completing two MIHP home visits.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Upper Peninsula Health Plan met 100 percent of the requirements for data analysis and implementation of improvement strategies.

Strength: Upper Peninsula Health Plan sustained the improvement over the baseline for the second remeasurement period, eliminating the existing disparity.

Weaknesses

Weakness: There were no identified weaknesses.

Recommendation: Although there were no identified weaknesses, HSAG recommends, as **Upper Peninsula Health Plan** progresses into the third remeasurement, the MHP revisit its causal/barrier analysis to ensure that the barriers identified continue to be barriers and determine if any new barriers exist that require the development of interventions. The MHP should continue to evaluate the effectiveness of each intervention using the outcomes to determine each intervention's next steps.

Performance Measure Validation

Performance Results

Upper Peninsula Health Plan was evaluated against NCQA's IS standards to measure how the MHP collected, stored, analyzed, and reported HEDIS data. According to the 2020 HEDIS Compliance Audit Report findings, **Upper Peninsula Health Plan** was fully compliant with all seven IS standards.

According to the auditor's review, **Upper Peninsula Health Plan** followed the NCQA HEDIS 2020 technical specifications and produced a *Reportable* rate for all included measures and sub-measures. No rates were determined to be materially biased.

Table 3-69 displays the HEDIS 2020 performance measure rates and 2020 performance levels based on comparisons to national percentiles[3-53] for **Upper Peninsula Health Plan**.

Table 3-69—HEDIS 2020 Performance Measure Results for UPP

Measure	HEDIS 2020	2020 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	75.43%	★★★
Combination 3	70.07%	★★

[3-53] HEDIS 2020 performance measure rates are compared to NCQA's Quality Compass National Medicaid HMO percentiles for HEDIS 2019 (referred to as "percentiles" throughout this section of the report).

Measure	HEDIS 2020	2020 Performance Level
Combination 4	68.86%	★★★
Combination 5	58.88%	★★
Combination 6	46.23%	★★★
Combination 7	57.91%	★★
Combination 8	45.74%	★★★
Combination 9	40.88%	★★★
Combination 10	40.63%	★★★
Lead Screening in Children		
Lead Screening in Children	79.23%	★★★
Immunizations for Adolescents		
Combination 1	77.32%	★★
Combination 2	35.07%	★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners[3]		
Ages 12 to 24 Months	96.55%	★★★
Ages 25 Months to 6 Years	88.45%	★★★
Ages 7 to 11 Years	90.48%	★★
Ages 12 to 19 Years	91.13%	★★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	81.08%	★★★
Ages 45 to 64 Years	87.99%	★★★
Ages 65+ Years	94.93%	★★★★★
Total	84.69%	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[2]		
Ages 3 Months to 17 Years	58.03%	NC
Ages 18 to 64 Years	31.94%	NC
Ages 65+ Years	NA	NC
Total	42.62%	NC
Appropriate Testing for Pharyngitis[2]		
Ages 3 to 17 Years	78.22%	NC
Ages 18 to 64 Years	68.24%	NC
Ages 65+ Years	NA	NC
Total	74.41%	NC
Appropriate Treatment for Upper Respiratory Infection[2]		
Ages 3 Months to 17 Years	89.64%	NC
Ages 18 to 64 Years	83.16%	NC
Ages 65+ Years	80.00%	NC
Total	87.63%	NC

Measure	HEDIS 2020	2020 Performance Level
Pregnancy Care		
Prenatal and Postpartum Care[2]		
Timeliness of Prenatal Care	92.46%	NC
Postpartum Care	90.27%	NC
Living With Illness		
Medication Management for People With Asthma		
Medication Compliance 50%—Total[1]	74.13%	★★★★★
Medication Compliance 75%—Total	53.49%	★★★★★
Asthma Medication Ratio		
Total	62.33%	★★

[1]Performance Levels for 2020 were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.
[2]Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, comparisons to benchmarks are not performed for this measure.
[3]Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.
NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.
NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.
2020 Performance Levels represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Upper Peninsula Health Plan's performance ranked at or above the 90th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+Years* measure indicator, indicating members 65 years of age and older had an ambulatory or preventive care visit. Access to preventive and ambulatory services provides an important opportunity for individuals to receive preventive services and to address acute or chronic conditions.[3-54]

Strength: Upper Peninsula Health Plan's performance ranked at or above the 90th percentile for both *Medication Management for People With Asthma* measure indicators, indicating members 5 to 64 years of age, who were identified as having persistent asthma and dispensed appropriate asthma medications, continued to take the medications for 50 percent and 75 percent of the treatment period. Asthma is a treatable, reversible

[3-54] National Committee for Quality Assurance. Adults' Access to Preventative/Ambulatory Health Services (AAP). Available at: https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/. Accessed on: Jan 20, 2021.

condition that affects more than 25 million people in the U.S. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs.[3-55]

Weaknesses

Weakness: Upper Peninsula Health Plan's performance for the *Asthma Medication Ratio* measure ranked between the 25th and 49th percentile, indicating members were dispensed asthma reliever medication as often, or more often, than asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school.[3-56]

Why the weakness exists: The rate for *Asthma Medication Ratio* ranked between the 25th and 49th percentile, suggesting that asthma reliever medications were dispensed more often relative to controller medications and that barriers may potentially exist with provider prescribing and/or member medication compliance.

Recommendation: HSAG recommends **Upper Peninsula Health Plan** conduct a root cause analysis or focused study to identify potential patterns contributing to the dispensing of asthma medication and asthma-related service utilization of members, especially those with an asthma medication ratio less than 50 percent. Upon identification of a root cause, **Upper Peninsula Health Plan** should implement appropriate interventions to improve the performance related to the *Asthma Medication Ratio* measure.

Weakness: Upper Peninsula Health Plan's performance ranked between the 25th and 49th percentile for the *Immunizations and Adolescents—Combination 1* measure indicator, indicating adolescents 13 years of age are not always receiving the meningococcal and Tdap immunizations, which are important for avoidance of vaccine-preventable diseases including meningococcal meningitis, tetanus, diphtheria, and pertussis.[3-57]

Why the weakness exists: The rate for the *Immunizations and Adolescents—Combination 1* measure indicator ranked between the 25th and 49th percentile, suggesting barriers exist for adolescents 13 years of age to receive immunizations.

Recommendation: HSAG recommends **Upper Peninsula Health Plan** conduct a root cause analysis or focused study to determine why adolescents 13 years of age did not receive immunizations. Upon identification of a root cause, **Upper Peninsula Health Plan** should implement appropriate interventions to improve the performance related to the *Immunizations and Adolescents—Combination 1* measure indicator.

[3-55] National Committee for Quality Assurance. Medication Management for People with Asthma (MMA). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

[3-56] National Committee for Quality Assurance. Asthma Medication Ratio (AMR). Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Jan 20, 2021.

[3-57] National Committee for Quality Assurance. Immunizations for Adolescents (IMA). Available at: https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/. Accessed on: Jan 20, 2021.

Weakness: **Upper Peninsula Health Plan**'s performance for three out of nine *Childhood Immunization Status* measure indicators ranked between the 25th and 49th percentile, indicating children 2 years of age did not always receive immunizations. Immunizations are essential for disease prevention and are a critical aspect of preventive care for children.[3-58]

Why the weakness exists: The rate for three *Childhood Immunization Status* measure indicators ranked between the 25th and 49th percentile, suggesting barriers exist for children 2 years of age to receive immunizations.

Recommendation: HSAG recommends **Upper Peninsula Health Plan** conduct a root cause analysis or focused study to determine why some children 2 years of age did not receive immunizations. Upon identification of a root cause, **Upper Peninsula Health Plan** should implement appropriate interventions to improve the performance related to the *Childhood Immunization Status* measure.

Compliance Review

Performance Results

Table 3-70 presents the total number of criteria for each standard as well as the number of criteria for each standard that received a score of *Pass*, *Incomplete*, or *Fail*. Table 3-70 also presents **Upper Peninsular Health Plan**'s overall compliance score for each standard, the total compliance score across all standards, and their comparison to statewide averages.

Table 3-70—Compliance Review Results for UPP

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	UPP	Statewide
1	Administrative	5	0	0	5	100%	100%
2	Provider	15	1	0	16	97%	94%
3	Member	14	0	0	14	100%	98%
4	Quality/Utilization	20	0	0	20	100%	99%
5	MIS/Data Reporting	14	1	0	15	97%	96%
6	Program Integrity	24	4	0	28	93%	97%
	Overall	**92**	**6**	**0**	**98**	**97%**	**97%**

The overall compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

[3-58] National Committee for Quality Assurance. Childhood Immunization Status (CIS). Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Jan 20, 2021.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Upper Peninsula Health Plan demonstrated an adequate administrative structure, including an organizational chart, administrative positions, governing body, and participation in administrative meetings, which are necessary to effectively carry out managed care functions.

Strength: Upper Peninsula Health Plan maintained sufficient procedures to ensure members have access to service authorization processes; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services.

Strength: Upper Peninsula Health Plan's quality program demonstrated compliance with all requirements related to accreditation, the CHW program, addressing health disparities, vendor oversight, the member incentive program, performance measures, tobacco cessation, and PIPs. A comprehensive quality program is necessary to increase and sustain the quality of, and access to, timely healthcare and services received by members.

Strength: Upper Peninsula Health Plan maintained an HIS that collected, analyzed, integrated, and reported data in various program areas and functions; for example, member enrollment and disenrollment, provider enrollment, claims payment, grievance and appeal tracking, and quality reporting. An HIS that collects, analyzes, and reports health information is necessary to support healthcare-related decision making and drive improved healthcare outcomes.

Weaknesses

Weakness: Upper Peninsula Health Plan scored below the statewide average in the Program Integrity standard.

Why the weakness exists: Upper Peninsula Health Plan's program integrity forms (Tips and Grievances, Data Mining, Audits, and Overpayments Collected) contained reporting errors.

Recommendation: While **Upper Peninsula Health Plan** submitted revised forms correcting the issues that were accepted by MDHHS, HSAG recommends that **Upper Peninsula Health Plan** conduct additional staff training on the completion of program integrity forms and enhance quality assurance activities to ensure forms and reports meet MDHHS' reporting expectations prior to submission to the State.

Consumer Assessment of Healthcare Providers and Systems Analysis

Performance Results

Table 3-71 presents **Upper Peninsula Health Plan**'s 2020 adult and child Medicaid CAHPS top-box scores.

Table 3-71—Summary of 2020 Adult and Child Medicaid CAHPS Top-Box Scores for UPP

	2020 Adult Medicaid	2020 Child Medicaid
Global Ratings		
Rating of Health Plan	69.1% ↑	73.4%
Rating of All Health Care	62.5% ↑	66.9%
Rating of Personal Doctor	70.0%	76.3%
Rating of Specialist Seen Most Often	70.0%	65.9%* ↓
Composite Measures		
Getting Needed Care	88.2% ↑	89.7% ↑
Getting Care Quickly	86.4%	95.5% ↑
How Well Doctors Communicate	93.1%	96.6%
Customer Service	94.5% ↑	90.4%*
Individual Item Measure		
Coordination of Care	88.2%	79.7%
Effectiveness of Care Measures**		
Advising Smokers and Tobacco Users to Quit	80.0%	
Discussing Cessation Medications	60.0% ↑	
Discussing Cessation Strategies	54.6% ↑	

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Adult and Child Medicaid

Strengths

Strength: Adult members enrolled in **Upper Peninsula Health Plan** had more positive experiences with their health plan, healthcare, getting the care they needed, and customer service, since the scores for these measures were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages. In addition, two of the Effectiveness of Care scores were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages.

Strength: Parents/caretakers of child members enrolled in **Upper Peninsula Health Plan** had more positive experiences getting the care they needed for their child and timeliness of getting care, since the scores for these measures were at least 5 percentage points greater than the 2019 NCQA child Medicaid national averages.

Weaknesses

Weakness: Parents/caretakers of child members enrolled in **Upper Peninsula Health Plan** had less positive overall experiences with the specialist their child saw most often, since the score for this measure was at least 5 percentage points less than the 2019 NCQA child Medicaid national average.

Why the weakness exists: Parents/caretakers of child members are reporting a more negative experience with their child's specialist compared to national benchmarks.

Recommendation: HSAG recommends that **Upper Peninsula Health Plan** focus on improving parents/caretakers of child members' overall experiences with children's specialists.

Table 3-72 presents **Upper Peninsula Health Plan**'s 2020 CSHCS Survey top-box scores. The following measures could not be displayed in the table because these measures had fewer than 11 responses and were suppressed: *Rating of Beneficiary Help Line*, *CSHCS Family Center*, and *Beneficiary Help Line*.

Table 3-72—Summary of 2020 CSHCS Survey Top-Box Scores for UPP

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	70.1%
Rating of Health Care	63.6% NA
Rating of Specialist Seen Most Often	67.2%* ↓
Rating of CMDS Clinic	84.6%* NA

	2020 Top-Box Score
Composite Measures	
Customer Service	91.9%*
How Well Doctors Communicate	94.4%* NA
Access to Specialized Services	66.6%* NA
Transportation	80.8%* NA
Individual Item Measures	
Access to Prescription Medicines	96.1%*
CMDS Clinics	100.0%* NA
Local Health Department Services	90.3%* NA

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
NA indicates a national average is not available for the measure.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—CSHCS

Strengths

Strength: HSAG did not identify any strengths for **Upper Peninsula Health Plan** for the CSHCS Survey as the 2020 score was not at least 5 percentage points greater than the 2019 national average.

Weaknesses

Weakness: Parents/caretakers of child members enrolled in **Upper Peninsula Health Plan** had less positive overall experiences with the specialist their child saw most often, since the score for this measure was at least 5 percentage points less than the 2019 NCQA child Medicaid national average.

Why the weakness exists: Parents/caretakers of child members enrolled in **Upper Peninsula Health Plan** may not be receiving timely care with a specialist compared to national benchmarks, which may be leading to less positive experiences in other areas.

Recommendation: HSAG recommends that **Upper Peninsula Health Plan** explore what may be driving this lower experience score and develop initiatives designed to improve quality and timeliness of care.

Table 3-73 presents **Upper Peninsula Health Plan**'s 2020 CAHPS top-box scores for Healthy Michigan.

Table 3-73—Summary of 2020 Healthy Michigan CAHPS Top-Box Scores for UPP

	2020 Top-Box Score
Global Ratings	
Rating of Health Plan	71.9% ↑
Rating of All Health Care	61.1% ↑
Rating of Personal Doctor	71.7%
Rating of Specialist Seen Most Often	68.9%
Composite Measures	
Getting Needed Care	88.3% ↑
Getting Care Quickly	87.5% ↑
How Well Doctors Communicate	97.0% ↑
Customer Service	92.1%*
Individual Item Measure	
Coordination of Care	88.5%
Effectiveness of Care Measures**	
Advising Smokers and Tobacco Users to Quit	69.5% ↓
Discussing Cessation Medications	49.8%
Discussing Cessation Strategies	41.9%

* Indicates fewer than 100 responses. Caution should be exercised when evaluating the results.
** These rates follow NCQA's methodology of calculating a rolling two-year average.
↑ Indicates the 2020 score is at least 5 percentage points greater than the 2019 national average.
↓ Indicates the 2020 score is at least 5 percentage points less than the 2019 national average.

Strengths, Weaknesses, and Recommendations—Healthy Michigan

Strengths

Strength: Adult members enrolled in **Upper Peninsula Health Plan** had more positive experiences with their health plan, their healthcare, getting the care they needed, getting the care they needed quickly, and communicating with their doctors, since the scores for these measures were at least 5 percentage points greater than the 2019 NCQA adult Medicaid national averages.

Weaknesses

Weakness: One Effectiveness of Care score, *Advising Smokers and Tobacco Users to Quit*, was at least 5 percentage points lower than the 2019 adult Medicaid national average.

Why the weakness exists: Providers may not be advising members who smoke or use tobacco to quit as much as other providers compared to national benchmarks.

Recommendation: HSAG recommends that **Upper Peninsula Health Plan** focus on quality improvement initiatives to provide medical assistance with smoking and tobacco use cessation.

4. Follow-Up on Prior EQR Recommendations for MHPs

From the findings of each MHP's performance for the SFY 2019–2020 EQR activities, HSAG made recommendations for improving the quality of healthcare services furnished to members enrolled in the CHCP. The recommendations provided to each MHP for the EQR activities in the *State Fiscal Year 2018–2019 External Quality Review Technical Report* are summarized in Table 4-1 through Table 4-10. The MHP's summary of the activities that were either completed, or were implemented and still underway, to improve the finding that resulted in the recommendation, and as applicable, identified performance improvement, and/or barriers identified are also provided in Table 4-1 through Table 4-10.

Aetna Better Health of Michigan

Table 4-1—Prior Year Recommendations and Responses for AET

1. Recommendation—Performance Measures
As a result of the findings related to the quality of, timeliness of, and access to care and services provided by **Aetna Better Health of Michigan** to members, HSAG recommended that **Aetna Better Health of Michigan** evaluate the impact of previously implemented QI initiatives to determine whether those initiatives were effective in improving lower performing HEDIS measures. As a result of that evaluation, and the most current HEDIS performance rates, HSAG further recommended that **Aetna Better Health of Michigan** incorporate new improvement efforts as necessary for the following performance measures ranking below the 25th percentile. **Child & Adolescent Care** • *Childhood Immunization Status—Combination 2*, *3*, *4*, *5*, *6*, *7*, *8*, *9*, and *10* • *Well-Child Visits in the First 15 Months of Life—Six or More Visits* • *Appropriate Testing for Children with Pharyngitis* • *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* **Access to Care** • *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months*, *Ages 25 Months to 6 Years*, *Ages 7 to 11 Years*, and *Ages 12 to 19 Years* • *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* **Pregnancy Care** • *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* **Living With Illness** • *Comprehensive Diabetes Care—HbA1c Testing* and *Blood Pressure Control (<140/90 mm Hg)*

1. Recommendation—Performance Measures
• *Medication Management for People With Asthma—Medication Compliance 50%—Total* • *Asthma Medication Ratio—Total* • *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs*, *Diuretics*, and *Total* **Utilization** • *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total*
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
• Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: *Childhood Immunization Status—Combination 2*, *3*, *4*, *5*, *6*, *7*, *8*, *9*, and *10* • Implemented/underway – Member Education materials, member email campaign (vaccine schedule/education), member mailers (vaccine schedule/education/, live member outreach, $25 gift cards (combo 3 completion), provider incentive $25 (series completion incentive) • New Improvement Efforts – Pharmacy store front collaboration efforts (administration of childhood vaccinations). – Next Best Action Campaigns: Holistic outreach collaboration between Aetna's Behavior Change Organization Team (Quality, Marketing & Analytics) to leverage data driven messaging campaigns utilizing behavioral economics (science of decision making) to increase compliance. Analysis of all claims, demographic and SDoH [social determinants of health] data to determine the right communication strategy to close the gap in care. – Focusing on expanding our VBS [value-based services] provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care. – Loading MIHIN [Michigan Health Information Network] data monthly to ensure complete capture of all services rendered to members. *Well-Child Visits in the First 15 Months of Life—Six or More Visits* • Implemented/underway – Live member outreach (begins at birth), $25 member gift cards (1-3 visits), $25 gift cards (4-6 visits), $25/visit provider incentive ($125 if 6 visits met), text message and email campaigns (education, reminders) • New Improvement Efforts – Expand telehealth options when applicable that are more convenient to members eliminating the need for child-care and transportation – Next Best Action Campaigns: Holistic outreach collaboration between Aetna's Behavior Change Organization Team (Quality, Marketing & Analytics) to leverage data driven messaging campaigns utilizing behavioral economics (science of decision making) to increase compliance. Analysis of all

1. Recommendation—Performance Measures
claims, demographic and SDoH data to determine the right communication strategy to close the gap in care. – Focusing on expanding our VBS provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care. – Loading MIHIN data monthly to ensure complete capture of all services rendered to members. *Appropriate Testing for Children with Pharyngitis* • Implemented/underway – Provider Education materials, member mailers (education) • New Improvement Effort – Enhance provider education materials to stress importance of appropriate testing prior to prescribing antibiotics. – Focusing on expanding our VBS provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care. – Loading MIHIN data monthly to ensure complete capture of all services rendered to members. *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* • Implemented/underway – Care Management (CM) receives internal reports to outreach member's parents/caregiver prescribed with ADHD medication. CM conducts outreach, assesses for unmet needs, conducts HRQ [health risk questionnaire], and other appropriate assessments based on identified needs. CM staff inquire about PCP [primary care providers] and if PCP is aware member has been prescribed for this condition. CM also inquires to see if member saw their PCP since first being prescribed. Members, if agreed, will be placed in case management services • New Improvement Efforts – Focusing on expanding our VBS provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care. – Expand telehealth options when applicable that are more convenient to members eliminating the need for child-care and transportation – Next Best Action Campaigns: Holistic outreach collaboration between Aetna's Behavior Change Organization Team (Quality, Marketing & Analytics) to leverage data driven messaging campaigns utilizing behavioral economics (science of decision making) to increase compliance. – Loading MIHIN data monthly to ensure complete capture of all services rendered to members. *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months*, *Ages 25 Months to 6 Years*, *Ages 7 to 11 Years*, and *Ages 12 to 19 Years* • Implemented/underway – Live member outreach (reminders/schedule appt/transportation), $25-member gift card, clinic days, mail/IVR [interactive voice response] and email campaigns.

1. Recommendation—Performance Measures
• New Improvement Efforts – Expand telehealth options when applicable that are more convenient to members eliminating the need for child-care and transportation – Next Best Action Campaigns: Holistic outreach collaboration between Aetna's Behavior Change Organization Team (Quality, Marketing & Analytics) to leverage data driven messaging campaigns utilizing behavioral economics (science of decision making) to increase compliance. Analysis of all claims, demographic and SDoH data to determine the right communication strategy to close the gap in care. – Focusing on expanding our VBS provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care. – Loading MIHIN data monthly to ensure complete capture of all services rendered to members. *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* • Implemented/underway – Live member outreach (reminders/schedule appt/transportation), $25-member gift card, clinic days, mail/IVR and email campaigns. • New Improvement Efforts – Expand telehealth options when applicable that are more convenient to members eliminating the need for childcare and transportation – Focusing on expanding our VBS provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care. – Loading MIHIN data monthly to ensure complete capture of all services rendered to members. *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* • Implemented/underway – Prenatal: Live member outreach (scheduling appts/arranging transportation), free diaper incentive ($50) for 1st PN [prenatal] visit in 1st trimester, then another incentive for visits 2-6 and $100 Provider incentive – Postpartum: Live member outreach calls (scheduling appts/arranging transportation), free diaper incentive ($50) for a postpartum visit within 7-84 days after delivery, $100 provider incentive • New Improvement Efforts – Prenatal Care outreach with education on importance of completing all visits (prenatal care overview, prenatal care planning, community resource referrals for support) – Next Best Action Campaigns: Holistic outreach collaboration between Aetna's Behavior Change Organization Team (Quality, Marketing & Analytics) to leverage data driven messaging campaigns utilizing behavioral economics (science of decision making) to increase compliance. – Focusing on expanding our VBS provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care. – Expand telehealth options when applicable that are more convenient to members eliminating the need for child-care and transportation

1. Recommendation—Performance Measures
– Loading MIHIN data monthly to ensure complete capture of all services rendered to members. *Comprehensive Diabetes Care—HbA1c Testing* and *Blood Pressure Control (<140/90 mm Hg)* • Implemented/underway – CDC [Comprehensive Diabetes Care] A1C: Live member outreach (reminders/schedule appt/transportation), $25 member gift card, $25 provider incentive. – CDC BP [blood pressure]: Live calls from clinical team educating members on BP control and encouragement of regular PCP visits. • New Improvement Efforts – Home testing kit vendor collaboration, leverage new NCQA [National Committee for Quality Assurance] guidance in MRR [medical record review] for telehealth visits where provider documented member complete BP reading using a digital-bp cuff – CHW [Community Health Workers] Teams are targeting chronic condition populations to refer to Case Management for focused coordination of care to complete diabetic services. Home visits to UTR (unable to reach) and chronically non-compliant members. – Focusing on expanding our VBS provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care. – Expand telehealth options when applicable that are more convenient to members eliminating the need for child-care and transportation – Loading MIHIN data monthly to ensure complete capture of all services rendered to members. *Medication Management for People With Asthma—Medication Compliance 50%—Total* • Implemented/underway – Provider Education materials on appropriate prescribing practices and importance of adherence. • New Improvement Efforts – Focusing on expanding our VBS provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care. – Expand telehealth options when applicable that are more convenient to members eliminating the need for child-care and transportation – Loading MIHIN data monthly to ensure complete capture of all services rendered to members. *Asthma Medication Ratio—Total* • Implemented/underway – Community vendor performs outreach to members with a diagnosis of asthma and conducts health assessments, offers asthma education and coordinates care between the member and PCP. – Health Plan member diagnosis identification and outreach for further education and community resource referrals.

1. Recommendation—Performance Measures

- New Improvement Efforts
  - Children and adolescents with Asthma outreach with Kids Health Connection reminding members of the importance of asthma management visits, medication adherence and promotion of vaccination.
  - Focusing on expanding our VBS provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care.
  - Expand telehealth options when applicable that are more convenient to members eliminating the need for child-care and transportation
  - CHW Teams are targeting chronic condition populations to refer to Case Management for focused coordination of care to complete diabetic services. Home visits to UTR (unable to reach) and chronically non-compliant members.
  - Loading MIHIN data monthly to ensure complete capture of all services rendered to members.

Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, *Diuretics*, and *Total*

- Implemented/underway
  - Provider education on importance of monitoring drug therapy especially for patients at increased risk of adverse effects from long-term med usage.
- New Improvement Efforts
  - CHW Teams are targeting chronic condition populations to refer to Case Management for focused coordination of care to complete diabetic services. Home visits to UTR (unable to reach) and chronically non-compliant members.
  - Focusing on expanding our VBS provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care.
  - Expand telehealth options when applicable that are more convenient to members eliminating the need for child-care and transportation
  - Next Best Action Campaigns: Holistic outreach collaboration between Aetna's Behavior Change Organization Team (Quality, Marketing & Analytics) to leverage data driven messaging campaigns utilizing behavioral economics (science of decision making) to increase compliance.
  - Loading MIHIN data monthly to ensure complete capture of all services rendered to members.

Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total

- Implemented/underway
  - CM has an ED [emergency department] Redirect process in place where our CM utilized the ADT [admission, discharge, transfer] report and IP [inpatient alerts]alerts to identify members with a recent ED visit. Members are outreached and educated on local what are appropriate ED visits and what conditions/symptoms are more appropriate for PCP or urgent care. Members are encouraged to use PCP, if no PCP is identified, CM provides a list of in network providers as well as local urgent care providers. CM will assess members for unmet needs, provide resources if needed and offer case management services/BH services. CM will follow up with member to ensure resources met member's needs and to see if member was able to connect with appropriate provider.

1. Recommendation—Performance Measures
• New Improvement Efforts – CHW Teams are targeting chronic condition populations to refer to Case Management for focused coordination of care to complete diabetic services. Home visits to UTR (unable to reach) and chronically non-compliant members. – Focusing on expanding our VBS provider agreements and strategic partnership alliance initiatives to leverage cross functional teamwork with key providers to address gaps in care. – Expand telehealth options when applicable that are more convenient to members eliminating the need for child-care and transportation – Loading MIHIN data monthly to ensure complete capture of all services rendered to members.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): *Childhood Immunization Status—Combination 2*, *3*, *4*, *5*, *6*, *7*, *8*, *9*, and *10* • Each combo rate (2-10) has demonstrated a minimum of a 4.4% increase in performance for the past two quarters. *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* • Demonstrating greatly improved outcomes in the first 2 quarters for ADD. • Initiation rate is currently higher than our 2019 final rate • Continuation & Maintenance rate is currently preforming higher that our 2019 final rate *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* • Timeliness of Prenatal Care Demonstrated a 10.8% increase in performance year over year per claims through quarter 2 • Postpartum Care demonstrated a 6.53% increase in performance year over year per claims through quarter 2 *Comprehensive Diabetes Care—HbA1c Testing* and *Blood Pressure Control (<140/90 mm Hg)* • A1C Testing demonstrated a 0.3% increase in performance year over year per claims through quarter 2 • CDC-BP demonstrated a 3.5% increase in performance year over year per claims through quarter 2 *Medication Management for People With Asthma—Medication Compliance 50%—Total* • Demonstrated an 8.9% increase in performance year over year per claims through quarter 2.
c. Identify any barriers to implementing initiatives: • The COVID-19 [coronavirus] pandemic has impacted our ambulatory and non-critical care provider practices significantly in their ever-present decline in patient volumes and general preventive services. We hope to leverage educating our members on the opportunity telehealth services offer, as well as support our providers in adopting appropriate billing practices to help curb this decline. We are also hyper-focused on

1. Recommendation—Performance Measures
decreasing the persistent racial disparities in healthcare provided to our members in light of COVID outcomes in our black, Hispanic and indigenous populations.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, several performance measures continue to have opportunities for improvement. HSAG recommends that the MHP continue to monitor and implement improvement strategies to ensure performance metrics continue to improve and increase in percentile ranking.

2. Recommendation—Compliance Review
Aetna Better Health of Michigan was required to complete plans of action to address each deficiency identified during the compliance monitoring activity. HSAG recommended that **Aetna Better Health of Michigan** implement internal processes to periodically review the status of each plan of action; for example, completing a progress update every 45 business days. This periodic review should include: • Progress on implementation of each plan of action. • Successes or barriers in remediating each deficiency. • Revised actions steps, if necessary. Once all plans of action are fully implemented, HSAG recommended that **Aetna Better Health of Michigan** conduct an internal audit of each deficient program requirement to ensure the plans of action were successfully implemented and resolved each deficiency. Additionally, HSAG recommended **Aetna Better Health of Michigan**'s annual monitoring and auditing plan within its compliance program include a comprehensive administrative review of its program areas to ensure MHP compliance with the federal requirements under 42 CFR 438—Managed Care, and specifically each of the federal and associated State requirements under 42 CFR 438 Subpart D and 42 CFR 438.330 under Subpart E. For any requirement found deficient, **Aetna Better Health of Michigan** should immediately implement internal corrective action.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • Aetna submitted action plans to address all deficiencies identified in the 2019 Compliance Review submissions. All action plans were submitted within the MDHHS [Michigan Department of Health and Human Services]-required timeframe. MDHHS approved all plans of action. Policy updates, report corrections, and focused provider data update processes were among the actions implemented to address identified deficiencies. Implementation status was verified by Compliance as responses were submitted to MDHHS. Aetna also conducts internal audits of program areas as part of our overall Compliance Plan. These internal audits include review and validation of actions implemented as a result of external reviews.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Aetna's Compliance Review results for FY2020, to date, indicate most issues identified in 2019 have been remediated. In areas where performance improvement was not as expected, additional actions were implemented to continue to drive improvement.

2. Recommendation—Compliance Review
c. Identify any barriers to implementing initiatives: • There were no barriers to implementing the action plans.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, the MHP continues to remediate deficiencies identified during the prior year's compliance review related to the accuracy of the provider directory, benefits monitoring program policies and procedures, and performance measures rates.

3. Recommendation—Validation of Performance Improvement Projects
HSAG recommended that **Aetna Better Health of Michigan** take proactive steps to ensure a successful PIP. Specifically, **Aetna Better Health of Michigan** should address all feedback provided in *Partially Met* and *Not Met* validation scores as well as any *General Comments* in the *2018–2019 PIP Validation Report Addressing Disparities in Timeliness of Prenatal Care for Aetna Better Health of Michigan* and make the following necessary corrections prior to the next annual submission: • Report the type of statistical test conducted and the significance of the results. • Calculate and report the probability value (p-value) between the study indicators, as the focus is on reducing the existing disparity. • Identify any factors that threaten the year-to-year comparability of the data reported. • Clearly align the interventions to the associated barrier. • Develop a methodology to evaluate the effectiveness of each individual intervention and provide the evaluation results/data. Decisions to continue, revise, or discontinue an intervention must be data-driven. • The PIP has not yet demonstrated significant improvement in the study indicator results; HSAG recommended that **Aetna Better Health of Michigan** identify and document new or revised barriers that have prevented improvement in PIP outcomes and should develop new or revised interventions to better address high-priority barriers associated with the lack of improvement.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • In the last submission we identified the Fisher test as the statistical test used to conduct the significance results, reported the p-value [probability value], identified the changes in the HEDIS [Healthcare Effectiveness Data and Information Set]tech specs [technical specifications] that threaten the year-to-year comparability, and aligned interventions and barriers with data driven methodology as recommended. Example of some of those interventions are: 1. ABH MI [Aetna Better Health of Michigan] has expanded transportation access to providers beyond the 30-mile radius to ensure members can get to Ob/Gyn [obstetrician/gynecologist] providers who may be outside of their normal service area and who they may be more comfortable with. 2. We have contracted with a multimodal communication company that uses a combination of IVR, text, email, and mailers to inform members of the importance of early and timely prenatal visits, the availability of telehealth services, the incentive of free diapers and gift cards offered for those timely visits, and the contact information for care coordinators at the health plan that are on hand for any assistance.

3. Recommendation—Validation of Performance Improvement Projects
3. All ABH MI members identified as pregnant will be given a SDoH assessment to identify barriers to getting timely care. We will refer them to community partners to resolve those SDoH, to decrease stress, distractions from getting timely care, and address any additional needs as well as any education needed in the midst of the current pandemic. We will also work with the MIHPs [Maternal Infant Health Programs] and PIHPs to improve communication of outcomes from those referrals.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Telehealth visits have increased, as childcare and transportation arrangements are not necessary. • There is increased interest in the home delivery of diapers as an incentive since people are inclined to stay home more because of the pandemic.
c. Identify any barriers to implementing initiatives: • The COVID-19 pandemic has caused provider offices to decrease the number of members in the office at one time to eliminate crowded offices and waiting rooms, ensuring the safety of their patients. As a result, there are less appointments available per day. • We have seen an increase in SDoH and behavioral health needs as anxiety and fears are heightened because of the pandemic. These issues need to be identified and addressed before members are open to focusing on timely prenatal care, especially for those with multiple children.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations and demonstrated statistically significant improvement over the baseline rate for both study indicators in the second remeasurement period.

Blue Cross Complete of Michigan

Table 4-2—Prior Year Recommendations and Responses for BCC

1. Recommendation—Performance Measures
As a result of the findings related to the quality of, timeliness of, and access to care and services provided by **Blue Cross Complete of Michigan** to members, HSAG recommended that **Blue Cross Complete of Michigan** evaluate the impact of previously implemented QI initiatives to determine whether those initiatives were effective in improving lower performing HEDIS measures. As a result of that evaluation, and the most current HEDIS performance rates, HSAG further recommended that **Blue Cross Complete of Michigan** incorporate new improvement efforts as necessary for the following performance measures ranking below the 25th percentile. **Child & Adolescent Care** • *Childhood Immunization Status—Combination 5* and *7* **Pregnancy Care** • *Prenatal and Postpartum Care—Timeliness of Prenatal Care* **Living With Illness** • *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* and *Blood Pressure Control (<140/90 mm Hg)* • *Diabetes Monitoring for People With Diabetes and Schizophrenia* • *Annual Monitoring for Patients on Persistent Medications—Diuretics*
MCE's Response: (Note— the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
• Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: BCC strives to meet the Quality Compass benchmark of the 75th percentile for all HEDIS [Healthcare Effectiveness Data and Information Set] measures and maintains a comprehensive "Gaps in Care" Dashboard that is monitored on a monthly basis. BCC has developed improvement strategies that target both members and provider performance. The HEDIS team of one of our corporate parents regularly produces in-depth analyses of priority HEDIS measures and identifies opportunities and strategies for improvement for use by BCC. **Child & Adolescent Care** *Childhood Immunization Status—Combination 5* and *7* • BCC set a goal to increase the percentage of immunized children at 2 years of age with the following vaccines: (1) had four diphtheria, tetanus and acellular pertussis (DTaP); (2) three polio (IPV); one measles, mumps and rubella (MMR); (3) three haemophilus influenza type B (HiB); (4) three hepatitis B (HepB), (5) one chicken pox (VZV); (6) four pneumococcal conjugate (PCV); (7) one hepatitis A (HepA); (8) two or three rotavirus (RV); and (9) two influenza (flu) vaccines.

1. Recommendation—Performance Measures
• This immunization measure is included in our "Gaps in Care" report and Community Health Navigators ("CHNs") conduct telephonic and door to door outreach. CHNs also help to arrange appointments and schedule transportation. The member receives an incentive after receiving the healthcare service. BCC holds baby showers and health fairs across all regions. Providers and members are provided information on the importance of immunizations through newsletters, publications and BCC sponsored health fairs. **Pregnancy Care** *Prenatal and Postpartum Care—Timeliness of Prenatal Care* • There is an ongoing project implemented in 2019 which addressed disparities in timeliness of Prenatal Care Performance Improvement. • The following initiatives are also seeking to improve this measure – Improving Early Identification of Pregnant Members – Launch Maternity Health Risk Assessments ("HRA") with associated provider incentive with Wayne County providers – Educating providers on appropriate billing and coding based on HEDIS specifications – Identification of high risk African American women in Wayne County for enhanced outreach by BrightStart team – Launch Pre-natal Care member incentive **Living With Illness** *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* and *Blood Pressure Control (<140/90 mm Hg)* • Since 2016, the health plan has participated in many community events and partnerships, and also assisting with scheduling appointments and transportation if needed for members who have care gaps within this measure; however, the health disparity still persists among African Americans. • The health plan has continued to implement the following initiatives to address this measure: – Targeted zip code data pull to focus services where health disparity seems the greatest in impacted areas where some members reside. – Effective planning and implementation of programing, events, and community participation that will actively reduce the disparity between different demographic groups within membership. – Collaboration of departments, community workers, and members on best practices to ensure a process is set in place to actively improve the measure of these conditions. – Future process to involve providers in the goal of reducing the health disparity between African Americans and other demographic groups as it relates to this CDC measure. – Moving forward, modifying targeted outreach and health education programs for populations with the highest disparities. *Diabetes Monitoring for People With Diabetes and Schizophrenia* • BCC hired behavioral health care managers embedded in our Integrated Health Care department who conduct outreach to these members. BCC has also increased collaboration with the various Pre-paid Inpatient Health Plans (PIHPs) in our regions in an effort to improve coordination of care for these members. Multiple outreach efforts across the plan dedicated to diabetes.

1. Recommendation—Performance Measures
Annual Monitoring for Patients on Persistent Medications—Diuretics • This issue will addressed in 2021 with planned interventions with the BCC Pharmacy team.
a. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Not applicable.
b. Identify any barriers to implementing initiatives: **Child & Adolescent Care** *Childhood Immunization Status—Combination 5* and *7* **Barriers:** • Michigan has a strong anti-vaccination movement and the City of Detroit (Wayne County), where the largest segment of our population resides, is known to be a hot spot for the anti-vaccination movement. Oakland County is ranked 5th nationally for the number of kindergartners who do not get vaccinated. **Pregnancy Care** *Prenatal and Postpartum Care—Timeliness of Prenatal Care* **Barriers:** • Unable to engage providers to participate in Maternity HRA process • Global billing practices of the majority of OB/GYN providers in Michigan makes operationalizing pre-natal incentive difficult • Inability to reach pregnant members during narrow pre-natal window **Living With Illness** *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* and *Blood Pressure Control (<140/90 mm Hg* **Barriers:** • Members and providers need additional education about the importance of comprehensive diabetes care. • Inaccurate member contact information makes it difficult to reach the member.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, several performance measures continue to have opportunities for improvement. HSAG recommends that the MHP continue to monitor and implement improvement strategies to reduce barriers to ensure performance metrics continue to improve and increase in percentile ranking.

2. Recommendation—Compliance Review
Blue Cross Complete of Michigan was required to complete plans of action to address each deficiency identified during the compliance monitoring activity. HSAG recommended that **Blue Cross Complete of Michigan** implement internal processes to periodically review the status of each plan of action; for example, completing a progress update every 45 business days. This periodic review should include: • Progress on implementation of each plan of action. • Successes or barriers in remediating each deficiency. • Revised actions steps, if necessary. Once all plans of action are fully implemented, HSAG recommended that **Blue Cross Complete of Michigan** conduct an internal audit of each deficient program requirement to ensure the plans of action were successfully implemented and resolved each deficiency. Additionally, HSAG recommended **Blue Cross Complete of Michigan**'s annual monitoring and auditing plan within its compliance program include a comprehensive administrative review of its program areas to ensure MHP compliance with the federal requirements under 42 CFR 438—Managed Care, and specifically each of the federal and associated State requirements under 42 CFR 438 Subpart D and 42 CFR 438.330 under Subpart E. For any requirement found deficient, **Blue Cross Complete of Michigan** should immediately implement internal corrective action.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

• Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***:
 	
The following initiatives were implemented to address identified deficiencies through the SFY 2019 compliance review process:
 	
• *MHP Provider Directory Accuracy*
  ○ Blue Cross Complete updated provider records included in the MDHHS review to ensure accurate information is included in the online provider directory.
  ○ Blue Cross Complete conducts a provider directory accuracy collection process of a statistically sound sample of the contracted network, on a quarterly basis.
  ○ Blue Cross Complete has a standing agenda topic of change request requirements at all practitioner and office manager meetings.
  ○ Provider Network Management conducts periodic secret shopper call on a sample of the PCP [primary care provider] and specialty providers. The outcome of the secret shopper calls are reviewed with the providers including education on provider data change notification process.
  ○ Providers identified as non-compliant with provider change notification processes may be placed on a corrective action plan.
  ○ BCC has included a monitoring review of the provider directory accuracy as part of its compliance work plan.
 	
• *Member Grievance and Appeal Resolution* (May): BCC updated grievance and appeal materials to include required language. Revised materials were implemented after BCC received approval from MDHHS of the corrective action plan in August 2019. BCC has included a monitoring review of grievance and appeal materials as part of its compliance work plan.

2. Recommendation—Compliance Review
• *QIP Evaluation and Work Plan; UM Program and Effectiveness (June):* BCC submitted UM [utilization management] Effectiveness Review to MDHHS [Michigan Department of Health and Human Services] and has implemented quality controls to ensure all required documents are included in the compliance review submission. Ongoing monitoring of the compliance review process and compliance with 42 CFR 438 Subpart D and 42 CFR 438.330 under Subpart E are included in its compliance work plan.
a. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • MHP Provider Directory Accuracy BCC continues to make updates to its provider directory. • BCC received passing scores for the Member Grievance and Appeal Resolution and the QIP [quality improvement program] Evaluation and Work Plan; UM Program and Effectiveness criteria during the SFY2020 compliance review process.
b. Identify any barriers to implementing initiatives: • The COVID19 pandemic has caused delays in monitoring of provider directory accuracy due to both meetings due to provider office closures and limited availability of office staff. BCC had no barriers in implementing initiatives related to the member grievance and appeal and the QIP criteria.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, the MHP continues to remediate a deficiency identified during the prior year's compliance reviews related to the accuracy of the provider directory.

3. Recommendation—Validation of Performance Improvement Projects
HSAG recommended that **Blue Cross Complete of Michigan** take proactive steps to ensure a successful PIP. Specifically, **Blue Cross Complete of Michigan** should address all feedback provided in *Partially Met* and *Not Met* validation scores as well as any *General Comments* in the *2018–2019 PIP Validation Report Addressing Disparities in Timeliness of Prenatal Care for Blue Cross Complete of Michigan* and make the following necessary corrections prior to the next annual submission: • The PIP has not yet demonstrated significant improvement in the study indicator results nor met the plan-specific goals for both study indicators. HSAG recommended that **Blue Cross Complete of Michigan** identify and document new or revised barriers that have prevented improvement in PIP outcomes and should develop new or revised interventions to better address high-priority barriers associated with the lack of improvement.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • Blue Cross Complete has followed the approved PIP methodology and taken proactive steps to ensure a successful PIP. BCC has completed a causation/barrier analysis to identify barriers to desired outcomes and implemented interventions to address those barriers. The Technical Assistance calls with HSAG [Health Services Advisory Group] have been particularly helpful and we have made every effort to implement the suggestions offered by HSAG. BCC is regularly monitoring our improvement strategies that impact study indicator outcomes and working to refine strategies on an ongoing basis. BCC developed 2 new

3. Recommendation—Validation of Performance Improvement Projects
interventions in order to demonstrate significant improvement in the study indicators and to meet the plan specific goals for both study indicators.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • BCC saw an improvement in the rates for both the African American (Study indicator 1) and Caucasian (study indicator 2) populations. BCC will continue to work towards reducing a statistically significant difference between the 2 study indicators.
c. Identify any barriers to implementing initiatives: • BCC identified that not all of the previous interventions were specific enough to prioritize the African American population in Wayne County and adjustments were made so that the interventions were more specific.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations and demonstrated statistically significant improvement over the baseline rate for both study indicators in the second remeasurement period.

HAP Empowered

Table 4-3—Prior Year Recommendations and Responses for HAP

1. Recommendation—Performance Measures
As a result of the findings related to the quality of, timeliness of, and access to care and services provided by **HAP Empowered** to members, HSAG recommended that **HAP Empowered** evaluate the impact of previously implemented QI initiatives to determine whether those initiatives were effective in improving lower performing HEDIS measures. As a result of that evaluation, and the most current HEDIS performance rates, HSAG further recommended that **HAP Empowered** incorporate new improvement efforts as necessary for the following performance measures ranking below the 25th percentile. **Child & Adolescent Care** • *Childhood Immunization Status—Combination 2*, *3*, *4*, *5*, *6*, *7*, *8*, *9*, and *10* • *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* • *Adolescent Well-Care Visits* • *Appropriate Treatment for Children With Upper Respiratory Infection* **Women—Adult Care** – *Chlamydia Screening in Women—Ages 21 to 24 Years* and *Total* **Access to Care** – *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months*, *Ages 25 Months to 6 Years*, *Ages 7 to 11 Years*, and *Ages 12 to 19 Years* **Obesity** – *Adult BMI Assessment* **Pregnancy Care** – *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* **Living With Illness** – *Comprehensive Diabetes Care—HbA1c Testing* – *Asthma Medication Ratio—Total* – *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* – *Diabetes Monitoring for People With Diabetes and Schizophrenia* – *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs*, *Diuretics*, and *Total*

1. Recommendation—Performance Measures
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***:

To address the low performing measures HAP Empowered implemented several new initiatives and modified improvement efforts in 2020. The following is an overview of the strategy employed to impact all the performance measures.

Improved the structure of the Medicaid/MMP improvement efforts

- Implemented an interdepartmental team to focus on Medicaid and MMP [Medicare and Medicaid program] initiatives aimed at increasing HEDIS/CAHPS [Healthcare Effectiveness Data and Information Set/ Consumer Assessment of Healthcare Providers and Systems] and performance measure rates.
- Developed a comprehensive Medicaid/MMP dashboard to monitor monthly HEDIS rates progress toward goals.
- Developed a Medicaid/MMP Initiative work plan focused on activities to improve performance measures.
- Completed an inventory of data improvements/gaps needed to effectively and efficiently meet improvement goals.
- Working with HAP's vendor to design initiatives to improve HAP's Medicaid HEDIS rates.

Additional Improvement Efforts

- Focused efforts on improving programs that impact member care and HEDIS rates by coordinating with the Quality Improvement and Case Management teams to improve the Maternity Program including the Low Birth Weight Project, External Quality Review Organization (EQRO) Prenatal Care Performance Improvement Project, ED [emergency department] Program and Population Health Management Programs.
- Coordinated efforts to revise a 'gaps in care' tool. Trained case managers, pharmacists and Customer Service to use the tool that includes members' HEDIS gaps in care that can be addressed when talking with members.
- Developed a template for member gaps in care outreach to include all the necessary demographics
- Collaborating with Provider Network to develop a revised Best Practice Program (P4P) with measures that include child and adult preventive services along with improvements in diabetic care.

The following is a brief description of additional focused efforts to improve:

Childhood Immunization Status—Combination 2, *3*, *4*, *5*, *6*, *7*, *8*, *9*, and *10*

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Adolescent Well-Care Visits

Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, *Ages 25 Months to 6 Years*, *Ages 7 to 11 Years*, and *Ages 12 to 19 Years*

- In late March letters were sent to all Medicaid parents/guardians with a reminder to receive services and information about HAP Empowered's incentive program. Additionally, in August/September detailed lists with member demographic information was generated and sent for outreach by the Member Outreach Team.

1. Recommendation—Performance Measures
• HAP Empowered is also focusing on the steady decrease in childhood and adolescent immunization rates which is occurring statewide and nationally. HAP Empowered is collaborating with multiple stakeholders including MDHHS [Michigan Department of Health and Human Services] immunization specialists, physicians, nurses and pharmacists to improve immunization rates. A brainstorming and information sharing meeting was held in September to discuss ideas to improve rates. Ideas included better use of the State's MCIR [Michigan Care Improvement Registry] database which is used to track immunizations; resources for the Vaccine for Children; educational and marketing materials – including the 'super-hero's campaign. Additionally, a pilot for curbside immunizations is being considered and will include flu vaccines. HAP Empowered is revising the current initiatives project plan to include these potential initiatives. *Chlamydia Screening in Women—Ages 21 to 24 Years* and *Total* *Adult BMI Assessment* • In late March letters were sent to all Medicaid members with a reminder to receive services and information about HAP Empowered's incentive program. Please note NCQA [National Committee for Quality Assurance] is retiring the Adult BMI [body mass index] measure. *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* • Current Maternity Case Management is under revision with a focus on improving member engagement, increasing MIHP engagement, getting members in for their PN and PPC [prenatal and postnatal care] Visits, improving birthing outcomes. *Comprehensive Diabetes Care—HbA1c Testing* • Members who are high risk diabetes are placed in Complex Case Management. HAP Empowered is also sending members who are interested testing kits which provides them with an A1c and nephrology home testing. As noted previously in late March letters were sent to all Medicaid members with a reminder to receive services and information about HAP Empowered's incentive program. *Asthma Medication Ratio—Total* *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* *Diabetes Monitoring for People With Diabetes and Schizophrenia* *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs*, *Diuretics*, and *Total* • HAP Empowered's Pharmacy area is working on several initiatives to improve medication adherence and monitor members with comorbid conditions (e.g.; behavioral conditions). Some of the initiatives are current and others are under development. *Appropriate Treatment for Children With Upper Respiratory Infection* • HAP Empowered will be working on initiatives focused on provider education. This particular measure has undergone a significant HEDIS specification change and will now include the adult population

1. Recommendation—Performance Measures
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • HAP Empowered monitors all performance measures on a monthly basis. However, it is early in the process to determine whether our rates are reflecting the initiatives implemented.

c. Identify any barriers to implementing initiatives:
 	
• The COVID [coronavirus] pandemic has been a barrier to the initiatives. Several provider offices and testing sites (mammography centers) were closed for months in 2020 limiting members access to services.
• As a result of COVID's impact on HAP members an intervention to address member needs was implemented. Activities included:
  o Focused Medicaid Outreach
  o Interactive Social Media Support for Medicaid Members
  o Other Channels of Communication
  o Focused Risk Outreach
  o Focused Efforts in Behavioral Health Support
  o Specific Food Assistance
  o Provider Network Activation
 	
The following is an overview of the member identification methodology.
 	
• Member information from the Region 10 and Region 6 Population Assessment were reviewed to address the disparities and health risks identified by the Centers for Disease Control and Prevention [CDC] and the high rates of COVID in Michigan. The focus of the data analyses was to identify high risk members identified by the CDC for telephonic outreach. HAP Empowered identified members with diabetes, high blood pressure, Children Special Health Care Services and pregnancy as high risk. Additionally, members in the counties with the highest rates of COVID were included. Of note is that the counties/cities with the highest rates of COVID were also those with the some of greatest disparity and health risks. The following is an overview of member identification.
  o Focus on the counties, zip codes with the highest rates of COVID and areas with known racial disparities (e.g.; Detroit/Flint) using US [United States] Census data.
  o Use the Medicaid eligibility file to filter by city zip code using COVID occurrence data from the CDC, Michigan.gov and other reliable sources
  o Stratify the data for those with the highest risk – the focus along with geographic is members with a diagnosis of pregnancy, Children Special Healthcare Services, diabetes or hypertension (these diagnoses represent the most vulnerable).
  o Identify members who are pregnant using the State's 834 file for the specific code identifier.
  o Identify members who are enrolled in the CSHCS [children's special health care services] using the State's 834 file for the specific code identifier.
  o Identify members with diabetes and hypertension using HEDIS data

HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, several performance measures continue to have opportunities for improvement. HSAG recommends that the MHP continue to monitor and implement improvement strategies to ensure performance metrics continue to improve and increase in percentile ranking.

2. Recommendation—Compliance Review
HAP Empowered was required to complete plans of action to address each deficiency identified during the compliance monitoring activity. HSAG recommended that **HAP Empowered** implement internal processes to periodically review the status of each plan of action; for example, completing a progress update every 45 business days. This periodic review should include: • Progress on implementation of each plan of action. • Successes or barriers in remediating each deficiency. • Revised actions steps, if necessary. Once all plans of action are fully implemented, HSAG recommended that **HAP Empowered** conduct an internal audit of each deficient program requirement to ensure the plans of action were successfully implemented and resolved each deficiency. Additionally, HSAG recommended **HAP Empowered's** annual monitoring and auditing plan within its compliance program include a comprehensive administrative review of its program areas to ensure MHP compliance with the federal requirements under 42 CFR 438—Managed Care, and specifically each of the federal and associated State requirements under 42 CFR 438 Subpart D and 42 CFR 438.330 under Subpart E. For any requirement found deficient, **HAP Empowered** should immediately implement internal corrective action.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations *(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)*: • In FY [fiscal year] 2020 HAP Empowered had 10 deficiencies that were identified during the compliance monitoring activity. All 10 were corrected, implemented and closed. The common theme among majority of the deficiencies was related to a lack of quality assurance related to state submissions. Quality Evaluation and Work Plan was submitted on an old form, Data mining activity for Program Integrity and Provider Disenrollments, both had incomplete fields in their submission to OIG [Office of Inspector General], policies for CHW [Community Health Workers] and MIHP [Maternal Infant Health Program] were either not updated or not submitted on time. Provider Directory Accuracy did not have a systematic process to receive timely and accurate updates and this led to deficiencies twice in a year. There was also a breakdown in handoff for a Consolidated Annual Report due to an integration of Midwest plan into HAP Health Plan Inc. This type of error accounted for 8 of the 10 deficiencies. In addition, HAP Empowered did not meet standard for Healthy Michigan members to transition for both in and out of CFP [continued failure to pay] status. The fact that HAP Empowered struggles with a small denominator for this measure contributed to this deficiency. The final deficiency was related to lack of correct claim rejection notice on pharmacy claims. • To assist with quality document submission HAP Empowered implemented several measures. Each business area has implemented an internal secondary check that occurs well in advance of each submission. Once that is completed the document is reviewed by the HAP Empowered Compliance team. The business owners have to submit their documentation to Compliance at least 10 days prior to the due date to allow for corrections. At any point during the submission review the business owners have the ability to consult Medicaid team for additional support. In addition, on an annual basis and starting with draft contract review, the plan confirms ownership and understanding of new requirements with each business owner, this is then followed by similar review of required compliance submissions for the new contract year. These strategies have been actively implemented throughout company and they will continue as a maintenance measure.

2. Recommendation—Compliance Review
• HAP Empowered strategy for improving CFP status incudes educating members by including copay amount information in the Member Handbook and on our website. We also relied on our vendor to conduct outreach to members identified as CFP. Currently HAP Empowered is planning on a supplemental outreach process for those members identified as CFP which will be fully implemented in Q [quarter] 4 2020.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • HAP Empowered has noticed considerable performance improvement as a result of initiatives implemented. Nine deficiencies from 2019 noted performance improvement as a result of initiatives implemented and HAP Empowered had no CAPs [corrective action plans] related to those items in 2020. • Only one, the Provider Directory Accuracy, received a CAP in February 2020, despite implementing a new approach in October 2019 with HAP Provider Network Management's new process of reaching out to physician groups to hold them accountable for supplying better data to the plan and to ensure providers have a clear path to supply updates to HAP Empowered. In March 2020 a new team called Provider Data Management was created with a specific focus on data management and provider directory accuracy. HAP Empowered also sends periodic notifications in the "provider newsroom" to remind providers of the importance of keeping the plan apprised of changes to the practice that affect enrollees. Furthermore, a monthly workgroup was created to address network data discrepancies and to develop specific action plans. • HAP Empowered had no improvements in the CFP status among HMP [Healthy Michigan Plan] members. One of the contributing factors to the failure is the small denominator for HAP Empowered. However, we anticipate improvement moving forward as we implement supplemental member outreach attempts by HAP Empowered for education and payment reminders in Q4 2020.
c. Identify any barriers to implementing initiatives: • Integration of multiple organizations presents a set of challenges. Building on Midwest and Trusted experience HAP Empowered was able to identify and provide education to business owners and there were no barriers in implementing the initiatives. However, Provider Directory Accuracy initiative is still underway and HAP Empowered is anticipating a negative impact of the COVID 19 pandemic on this measure Statewide.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, the MHP continues to remediate a deficiency identified during the prior year's compliance review related to the accuracy of the provider directory.

3. Recommendation—Validation of Performance Improvement Projects
HSAG recommended that **HAP Empowered** take proactive steps to ensure a successful PIP. Specifically, **HAP Empowered** should address all feedback provided in *Partially Met* and *Not Met* validation scores as well as any *General Comments* in the *2018–2019 PIP Validation Report Improving the Timeliness of Prenatal Care for Black Women for HAP Empowered* and make the following necessary corrections prior to the next annual submission: • The PIP has not yet demonstrated significant improvement in the study indicator results nor met the plan-specific goals for both study indicators. HSAG recommended that **HAP Empowered** identify and document new or revised barriers that have prevented improvement in PIP outcomes and should develop new or revised interventions to better address high-priority barriers associated with the lack of improvement.

3. Recommendation—Validation of Performance Improvement Projects
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)

a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***:

- HAP Empowered continued working with a prenatal care workgroup consisting of representatives from the Quality Management, Performance Improvement/HEDIS, Outreach, and Care Management departments. This workgroup meets bimonthly to discuss ongoing barriers, interventions, and strategies to improve prenatal care. To identify initial barriers, the workgroup created and continued use of a fishbone diagram as a QI [quality improvement] tool. This helped to document barriers and initiate discussions for improvement. Sessions were also held to brainstorm and prioritize barriers. Barriers were then prioritized into focus areas.
- HAP Empowered determined that there are continued barriers responsible for members not being able to access the prenatal care needed for a healthy birth outcome. These barriers include:
  - Member Outreach/Engagement
    - Unable to reach member (lack of correct contact information)
    - Member education-Expansion of Maternity Case Management Program
    - Lack of response/engagement to member incentive program
  - Early Identification and MIHP Referral Process
    - Lack of follow up from MIHP referrals
    - Access to timely data/identification of pregnant women
- Based on barriers identified, the workgroup completed the following activities throughout 2019:
  - Reviewing HEDIS performance data
  - Identifying key drivers and areas in need of improvement utilizing the initial fishbone diagram
  - Identifying evidence-based interventions/change concepts to implement
  - Developing action and work plans
  - Monitoring intervention performance and outcomes
  - Revise or discontinue interventions when necessary

Below are the revised intervention strategies developed to address high priority barriers.

Member Incentive

- Since January 2020, the Quality Management department has been meeting with the Case Management department to complete the merger of the Trusted membership into the Maternity Case Management Program. Additionally, this group has been meeting on a weekly basis to review and implement best practices from each entity into the Maternity Case Management Program. Through these weekly meetings, the following opportunities for improvement have been identified for the member incentives throughout this process:
  - Partner with Provider Network in spreading the awareness of the Member Incentive Program
  - Review the Member Incentive Process to reduce the administrative burden and to potentially allow more members to become eligible for the gift card
  - Add raffles where members may be able to win car seats
  - Provide staff with education on the member incentive process

3. Recommendation—Validation of Performance Improvement Projects
Case Management Program – The Quality Management, Case Management, and Performance Improvement departments have been and will continue to meet weekly to review the Maternity Case Management Program for potential areas for improvement. This includes the areas that that have already been identified earlier in this section. – Additionally, a bi-weekly Medicaid Quality Measures Workgroup has been established where a number of departments (such as Customer Service, Outreach, Marketing, etc.) gather and discuss projects that have been implemented that may impact the pregnant population. The goal of this Workgroup is to ensure alignment of various initiatives across the organization. A work plan will be developed for the revision of the program, where specific tasks will be outlined, responsible parties identified, and due dates agreed upon. **Early Identification/Member Outreach** – The next steps include working on continually improving the internal reports with the pregnancy indicator on the enrollment file and claims report as mentioned above to identify pregnant members early on and refer to programs. As indicated in the results, members actively enrolled in MIHP and/or case management received timely prenatal care. – The workgroup also will be reviewing the case management strategy for maternity and member incentives.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • The Baseline measurement period is the 2018 HEDIS rate. The overall total HEDIS 2020 prenatal care rate is 90.1%; this is an increase of 34.4% compared to the HEDIS 2018 rate of 55.7%. HAP Empowered further compared the study indicator of the Black/African American baseline rate for HEDIS 2018 to HEDIS 2020. HEDIS 2018 results are 13 out of 27 (48.2%) Black/African American members received prenatal care compared to 29 out of 31 (93.5%) in HEDIS 2020. Using the Fishers two tailed exact test the p value equals 0.0002. The association is considered to be extremely statistically significant. Lastly, HAP Empowered met the goal of the 50th percentile for HEDIS 2020 prenatal care measure.
c. Identify any barriers to implementing initiatives: • No known barriers; the workgroup continues to meet on a regular basis and discuss progress on interventions.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations and demonstrated statistically significant improvement over the baseline rate for the study indicator in the second remeasurement period.

McLaren Health Plan

Table 4-4—Prior Year Recommendations and Responses for MCL

1. Recommendation—Performance Measures
As a result of the findings related to the quality of, timeliness of, and access to care and services provided by **McLaren Health Plan** to members, HSAG recommended that **McLaren Health Plan** evaluate the impact of previously implemented QI initiatives to determine whether those initiatives were effective in improving lower performing HEDIS measures. As a result of that evaluation, and the most current HEDIS performance rates, HSAG further recommended that **McLaren Health Plan** incorporate new improvement efforts as necessary for the following performance measure ranking below the 25th percentile. **Child & Adolescent Care** • *Childhood Immunization Status—Combination 3*, *4*, *5*, *7*, and *9*
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • Initiatives to improve Childhood Immunization compliance included the following: monthly gaps in care report to Primary Care Providers (PCP), member newsletters on the importance of immunizations, direct member letters noting each immunization still needed, PCP letters noting each assigned patient and which immunization they were needing, HEDIS [Healthcare Effectiveness Data and Information Set] manuals for providers, monthly quality quick tips including children specific topics for annual well visits and immunizations, access to care events with primary care offices, member check lists to note what services they were still needing to hand out at community events, used population health software to determine gaps, low performing offices for direct outreach and education, and offer provider offices the services of outreach representatives to assist with scheduling patients for well visits and immunizations. McLaren partners with Community Health Worker organizations on various quality measures including immunizations. McLaren continues to monitor HEDIS scores on a monthly basis at a plan level but also regionally and by county to address any barriers or determine new targeted efforts.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Not applicable.
c. Identify any barriers to implementing initiatives: • For CY [calendar year] 2020 COVID-19 [coronavirus] has brought forth additional challenges in obtaining our goal immunization rate. McLaren Health Plan continues to monitor rates and develop new targeted interventions for members and provider. The goal of McLaren Health Plan is to meet or exceed the established NCQA [National Committee for Quality Assurance] 75th percentile.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, several performance measures, including rates under the *Childhood Immunization Status* measure, continue to have opportunities for improvement. HSAG recommends that the MHP continue to monitor and implement improvement strategies to ensure performance metrics continue to improve and increase in percentile ranking.

2. Recommendation—Compliance Review
McLaren Health Plan was required to complete plans of action to address each deficiency identified during the compliance monitoring activity. HSAG recommended that **McLaren Health Plan** implement internal processes to periodically review the status of each plan of action; for example, completing a progress update every 45 business days. This periodic review should include: • Progress on implementation of each plan of action. • Successes or barriers in remediating each deficiency. • Revised actions steps, if necessary. Once all plans of action are fully implemented, HSAG recommended that **McLaren Health Plan** conduct an internal audit of each deficient program requirement to ensure the plans of action were successfully implemented and resolved each deficiency. Additionally, HSAG recommended **McLaren Health Plan**'s annual monitoring and auditing plan within its compliance program include a comprehensive administrative review of its program areas to ensure MHP compliance with the federal requirements under 42 CFR 438—Managed Care, and specifically each of the federal and associated State requirements under 42 CFR 438 Subpart D and 42 CFR 438.330 under Subpart E. For any requirement found deficient, **McLaren Health Plan** should immediately implement internal corrective action.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: *Program Integrity Forms* (November): • McLaren Health Plan (McLaren) was incorrect in its understanding of what was being requested for its November 2018 Quarterly Program Integrity Report Disenrollments Tab resubmission. As a result, McLaren removed four providers from its initial report which caused the Corrective Action Plan (CAP). McLaren in response to the CAP added the four providers back to the report and updated the reason for disenrollment to reflect the specific action taken by the Michigan Department of Licensing and Regulator Affairs (LARA), which resulted in the providers' disenrollment from McLaren. • For all reports subsequent to the November 2018 report, McLaren has added the additional review step for its Credentialing report of checking the MDHHS [Michigan Department of Health and Human Services] Sanctioned Provider list for all providers whose disenrollment reason is "Provider Sanctioned." Providers not listed there are further reviewed through LEIE [List of Excluded Individuals/Entities] Exclusions Database and the LARA license lookup web page with the correct sanction (fine, probation, etc.) being updated as the reason for disenrollment. *MHP Provider Directory Accuracy (February):* • McLaren Health Plan continually validates Provider Information, verifies acceptance status and provides education, to ensure accuracy in all MHP systems. • Provider Directory information is reviewed and audited on a monthly basis. • Acceptance status is reviewed and verified in a multitude of ways including, but not limited to, internal secret shopper calls on a bi-annual basis and face to face visits verifying acceptance status of each PCP.

2. Recommendation—Compliance Review
• Steps Taken when Discrepancy Identified: – In situations where the office stated they were not accepting new patients, education from the Network Development Coordinator is delivered to the office manager explaining the requirements for opening and closing a practice – In cases where there is a change in location or a provider is no longer at the office; the Network Development Coordinator requests the appropriate documentation for the contract file and makes the change to accurately reflect the provider's status • Ongoing Monitoring and Interventions: – At least biannually, a face to face or phone call made to all PCP offices, with acceptance status verified on Provider Service Tracking sheet; information is verified and updated as appropriate o Network Development Coordinators visit high volume PCP offices (defined as PCP offices with 50 or more members) 2x per year, at a minimum. All PCP offices are visited at least annually. At these visits, PCP verification is completed, name, address, phone, etc., including acceptance status. All discrepancies are reviewed, and education is delivered at the time of the visit. Any information needing to be updated is completed in a timely manner – Education in the Provider Manual of acceptance status requirements and process to request a change – Provider Newsletter articles – Provider Contract language – Office education when complaint received from other members or other internal departments o Any member complaint is immediately followed up on by a Network Development Coordinator, a call is made to the office to ensure that members are receiving access to care as appropriate *MAC Pricing* (March): • McLaren's Pharmacy Benefits Manager updated its MAC [maximum allowable cost] policy pricing in May 2019 to align with the requirement. In addition, the process for MAC list updates involves the following: the Financial Analysis Manager receives pricing information on a weekly basis from Predictive Acquisition Cost (PAC) of the estimated acquisition cost of drugs for pharmacies and, on a monthly basis, will receive pricing data from IMS health. On a weekly basis, the Financial Analysis Manager will run a report comparing the PAC and IMS pricing information to the pricing on the MAC lists, to identify if the MAC pricing is lower than the PAC or IMS pricing for each drug on the MAC lists. The Financial Analysis Manager will send the report to the VP [Vice President] of Generic Strategies for review.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): *Program Integrity Forms (November):* • McLaren Health Plan has not received a subsequent corrective action plan for the same issue. *MHP Provider Directory Accuracy (February):* • McLaren Health Plan is continuing to monitor and analyze current processes for improvements. Updates to the McLaren Connect Provider Portal will include a requirement for the Provider to attest to the accuracy of reported information, such as demographics and acceptance status. This is in development and anticipate roll out by January 2021. *MAC Pricing (March)* • McLaren's PBM [pharmacy benefit manager] was responsive in making the adjustment. For the most recent Compliance Timeline submission related to this, McLaren Health Plan received a pass.

2. Recommendation—Compliance Review
c. Identify any barriers to implementing initiatives: *Program Integrity Forms* (November): • None *MHP Provider Directory Accuracy* (February): • Providers/office not providing the health plan advanced notice when a provider is no longer accepting members, or has relocated/retired. *MAC Pricing* (March): • None
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations.

3. Recommendation—Validation of Performance Improvement Projects
HSAG recommended that **McLaren Health Plan** take proactive steps to ensure a successful PIP. Specifically, **McLaren Health Plan** should address all feedback in the *2018–2019 PIP Validation Report Addressing Disparities in Timeliness of Prenatal Care for McLaren Health Plan* and consider the following recommendations in the next annual submission: • Revisit its causal/barrier analysis at least annually to ensure that the barriers identified continue to be barriers, and to see if any new barriers exist that require the development of interventions. • Continue to evaluate the effectiveness of each individual intervention and report the findings of the evaluation analysis in the next annual submission.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • McLaren Health Plan will continue to utilize HSAG's [Health Services Advisory Group] approved PIP [performance improvement project] methodologies, feedback, and instructions to guide our Timeliness of Prenatal Care project. Based on HSAG's recommendations, McLaren completed a causal/barrier analysis in June 2020 to identify new barriers and implement additional interventions. No new barriers were identified. This causal/barrier analysis will be included in the FY [fiscal year] 2020 PIP. In addition, McLaren completed an analysis of the effectiveness of each intervention for this PIP. Interventions continue to be appropriate and all documented interventions for this project continue. This evaluation will be included in the FY 2020 PIP.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Not applicable.
c. Identify any barriers to implementing initiatives: • No barriers to implementation were identified.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, the performance for the MHP's second study indicator fell below the baseline rate for the second remeasurement period. HSAG recommends revisiting the causal/barrier analysis process to ensure interventions are implemented as appropriate.

Meridian Health Plan of Michigan

Table 4-5—Prior Year Recommendations and Responses for MER

1. Recommendation—Performance Measures
As a result of the findings related to the quality of, timeliness of, and access to care and services provided by **Meridian Health Plan of Michigan** of Michigan to members, HSAG recommended that **Meridian Health Plan of Michigan** evaluate the impact of previously implemented QI initiatives to determine whether those initiatives were effective in improving lower performing HEDIS measures. As a result of that evaluation, and the most current HEDIS performance rates, HSAG further recommended that **Meridian Health Plan of Michigan** incorporate new improvement efforts as necessary for the following performance measures ranking below the 25th percentile. **Living With Illness** • *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* • *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs*, *Diuretics*, and *Total*
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • For the 2019 measurement year, to improve *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* (SMC), Meridian completed telephonic outreach to members with comorbidities encouraging them to obtain preventive care services. For the 2020 measurement year, to improve SMC, Meridian plans to distribute a provider education piece. The provider education piece will focus on communication between providers and proper billing, which are the two main barriers to improving the measure. • The *Annual Monitoring for Patients on Persistent Medications* (MPM) measures were retired for the 2019 measurement year, the subsequent measurement year to the one in which the measure was identified for improvement. Therefore, Meridian was not afforded the opportunity to demonstrate reported improvements in this measure through intervention. Initiatives completed for this measure prior to retirement were collection of supplemental data via Electronic Data Interchange (EDI) as well as provider education focusing on requirements of the measure and appropriate billing for services related to the measure. A planned intervention for MPM that was not completed was medical record data abstraction since this would have occurred in 2020 (post-retirement).

1. Recommendation—Performance Measures
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • The SMC rate at the time of the audit, HEDIS® [Healthcare Effectiveness Data and Information Set]2019, was 72.06%. For HEDIS® 2020, Meridian reported a rate of 79.55%, showing an improvement of 7.49% from the previous year and achieving the 50th percentile compared to the HEDIS® 2019 Quality Compass National Medicaid HMO [Health Maintenance Organization] percentiles. Besides the initiative implemented above, another factor that may have contributed to the improved rate is a change in the Technical Specification for the measure in HEDIS® 2020. • Meridian does not have final performance data for the MPM measure due to retirement. Meridian is not able to compare data across measurement years for improvement for MPM due to final data not being available for HEDIS® 2020.
c. Identify any barriers to implementing initiatives: • Meridian's original plan was to deliver the provider education piece for SMC at face-to-face visits with providers. Since face-to-face visits haven't been occurring for some time due to COVID-19 [coronavirus], Meridian will consider delivering the provider education piece virtually to complete the initiative.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations.

2. Recommendation—Compliance Review
Meridian Health Plan of Michigan was required to complete plans of action to address each deficiency identified during the compliance monitoring activity. HSAG recommended that **Meridian Health Plan of Michigan** implement internal processes to periodically review the status of each plan of action; for example, completing a progress update every 45 business days. This periodic review should include: • Progress on implementation of each plan of action. • Successes or barriers in remediating each deficiency. • Revised actions steps, if necessary. Once all plans of action are fully implemented, HSAG recommended that **Meridian Health Plan of Michigan** conduct an internal audit of each deficient program requirement to ensure the plans of action were successfully implemented and resolved each deficiency. Additionally, HSAG recommended **Meridian Health Plan of Michigan**'s annual monitoring and auditing plan within its compliance program include a comprehensive administrative review of its program areas to ensure MHP compliance with the federal requirements under 42 CFR 438—Managed Care, and specifically each of the federal and associated State requirements under 42 CFR 438 Subpart D and 42 CFR 438.330 under Subpart E. For any requirement found deficient, **Meridian Health Plan of Michigan** should immediately implement internal corrective action.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: *Program Integrity Forms* (November) • Meridian has enacted several additional oversight and monitoring measures to prevent future concerns. As part of the recent company integrations, Meridian's Special Investigative Unit (SIU) team has begun utilizing 'Compliance 360' (C360), a software-based SIU case management system. This program allows Meridian to better track and report on fraud, waste, and abuse investigations. Reporting from C360 is used

2. Recommendation—Compliance Review
to support the 6.1, 6.2, and 6.3 submissions, which has helped to reduce errors, oversights, or gaps in processes caused by manual tracking systems. • In conjunction with system enhancements, Meridian has provided additional education and training to staff. The reporting template and guidance document provided by MDHHS OIG [Michigan Department of Health and Human Services Office of Inspector General] have been reviewed with all staff members in great detail. All OIG and internal feedback provided is documented for reference regularly when completing future reports. Meridian has also implemented increased internal oversight for the report. All teams involved with the report meet regularly to review progress and address any barriers to accurate and timely reporting. • In addition to internal efforts, Meridian has engaged with other health plans and MDHHS OIG to address questions and concerns that have arisen internally and are related to the reporting process. Meridian has worked diligently to ensure that the guidance document provided by OIG is updated appropriately to reflect all changes and guidance provided to plans in response to questions. *Provider Directory Accuracy* (February) • Meridian implemented comprehensive and routine oversight of the provider directory involving the Network Management, Provider Services, and Compliance departments. To support the work of these departments, Meridian has enacted Policy 7.51: Provider Directory Accuracy Monitoring to ensure appropriate monitoring and oversight of the compliance and accuracy of the Provider Directory. • Meridian has enhanced internal auditing to validate the Provider Directory and ensure timely updates. Meridian's Compliance department expanded targeted auditing of the Meridian Provider Directory including monthly monitoring via outbound phone calls to providers' offices. The goal of the phone call is to validate information listed, including but not limited to, if the provider is accepting new patients, any restrictions on new patients, office location and hours, and contact information. Once the monthly monitoring is complete, the results are shared with the Network Management and Provider Services departments. Upon receiving monitoring results from Compliance, Network Management will reach out to providers as needed to validate the information. Any updates that are required will be submitted to Provider Services to edit the Provider Directory and Meridian's internal system. *Benefits Monitoring Program* (February) • Meridian initially received an 'incomplete' for this criteria, however, after Meridian requested reconsideration on this scoring, MDHHS revised Meridian's score to a 'pass', and Meridian took additional steps to set forth internal efforts to ensure that the language in our policies explicitly aligns with MDHHS. Per MDHHS, Meridian's policies and procedures do not explicitly outline that "prior to the implementing of new remedies and sanctions, Meridian must obtain written approval from MDHHS". • Meridian updated our internal policy to explicitly reference the requirement of seeking MDHHS approval prior to implementing changes within the BMP [Benefits Monitoring Program] protocol in May 2019. The Policy and Procedure was then circulated for review and approval from Meridian's Care Coordination and Compliance leadership. The finalized document went to Meridian's next quarterly Quality Improvement Committee (QIC) for final approval on October 24, 2019. As is standard practice for Meridian, the Policy will then be reviewed annually to ensure that the content accurately reflects current processes and is compliant with all contractual requirements.

2. Recommendation—Compliance Review
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): *Program Integrity Forms* (November) • Since the CAP [corrective action plan] was issued in November 2018, Meridian subsequently passed the Quarterly OIG Program Integrity report submission in February, May, and August 2019. Meridian has also passed all quarterly reports in 2020. *Provider Directory Accuracy* (February) • Following the February 2019 Compliance Review, Meridian exceeded the 75% accuracy requirement for matching contact information online and on the 4275 provider file. However, Meridian received an 'incomplete' score for Section 2.6, as Meridian's percentage of "accepting new MA patients" was below the standard of 75% requirement • As a result of implementing increased oversight and auditing, Meridian has since passed the 2.6 Provider Directory Compliance Review submission in August 2019. Additionally, in 2020, Meridian passed this submission in February 2020. Meridian feels confident that because of the internal collaboration efforts, education to provider offices, and increased internal monitoring that has occurred since this CAP, Meridian will continue to see success in maintaining a Provider Directory that meets requirements. *Benefits Monitoring Program* (February) • Meridian has maintained the annual review of the policy related to these criteria. Additionally, as noted above, MDHHS revised Meridian's score to a 'pass' for these criteria in the final scoring of the Compliance review. Meridian has also received a 'pass' for this criterial in 2020.
c. Identify any barriers to implementing initiatives: *Program Integrity Forms* (November) • Meridian has successfully implemented oversight and monitoring of data collection and has no internal barriers to successfully completing this report. Meridian continues to work with the MDHHS-OIG on any conflicting feedback or guidance as it is identified to ensure that all submissions are meeting expectations. *Provider Directory Accuracy* (February) • Meridian has implemented comprehensive, routine oversight of the provider directory involving the Network Management, Provider Services, and Compliance departments. One barrier to the auditing process is that information collected via phone call from the providers is dependent on the provider office's staff member who answers that particular call, both for internal oversight and when MDHHS conduct their calls for validation. Different provider office staff may provide differing information. *Benefits Monitoring Program* (February) • No additional implementation was required for these criteria.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations.

3. Recommendation—Validation of Performance Improvement Projects
HSAG recommended that **Meridian Health Plan of Michigan** take proactive steps to ensure a successful PIP. Specifically, **Meridian Health Plan of Michigan** should address all feedback provided in *Partially Met* and *Not Met* validation scores as well as any *General Comments* in the *2018–2019 PIP Validation Report Addressing Disparities in Timeliness of Prenatal Care for Meridian Health Plan of Michigan* and make the following necessary corrections prior to the next annual submission: • The PIP has not yet demonstrated significant improvement in the study indicator results for both study indicators. The MHP should identify and document new or revised barriers that have prevented improvement in PIP outcomes and should develop new or revised interventions to better address high-priority barriers associated with the lack of improvement.
MCE's Response: (Note— the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: Based on HSAG's [Health Services Advisory Group's] recommendations, for 2020 Meridian completed a causal/barrier analysis to identify barriers and implemented interventions to address those barriers in a timely manner. Meridian implemented interventions late in the Remeasurement 1 study period which were deemed successful and continue to expand the capability in connecting with membership for timely prenatal care. Interventions implemented in Remeasurement 2 include: • In 2019, Meridian offered Region 3 members a gift card incentive for timely completion of the Timeliness of Prenatal Care (PPC) HEDIS® measure. The incentive was offered to members via mailings and Community Health Worker (CHW) outreach. The member mailing encouraged members to complete their first prenatal visit during the first trimester (<13 weeks) and/or within 42 days of new enrollment into Meridian. The gift card may have incentivized the first prenatal visit but also encouraged members to continue to seek prenatal care by connecting with a prenatal care provider in a timely manner. • Beginning in 2019, Meridian offered an increased HEDIS® incentive to providers for timely completion of the PPC HEDIS® measure. Providers received a bonus, $30 per member, if a member's first prenatal visit was performed in the first trimester (<13 weeks), or within 42 days of enrollment. This was a $10 increase compared to the prior incentive for the measure. Meridian promoted HEDIS® incentives and clinical practice guidelines with an educational flyer that is distributed to providers. • For HEDIS® 2020, Meridian made improvements to identify members in the measure through updated pregnancy logic based on new HEDIS® technical specifications. This ensured Meridian was reaching the correct members in a timely fashion to connect them to a provider, complete a prenatal assessment and schedule transportation to and from appointments if needed. Meridian has set a goal to increase the number of members contacted, appointments scheduled, appointments completed and continue to meet the standard rate of campaign success for members reached. • Meridian continued the expanded outreach strategy from the Remeasurement 1 period in Remeasurement 2 with Meridian's Member Services department to provide reminders for PPC HEDIS® using a refined pregnancy identification logic. Quicker, more frequent identification allowed Meridian to outreach members in a timelier manner, which also led to being able to identify unable to reach members more quickly in order to send out a CHW to the member's home. • Meridian has connected to new Admission, Discharge and Transfer (ADT) feeds. ADT feed expansion provides additional data to increase capability to flag for pregnancy and identify members that visit the

3. Recommendation—Validation of Performance Improvement Projects
Emergency Department (ED), or go inpatient, related to pregnancy in Region 3 and 5 hospitals. Using ADT feeds assists Meridian with identifying members who may be using the ED that have not initiated routine prenatal care. Meridian will use an ADT dashboard to identify trends in utilization and conduct outreach to members based on their ED usage for Region 3 and 5. In addition, ADT feeds often include updated contact information for the member. This is beneficial, as contact information that is received from the State is often outdated. • In 2020, Meridian implemented a texting program for pregnant women. Pregnant members receive 2-3 texts a week with information and education that helps women get ready for: appointments and wellness check-ins, changes in their body, emotional health management, proper nutrition and exercise, baby's growth, and birth planning. Texting offers more frequent touch points to communicate with members. Meridian plans to evaluate and report on this program in future submissions. • During the COVID-19 pandemic, Meridian is faxing telehealth PPC HEDIS® guidance to providers in Regions 3 and 5 to maintain measure performance.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Meridian is actively monitoring PPC HEDIS® [Healthcare Effectiveness Data and Information Set] rates for both study indicators monthly through interactive dashboards and trending data compared to previous years. Performance of interventions in Region 3 and 5 is measured on quarterly basis, which allows for more frequent and meaningful evaluation and updates to interventions, as applicable. • Meridian's CHW intervention was deemed successful with assisting members with identifying a provider and scheduling appointments; with 9.9% of home visits resulting in a scheduled appointment for prenatal care. This was more effective than member contact and appointment scheduling through telephonic outreach. • Incentives have been identified as a successful intervention for engaging members in prenatal care. In Region 3, 13.2% of members completed their prenatal care appointments after receiving a mailing informing them that they incentive-eligible for completing their first prenatal care appointment. • As part of the improvement process, Meridian continuously involves numerous departments in collaborative and informational monthly meetings where the performance improvement project is discussed. Departments include, but are not limited to, Quality Improvement, Medical Management, Utilization Management, Member Services, Care Coordination, Population Health Management, Network Management and Information Technology (IT). Meridian continues to implement processes through a variety of workgroups, collaboration with Michigan prenatal initiatives and new pregnancy benefits for enrollees.
c. Identify any barriers to implementing initiatives: • Due to unforeseen delays within Meridian's IT department, the ADT dashboard will go live in Fall 2020. Once live, this tool will report on trends in ED utilization for prenatal care, trends in routine prenatal care, rates for addressing member social determinants of health (SDoH) needs or needs related to ED visits and rates for assessment completion. • The PPC HEDIS® timeframe specifications changed for the 2019 measurement year and due to the specification changes NCQA [National Committee for Quality Assurance] recommended a break in trending for the PPC measure. Changes impacting year-over-year comparability are revisions to the timing of the event/diagnosis criteria and revisions to the numerator to allow for visits that occur before the enrollment start date. An additional factor impacting comparability is the impact of COVID-19 on hybrid data collection for the 2019 measurement year. • Due to COVID-19, the majority of Meridian employees are working remotely and will continue to do so for the foreseeable future. All CHW staff have switched from a face-to-face to a telephonic member

3. Recommendation—Validation of Performance Improvement Projects
engagement strategy. In response to COVID-19, Meridian's workforce has been in high demand to ensure that the health plan is appropriately responding to and supporting members and providers as needed. Meridian still continues to do specific telephonic outreach for members due for PPC HEDIS®.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, it did not meet the goal of removing the regional disparity and demonstrated a significant decrease in performance for both study indicators. HSAG recommends that the MHP determine if changing the data collection method across measurement periods contributed to these findings or if there is another contributing factor.

Molina Healthcare of Michigan

Table 4-6—Prior Year Recommendations and Responses for MOL

1. Recommendation—Performance Measures
As a result of the findings related to the quality of, timeliness of, and access to care and services provided by **Molina Healthcare of Michigan** to members, HSAG recommended that **Molina Healthcare of Michigan** evaluate the impact of previously implemented QI initiatives to determine whether those initiatives were effective in improving lower performing HEDIS measures. As a result of that evaluation, and the most current HEDIS performance rates, HSAG further recommended that **Molina Healthcare of Michigan** incorporate new improvement efforts as necessary for the following performance measure ranking below the 25th percentile. **Pregnancy Care** *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • The change in 2020 HEDIS [Healthcare Effectiveness Data and Information Set] Specification for the Prenatal/Postpartum measure, which allows a prenatal visit with a pregnancy-related diagnosis code as a numerator compliant visit. Additionally, in HEDIS 2020, a major change made was that a prenatal visit during the first trimester, on or before the enrollment start date, were allowed to be included in the numerator for the Prenatal measure, had a positive impact on the performance of the measure but does not allow the health plan to calculate the impact of current interventions.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • The change to the Prenatal specification resulted in the HEDIS 2020 rate (97.81%) exceeding the HEDIS 2019 rate (71.05%) by 26.27 percentage points. The health plan's August 2020 prenatal timeliness rate is reported as 94.37%.
c. Identify any barriers to implementing initiatives: • There are no significant barriers to implementing initiatives for the Prenatal Timeliness performance measure, however we have not evaluated the impact COVID-19 [coronavirus] will have on this measure.

1. Recommendation—Performance Measures
• The health plans limited ability to reach many members by phone prevents the opportunity to discuss health plan benefits and address any concerns or barriers member may be facing that haven't been identified previously.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations.

2. Recommendation—Compliance Review
Molina Healthcare of Michigan was required to complete plans of action to address each deficiency identified during the compliance monitoring activity. HSAG recommended that **Molina Healthcare of Michigan** implement internal processes to periodically review the status of each plan of action; for example, completing a progress update every 45 business days. This periodic review should include: • Progress on implementation of each plan of action. • Successes or barriers in remediating each deficiency. • Revised actions steps, if necessary. Once all plans of action are fully implemented, HSAG recommended that **Molina Healthcare of Michigan** conduct an internal audit of each deficient program requirement to ensure the plans of action were successfully implemented and resolved each deficiency. Additionally, HSAG recommended **Molina Healthcare of Michigan**'s annual monitoring and auditing plan within its compliance program include a comprehensive administrative review of its program areas to ensure MHP compliance with the federal requirements under 42 CFR 438—Managed Care, and specifically each of the federal and associated State requirements under 42 CFR 438 Subpart D and 42 CFR 438.330 under Subpart E. For any requirement found deficient, **Molina Healthcare of Michigan** should immediately implement internal corrective action.
MCE's Response: (Note— the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • Molina Healthcare of Michigan ("Molina") demonstrated compliance for 74 of 80 elements, with an overall compliance score of 96 percent, which was above the statewide average of 95 percent. Over the course of the review period, Molina updated policies and procedures, created auditing and monitoring tools, updated member and provider communications, and initiated training to staff members to correct the 6 standards with opportunities for improvement. • Overall, Molina has sufficiently closed all corrective action plans related to 3.1/3.2 Member Materials, 5.6 Pharmacy/MCO Common Formulary, and 3.6 Member Grievances and Appeals. In addition, those standards were submitted and passed in FY2020. The remaining standard, 2.6 MHP Provider Directory, and associated corrective action plan is currently in progress and ongoing. Molina continues to improve processes to increase the overall compliance by educating providers, data validation and reconciliation, and conducting several auditing and monitoring processes to help eliminate errors in the directory data.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Molina has noted general performance improvement in the areas identified in the Compliance Review. As mentioned above, these improvements resulted in passing scores for FY2020.

2. Recommendation—Compliance Review
c. Identify any barriers to implementing initiatives: • Molina has not identified any material barriers to implementing initiatives. The timeliness and accuracy of information received from providers continues to be a challenge and Molina continues to educate providers to help improve the process.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, the MHP continues to remediate a deficiency related to the accuracy of the provider directory.
3. Recommendation—Validation of Performance Improvement Projects
HSAG recommended that **Molina Healthcare of Michigan** take proactive steps to ensure a successful PIP. Specifically, **Molina Healthcare of Michigan** should address all feedback provided in *Partially Met* and *Not Met* validation scores as well as any *General Comments* in the *2018–2019 PIP Validation Report Addressing Disparities in Timeliness of Prenatal Care for Molina Healthcare of Michigan* and make the following necessary corrections prior to the next annual submission: • Describe the process for determining the priority rankings for the identified barriers. • Use consistent language throughout the PIP submission when describing barriers and interventions. • Clearly and logically link the identified barriers to the interventions, as the implemented improvement strategies should directly impact the corresponding barrier. • The PIP has not yet demonstrated significant improvement in the study indicator results nor met the plan-specific goals for both study indicators. The MHP should identify and document new or revised barriers that have prevented improvement in PIP outcomes and should develop new or revised interventions to better address high-priority barriers associated with the lack of improvement.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: The health plan corrected/addressed each of the following recommendations within the MI2019-2020_MHP_PIP Summary Form, submitted to HSAG on 8/25/2020. The following is the summary of the information that was submitted: • Describe the process for determining the priority rankings for the identified barriers. – Interventions are ranked by number, 1 – 3, with 1 representing a high priority intervention and 3 representing a low priority intervention. The ranking of the intervention is determined by the potential impact (ability to improve the rate) the intervention will have on the performance of the measure, the amount of effort to implement the intervention (manpower and cost) and the ability to measure the impact. • Use consistent language throughout the PIP [performance improvement project] submission when describing barriers and interventions. – The information regarding barriers and interventions were re-worded and re-ordered to ensure the information is consistent throughout the document. • Clearly and logically link the identified barriers to the interventions, as the implemented improvement strategies should directly impact the corresponding barrier.

3. Recommendation—Validation of Performance Improvement Projects
– Interventions which could not be measured and show a clear link to a barrier were removed. • The PIP has not yet demonstrated significant improvement in the study indicator results nor met the plan-specific goals for both study indicators. The MHP should identify and document new or revised barriers that have prevented improvement in PIP outcomes and should develop new or revised interventions to better address high-priority barriers associated with the lack of improvement. – The change in 2020 HEDIS Specification for the Prenatal/Postpartum measure, which allows a prenatal visit with a pregnancy-related diagnosis code as a numerator compliant visit. Additionally, in HEDIS 2020, a major change made was that a prenatal visit during the first trimester, on or before the enrollment start date, were allowed to be included in the numerator for the Prenatal measure, had a positive impact on the performance of the measure but does not allow the health plan to calculate the impact of current interventions.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • A review of the 2020 HEDIS performance rates by race/ethnicity revealed the rate for African Americans, reported at 94.85%, is 1.85 percentage points lower than the rate for Caucasians (96.70%). The comparison of the rates for Caucasians and African American shows an extremely statistically significant disparity in the rates based on results from the Chi-squared test without Yate's Correction, P-value [probability value] equal to 0.0008. Both populations exceeded the project goal which is the NCQA [National Committee for Quality Assurance] 75th percentile of 87.06% and exceeded the 95th percentile of 92.31%.
c. Identify any barriers to implementing initiatives: • There were no barriers identified that would prevent the health plan from addressing the feedback provided in *Partially Met* and *Not Met* validation scores as well as any *General Comments.* • There was significant improvement in the performance rate for both study indicators, however, the performance rate between the African American and Caucasian populations shows a significant disparity. The ability to talk directly with our African American members remains a barrier (wrong phone numbers, member unwilling to speak to staff, etc.), however, in recent months there has been an increase in the number of successful contacts because more members were home due to the COVID-19 pandemic.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations and demonstrated statistically significant improvement over the baseline rate during the second remeasurement period.

Priority Health Choice

Table 4-7—Prior Year Recommendations and Responses for PRI

1. Recommendation—Performance Measures
As a result of the findings related to the quality of, timeliness of, and access to care and services provided by **Priority Health Choice** to members, HSAG recommended that **Priority Health Choice** evaluate the impact of previously implemented QI initiatives to determine whether those initiatives were effective in improving lower performing HEDIS measures. As a result of that evaluation, and the most current HEDIS performance rates, HSAG further recommended that **Priority Health Choice** incorporate new improvement efforts as necessary for the following performance measures ranking below the 25th percentile. **Child & Adolescent Care** • *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* **Access to Care** • *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years, and Ages 12 to 19 Years* **Living With Illness** • *Diabetes Monitoring for People With Diabetes and Schizophrenia*
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • Priority Health Medicaid Health Plan selected two measures [1. *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* in child and adolescent care, and 2. *Diabetes Monitoring for People with Diabetes and Schizophrenia*] in the 25th percentile to focus on in 2020. For each measure, at least 1 goal was added to the quality improvement work plan with targeted interventions directed toward improved performance. These goals are being monitored quarterly by the Quality Committee. • Measure #1: PRI will continue to research and review what other Medicaid health plans do to improve this measure to obtain best practices and apply them to our health plan. PRI also monitored the prescriber and follow-up activity. Other system-level tasks on the QIP [quality improvement program] for Priority Health Choice were to manage NCQA [National Committee for Quality Assurance] HEDIS [Healthcare Effectiveness Data and Information Set] process by adding supplemental sources previously missing and building infrastructure to capture new supplemental data sources. • Measure #2 PRI plans to work with the pharmacy team to come up with a message to encourage medication adherence. PRI is also working with PIHPs [Pre-Paid Inpatient Health Plans] for collaborating on shared protocol to target provider education.

1. Recommendation—Performance Measures
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Measure 1: This measure saw improvements from 2019 (26.15%) to 2020 (36.56%), the research and review comparing other plans admin vs. [versus] hybrid percentages led us to discover more health plans had noticeably more admin percentages and so we began investigating the use of supplemental data in a way that reflected the activities of our provider network. The FQHC [Federally Qualified Health Center] fix might have increased the number of visits that counted because we were able to better mark those provider records as having prescribing authority. However, our biggest take-away from ADD was that our HEDIS 2020 rates for ADD [*Follow-Up Care for Children Prescribed ADHD Medication*]were consistent with our past performance. It seems that our 2019 ADD rates were somewhat of a fluke in terms of its rate decrease. • Measure #2: This measure saw improvements from 2019 (54.84%) to 2020 (57.69%). Provider education has not specifically been shared for this measure yet.
c. Identify any barriers to implementing initiatives: • Measure #1: Moving Michigan prescription data from supplemental data source to Ancillary would allow us to use for this measure, however, we had already completed our last admin [administrative] refresh of the season and were unable to make the move in time for implementation in HEDIS 2020, but plan to for MY [measurement year] 2020. • Measure #2: Competing staff workloads have delayed the implementation of the initiatives. Implementation is set to start by September 30, 2020.
HSAG's Assessment: Although the MHP did not address HSAG's prior recommendation related to the *Children and Adolescents' Access to Primary Care Practitioner* measure rates, the MHP demonstrated an improvement, and all measure rates under this measure performed at or above the 50th percentile. Additionally, HSAG has determined that the MHP addressed the remaining prior recommendations.

2. Recommendation—Compliance Review
Priority Health Choice was required to complete plans of action to address each deficiency identified during the compliance monitoring activity. HSAG recommended that **Priority Health Choice** implement internal processes to periodically review the status of each plan of action; for example, completing a progress update every 45 business days. This periodic review should include: • Progress on implementation of each plan of action. • Successes or barriers in remediating each deficiency. • Revised actions steps, if necessary. Once all plans of action are fully implemented, HSAG recommended that **Priority Health Choice** conduct an internal audit of each deficient program requirement to ensure the plans of action were successfully implemented and resolved each deficiency. Additionally, HSAG recommended **Priority Health Choice**'s annual monitoring and auditing plan within its compliance program include a comprehensive administrative review of its program areas to ensure MHP compliance with the federal requirements under 42 CFR 438—Managed Care, and specifically each of the federal and associated State requirements under 42 CFR 438 Subpart D and 42 CFR 438.330 under Subpart E. For any requirement found deficient, **Priority Health Choice** should immediately implement internal corrective action.

2. Recommendation—Compliance Review
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • As required by the State of Michigan, MDHHS [Michigan Department of Health and Human Services, PRI submitted corrective action plans (CAPs) for topics that did not pass all criteria in the FY [fiscal year] 2019 Medicaid Compliance Review. For the review period, CAPs were submitted for MHP Provider Directory and MCO [Managed Care Organization] Common Formulary. In response to the HSAG recommendations, PRI integrated monitoring activity for both topics into the 2020 annual monitoring and auditing plan within our internal compliance program. The Priority Health Compliance Department in partnership with Priority Health Choice Medicaid evaluates outcomes to monitoring activity on a monthly basis. Deficiencies identified through this process will result in root cause analysis and increased oversight.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • The MHP Provider Directory compliance review included secret shopper calls with focus on provider directory accuracy. In addition to integrating this topic into the annual monitoring plan, PRI implemented several strategies to increase accuracy including a robust internal audit program that mirrors the SOM approach of completing secret shopper calls, but to a much larger sample size. These efforts have improved accuracy between what is shared via telephone with provider offices and content on our online provider directory.
c. Identify any barriers to implementing initiatives: • No barriers were identified in implementing initiatives.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, the MHP continues to remediate a deficiency identified during the prior year's compliance review related to the accuracy of the provider directory.
3. Recommendation—Validation of Performance Improvement Projects
HSAG recommended that **Priority Health Choice** take proactive steps to ensure a successful PIP. Specifically, **Priority Health Choice** should address all feedback provided in *Partially Met* and *Not Met* validation scores as well as any *General Comments* in the *2018–2019 PIP Validation Report Improving the Timeliness of Prenatal Care for African-American Women for Priority Health Choice* and make the following necessary corrections prior to the next annual submission: • Recalculate the statistical test to ensure the reported p-value is accurate. • Clearly document the data collection method used and clarify how the identified factors may impact the comparability of the reported data. • The PIP has not yet demonstrated significant improvement in the study indicator results nor met the plan-specific goals for both study indicators. The MHP should identify and document new or revised barriers that have prevented improvement in PIP outcomes and should develop new or revised interventions to better address high-priority barriers associated with the lack of improvement.

3. Recommendation—Validation of Performance Improvement Projects
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • Intervention 1: In January 2017, Priority health implemented an enrollee intervention to address transportation and childcare barriers for enrollees in need of prenatal care. We reached out to connect all mothers, tiering outreach to African American mothers first, with a Centering Pregnancy Program available where they live. This program has been available to our members in certain geographical areas since 2017. As of July 2018, we revised to continue soft touch communications to all eligible mothers and expand to utilize outbound MIHP [Maternal Infant Health Program] calls offer Centering Pregnancy Program to all African American mothers. Currently, we have outreach continuing for Centering Programs available where a person lives and includes childcare incentive and enhanced transportation benefit (to WIC [Special Supplemental Nutrition Program for Women, Infants, and Children], MIHP related, and more). • Intervention 2: In August 2015, Priority Health and partners embedded RN [registered nurse] care managers in provider offices that have a high volume of African American patients experiencing high risk pregnancies to support getting important prenatal care. This was enforced due to barriers related to lack of knowledge of the importance of prenatal care and/or of the resources available for early prenatal care. One clinic has had an RN care manager embedded since August 2015. In June 2018, an embedded RN Care Manager in one clinic office revised her high-risk list by race to ensure African American patients were supported as early as possible in their pregnancy. The embedded RN care manager at Residency clinic continues to work with members that are patients at the clinic. Care Managers receives referrals from the clinic of Medicaid members. • Intervention 3: A reason enrollees do not seek prenatal care is due to feeling isolated and not supported due to mental health and/or substance abuse disorders. In September 2018, Priority Health launched a concentrated effort of collaboration with the Strong Beginnings program, which works specifically with African American and Hispanic families in Kent County for social/emotional support. For our entire service area, we are offering an interactive Behavioral Health screening tool to help our members with feelings and symptoms related to depression, substance use disorder, anxiety and other underlying behavioral health conditions. • Intervention 4: Priority Health has implemented interventions at the provider level to resolve provider offices being unable to schedule an appointment in the first trimester for the patient with the actual provider due to very busy outpatient schedules for PCPs [primary care providers] and OB-GYNs [obstetrician/gynecologist]. As of August 2018, we have worked with target provider office(s) to engage in best practices for scheduling and removing this barrier. We will track office performance compared to others of similar size and population demographics. • Intervention 5: An intervention was implemented at the provider level in May 2020 to concentrate on why the Health Plan does not know when first prenatal visit is (claims of lag and bundle billing concern). We are since investigating solutions to identify pregnant women earlier in journey, looking at billing practices and internal procedures to improve earlier identification.

3. Recommendation—Validation of Performance Improvement Projects
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): Intervention 1 a. We are making improvements to awareness efforts to notify new moms of the transportation benefit in hopes to reduce at least one barrier. We have physical flyers in OB [obstetrics]Clinic and other community-based organizations, deployed provider education, enhanced customer service talking points, and more soft touch awareness locations. b. The intervention related to Centering Pregnancy Program appears to be successful and next steps are to expand the promotion of the program to other areas of our service regions that offer the Centering Model. Intervention 2 a. The office with an embedded Priority Health care manager expanded to receive referrals from an embedded Community Health Worker in one of the busiest Emergency Departments [ED] in the area that is in same building as the OB practice. If a woman comes into the ED with a positive pregnancy test, then there is an "automatic" referral to the embedded care manager for outreach and to engage her in care. Oftentimes, this ends up being the CM's [case manager's] office but is not limited to care there. b. We also have a collaborative arrangement with inpatient social workers, who refer to embedded CM. The clinic is on-site, so the embedded CM can go visit the member while inpatient if needed. i. In 2019, the embedded care manager saw 247 members from November 2018 – September 2019. Intervention 4 a. Strong Beginnings is in the middle of a database update, so all aggregated is not available but it was found for May 2020, a total of 302 clients were active in Strong Beginnings at Spectrum Health, of those about 182 clients had Priority Health Medicaid. Of the total 206 Strong Beginning's participants at the Kent County Health Department, about 124 clients had Priority Health Medicaid. There was a total of 307 of Strong Beginnings clients at Cherry Health, about 184 of those had Priority Health Medicaid. These groups included pregnant women, women receiving inter-conception care, and infants 0-17 months. i. The collaborative with Strong Beginnings is established and referrals are increasing, making us feel that this intervention is successful.
c. Identify any barriers to implementing initiatives: a. One office with an embedded care manager has engaged with 439 women, 145 were African American. While the overall rate of timeliness of prenatal care has decreased, we do not feel this intervention has contributed to that specifically. Most of these women are high risk pregnancies and benefit with the care manager being on their journey, however, we may not see them until after the first prenatal visit date. b. Priority Health's billing guidelines (per the website) do not align with how the engine processes claims for the PPC [*Prenatal and Postpartum Care*]. The website specifically states that, for treatment that includes a delivery, the from/to dates on a bundled claim should indicate the delivery date and encompass all other visits in the notes. Which means providers who are billing according to our guidelines will not be considered compliant for the PPC HEDIS measure because we can't identify a date of service for when prenatal and postpartum care was initiated. Our newest intervention of investigating solutions to identify pregnant women earlier in journey, looking at billing practices and internal procedures to improve earlier identification, next steps are working with internal teams on impact of billing procedure changes.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations and demonstrated statistically significant improvement over the baseline for the second remeasurement period.

Total Health Care

Table 4-8—Prior Year Recommendations and Responses for THC

1. Recommendation—Performance Measures
As a result of the findings related to the quality of, timeliness of, and access to care and services provided by **Total Health Care** to members, HSAG recommended that **Total Health Care** evaluate the impact of previously implemented QI initiatives to determine whether those initiatives were effective in improving lower performing HEDIS measures. As a result of that evaluation, and the most current HEDIS performance rates, HSAG further recommended that **Total Health Care** incorporate new improvement efforts as necessary for the following performance measures ranking below the 25th percentile. **Child & Adolescent Care** • *Childhood Immunization Status—Combination 2, 3, 4, 5, 6, 7, 8, 9,* and *10* **Access to Care** • *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years,* and *Ages 7 to 11 Years* **Pregnancy Care** • *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* **Living With Illness** • *Asthma Medication Ratio—Total* **Utilization** • *Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions—45–54 Years, 55–64 Years,* and *Total*
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: Total Health Care [THC] has made it a priority to focus on the measures identified in the HSAG [Health Services Advisory Group] recommendations provided. For each of the measures listed, THC has added the following to our QI [Quality Improvement] Work Plan: • Measurable goals and benchmarks for each measure • Mechanisms to measure performance • Mechanisms to review data trends to identify improvement, decline, or stability in the performance rates • Identified opportunities for improvement • Ongoing analysis to identify factors that impact adequacy of rates • QI interventions that address the root cause of the deficiency • A plan to monitor the QI interventions to detect whether they effect improvement

1. Recommendation—Performance Measures
Additionally, for each measure below, THC will assess the following factors in its 2020 Quality Improvement Program Evaluation: • What were the root causes associated with rates indicating low performance? • What unexpected outcomes were found within the data? • What disparities were identified in the analyses? • What are the most significant areas of focus (or populations) for which improvement initiatives are planned? What is the highest impact area(s) to make an improvement(s) (low effort/high yield)? • What intervention(s) is Total Health Care considering or has already implemented to improve rates and performance for each identified measure? ***Childhood Immunization Status—Combination 2, 3, 4, 5, 6, 7, 8, 9*, and *10*** Total Health Care has been working hard to improve childhood immunization rates. Overall performance state-wide has dipped and Total Health Care has also seen this trend amongst our population. To assist in improving childhood immunization rates the following interventions are actively being implemented or have been implemented over the last few months: • A full monthly review of "mismatch" members from the MCIR [Michigan Care Improvement Registry] file. This allows Total to identify enrollees whose MCIR registry file does not perfectly match the identifying information the health plan has. This means that there is a possibility that an enrollee actually received the vaccinations, but we do not have the information. A process has been implemented to review the "mismatch' file monthly to reconcile any enrollee matches. • Total Health Care is working with local provider offices to offer standing orders for vaccinations. This would allow enrollees to come to their PCP office without an appointment to see the physician and get their scheduled vaccines via a nurse visit. • THC implemented monthly "money left on the table" reports that allow physicians to see how much provider bonus money they are leaving behind by not closing immunization care gaps. • THC also completed an outreach campaign in July 2020 using our QI Department nurse. She reached out to families of children who needed to catch up on vaccinations to provide reminders, answer questions, and assist with scheduling. • Total Health Care is also working with [a vendor] to implement a postcard and telephonic outreach campaign likely starting in November 2020. ***Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years*, and *Ages 7 to 11 Years*** Although this measure has been retired by NCQA [National Committee for Quality Assurance] for measurement year 2020 and moving forward, Total Health Care still seeks to ensure children are seen by a physician in an ambulatory care setting at least once per year. To do this, Total Heal Care will be focusing on the completion of Well Care visits for this age group. To do this, Total will be implementing: • A telephonic outreach campaign to provider reminders for well care visits. Total health Care does not currently complete large scale telephonic outreach for HEDIS [Healthcare Effectiveness Data and Information Set] reminder so this will be a completely new intervention for the Plan. • Monthly "money left on the table" reports that allow physicians to see how much provider bonus money they are leaving behind by not closing well care gaps.

1. Recommendation—Performance Measures
Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care Total Health Care is very excited about the interventions being implemented for *Prenatal and Postpartum Care*. THC is working with its community health worker vendor to have a Nurse Practitioner (NP) reach out to newly pregnant or recently delivered mothers to perform initial prenatal visits and postpartum visits. For prenatal visits, the NP will assess the mother for social determinants, discuss her estimated due date and ensure she connected with an OB/GYN [obstetrician/gynecologist] in her area. For the Postpartum visit, the NP will assess for depression, tobacco use, amongst other things. The NP will complete referrals to mental health and other community resources as needed. ***Asthma Medication Ratio—Total*** • Total Health Care's Quality Improvement [QI] team is currently working with the Pharmacy Department to create monthly lists of members who are not in compliance with this measure. Outreach will be conducted but the QI Nurse to answer questions and ensure the enrollee is connected with their PCP [primary care provider] and understands their medications. • Additionally, Total Health Care is working with Wayne Child Healthcare Access Program (WCHAP) to provide lists of enrollees within Wayne County who are out of compliance to ensure families understand the types of medications used for Asthma and how to use them appropriately. The program also ensures that enrollee has an Asthma Action Plan that is understood by the entire family. ***Plan All-Cause Readmissions—Index Total Stays—Observed Readmissions—45–54 Years, 55–64 Years,* and *Total*** Total Health Care recognizes the impact of readmissions on enrollee health outcomes and is making it a priority to reduce this rate. To do so, THC is in the process of reviewing the following intervention for possible implementation: • Total Health Care is seeking to add this measure to our current Alternative Payment Model (APM) to incentivize and share risk with hospitals. The Plan would coordinate these new APMs with hospitals in the network with the most readmissions.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Many of the interventions listed above are new – implemented in the last 3-4 months or are in the process of being implemented. There is no significant quantitative data to provide at this time, however as of August 2020 THC is trending ahead of last year for *Childhood Immunizations Status – Combos 3* and *10*.
c. Identify any barriers to implementing initiatives: • The impact of COVID-19 [coronavirus] on the 2020 measurement period is significant. Just how impactful is still unknown but for most HEDIS [Healthcare Effectiveness Data and Information Set] measures, Total Health Care is trending behind last year's numbers. Many enrollees express anxiety and concerns about visiting their PCP office and there are many procedures that cannot be done via telehealth such as immunizations. THC continues to promote urgent and routine care in PCP offices and it attempting to educate enrollees about the extra measures physician offices are taking to keep them safe, but there is still fear. Additionally, some enrollees decline home-visiting services such as the PPC [*Prenatal and Postpartum Care]* Nurse Practitioner visit due to fears of having an unknown person enter their home. • Having correct member contact information on file is also a barrier for all outreach-related interventions. This tends to be a major barrier for all Medicaid health plan in the State of Michigan and can greatly impact the effectiveness of interventions.

1. Recommendation—Performance Measures
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, several performance measures continue to have opportunities for improvement. HSAG recommends that the MHP continue to monitor and implement improvement strategies to ensure performance metrics continue to improve and increase in percentile ranking.

2. Recommendation—Compliance Review
Total Health Care was required to complete plans of action to address each deficiency identified during the compliance monitoring activity. HSAG recommended that **Total Health Care** implement internal processes to periodically review the status of each plan of action; for example, completing a progress update every 45 business days. This periodic review should include: • Progress on implementation of each plan of action. • Successes or barriers in remediating each deficiency. • Revised actions steps, if necessary. Once all plans of action are fully implemented, HSAG recommended that **Total Health Care** conduct an internal audit of each deficient program requirement to ensure the plans of action were successfully implemented and resolved each deficiency. Additionally, HSAG recommended **Total Health Care**'s annual monitoring and auditing plan within its compliance program include a comprehensive administrative review of its program areas to ensure MHP compliance with the federal requirements under 42 CFR 438—Managed Care, and specifically each of the federal and associated State requirements under 42 CFR 438 Subpart D and 42 CFR 438.330 under Subpart E. For any requirement found deficient, **Total Health Care** should immediately implement internal corrective action.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: Total Health Care is committed to providing accurate provider data to our members through use of our online Provider Directory. As a result, several processes and tools were initiated, reviewed and implemented in 2020 to both improve our data collection and data turn-around time. 1) THC implemented a feature on our provider web portal in which offices can proactively attest to their existing information as accurate, or provide THC notification of any required changes. This feature is available via the secure log-in information to avoid any fraud issues. Each office has the ability to report on the following information for the practice location as well as the individual practitioner: a. Address b. Phone number c. Panel status (open, closed, existing patients only) d. Line of business participation e. Office hours f. Cultural Competency Training g. Ethnicity h. Languages Upon log in to the THC secure portal, the user is prompted to attest at least once every 90 days. This is an optional feature but has been already used extensively by one third of our participating provider offices.

2. Recommendation—Compliance Review

We will continue to monitor accuracy of the portal attestations against our calls to ensure providers are using the tool appropriately.

THC hired an FTE [full time employee]to perform "secret shopper" calls to all contracted PCPs. The purpose of the call is to state the member is new to THC and would like to choose a specific provider as PCP. This helps us replicate the member user experience and remove any bias in the answer that we might get if we identified we were calling from the health plan. The secret shopper would then verify basic demographic information upon a correct response, or inform them of the discrepancy if the answer did not match our expected information. If the discrepancy cannot be rectified, the call is escalated to provider relations for follow up. Any data discrepancies are noted and updated with the THC system by the end of the same business day. The update made within our provider database in then synced with core system twice daily.

2) THC allows providers to update information in various ways, but it is always required that updates be confirmed in writing. As stated above, providers may attest through the portal, send emails to providerupdate@thcmi.com, send letters or fax information on letterhead. Any verbal communication requires written confirmation, which is most often done via email. Lastly, THC has several delegated contracts with physician organizations, which are responsible with providing THC updates on behalf of their physicians. These updates are received at least monthly.

The addition of the FTE secret shopper has added another person to the team to ensure all data changes are made to our system within 5 days of receipt.

As a final process, our secret shopper provides a weekly summary of data changes. These are sent monthly to our compliance department to show progress with this initiative. Same report is below.

b. Identify any noted performance improvement as a result of initiatives implemented (if applicable):

Week	Number of PCPs contacted	Number of PCPs that require updates	Updates completed in system
9/7 – 9/11	60	7	7
09/14 - 9/21	105	6	6

THC will continue to monitor the information included in the grid above weekly and report to the Compliance Committee quarterly for review and discussion, per HSAGs recommendations.

c. Identify any barriers to implementing initiatives:

- THC has only identified one barrier to continuing this intervention and that is avoiding turn-over associated with the FTE hired for the provider outreach. There was previously someone in this position in early 2020, but the person left THC and the health plan had to work to fill the position again.

HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, the MHP continues to remediate a deficiency identified during the prior year's compliance reviews related to the Provider standard and should continue to implement interventions to improve performance in this area, as well as any other area not achieving 100 percent compliance.

3. Recommendation—Validation of Performance Improvement Projects
HSAG recommended that **Total Health Care** take proactive steps to ensure a successful PIP. Specifically, **Total Health Care** should address all feedback provided in *Partially Met* and *Not Met* validation scores as well as any *General Comments* in the *2018–2019 PIP Validation Report Improving Timeliness of Prenatal Care for Women Ages 23 to 28 for Total Health Care* and make the following necessary corrections prior to the next annual submission: • Accurately report the population size for all measurement periods. • Describe the determination of the reported estimated degree of administrative data completeness percentage. • Report the percentage point difference between the Remeasurement 1 results and the plan-specific goal. • Provide additional information on how the developed interventions will improve the study indicator.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • THC took all the recommendations provided by HSAG and made updates to its PIP submission. One of the new interventions in 2020 for Total Health Care includes engaging a nurse midwife through our Community Health Worker Agency in order to assist with completing prenatal visits in the member's home. This eliminates barriers associated with transportation, access to care, and can also help members address social determinants of health. Although this may have been impacted by COVID-19, THC will continue the intervention throughout 2020 and will report on its impact during remeasurement 3.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • THC is waiting until the close of the 2020 measurement period to determine the impact of the new intervention. However, THC is happy to report that we are trending ahead of our PPC rate when compared to this same time last year. This can be attributed to technical specification changes however we believe that our PIP interventions are also improving the rate of compliance.
c. Identify any barriers to implementing initiatives: • Due to COVID-19, some enrollees may decline home-visiting services such as the PPC Nurse Practitioner visit due to fears of having an unknown person enter their home. THC will do our absolute best to educate enrollees about the importance of the visits and also the extra safety measures we are taking to keep members safe and healthy during these uncertain times.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations and subsequently sustained improvement over the baseline rate for the second remeasurement period.

UnitedHealthcare Community Plan

Table 4-9—Prior Year Recommendations and Responses for UNI

1. Recommendation—Performance Measures
As a result of the findings related to the quality of, timeliness of, and access to care and services provided by **UnitedHealthcare Community Plan** to members, HSAG recommended that **UnitedHealthcare Community Plan** evaluate the impact of previously implemented QI initiatives to determine whether those initiatives were effective in improving lower performing HEDIS measures. As a result of that evaluation, and the most current HEDIS performance rates, HSAG further recommended that **UnitedHealthcare Community Plan** incorporate new improvement efforts as necessary for the following performance measure ranking below the 25th percentile. **Child & Adolescent Care** *Childhood Immunization Status—Combination 8*
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • UNI selected all Childhood Immunization Status (CIS) measures (Combos 1-10) to focus on in 2020. Childhood Immunizations were added to the quality improvement work plan with targeted interventions directed toward improved performance. • Provider-facing interventions included: – Monthly gaps in care reports to providers – Site visits with providers to educate on immunization schedules – Regular provider newsletter communication regarding immunization best practices and resources – UNI staff outreach to members for immunization scheduling from on-site at provider office (increasing likelihood of answered calls due to providers' number/information on caller ID) – Identify and provide health plan supports for low-performing, high volume practices – UnitedHealthcare immunization health fairs held at high-volume FQHCs [Federally qualified health centers] and practices • Member-facing interventions included: – Telephonic and written member outreach for members ages 0-6 months, 8 months, 11 months and 18 months – Gift card incentive for completion of all immunizations before/on 2 years of age – For unable to reach members/guardians, CDC [Centers for Disease Control]/AAFP [American Academy of Family Physicians] immunization schedule mailed to member address on record – Immunization reminder magnets sent to expectant and recent postpartum members – Regularly scheduled member newsletter articles on the topic of immunizations – Assist members with appointment scheduling, transportation and PCP [Primary Care Physician] reassignment if experiencing barriers to completing immunizations – Automated reminder calls to guardians regarding immunizations due – Informational segments on immunizations filmed in collaboration with Middle Eastern American TV (MEA TV), broadcasted nationwide for Arabic-speaking audiences

1. Recommendation—Performance Measures
– Community Health Workers assigned by household, geographic area to develop on-going outreach communication with members and follow continuously for gaps in care – Social media campaigns launched nationally to promote immunization compliance • Internal Process Improvement interventions included: – Quality assurance process initiated with monthly review of missing codes, identifier mismatches with MCIR [Michigan Care Improvement Registry] – Continued involvement and financial support of MDCH [Michigan Department of Community Health] Alliance for Immunization in Michigan (AIM) which supports consumer and provider education – Identification of local health departments during COVID-19 [Coronavirus] pandemic for continued immunization access and member referral – Ensure adequate access within provider network for immunizations, after-hours and weekends through network adequacy surveys – FQHC Transformation Pathway Program: UNI-sponsored grant program specifically designed to support improvements in access to care, well care visits and immunizations
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • From HEDIS® RY [Reporting Year] 2019 to RY2020, the CIS Combo 8 rate for the Medicaid population increased by 4.87 percentage points, from a rate of 32.36% in RY2019 to 37.23% in RY2020. With this increase, UNI's Combo 8 rate for RY2020 is now in the 33rd percentile, per Quality Compass® percentiles.
c. Identify any barriers to implementing initiatives: • UNI continues to experience challenges with correct member contact information, coming from the MDHHS Enrollment (834) File. A significant portion of members' phone numbers and home addresses are often missing or incorrect within the 834 files, which hinders the health plan's ability to initiate contact with new members. UNI will send out a letter to the address on the Enrollment file, encouraging the member or guardian to contact UNI, but it fails to produce much engagement with the membership. • As the result of COVID-19, preventive care visits and immunizations decreased precipitously with few provider offices being open during the height of the pandemic. Furthermore, UNI suspended all non-COVID-related outreach efforts to members by phone or mail during this time, which halted almost all immunization initiatives. The impact of members who turned 2 years of age during the pandemic without the ability to close pertinent gaps in care will likely be reflected in the HEDIS® RY2021 rates for these measures.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations. However, HSAG recommends that the MHP continue to monitor and implement improvement strategies to increase the rates related to childhood immunizations.
2. Recommendation—Compliance Review
UnitedHealthcare Community Plan was required to complete plans of action to address each deficiency identified during the compliance monitoring activity. HSAG recommended that **UnitedHealthcare Community Plan** implement internal processes to periodically review the status of each plan of action; for example, completing a progress update every 45 business days. This periodic review should include: • Progress on implementation of each plan of action. • Successes or barriers in remediating each deficiency. • Revised actions steps, if necessary.

2. Recommendation—Compliance Review
Once all plans of action are fully implemented, HSAG recommended that **UnitedHealthcare Community Plan** conduct an internal audit of each deficient program requirement to ensure the plans of action were successfully implemented and resolved each deficiency. Additionally, HSAG recommended **UnitedHealthcare Community Plan**'s annual monitoring and auditing plan within its compliance program include a comprehensive administrative review of its program areas to ensure MHP compliance with the federal requirements under 42 CFR 438—Managed Care, and specifically each of the federal and associated State requirements under 42 CFR 438 Subpart D and 42 CFR 438.330 under Subpart E. For any requirement found deficient, **UnitedHealthcare Community Plan** should immediately implement internal corrective action.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: Compliance Deficiencies for UNI in 2019: • 2.6 Provider Directory Calls • 6.1 Tips and Grievances • 6.2 Data Mining/Algorithms • 6.3 Audits Initiatives Implemented by Compliance Deficiency: • 2.6 Provider Directory Calls – UNI was again unsuccessful in achieving the MDHHS 75% threshold in February 2020 – The following quality improvement interventions were initiated: o Outreach to delegated providers to ensure UNI receives monthly delegated roster updates o Outreach to delegated providers to ensure UNI receive at least one full roster annually o Annual outreach to all independent providers to validate information on file o Monthly and/or quarterly advocates visits to PCP [Primary Care Provider] offices. These visits include demographic validation (suspended currently due to COVID-19 pandemic) o Ongoing provider data audits to identify and remediate data entry errors ▪ UNI's Primary Care contract also encourages open access as the monthly care management fee is only available to providers open and accepting UNI members ▪ Monthly faxes to Primary Care offices reminding them the care management fee is dependent on being open and accepting members • 6.1 Tips and Grievances – A QA [Quality Assurance] process is now being utilized by the reporting team that has addressed the deficiencies above. All MI Medicaid reports flow through that QA process prior to being sent to the MI Health Plan for submission to the state. Compliance also maintains line of sight of all reports and reviews thoroughly before submission to the state. – UNI has not received scoring from MDHHS for 6.1, submitted August 12, 2020.

2. Recommendation—Compliance Review
• 6.2 Data Mining/Algorithms – A QA process is now being utilized by the reporting team that has addressed the deficiencies above. All MI Medicaid reports flow through that QA process prior to being sent to the MI Health Plan for submission to the state. Compliance also maintains line of sight of all reports and reviews thoroughly before submission to the state. – UNI has not received scoring from MDHHS for 6.2, submitted August 12, 2020. • 6.3 Audits – A QA process is now being utilized by the reporting team that has addressed the deficiencies above. All MI Medicaid reports flow through that QA process prior to being sent to the MI Health Plan for submission to the state. Compliance also maintains line of sight of all reports and reviews thoroughly before submission to the state. – UNI has not received scoring from MDHHS for 6.3, submitted August 12, 2020 UNI anticipates that the quality improvement processes put in place in response to HSAG's 2019 EQR recommendations have been successful in meeting MDHHS compliance guidelines and standards.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • As recommended previously by HSAG, UNI has implemented internal processes to review the status of each CAP [Corrective Action Plan] and/or corresponding plan of action on a monthly basis. This monthly review includes a progress update, identification of barriers to completion and amended actions steps, if necessary. All compliance items are reviewed by Compliance and Audit Management teams prior to submission of a deliverable. Deliverables are tracked on a SharePoint site, accessible to all pertinent UNI staff. Annually, the Compliance Officer and staff review the state and federal requirements for areas of deficiency. Any deficiencies result in the immediate implementation of an internal corrective action plan.
c. Identify any barriers to implementing initiatives: • The advent of COVID-19 created additional barriers to provider communication, as providers' practices were often closed, had limited office availability and/or staff. As the primary care practices have begun to open up again, UNI has been successful in communicating more regularly with providers and initiating some of the interventions discussed above.
HSAG's Assessment: HSAG has determined that the MHP took steps to address the prior recommendations; however, the MHP performed below the statewide average in three program areas—Quality/Utilization, MIS/Data Reporting, and Program Integrity—and continues to remediate a deficiency noted in the Provider standard. Therefore, HSAG recommends that the MHP continue to prioritize these program areas to ensure all plans of action are remediated timely and deficiencies are mitigated.

3. Recommendation—Validation of Performance Improvement Projects
HSAG recommended that **UnitedHealthcare Community Plan** take proactive steps to ensure a successful PIP. Specifically, **UnitedHealthcare Community Plan** should address all feedback provided in *Partially Met* and *Not Met* validation scores as well as any *General Comments* in the *2018–2019 PIP Validation Report Addressing Disparities in Timeliness of Prenatal Care for UnitedHealthcare Community Plan* and make the following necessary corrections prior to the next annual submission: • Accurately calculate and report the study indicator p-values. • Include a clear description of the data analysis process and provide a comparison of the results to the State-developed goals or benchmarks. • Describe the potential impact of the all factors that may threaten the comparability of the study indicator results. • The decision to continue, discontinue, or modify an intervention should be data-driven and accurately documented within the submission. • The PIP has not yet demonstrated significant improvement in the study indicator results nor met the plan-specific goals for both study indicators. The MHP should identify and document new or revised barriers that have prevented improvement in PIP outcomes and should develop new or revised interventions to better address high-priority barriers associated with the lack of improvement.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • UNI recalculated and reported the corrected study indicator *p*-values, and these were submitted in the final 2018-2019 PIP Validation Report, uploaded to the HSAG SAFE site on August 28th, 2020. UNI also expanded the discussion of the data analysis process in the final version of the Validation Report to clearly delineate between "percentage" and "percentage point" differences in scores between Measurement Periods, as recommended in the PIP Evaluation. UNI identified and discussed the various factors impacting the comparability of the study indicator results, including the disparity rate as it relates to the "Unknown" racial identifier and the HEDIS® 2020 technical specification changes to the Timeliness of Prenatal Care measure. UNI also presented data-driven justifications for continuation or discontinuation of the specified interventions. • UNI has initiated significant changes in its prenatal program as the result of failing to meet the study indicators in Remeasurement Period 2 (2018-2019). UNI performed an in-depth claims analysis on those members who were seen by a provider during the Timeliness of Prenatal Care timeframe but did not meet compliancy for the measure. Furthermore, UNI is developing a quality assurance process to identify these non-compliant claims in a timely manner and taking action to work with the provider to resubmit the claim with the appropriate, compliant coding or collect the medical record to be used as non-standard supplemental data for the measure. Through the claims analysis, UNI was able to verify that the majority of pregnant members were UNI members prior to the pregnancy but did not receive services or notify the health plan of their pregnancy until after the first trimester. UNI has taken steps to increase the visibility of messaging to women of child-bearing age to encourage earlier engagement with the health plan to initiate exclusive pregnancy benefits, such as the pregnancy dental benefits and the eligibility for the UNI Healthy First Steps rewards program. Furthermore, UNI has initiated a MIHP [Maternal Infant Health Program]-monitoring portion of the referral process, which will allow UNI to report out with increased accuracy the number and outcomes of MIHP referrals. UNI will provide data and detail surrounding this measure analysis as part of the Remeasurement Period 3 (2019-2020) Validation Report.

3. Recommendation—Validation of Performance Improvement Projects
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • As the measurement period for the HEDIS® RY [Reporting Year] 2021 has not yet concluded (period ends October 7, 2020), performance improvement review and analysis has not been completed to date. UNI will report out on performance improvement progress in the Remeasurement 3 Period (2019-2020) Validation Report.
c. Identify any barriers to implementing initiatives: • During the height of the COVID-19 pandemic, expecting members were experiencing increased difficulty making routine appointments for follow-up. UNI saw an increased number of telehealth visits for pregnant members, as well as a significantly decreased rate of preventive visits, in general. Referrals to MIHPs continued during this time, but MIHPs were unable to provide in-home visitation and many MIHPs were not operating or taking new referrals. UNI performed telephonic outreach to known pregnant members to assess for social determinants of health needs (SDoH), and UNI provided supports for such needs as food and housing during this time. The impact of COVID-19 on preventive care will likely be reflected in the e HEDIS® RY2021 rates for the Timeliness of Prenatal Care measure.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations and demonstrated statistically significant improvement over the baseline rate for the second remeasurement period. However, since the MHP was unsuccessful in removing the disparity, HSAG recommends that the MHP continue to evaluate its interventions to ensure they are having a direct impact on performance and will result in removal of the disparity.

Upper Peninsula Health Plan

Table 4-10—Prior Year Recommendations and Responses for UPP

1. Recommendation—Performance Measures
As a result of the findings related to the quality of, timeliness of, and access to care and services provided by **Upper Peninsula Health Plan** to members, HSAG recommended that **Upper Peninsula Health Plan** evaluate the impact of previously implemented QI initiatives to determine whether those initiatives were effective in improving lower performing HEDIS measures. As a result of that evaluation, and the most current HEDIS performance rates, HSAG further recommended that **Upper Peninsula Health Plan** incorporate new improvement efforts as necessary for the following performance measures ranking below the 25th percentile. **Child & Adolescent Care** • *Adolescent Well-Care Visits* **Women—Adult Care** • *Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years, and Total* **Access to Care** • *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • Adolescent Well-Care Visits (AWC): UPHP implemented a texting campaign pilot in fall CY [Calendar Year] 2019 for members without evidence of an annual AWC visit. In February 2020 UPHP implemented a targeted outreach to members who [were] turning 18 to offer assistance in transitioning to an adult provider and educating on the importance of well care visits. Chlamydia Screening (CHL): For CY2019 UPHP added a bonus provider incentive opportunity in addition to the traditional UPHP VBP [Value Based Performance] Incentive opportunity for CHL screening, which awards $15 to a provider for each HEDIS eligible member that receives a chlamydia test. Avoidance of antibiotic Treatment in Adults with Acute Bronchitis (AAB): UPHP performed targeted outreach to high prescribing providers in June 2019. UPHP also holds an annual Smart Rx [prescriptions] campaign in February promoting proper use of antibiotics and testing for members. This is both provider and community focused. Providers are targeted based on performance in measures such AAB and CWP.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • AWC: Analysis of this pilot showed a statistically significant increase in completion of well care for AWC cohort 12-17 vs. members in a control group. Overall rate for AWC increase for CY2019 was 1.87 percent, and increasing UPHP from the 10th to the 25th percentile based on the most current HEDIS benchmarks available. CHL: CHL increased by 2.81 percentage points for the 16-20 cohort, with an overall CHL Screening rate improvement of 2.43% in the measure. AAB: Due to the measurement period for this intervention improvement would not be noted until MY2020 (formerly HEDIS 2021). Rates from HEDIS 2019 to HEDIS 2020 increased by 16.18 percentage points, however, must be trended with caution due to the specification changes.

1. Recommendation—Performance Measures
c. Identify any barriers to implementing initiatives: • AWC, CHL: Did not implement all member interventions as planned; Barriers due to COVID-19 included impact on timeliness or completion of mailings both internally and with our externally vendor, reprioritization of interventions, and reallocation of staff resources. AAB: Because the prescriber may not be the PCP, this is a difficult population to impact. Events may take place outside of PCP control.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations. HSAG recommends that the MHP continue to monitor and implement improvement strategies to ensure performance rates continue to increase and perform at least at the national Medicaid 50th percentile in all measures.

2. Recommendation—Compliance Review
Upper Peninsula Health Plan was required to complete plans of action to address each deficiency identified during the compliance monitoring activity. HSAG recommended that **Upper Peninsula Health Plan** implement internal processes to periodically review the status of each plan of action; for example, completing a progress update every 45 business days. This periodic review should include: • Progress on implementation of each plan of action. • Successes or barriers in remediating each deficiency. • Revised actions steps, if necessary. Once all plans of action are fully implemented, HSAG recommended that **Upper Peninsula Health Plan** conduct an internal audit of each deficient program requirement to ensure the plans of action were successfully implemented and resolved each deficiency. Additionally, HSAG recommended **Upper Peninsula Health Plan**'s annual monitoring and auditing plan within its compliance program include a comprehensive administrative review of its program areas to ensure MHP compliance with the federal requirements under 42 CFR 438—Managed Care, and specifically each of the federal and associated State requirements under 42 CFR 438 Subpart D and 42 CFR 438.330 under Subpart E. For any requirement found deficient, **Upper Peninsula Health Plan** should immediately implement internal corrective action.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • Providers: Accuracy of provider data is a top priority for UPHP Provider Relations team. Each quarter we send out requests to all provider offices asking them to provide any changes or updates they have within the office with each individual provider. This communication explains the importance of the information and what it is used for. This message of accurate data is also expressed in other provider communications such as the provider newsletter. It is explained during provider on-site visits and is included in provider orientation materials. Along with quarterly outreach, we encourage providers and those in the offices to communicate any changes to us via the UPHP Provider Update form that is available on our website, through email communications or by calling us directly. We have implemented internal audits on provider directory data and secret shopper calls to offices. • Program Integrity: UPHP takes advantage of the pre-submission option and submits the Program Integrity Report by the 1st of the month. By utilizing this option, UPHP has the opportunity to fix any errors or clarify any questions that the MDHHS OIG [Office of Inspector General] may have regarding the submission prior to the final submission date of the 15th. UPHP has also implemented a 2nd reviewer of the

2. Recommendation—Compliance Review
report prior to submission in order to detect any errors or anticipate any possible questions that may arise from the State. This allows UPHP to fix any errors gone unnoticed by the submitter and to better clarify any free text explanations.
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • Providers: The two Provider Directory Compliance Review items following the one under discussion passed with higher levels of provider data accuracy. • Program Integrity: UPHP scored the same (25/28 points) in FY19. There was one submission where we had not passed all elements of the Program Integrity Submission. That month we failed to have a 2nd reviewer prior to submission due to time constraints.
c. Identify any barriers to implementing initiatives: • Providers: There were not necessarily barriers to implementing the improvement initiatives but one barrier that remains a consistent variable is the staff turnover at provider offices. Sometimes our contact or the person filling out the quarterly update and managing the office or working more with the providers is not the person answering the phone and there is always potential for providing incorrect information. • Program Integrity: One challenge that we encountered early on for the program integrity submission was getting the information from our FDRs [First Tier, Downstream, and Related Entities] timely due to the earlier pre-submission option of the 1st of the month. However, now that we have been utilizing the pre-submission option for at least a year our FDRs have improved with getting us our information by our set deadline.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations; however, the MHP scored below the statewide average in the Program Integrity standard and continues to have opportunities for improvement related to its program integrity form submissions. HSAG recommends that the MHP seek additional training on completion of the forms and/or provides additional training to its providers and staff who are responsible for completing the forms.
3. Recommendation—Validation of Performance Improvement Projects
HSAG recommended that **Upper Peninsula Health Plan** take proactive steps to ensure a successful PIP and consider the following recommendations prior to the next annual submission: • Revisit its causal/barrier analysis at least annually to ensure that the barriers identified continue to be barriers, and to see if any new barriers exist that require the development of interventions. • Continue to evaluate the effectiveness of each individual intervention and report the findings of the evaluation analysis in the next annual submission.
MCE's Response: (Note—the narrative within the MHP's Response section was provided by the MHP and has not been altered by HSAG except for minor formatting)
a. Describe initiatives implemented based on recommendations ***(include a brief summary of activities that were either completed or implemented, and any activities still underway to address the finding that resulted in the recommendation)***: • UPHP meets regularly to assess the status of the PIP - Prenatal Timeliness Project and associated interventions.

3. Recommendation—Validation of Performance Improvement Projects
b. Identify any noted performance improvement as a result of initiatives implemented (if applicable): • UPHP scored a 100% on the PIP - Prenatal Timeliness Project for 2019 and passed initial validation for the 2020 submission – final results have not been distributed.
c. Identify any barriers to implementing initiatives: • Not applicable.
HSAG's Assessment: HSAG has determined that the MHP addressed the prior recommendations and sustained the improvement over the baseline for the second remeasurement period, eliminating the existing disparity.

5. MHP Comparative Information

In addition to performing a comprehensive assessment of the performance of each MHP, HSAG compared the findings and conclusions established for each MHP to assess the CHCP as a whole. The overall findings of the 10 MHPs were used to identify the overall strengths and weaknesses of the CHCP and to identify areas in which MDHHS could leverage or modify the MDHHS CQS to promote improvement.

MHP EQR Activity Results

This section provides the summarized results for the mandatory EQR activities across the MHPs.

Validation of Performance Improvement Projects

For the SFY 2020 validation, the MHPs provided Remeasurement 2 data for their ongoing state-mandated PIP topic: *Addressing Disparities in Timeliness of Prenatal Care*. Table 5-1 provides a comparison of the validation scores, by MHP.

Table 5-1—Comparison of Validation by MHP

Overall PIP Validation Status, by MHP		Design, Implementation, and Outcomes Scores		
		Met	Partially Met	Not Met
Aetna Better Health of Michigan	*Met*	*100%*	*0%*	*0%*
Blue Cross Complete of Michigan	*Met*	*95%*	*0%*	*5%*
HAP Empowered	*Met*	*100%*	*0%*	*0%*
McLaren Health Plan	*Not Met*	*91%*	*0%*	*9%*
Meridian Health Plan of Michigan*	*Not Met*	*86%*	*5%*	*10%*
Molina Healthcare of Michigan	*Met*	*95%*	*0%*	*5%*
Priority Health Choice	*Met*	*95%*	*5%*	*0%*
Total Health Care*	*Met*	*93%*	*3%*	*3%*
UnitedHealthcare Community Plan*	*Partially Met*	*86%*	*10%*	*5%*
Upper Peninsula Health Plan	*Met*	*100%*	*0%*	*0%*

* Percentage totals may not equal 100 due to rounding.

The validation statuses for the MHPs that received an overall *Partially Met* or *Not Met* validation score are related to one or more critical elements not receiving a *Met* score, which impacted the overall validation status. For the SFY 2020 PIP, achieving statistically significant improvement was an MDHHS-approved critical element. Although eight of the 10 MHPs achieved this high level of performance improvement, **McLaren Health Plan** and **Meridian Health Plan of Michigan** did not achieve statistically significant improvement over the baseline rate and, therefore, received an overall PIP validation status of *Not Met*. Additionally, **Blue Cross Complete of Michigan**, **Meridian Health Plan of Michigan**, **Molina Healthcare of Michigan**, and **UnitedHealthcare Community Plan** continued to show disparities in their performance data related to timeliness of prenatal care.

Performance Measure Validation

Table 5-2 displays the HEDIS 2020 performance levels. Table 5-3 displays the HEDIS 2019 and 2020 Michigan Medicaid weighted averages, comparison of performance between 2019 and 2020, and the performance level for 2020. Statewide weighted averages were calculated and compared from HEDIS 2019 to HEDIS 2020, and comparisons were based on a Chi-square test of statistical significance with a p-value of <0.01 considered statistically significant due to large denominators. Of note, 2019 to 2020 comparison values are based on comparisons of the exact HEDIS 2019 and HEDIS 2020 statewide weighted averages rather than on rounded values.

For most measures in Table 5-3, the performance levels compare the HEDIS 2020 statewide weighted average to the NCQA Quality Compass national Medicaid HMO percentiles for HEDIS 2019 (referred to as "percentiles"), as displayed in Table 5-2.[5-1]

Table 5-2—HEDIS 2020 Performance Levels

Performance Levels	Percentile
★★★★★	90th percentile and above
★★★★	75th to 89th percentile
★★★	50th to 74th percentile
★★	25th to 49th percentile
★	Below 25th percentile

[5-1] 2020 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2019 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total*, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.

Table 5-3—Overall Statewide Averages for HEDIS 2019 and HEDIS 2020 Performance Measures

Measure	HEDIS 2019	HEDIS 2020	2019–2020 Comparison[1]	2020 Performance Level[2]
Child & Adolescent Care				
Childhood Immunization Status				
Combination 2	72.51%	72.71%	+0.20	★★
Combination 3	67.93%	68.36%	+0.43	★★
Combination 4	67.00%	67.54%	+0.54	★★
Combination 5	57.79%	59.06%	**+1.27+**	★★
Combination 6	38.40%	37.86%	-0.54	★★
Combination 7	57.07%	58.44%	**+1.37+**	★★
Combination 8	38.20%	37.69%	-0.51	★★
Combination 9	33.40%	33.60%	+0.20	★★
Combination 10	33.24%	33.44%	+0.20	★★
Lead Screening in Children				
Lead Screening in Children	78.40%	78.27%	-0.13	★★★
Immunizations for Adolescents				
Combination 1	85.66%	85.28%	-0.38	★★★
Combination 2	—	40.40%	—	★★★★
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners[3]				
Ages 12 to 24 Months	94.65%	94.88%	+0.23	★★
Ages 25 Months to 6 Years	87.11%	87.32%	+0.21	★★
Ages 7 to 11 Years	90.23%	90.20%	-0.03	★★
Ages 12 to 19 Years	89.52%	89.64%	+0.12	★★
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	78.26%	79.02%	**+0.76+**	★★★
Ages 45 to 64 Years	87.05%	87.31%	**+0.26+**	★★★
Ages 65+ Years	92.99%	92.68%	-0.31	★★★★
Total	81.95%	82.49%	**+0.54+**	★★★
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis[4]				
Ages 3 Months to 17 Years	—	60.04%	—	—
Ages 18 to 64 Years	—	37.65%	—	—
Ages 65+ Years	—	34.71%	—	—
Total	—	48.23%	—	—
Appropriate Testing for Pharyngitis[4]				
Ages 3 to 17 Years	—	76.87%	—	—
Ages 18 to 64 Years	—	59.75%	—	—

Measure	HEDIS 2019	HEDIS 2020	2019–2020 Comparison[1]	2020 Performance Level[2]
Ages 65+ Years	—	34.85%	—	—
Total	—	70.83%	—	—
Appropriate Treatment for Upper Respiratory Infection[4]				
Ages 3 Months to 17 Years	—	90.61%	—	—
Ages 18 to 64 Years	—	75.39%	—	—
Ages 65+ Years	—	68.24%	—	—
Total	—	86.26%	—	—
Pregnancy Care				
Prenatal and Postpartum Care[4]				
Timeliness of Prenatal Care	—	86.17%	—	—
Postpartum Care	—	73.76%	—	—
Living With Illness				
Medication Management for People With Asthma				
Medication Compliance 50%—Total	63.81%	69.07%	**+5.26[+]**	★★★★
Medication Compliance 75%—Total	40.70%	47.50%	**+6.80[+]**	★★★★
Asthma Medication Ratio				
Total	62.57%	59.86%	**-2.71[++]**	★★

[1] Weighted averages were calculated and compared from HEDIS 2019 to HEDIS 2020, and comparisons were based on a Chi-square test of statistical significance with a p value of <0.01 due to large denominators. Rates shaded **green** with one cross (+) indicate statistically significant improvement from the previous year. Rates shaded **red** with two crosses (++) indicate statistically significantly decline in performance from the previous year. Of note, 2019–2020 Comparison values are based on comparisons of the exact HEDIS 2019 and HEDIS 2020 statewide weighted averages, not rounded values.

[2] Performance Levels for 2020 were based on comparisons of the HEDIS 2020 measure indicator rates to national Medicaid Quality Compass HEDIS 2019 benchmarks, with the exception of the Medication Management for People With Asthma—Medication Compliance 50%—Total measure indicator rate, which was compared to national Medicaid NCQA Audit Means and Percentiles HEDIS 2019 benchmarks.

[3] Due to changes in the technical specifications for this measure, NCQA recommends trending between 2020 and prior years be considered with caution.

[4] Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

Performance Levels for 2020 represent the following percentile comparisons:

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

Table 5-4 presents, by measure, the number of MHPs that performed at each performance level. The counts include only measures with a valid, reportable rate that could be compared to percentiles. Therefore, not all row totals will equal 10 MHPs.

Table 5-4—Count of MHPs by Performance Level

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	2	5	2	1	0
Combination 3	3	5	1	1	0
Combination 4	3	3	3	0	1
Combination 5	3	5	1	0	1
Combination 6	3	5	1	1	0
Combination 7	3	4	2	0	1
Combination 8	3	5	1	1	0
Combination 9	4	4	1	1	0
Combination 10	4	4	1	1	0
Lead Screening in Children					
Lead Screening in Children	0	1	7	2	0
Immunizations for Adolescents					
Combination 1	0	2	2	5	0
Combination 2	0	0	6	2	1
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	4	3	3	0	0
Ages 25 Months to 6 Years	3	4	3	0	0
Ages 7 to 11 Years	3	5	2	0	0
Ages 12 to 19 Years	3	3	4	0	0
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	1	5	4	0	0
Ages 45 to 64 Years	0	3	6	1	0
Ages 65+ Years	1	1	3	2	3
Total	0	5	5	0	0
Living With Illness					
Medication Management for People With Asthma					
Medication Compliance 50%—Total	0	2	0	3	5
Medication Compliance 75%—Total	0	2	2	1	5

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Asthma Medication Ratio					
Total	6	3	0	0	1
Total	**49**	**79**	**60**	**22**	**18**

Performance Levels for 2020 represent the following percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Table 5-5 provides an MHP to MHP comparison with the statewide average in the four selected HEDIS measure domains. Green represents best MHP performance in comparison to the statewide average. Red represents worst MHP performance in comparison to the statewide average.

Table 5-5—MHP to MHP Comparison and Statewide Average

HEDIS Measure	Statewide Average	AET	BCC	HAP	MCL	MER	MOL	PRI	THC	UNI	UPP
Child & Adolescent Care											
Childhood Immunization Status											
Combination 2	72.71%	63.02%	72.02%	70.21%	70.56%	71.33%	75.91%	80.05%	64.46%	71.78%	75.43%
Combination 3	68.36%	58.64%	67.15%	68.09%	63.99%	67.60%	71.29%	76.89%	58.94%	68.13%	70.07%
Combination 4	67.54%	58.39%	66.42%	68.09%	62.77%	66.75%	70.32%	76.40%	58.94%	67.40%	68.86%
Combination 5	59.06%	46.47%	59.61%	55.32%	53.77%	58.46%	61.80%	69.10%	49.23%	57.91%	58.88%
Combination 6	37.86%	29.68%	36.50%	25.53%	33.09%	36.53%	38.93%	51.82%	25.83%	37.71%	46.23%
Combination 7	58.44%	46.47%	59.37%	55.32%	52.80%	57.79%	61.07%	68.86%	49.23%	57.18%	57.91%
Combination 8	37.69%	29.68%	36.50%	25.53%	32.85%	36.30%	38.93%	51.82%	25.83%	37.23%	45.74%
Combination 9	33.60%	23.84%	34.55%	21.28%	27.98%	32.54%	33.82%	47.93%	21.85%	32.85%	40.88%
Combination 10	33.44%	23.84%	34.55%	21.28%	27.74%	32.34%	33.82%	47.93%	21.85%	32.36%	40.63%
Lead Screening in Children											
Lead Screening in Children	78.27%	76.40%	74.94%	80.85%	82.73%	77.51%	78.83%	82.00%	68.43%	78.35%	79.23%
Immunizations for Adolescents											
Combination 1	85.28%	88.56%	80.05%	NA	86.37%	84.43%	87.59%	87.35%	86.62%	85.16%	77.32%
Combination 2	40.40%	37.96%	39.42%	NA	34.55%	38.44%	42.09%	50.85%	38.69%	42.34%	35.07%

HEDIS Measure	Statewide Average	AET	BCC	HAP	MCL	MER	MOL	PRI	THC	UNI	UPP
Access to Care											
Children and Adolescents' Access to Primary Care Practitioners											
Ages 12 to 24 Months	94.88%	92.14%	94.87%	85.00%	94.36%	95.77%	94.82%	96.39%	91.82%	93.25%	96.55%
Ages 25 Months to 6 Years	87.32%	79.11%	86.64%	69.95%	87.62%	89.28%	87.66%	88.05%	80.79%	84.76%	88.45%
Ages 7 to 11 Years	90.20%	82.10%	88.36%	77.08%	90.83%	91.50%	90.81%	91.42%	85.85%	88.90%	90.48%
Ages 12 to 19 Years	89.64%	82.37%	88.10%	75.22%	89.06%	91.02%	90.50%	90.75%	85.32%	88.64%	91.13%
Adults' Access to Preventive/Ambulatory Health Services											
Ages 20 to 44 Years	79.02%	72.86%	77.99%	70.22%	78.10%	80.91%	78.91%	81.45%	74.44%	77.80%	81.08%
Ages 45 to 64 Years	87.31%	84.44%	84.70%	88.65%	86.53%	88.76%	87.19%	89.15%	85.45%	87.89%	87.99%
Ages 65+ Years	92.68%	89.72%	82.23%	89.20%	86.07%	95.43%	93.18%	94.82%	90.82%	92.43%	94.93%
Total	82.49%	79.50%	80.57%	83.10%	81.33%	84.02%	82.61%	84.72%	79.31%	81.79%	84.69%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis											
Ages 3 Months to 17 Years	60.04%	54.25%	61.98%	NA	58.97%	61.92%	56.03%	69.89%	58.75%	59.47%	58.03%
Ages 18 to 64 Years	37.65%	35.34%	36.29%	33.65%	38.43%	37.45%	37.43%	45.63%	35.71%	36.88%	31.94%
Ages 65+ Years	34.71%	25.93%	NA	32.69%	NA	29.27%	38.14%	NA	NA	NA	NA
Total	48.23%	42.53%	47.17%	37.84%	47.71%	49.29%	47.10%	55.95%	45.23%	48.09%	42.62%
Appropriate Testing for Pharyngitis											
Ages 3 to 17 Years	76.87%	67.21%	76.04%	83.33%	82.55%	78.99%	72.02%	82.40%	67.37%	76.94%	78.22%
Ages 18 to 64 Years	59.75%	51.61%	55.99%	50.00%	69.16%	63.96%	54.73%	72.26%	47.19%	52.83%	68.24%
Ages 65+ Years	34.85%	NA	NA	NA	NA	NA	41.67%	NA	NA	NA	NA
Total	70.83%	60.09%	67.07%	59.31%	77.73%	73.82%	66.65%	78.75%	59.36%	68.81%	74.41%
Appropriate Treatment for Upper Respiratory Infection											
Ages 3 Months to 17 Years	90.61%	91.36%	91.40%	89.68%	90.12%	91.15%	88.42%	94.65%	90.53%	90.70%	89.64%
Ages 18 to 64 Years	75.39%	74.70%	73.71%	70.80%	77.09%	75.27%	73.82%	86.80%	71.68%	72.60%	83.16%
Ages 65+ Years	68.24%	61.90%	NA	57.65%	NA	75.65%	65.93%	83.33%	NA	NA	80.00%
Total	86.26%	85.73%	85.65%	74.68%	85.77%	86.80%	84.57%	92.45%	83.99%	86.03%	87.63%

HEDIS Measure	Statewide Average	AET	BCC	HAP	MCL	MER	MOL	PRI	THC	UNI	UPP
Pregnancy Care											
Prenatal and Postpartum Care											
Timeliness of Prenatal Care	86.17%	70.07%	78.83%	90.12%	88.32%	79.81%	97.81%	92.21%	85.64%	86.86%	92.46%
Postpartum Care	73.76%	63.02%	71.78%	67.90%	74.45%	69.59%	77.86%	80.05%	65.94%	75.18%	90.27%
Living With Illness											
Medication Management for People With Asthma											
Medication Compliance 50%—Total	69.07%	56.04%	75.14%	74.42%	87.49%	65.67%	57.78%	68.31%	86.62%	65.59%	74.13%
Medication Compliance 75%—Total	47.50%	32.48%	53.01%	55.81%	74.34%	41.37%	33.57%	47.04%	73.38%	42.40%	53.49%
Asthma Medication Ratio											
Total	59.86%	50.22%	57.31%	55.93%	57.20%	63.10%	55.87%	71.70%	51.18%	62.58%	62.33%

NA indicates that the MHP followed the specifications, but the denominator was too small to report a valid rate.

Compliance Review

HSAG calculated the CHCP overall performance in each of the six performance areas. Table 5-6 compares the CHCP average compliance score in each of the six performance areas with the compliance score achieved by each MHP. The percentages of requirements met for each of the six standards reviewed during the SFY 2020 compliance review are provided.

Table 5-6—Compliance Monitoring Comparative Results

Standard		AET	BCC	HAP	MCL	MER	MOL	PRI	THC	UNI	UPP	Statewide
1	Administrative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	**100%**
2	Provider	88%	94%	91%	94%	100%	97%	94%	97%	94%	97%	**94%**
3	Member	82%	100%	96%	96%	100%	100%	100%	100%	100%	100%	**98%**
4	Quality/Utilization	95%	100%	100%	100%	100%	98%	100%	100%	98%	100%	**99%**
5	MIS/Data Reporting	93%	100%	97%	90%	100%	100%	93%	100%	90%	97%	**96%**
6	Program Integrity	98%	100%	98%	100%	100%	100%	98%	93%	93%	93%	**97%**
Overall Totals/Score		**93%**	**99%**	**97%**	**97%**	**100%**	**99%**	**97%**	**97%**	**95%**	**97%**	**97%**

Indicates standards in which MHPs did not achieve full compliance.

Consumer Assessment of Healthcare Providers and Systems Analysis

Comparative analyses identified whether one MHP performed statistically significantly higher or lower on each measure compared to the MDHHS Medicaid managed care program for a specific population.

Table 5-7 and Table 5-8 show a summary of the statistically significant findings (noted with arrows) from the MHP comparisons of the adult and child Medicaid populations, respectively. HSAG only included MHPs with a statistically significant result in the tables.

Table 5-7—Statewide Comparisons: Adult Medicaid Statistically Significant Results

MHP	Rating of Health Plan	Rating of Personal Doctor	Getting Needed Care	Advising Smokers and Tobacco Users to Quit
HAP Empowered	↑			
Meridian Health Plan of Michigan		↓		
Molina Healthcare of Michigan	↑			
Priority Health Choice		↑		
Total Health Care	↓			↑
UnitedHealthcare Community Plan	↓			
Upper Peninsula Health Plan			↑	

↑ Statistically significantly above the MDHHS Medicaid managed care program.
↓ Statistically significantly below the MDHHS Medicaid managed care program.

Indicates the measure for the MHP was not statistically significantly higher or lower than the MDHHS Medicaid managed care program.

Table 5-8—Statewide Comparisons: Child Medicaid Statistically Significant Results

MHP	Rating of Health Plan	Getting Care Quickly
Blue Cross Complete of Michigan	↑	
HAP Empowered	↓*	↑*
Priority Health Choice	↑	
Total Health Care		↓
Upper Peninsula Health Plan	↑	↑

* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
↑ Statistically significantly above the MDHHS Medicaid managed care program.
↓ Statistically significantly below the MDHHS Medicaid managed care program.

Indicates the measure for the MHP was not statistically significantly higher or lower than the MDHHS Medicaid managed care program.

Table 5-9 shows the statistically significant findings (noted with arrows) of the CSHCS population analysis. HSAG only included MHPs with a statistically significant result in the table.

Table 5-9—Statewide Comparisons: CSHCS Statistically Significant Results

MHP	*Rating of Health Plan*	*Transportation*	*CSHCS Family Center*
Meridian Health Plan of Michigan	↑	↑*	
Priority Health Choice	↑	↑*	
UnitedHealthcare Community Plan		↑*	↑*

* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
↑ Statistically significantly above the MDHHS CSHCS Medicaid managed care program.
↓ Statistically significantly below the MDHHS CSHCS Medicaid managed care program.

Indicates the measure for the MHP was not statistically significantly higher or lower than the MDHHS CSHCS Medicaid managed care program.

Table 5-10 shows the statistically significant findings (noted with arrows) of the HMP population analysis. HSAG only included HMP health plans with a statistically significant result in the table.

Table 5-10—Statewide Comparisons: HMP Statistically Significant Results

MHP	*Rating of Health Plan*	*Advising Smokers and Tobacco Users to Quit*	*Discussing Cessation Medications*	*Discussing Cessation Strategies*
Aetna Better Health of Michigan	↓			
HAP Empowered	↓			
Total Health Care		↑	↑	↑
Upper Peninsula Health Plan	↑	↓		

↑ Statistically significantly above the MDHHS HMP Medicaid managed care program.
↓ Statistically significantly below the MDHHS HMP Medicaid managed care program.

Indicates the measure for the HMP health plan was not statistically significantly higher or lower than the MDHHS Medicaid managed care program.

Quality Rating

HSAG analyzed 2020 HEDIS results, including 2020 CAHPS data from the 10 MHPs, for presentation in the 2020 Michigan Medicaid Consumer Information Guide (Consumer Guide). The Consumer Guide analysis helps to support MDHHS' public reporting of health plan performance information. The Consumer Guide used a three-level rating scale to provide potential and enrolled Medicaid members with an easy-to-read "picture" of quality performance across MHPs and presented data in a manner that emphasizes meaningful differences between MHPs. The Consumer Guide used apples to display results for each MHP, which correlated to the performance ratings defined in Table 5-11. Table 5-12 shows the 2020 Michigan Medicaid Consumer Information Guide, which demonstrates MHP comparative performance in MDHHS-established categories.

Table 5-11—Apple Ratings for Consumer Guide

Rating	Plan Performance Compared to Statewide Average	
🍏🍏🍏🍏🍏	Above Average	The health plan's performance was above average compared to Michigan Medicaid health plans
🍏🍏🍏	Average	The health plan's performance was average compared to Michigan Medicaid health plans
🍏🍏	Below Average	The health plan's performance was below average compared to Michigan Medicaid health plans

Table 5-12—2020 Michigan Medicaid Consumer Information Guide

Plan	Overall Rating*	Doctors' Communication and Service	Getting Care	Keeping Kids Healthy	Living With Illness	Taking Care of Women
Aetna Better Health of Michigan	🍏🍏	🍏🍏🍏	🍏🍏🍏	🍏🍏	🍏🍏	🍏🍏
Blue Cross Complete of Michigan	🍏🍏🍏	🍏🍏🍏	🍏🍏🍏	🍏🍏🍏	🍏🍏	🍏🍏🍏
HAP Empowered	🍏🍏🍏	🍏🍏🍏	🍏🍏🍏	🍏🍏	🍏🍏🍏	🍏🍏
McLaren Health Plan	🍏🍏🍏	🍏🍏🍏	🍏🍏🍏	🍏🍏	🍏🍏🍏🍏	🍏🍏🍏
Meridian Health Plan of Michigan	🍏🍏	🍏🍏	🍏🍏🍏	🍏🍏🍏🍏	🍏🍏🍏	🍏🍏🍏
Molina Healthcare of Michigan	🍏🍏🍏	🍏🍏🍏	🍏🍏🍏	🍏🍏🍏🍏	🍏🍏	🍏🍏🍏🍏
Priority Health Choice, Inc.	🍏🍏🍏🍏	🍏🍏🍏🍏	🍏🍏🍏🍏	🍏🍏🍏🍏	🍏🍏🍏🍏	🍏🍏🍏🍏
Total Health Care, Inc.	🍏🍏	🍏🍏🍏	🍏🍏	🍏🍏	🍏🍏🍏	🍏🍏
UnitedHealthcare Community Plan	🍏🍏🍏	🍏🍏🍏	🍏🍏	🍏🍏🍏	🍏🍏🍏	🍏🍏🍏🍏
Upper Peninsula Health Plan	🍏🍏🍏🍏	🍏🍏🍏	🍏🍏🍏🍏	🍏🍏🍏	🍏🍏🍏🍏	🍏🍏🍏🍏

**This rating includes all categories. This rating also includes how the member feels about their plan and the help the member receives from their plan.*

Statewide Conclusions and Recommendations

HSAG performed a comprehensive assessment of the performance of each MHP and of the overall strengths and weaknesses of the CHCP related to the provision of healthcare services. All components of each EQR activity and the resulting findings were thoroughly analyzed and reviewed across the continuum of program areas and activities that comprise the CHCP.

Strengths

Through this all-inclusive assessment of aggregated performance, HSAG identified several areas of strength in the program.

- **Pregnancy Care**—Through several quality initiatives, MDHHS has prioritized the health and well-being of mothers and infants to address the underlying causes of maternal and infant mortality and the underlying drivers of inequity, including poverty, racism, and discrimination. "The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy), prenatal (during pregnancy), and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of developmental delays and disabilities and other health conditions among infants can prevent death or disability and enable children to reach their full potential."[6-1] Although pregnancy care, specifically prenatal care, has been an area of opportunity for the MHPs for an extended number of years, the MHPs' continued perseverance and focused interventions initiated through the state-mandated *Addressing Disparities in Timeliness of Prenatal Care* PIP resulted in significant statewide improvement in timeliness of prenatal care and the elimination of disparities in this performance area in SFY 2020.
  - Eight of 10 MHPs achieved statistically significant improvement over their baseline measurement performance rate (November 2016–November 2017 data), indicating there should be marked improvement in the health of pregnant women and their infants before, during, and after pregnancy.
  - The identified disparity (as applicable) was also removed by all but four MHPs.
- **Asthma Management**—Asthma is a treatable, reversible condition that affects more than 25 million people in the U.S. The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the

[6-1] Office of Disease Prevention and Health Promotion. *Healthy People 2020: Maternal, Infant, and Child Health*. Available at: https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health. Accessed on: Dec 29, 2020.

costs associated with ER visits, inpatient admissions, and missed days of work or school.[6-2] In SFY 2020, the MHPs' initiatives related to asthma management resulted in a statistically significant improvement over the past year's statewide results, suggesting that members diagnosed with persistent asthma are taking asthma controller medications during their treatment periods.

  - The two rates under the *Medication Management for People With Asthma* measure improved by more than 5 percentage and 6 percentage points (50% compliance and 75% compliance, respectively) from HEDIS 2019 to HEDIS 2020, and statewide performance was between the National Medicaid 75th to 89th percentile.
  - Five MHPs' (**Blue Cross Complete of Michigan**, **HAP Empowered**, **McLaren Health Plan**, **Total Health Care**, and **Upper Peninsula Health Plan**) performance ranked at or above the National Medicaid 90th percentile for both *Medication Management for People With Asthma* measure indicators.
  - Of note, although one MHP, **Priority Health Choice**, ranked at or above the National Medicaid 90th percentile for the *Asthma Medication Ratio* measure, statewide performance in this particular asthma-related measure demonstrated a significant decline from HEDIS 2019 to HEDIS 2020, and ranked between the National Medicaid 25th to 49th percentile, indicating members were dispensed asthma reliever medications at least as often as asthma controller medications, suggesting an increased use of short-acting medications and less controlled asthma. Based on this performance, MHPs should also focus efforts toward improving the prevalence of providers' prescribing and dispensing controller medications more often than the short-acting asthma reliever medications to better control asthma overall.

- **Compliance Monitoring**—Through MDHHS' annual compliance monitoring review activities, the MHPs demonstrated areas of strength in conforming to and abiding by the MDHHS-specific monitoring standards, which support quality, timely, and accessible care for Medicaid managed care members enrolled in the CHCP. One MHP, **Meridian Health Plan of Michigan**, achieved full compliance in all six program areas. Another MHP, **Blue Cross Complete of Michigan**, achieved full compliance in five of the six program areas. Further, **Molina Healthcare of Michigan** had an overall compliance score of 99 percent.
  - All 10 MHPs received 100 percent compliance in the Administrative standard, indicating each MHP had an effective governing body with adequate staffing and oversight mechanisms in place to support its obligations under its contract with MDHHS.
  - The statewide average score in the Quality/Utilization standard was 99 percent, with seven MHPs receiving full compliance, suggesting most MHPs had effective QAPI programs in place that included quality improvement and utilization management policies and procedures to ensure consistency in processes, clinical practice guidelines to support decisions related to medical necessity, quality improvement evaluations and workplans to evaluate and track quality improvement initiatives and progress, PIPs to target improvement in clinical and/or nonclinical

[6-2] National Committee for Quality Assurance. *Medication Management for People with Asthma and Asthma Medication Ratio (MMA, AMR)*. Available at: https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/. Accessed on: Dec 29, 2020.

performance areas, initiatives for addressing health disparities, and reporting to monitor performance with MDHHS-established performance measures and minimum standards.

- The statewide average score in the Member standard was 98 percent, with seven MHPs receiving full compliance, indicating most MHPs have sufficient procedures to ensure members have access to service authorization processes; a fair grievance and appeal system; member information materials such as the handbook, newsletters, and website; and choice of PCPs, which are necessary for members to access and participate in their healthcare and services.

Weaknesses

HSAG's comprehensive assessment of the MHPs and the CHCP also identified areas of focus that represent significant opportunities for improvement within the program. Based on HSAG's assessment of the PMV, compliance monitoring, and CAHPS results, as well as information obtained from the MHPs through the PIP activity and follow-up to EQR recommendations information, child members, specifically, may be experiencing barriers to care that deter them from accessing preventive care and services, including immunizations and regular visits with their PCPs. Children's access to care and preventive services was also noted as a prevalent focus area in the SFY 2018 and SFY 2019 annual assessments.

- **Children's Access to Care and Preventive Services**—Disease prevention among children and adolescents is an important part of child and adolescent care. Childhood vaccines given as part of preventive services protect young children from a number of serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus, and whooping cough, at a time in their lives when they are most vulnerable to disease. Approximately 300 children in the U.S. die each year from vaccine preventable diseases.[6-3] Accessibility to healthcare is also important for all members, and provides an opportunity for children to receive preventive services, including vaccines, and counseling in order to address acute issues or manage chronic conditions.[6-4] Regular primary care visits can potentially reduce the significance of costly ED visits. Members' accessibility to care is a priority for MDHHS, as evident from the initiatives included as part of Michigan's CQS; however, conclusions drawn from HSAG's comprehensive assessment of the MHPs and the CHCP indicate child members, especially, are not accessing primary care services and obtaining the preventive care they need, including immunizations, to maintain optimal health.
  - Low statewide performance was noted for all indicators for the *Childhood Immunization Status* measure in comparison to national benchmarks, indicating that immunizations amongst children 2 years of age should be addressed. Specifically, the statewide average for the *Childhood Immunization Status* measure among all performance measure rates ranked below the national

[6-3] National Committee for Quality Assurance. *Childhood Immunization Status (CIS)*. Available at: https://www.ncqa.org/hedis/measures/childhood-immunization-status/. Accessed on: Dec 29, 2020.

[6-4] National Committee for Quality Assurance. *Adults' Access to Preventive/Ambulatory Health Services (AAP)*. Available at: https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/. Accessed on: Dec 29, 2020.

Medicaid 50th percentile, suggesting children are not always receiving recommended vaccinations, which can negatively impact their health and may lead them to acquiring preventable diseases.

- Although adults' access to preventive services has increased significantly over the past year and performance rates are at or above the National Medicaid 50 percentile, the children preventive care measures are not achieving this same level of performance. Specifically, low statewide performance compared to national benchmarks on several HEDIS performance measure rates within the Access to Care domain indicate that access to care and services should be addressed to ensure Medicaid members ages 12 months through 19 years are visiting their PCPs regularly. The statewide averages for these Access to Care HEDIS performance measure rates were below the national Medicaid 50th percentile: *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months*, *Ages 25 Months to 6 Years*, *Ages 7 to 11 Years*, and *Ages 12 to 19 Years*.
- Results from the member experience surveys (CAHPS) indicate lower satisfaction with *Rating of Personal Doctor* for the child Medicaid population. None of the 10 MHPs had an overall high satisfaction rating (at or above 90 percent) in this indicator, suggesting parents and guardians of members may not be fully satisfied with the providers their children are seeing for services, which may deter them from accessing those providers for preventive care. Additionally, only three MHPs (**Aetna Better Health of Michigan**, **Blue Cross Complete of Michigan**, and **HAP Empowered**) scored at or above 90 percent in the *Getting Needed Care* measure for the child Medicaid population, suggesting the parents/guardians of child members perceived that it was challenging to see a specialist when they needed one; and/or obtain the care, tests, or treatment they believed were necessary for their children.
- As demonstrated through the compliance monitoring review, the Provider standard was the lowest scoring area statewide and continues to be one of the lowest performing areas year over year. For the SFY 2020 reviews, with the exception of **Meridian Health Plan of Michigan**, MDHHS identified deficiencies in the Provider standard for each MHP, including discrepancies in MHPs' provider directories during PCP telephone surveys, suggesting members' access to care is being impeded by inaccurate provider information. Inconsistencies within the provider data, such as with invalid telephone numbers or accepting new patient status, may limit members' ability to choose providers that are easily accessible and meet the healthcare needs of members and their families, including children.
- Through the PIP activity and follow-up to EQR recommendations follow-up process, the MHPs noted significant barriers related to outdated member contact information that may apply to all populations within CHCP. Outdated member contact information impedes MHPs' ability to make outreach calls to members to educate on important benefit information, including the importance of child members obtaining immunizations and preventive care to stay healthy and prevent disease. Outdated member contact information could also pose challenges to the MHPs when implementing interventions to improve low performing program areas. Additionally, at least one MHP mentioned that Michigan has a strong anti-vaccination movement, which would contribute to the lower performance in the rate of immunizations. In Michigan, prior to a child entering or attending school, parents or guardians are required to produce documentation confirming their child has received the school-required immunizations. However, parents or

guardians can obtain medical, religious, or philosophical waivers that preclude the child from receiving the vaccines. From 2007 through 2019, most immunization waivers in Michigan have been philosophical; the percentage of waivers that are religious have increased over the last five years. Of the total 2019 waivers in Michigan students (3.6 percent of total students), 66.1 percent were philosophical, 28.8 percent were religious, and 5.1 percent were medical,[6-5] indicating there are opportunities for the MHPs and the CHCP to understand better why parents/guardians are refusing, delaying, or are hesitant to vaccinate their children so that they can implement more appropriate interventions to improve the rate of immunizations in Michigan.

Quality Strategy Recommendations for the CHCP

The MDHHS CQS was designed to improve the health and welfare of the people of the State of Michigan and address the challenges facing the State. Through its CQS, MDHHS is focusing on population health improvement on behalf of all of the Medicaid members it serves, while accomplishing its overarching goal of designing and implementing a coordinated and comprehensive system to proactively drive quality across all Michigan Medicaid managed care programs. MDHHS uses three foundational principles to guide implementation of the CQS to improve the quality of care and services. The principles include:

- A focus on health equity and decreasing racial and ethnic disparities.
- Addressing social determinants of health.
- Using an integrated data-driven approach to identify opportunities and improve outcomes.

In consideration of the goals of the CQS and the comparative review of findings for all activities related to quality, timely, and accessible care and services, HSAG recommends the following quality improvement initiatives, which focus on improving children's access to preventive services, and target goals #1 and #4 within the MDHHS CQS.

Goal #1: Ensure high quality and high levels of access to care.

Goal #4: Reduce racial and ethnic disparities in healthcare and health outcomes.

- MDHHS could consider conducting a focus group of parents/guardians whose children have not been vaccinated in accordance with the CDC's recommended immunization schedule to identify potential barriers or deterrence to having their children vaccinated.
  - Each MHP could identify and outreach to the parents/guardians of child members who have not received vaccinations in accordance with the CDC's immunization schedule. The MHPs should consider outreaching to parents/guardians for children who have not received immunizations over a prolonged period (e.g., three years).

[6-5] Michigan Department of Health and Human Services, Division of Immunization. *Immunization Status of School Children in Michigan, 2019*. Available at: https://www.michigan.gov/documents/mdch/School_Summary_2014_483316_7.pdf. Accessed on: Dec 29, 2020.

  - MDHHS and/or the MHPs could offer an incentive for the parents/guardians to attend the focus group discussion (due to COVID-19, MDHHS should consider the most appropriate method for hosting and conducting these discussions).
  - MDHHS, in collaboration with the MHPs, could develop and ask a predefined set of questions that focus on parents'/guardians' decision to vaccinate or not vaccinate their children (e.g., philosophical, religious, medical reasons) and any barriers to getting timely vaccinations (e.g., provider access issues, appointment availability for immunizations, transportation, health literacy).
  - MDHHS and the MHPs could stratify focus group respondents' demographics to identify any health disparities (e.g., race/ethnicity, ZIP Code). MDHHS and/or the MHPs should collect demographic information from each focus group attendee and tie responses to the appropriate demographic category (e.g., race/ethnicity, ZIP Code).
  - MDHHS and the MHPs could leverage the information gained from the focus group to identify the potential reasons and barriers to receiving vaccinations in accordance with CDC guidelines, and develop interventions to support program improvement.
- In alignment with the SFY 2019 EQR technical report recommendation and to improve provider data accuracy, HSAG recommends MDHHS expand the scope of existing provider data validation activities within the compliance monitoring review by conducting an evaluation of each MHP's provider data systems and the subsequent processes that result in the MHPs' and MDHHS' published provider information and directories. Inaccuracies in provider information maintained and published by the MHPs and/or MDHHS could potentially contribute to access issues being experienced by members. Resolving these inaccuracies could improve member satisfaction and address some of the factors impeding children's access to PCPs for preventive care visits, which in turn, should result in improved HEDIS rates and reduce the number of avoidable ED visits. This provider data validation activity could include:
  - A focused review and assessment of each MHP's collection, maintenance, and publication of provider data.
  - An evaluation of provider data accuracy on a statistically significant sample of in-network providers enrolled with each MHP through a provider survey or other method deemed appropriate by MDHHS. This evaluation should include high-volume specialists, in addition to PCPs.
  - An evaluation of provider data accuracy on a sample of in-network providers enrolled with multiple MHPs to allow controlled comparisons of key data elements (e.g., Is the provider accepting new patients from only one MHP or all contracted MHPs? Is the provider listed with the same specialty in multiple networks or are they listed differently?).
  - MDHHS could use the findings from the validation activities to enhance provider data requirements and impose incremental corrective action to ensure accurate data are available to members. Of note, provider data inaccuracies have been a reoccurring finding from the annual compliance monitoring activities.

- To address outdated member contact information, MDHHS could host a workgroup that focuses on identifying barriers to keeping member contact information up to date.
  - The workgroup could include representation from MDHHS, the MHPs, the PIHPs, local Department of Human Services county offices, and other appropriate entities responsible for collecting and updating member contact information.
  - The workgroup could develop one quality improvement initiative aimed at improving the timeliness of updating members' contact information, including telephone, email, and address information. For example, the workgroup could consider leveraging MI Bridges or another platform to send frequent and ongoing reminders to Medicaid members reminding them of their responsibility to keep their contact information up to date.

HSAG further recommends MDHHS consider conducting the following compliance initiative, which focuses on improving oversight of the MHPs, and targets Objective 3.1 within the MDHHS CQS.

Objective 3.1—Establish common program-specific quality metrics and definitions to collaborate meaningfully across program areas and delivery systems.

- Through HSAG's evaluation of the compliance monitoring summary and tools completed by MDHHS and provided to HSAG for the annual assessment, HSAG identified opportunities to improve the overall compliance monitoring process to ensure MDHHS is meeting CMS EQR *Protocol 3: Review of Compliance With Medicaid and CHIP Managed Care Regulations.* Although the MHPs scored between 93 percent and 100 percent overall in the program areas under review, which indicate significant strengths, HSAG was unable to clearly determine that these program areas encompass a review of all requirements mandated under 42 CFR §438.358(iii), which requires a comprehensive review of each MHP's compliance with the standards set forth in subpart D of Part 438, the disenrollment requirements and limitations described in §438.56, the member rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the QAPI requirements described in §438.330.
  - MDHHS should compare its current monitoring tools to federal Medicaid managed care standards, which are codified at 42 CFR §438 and 42 CFR §457, and include availability of services, §438.206; assurances of adequate capacity and services, §438.207; coordination and continuity of care, §438.208; coverage and authorization of services, §438.210; provider selection, §438.214; confidentiality, §438.224; grievance and appeal systems, §438.228; subcontractual relationships and delegation, §438.230; practice guidelines, §438.236; health information systems, § 438.242; and QAPI program, §438.330; as well as the disenrollment requirements and limitations described in §438.56, the member rights requirements described in §438.100, and the emergency and post-stabilization services requirements described in §438.114. MDHHS could consider revising its tools to align with these federal standard names.
  - MDHHS should verify implementation of MHPs' policies and procedures through targeted file reviews, such as member grievances, member appeals, service authorization denials, credentialing records, care management cases, and delegation contract and oversight documentation.

- Based on the documented findings within MDHHS' compliance review tools, it was unclear whether MDHHS' compliance review process included interviews of MHP staff members. In accordance with the CMS protocol, MDHHS' compliance review should include a process to conduct MHP-specific interviews of MHP staff members to collect additional data to supplement and verify the information MDHHS learned through the document review. It is also important for MDHHS to ensure MHP staff members can articulate its processes and procedures. MDHHS should consider interviewing MHP leadership; IS staff; QAPI program staff; provider services staff; member services staff; grievance and appeal staff; UM staff, including medical directors; and case managers and care coordinators. Additionally, the interviews should be tailored to the MHP being evaluated, and MDHHS should focus its questions on any issues identified through the document review (e.g., gaps in processes, clarification of procedures).
- MDHHS should consider redefining its level of compliance to adhere to CMS-recommended compliance rating scales. HSAG recommends MDHHS consider using a two-point rating scale, which includes *Met* and *Not Met* definitions. The scoring methodology should ensure that compliance is based on MDHHS' evaluation of the MHP's compliance with the regulations under review, and there are details to justify the compliance determination. Prior to making a determination, MDHHS should clarify MDHHS' understanding of the information collected throughout the compliance review process. MDHHS should then provide the MHP with the opportunity to respond to initial compliance issues to ensure the findings are due to true noncompliance and not due to misunderstanding or misinterpretation of MHP documents and information obtained during the interview sessions, as applicable. After the site visit activity, MDHHS should also consider collecting and documenting additional information as needed.
- MDHHS should clearly document any elements that have been identified by MDHHS as qualifying for deemed status (e.g., non-duplication), and the MHP-specific tool should clearly indicate whether the MHP demonstrated compliance with the deemable requirement through MDHHS' review of the most current accreditation reports. If the MHP did not achieve full compliance through accreditation efforts, MDHHS should ensure its review includes those identified areas of noncompliance.

Appendix A. External Quality Review Activity Methodologies

Activity Methodologies

Validation of Performance Improvement Projects

Activity Objectives

Validating PIPs is one of the mandatory activities described at 42 CFR §438.330(b)(1). In accordance with §438.330(d), MCOs, PIHPs, PAHPs, and PCCM entities are required to have a QAPI program, which includes PIPs that focus on both clinical and nonclinical areas. Each PIP must be designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction, and must include the following:

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

The EQR technical report must include information on the validation of PIPs required by the State and underway during the preceding 12 months.

The primary objective of PIP validation is to determine the MHP's compliance with the requirements of 42 CFR §438.330(d). HSAG's evaluation of the PIP includes two key components of the quality improvement process:

1. HSAG evaluates the technical structure of the PIP to ensure that the MHP designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether the PIP design (e.g., study question, population, indicator[s], sampling techniques, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. HSAG evaluates the implementation of the PIP. Once designed, a PIP's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, identification of causes and barriers, and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the MHP improves its rates through implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results).

The goal of HSAG's PIP validation is to ensure that MDHHS and key stakeholders can have confidence that any reported improvement is related to and can be directly linked to the quality improvement strategies and activities conducted by the MHP during the PIP.

MDHHS requires that each MHP conduct one PIP subject to validation by HSAG. For this year's SFY 2020 validation, MHPs submitted Remeasurement 2 data for the state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*. The selected PIP topic is based on the HEDIS *Prenatal and Postpartum Care* measure; however, each MHP was required to use historical data to identify disparities within its population related to timeliness of prenatal care. Disparities could be one or more of the following:

- Race/Ethnicity/Language
- Enrollee Age
- Geographic Region

This topic has the potential to improve the health of pregnant members through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the quality of, timeliness of, and access to care and services.

Technical Methods of Data Collection and Analysis

The HSAG PIP Review Team consisted of, at a minimum, an analyst with expertise in statistics and study design and a clinician with expertise in performance improvement processes. Since these PIPs were initiated in SFY 2018, the methodology used to validate PIPs was based on the CMS guidelines as outlined in *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.[A-1] Using this protocol, HSAG, in collaboration with MDHHS, developed the PIP Submission Form. Each MHP completed this form and submitted it to HSAG for review. The PIP Submission Form standardized the process for submitting information regarding the PIPs and ensured all CMS PIP protocol requirements were addressed.

HSAG, with MDHHS' input and approval, developed a PIP Validation Tool to ensure uniform validation of PIPs. Using this tool, HSAG evaluated each of the PIPs according to the CMS protocols. The CMS protocols identify 10 steps that should be validated for each PIP. For the SFY 2020 submissions, the MHPs reported Remeasurement 2 data and were validated for Step I through Step IX or Step I through Step X in the PIP Validation Tool.

The 10 steps included in the PIP Validation Tool are listed below:

Step I. Review the Selected Study Topic

Step II. Review the Study Question(s)

[A-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/externalquality-review/index.html. Accessed on: Feb 25, 2020.

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

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

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met, Partially Met, Not Met, Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements must be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that receives a *Not Met* score results in an overall validation rating of *Not Met* for the PIP. The MHP is assigned a *Partially Met* score if 60 percent to 79 percent of all evaluation elements are *Met* or one or more critical elements are *Partially Met*. HSAG provides a *General Comment* when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*), HSAG assigns the PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculates the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculates a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met, Partially Met*, and *Not Met*.

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

- *Met*: High confidence/confidence in reported PIP results. All critical elements were *Met*, and 80 to 100 percent of all evaluation elements were *Met* across all activities.
- *Partially Met*: Low confidence in reported PIP results. All critical elements were *Met*, and 60 to 79 percent of all evaluation elements were *Met* across all activities; or one or more critical elements were *Partially Met*.
- *Not Met*: All critical elements were *Met*, and less than 60 percent of all evaluation elements were *Met* across all activities; or one or more critical elements were *Not Met*.

The MHPs had an opportunity to resubmit a revised PIP Submission Form and provide additional information or documentation in response to HSAG's initial validation scores of *Partially Met* or *Not*

Met, regardless of whether the evaluation element was critical or noncritical. HSAG offered technical assistance to any MHP that requested an opportunity to review the initial validation scoring prior to resubmitting the PIP. Six of the 10 MHPs requested and received technical assistance from HSAG.

HSAG conducted a final validation for any resubmitted PIPs and documented the findings and recommendations for each PIP. Upon completion of the final validation, HSAG prepared a report of its findings and recommendations for each MHP. These reports, which complied with 42 CFR §438.364, were provided to MDHHS which distributed them to the MHPs.

Description of Data Obtained and Related Time Period

For SFY 2020, the MHPs submitted Remeasurement 2 data. The study indicator measurement period dates are listed below.

Table A-1—Description of Data Obtained and Measurement Periods

Data Obtained	Period to Which the Data Applied
Baseline	November 6, 2016–November 5, 2017
Remeasurement 1	November 6, 2017–November 5, 2018
Remeasurement 2	November 6, 2018–November 5, 2019

Performance Measure Validation

Activity Objectives

In accordance with 42 CFR §438.330(c), states must require that MCOs, PIHPs, PAHPs, and PCCM entities submit performance measurement data as part of their QAPI programs. Validating performance measures is one of the mandatory EQR activities described in §438.358(b)(2). For the MCO, PIHP, PAHP, and PCCM entity, the EQR technical report must include information regarding the validation of performance measures (as required by the State) and/or performance measures calculated by the State during the preceding 12 months.

The primary objectives of the PMV process are to:

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

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

Technical Methods of Data Collection and Analysis

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

Each MHP underwent an NCQA HEDIS Compliance Audit conducted by an NCQA licensed organization. The NCQA HEDIS Compliance Audit followed NCQA audit methodology as set out in NCQA's 2020 Volume 5, *HEDIS Compliance Audit: Standards, Policies and Procedures*. The NCQA HEDIS Compliance Audit encompasses an in-depth examination of the MHPs' processes consistent with the *CMS External Quality Review (EQR) Protocols, October 2019*.[A-2] To complete the validation of performance measure process according to the CMS protocol, HSAG performed an independent evaluation of the audit results and findings to determine the validity of each performance measure.

Each NCQA HEDIS Compliance Audit was conducted by a certified HEDIS compliance auditor and included the following activities:

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

On-Site Review Activities: The on-site reviews, which typically lasted one to two days, included:

- An evaluation of system compliance, focusing on the processing of claims and encounters.
- An overview of data integration and control procedures, including discussion and observation.
- A review of how all data sources were combined and the method used to produce the performance measures.
- Interviews with MHP staff members involved with any aspect of performance measure reporting.
- A closing conference at which the auditor summarized preliminary findings and recommendations.

Post-On-Site Review Activities: For each performance measure calculated and reported by the MHPs, the auditor aggregated the findings from the pre-on-site and on-site activities to determine whether the reported measures were valid, based on an allowable bias. The auditor assigned each measure one of seven audit findings: (1) *Reportable* (a reportable rate was submitted for the measure), (2) *Small Denominator* (the MHP followed the specifications, but the denominator was too small [e.g., <30] to report a valid rate), (3) *No Benefit* (the MHP did not offer the health benefits required by the measure),

[A-2] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, October 2019*. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: Dec 30, 2020.

(4) *Not Reportable* (the MHP chose not to report the measure), (5) *Not Required* (the MHP was not required to report the measure), (6) *Biased Rate* (the calculated rate was materially biased), or (7) *Un-Audited* (the MHP chose to report a measure that is not required to be audited).

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

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

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

Description of Data Obtained and Related Time Period

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

Table A-2—Description of Data Sources

Data Obtained	Measurement Period
NCQA HEDIS Compliance Audit reports were obtained for each MHP, which included a description of the audit process, the results of the IS findings, and the final audit designations for each performance measure.	Calendar Year (CY) 2019 (HEDIS 2020)
Performance measure reports, submitted by the MHPs using NCQA's IDSS, were analyzed and subsequently validated by HSAG.	CY 2019 (HEDIS 2020)
Previous performance measure reports were reviewed to assess trending patterns and the reasonability of rates.	CY 2018 (HEDIS 2019)

Compliance Review

Activity Objectives

According to 42 CFR §438.358, a state or its EQRO must conduct a review within a three-year period to determine the MHPs' compliance with standards set forth in 42 CFR §438—Managed Care Subpart D, the disenrollment requirements and limitations described in §438.56, the member rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the QAPI requirements described in 42 CFR §438.330. To meet this requirement, MDHHS performed annual compliance reviews of its 10 contracted MHPs.

The objectives of conducting compliance reviews are to ensure performance and adherence to contractual provisions as well as compliance with federal Medicaid managed care regulations. The reviews also aid in identifying areas of noncompliance and assist MHPs in developing corrective actions to achieve compliance with State and federal requirements.

Technical Methods of Data Collection and Analysis

MDHHS is responsible for conducting compliance activities that assess MHPs' conformity with State requirements and federal Medicaid managed care regulations. To meet this requirement, MDHHS identifies the requirements necessary for review during the SFY and divides the requirements into a 12-month compliance monitoring schedule. Annually, the MHPs are provided with a *Compliance Review Timeline* outlining the areas of focus for each month's review and the documents required to be submitted to MDHHS to demonstrate compliance.

This technical report presents the results of the compliance reviews performed during the SFY 2020 contract year. MDHHS conducted a compliance review of six standards as listed below:

- Administrative
- Provider
- Member
- Quality/Utilization
- MIS/Data Reporting
- Program Integrity

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

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

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

For certain elements within the compliance review tool, MDHHS documented *NCQA: DEEMABLE*, indicating the NCQA-accredited MHP is not required to submit documentation to demonstrate compliance.

From the *FY 2020 Compliance Review Summary* reports provided by MDHHS for each MHP, HSAG calculated a total compliance score for each standard, reflecting the degree of compliance with contractual requirements related to that area, and an overall score for each MHP across all six standards. The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points) or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

HSAG drew conclusions and made overall assessments about the quality and timeliness of, and access to care provided by the MHPs using MDHHS-documented findings on the compliance review tools from each standard evaluated during the compliance review.

Description of Data Obtained and Related Time Period

To assess the MHPs' compliance with federal and State requirements, MDHHS obtained information from a wide range of written documents produced by the MHPs, including but not limited to the following:

- Policies and procedures
- Accreditation certificates or letters, organizational charts, governing board member appointment documentation, and board meeting minutes
- Operational plans, health plan profiles, and management and financial reports
- Consolidated Annual Report, including financial information and member and provider incentives
- Provider contracts, network access plan, network access and provider availability documentation, and provider appeal logs
- Subcontract/delegation agreements and monitoring documentation
- Clinical practice guidelines and supporting documentation
- Member material timeliness documentation, including identification (ID) card mailings and new member packets
- Copies of member materials, including new member packets, member handbooks, member newsletters, and provider directories

- MAC pricing reconsiderations process
- Grievance, appeal, and prior-authorization reports and notice templates
- Quality Improvement Programs (QIPs) and Utilization Management (UM) Programs, quality improvement workplans and worksheets, utilization reports, quality improvement effectiveness reports, and committee meeting minutes
- Enrollment and disenrollment procedures
- PIPs
- Compliance plan and employee training documentation
- Program integrity forms and reports

MDHHS also reviews each MHP's website to determine compliance in several program areas such as the provider appeal process, provider directory components, member material reading level, and website content.

Consumer Assessment of Healthcare Providers and Systems Analysis

Activity Objectives

The CAHPS surveys ask members and patients to report on and evaluate their experiences with healthcare. The surveys cover topics that are important to members, such as the communication skills of providers and the accessibility of services. The CAHPS surveys are recognized nationally as an industry standard for both commercial and public payers. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting data.

Technical Methods of Data Collection and Analysis

The technical method of data collection was through administration of the CAHPS 5.0H Adult Medicaid Health Plan Survey to the adult Medicaid population, and the CAHPS 5.0H Child Medicaid Health Plan Survey (without the CCC measurement set) to the child Medicaid population. Various methods of data collection were used for the CAHPS surveys, such as mixed-mode (i.e., mailed surveys followed by telephone interviews of non-respondents), mixed-mode and Internet protocol methodology (i.e., mailed surveys with an Internet link included on the cover letter followed by telephone interviews of non-respondents), or mail-only. For the Medicaid adult and child surveys, based on NCQA protocol, adult members included as eligible for the survey were 18 years of age or older as of December 31, 2019; and child members included as eligible for the survey were 17 years of age or younger as of December 31, 2019. For the CSHCS CAHPS survey, child members included as eligible for the survey were 17 years of age or younger. For the HMP CAHPS survey, adult members included as eligible for the survey were 19 years or older.

The survey questions were categorized into various measures of member experience. These measures included four global ratings, four composite measures, and three Effectiveness of Care measures.[A-3] The global ratings reflected patients' overall experience with their personal doctor, specialist, health plan, and all healthcare. The composite measures were derived from sets of questions to address different aspects of care (e.g., getting needed care and how well doctors communicate). The Effectiveness of Care measures assessed the various aspects of providing assistance with smoking and tobacco use cessation in the adult population.

NCQA requires a minimum of 100 responses on each item to report the measure as a valid CAHPS survey result; however, for this report, if available, the MHPs' results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Measure results that did not meet the minimum number of 100 responses are denoted in the tables with an asterisk (*). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

For each of the four global ratings, the percentage of respondents who chose the top experience ratings (a response value of 9 or 10 on a scale of 0 to 10) was calculated. This percentage is referred to as a top-box response score. For each of the four composite measures, the percentage of respondents who chose a positive response was calculated. CAHPS composite question response choices were "Never," "Sometimes," "Usually," or "Always." A positive or top-box response for the composites was defined as a response of "Always" or "Usually." The percentage of top-box responses is referred to as a top-box score for the composite measures. For the Effectiveness of Care measures, responses of "Always/Usually/Sometimes" were used to determine if the respondent qualified for inclusion in the numerator. The rates presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results. A substantial increase or decrease is denoted by a change of 5 percentage points or more.

Description of Data Obtained and Related Time Period

HSAG administered the CAHPS surveys to the child Medicaid population for the MHPs, child members enrolled in CSHCS, and adult members enrolled in HMP. The MHPs provided HSAG with the adult Medicaid CAHPS survey data presented in this report. The MHPs reported that NCQA protocols were followed for administering the CAHPS surveys.

The surveys ask members or parents/caretakers to report on and to evaluate their/their child's experiences with healthcare. The survey covers topics important to members, such as the communication skills of providers and the accessibility of services, and were designed to achieve the highest possible response rate. The CAHPS 5.0H Child Medicaid Health Plan Survey was administered to parents/caretakers of child members enrolled in the MHPs from February to May 2020. The CSHCS Survey was administered to parents/caretakers of child members enrolled in the CSHCS Program from May to July 2020. The HMP CAHPS survey was administered to eligible adult members in the HMP from May to August 2020.

[A-3] Effectiveness of Care measures related to smoking cessation were only included for the adult surveys.

Quality Rating

Activity Objectives

MDHHS contracted with HSAG to analyze 2020 HEDIS results, including CAHPS data from the 10 MHPs for presentation in the 2020 Michigan Medicaid Consumer Information Guide. The Consumer Guide analysis helps to support MDHHS' public reporting of health plan performance information.

Technical Methods of Data Collection and Analysis

MDHHS, in collaboration with HSAG, chose measures for the 2020 Michigan Medicaid Consumer Information Guide based on a number of factors that were consistent with previous years. Per NCQA specifications, the CAHPS 5.0H Adult Medicaid Health Plan Survey instrument was used for the adult population and the CAHPS 5.0H Child Medicaid Health Plan Survey instrument was used for the child population.

Table A-3 lists the 44 measures, 15 CAHPS and 29 HEDIS, and their associated weights. The measures are organized by reporting category and subcategory.

Table A-3—Reporting Categories, Subcategories, Measures, and Weights—HEDIS 2020 Analysis

Measures	Measure Weight
Overall Rating[1]	
Child Medicaid—Rating of Health Plan (CAHPS Global Rating)	1
Adult Medicaid—Rating of Health Plan (CAHPS Global Rating)	1
Adult Medicaid—Customer Service (CAHPS Composite)	1
Doctors' Communication and Service	
Satisfaction With Providers	
Child Medicaid—How Well Doctors Communicate (CAHPS Composite)	1
Adult Medicaid—How Well Doctors Communicate (CAHPS Composite)	1
Child Medicaid—Rating of Personal Doctor (CAHPS Global Rating)	1
Adult Medicaid—Rating of Personal Doctor (CAHPS Global Rating)	1
Adult Medicaid—Rating of Specialist Seen Most Often (CAHPS Global Rating)	1
Patient Engagement	
Medical Assistance With Smoking and Tobacco Use Cessation	
Advising Smokers and Tobacco Users to Quit	1/3
Discussing Cessation Medications	1/3
Discussing Cessation Strategies	1/3
Getting Care	
Access	
Child Medicaid—Getting Needed Care (CAHPS Composite)	1

Measures	Measure Weight
Adult Medicaid—Getting Needed Care (CAHPS Composite)	1
Child Medicaid—Getting Care Quickly (CAHPS Composite)	1
Adult Medicaid—Getting Care Quickly (CAHPS Composite)	1
Adults' Access to Preventive/Ambulatory Health Services	
Ages 20–44 Years	1/3
Ages 45–64 Years	1/3
Ages 65+ Years	1/3
Children and Adolescents' Access to Primary Care Practitioners	
Ages 12–24 Months	1/4
Ages 25 Months–6 Years	1/4
Ages 7–11 Years	1/4
Ages 12–19 Years	1/4
Keeping Kids Healthy	
Immunizations and Screenings for Young Children	
Childhood Immunization Status	
Combination 2	1/2
Combination 3	1/2
Lead Screening in Children	1
Immunizations for Adolescents	
Immunizations for Adolescents	
Combination 2	1
Preventive Care	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	
Body Mass Index (BMI) Percentile Documentation—Total	1/3
Counseling for Nutrition—Total	1/3
Counseling for Physical Activity—Total	1/3
Well-Child Visits in the First 15 Months of Life	
6 or More Well-Child Visits	1
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	1
Adolescent Well-Care Visits	1
Living With Illness	
Diabetes	
Comprehensive Diabetes Care	
Hemoglobin A1c (HbA1c) Testing	1/5
HbA1c Poor Control (>9.0 Percent)	1/5
HbA1c Control (<8.0 Percent)	1/5

Measures	Measure Weight
Eye Exam (Retinal) Performed	1/5
Medical Attention for Nephropathy	1/5
Cardiovascular	
Controlling High Blood Pressure	1
Respiratory	
Medication Management for People With Asthma	
75 Percent Medication Compliance—Total	1
Taking Care of Women	
Screenings for Women	
Breast Cancer Screening	1
Cervical Cancer Screening	1
Chlamydia Screening in Women—Total	1
Maternal Health	
Prenatal and Postpartum Care	
Timeliness of Prenatal Care	1
Postpartum Care	1

HSAG computed six reporting category and 11 subcategory summary scores for each MHP, as well as the summary mean values for the MHPs as a group. Each score is a standardized score where higher values represent more favorable performance. Summary scores for the six reporting categories (Overall Rating, Doctors' Communication and Service, Getting Care, Keeping Kids Healthy, Living With Illness, and Taking Care of Women) and 11 subcategories (Satisfaction With Providers, Patient Engagement, Access, Immunizations and Screenings for Young Children, Immunizations for Adolescents, Preventive Care, Diabetes, Cardiovascular, Respiratory, Screening for Women, and Maternal Health) were calculated from MHP scores on select HEDIS measures and CAHPS questions and composites.

1. HEDIS rates were extracted from the auditor-locked IDSS data sets and HSAG calculated the CAHPS rates using the NCQA CAHPS member-level data files. To calculate a rate for a CAHPS measure, HSAG converted each individual question by assigning the top-box responses (i.e., "Usually/Always" and "9/10," where applicable) to a "1" for each individual question, as described in *HEDIS Volume 3: Specifications for Survey Measures*. All other non-missing responses were assigned a value of "0." HSAG then calculated the percentage of respondents with a top-box response (i.e., a "1"). For composite measures, HSAG calculated the composite rate by taking the average percentage for each question within the composite.

2. For each HEDIS and CAHPS measure, HSAG calculated the measure variance. The measure variance for HEDIS measures was calculated as follows:

$$\frac{p_k(1-p_k)}{n_k-1}$$

where: p_k = MHP k score
n_k = number of members in the measure sample for MHP k

For CAHPS global rating measures, the variance will be calculated as follows:

$$\frac{1}{n}\frac{\sum_{i=1}^{n}(x_i-\bar{x})^2}{n-1}$$

where: x_i = response of member i
$\bar{x}$ = the mean score for MHP k
n = number of responses in MHP k

For CAHPS composite measures, the variance will be calculated as follows:

$$\frac{N}{N-1}\sum_{i=1}^{N}\left(\sum_{j=1}^{m}\frac{1}{m}\frac{(x_{ij}-\bar{x}_j)}{n_j}\right)^2$$

where: j = 1,…,m questions in the composite measure
i = 1….,n_j members responding to question j
x_{ij} = response of member i to question j (0 or 1)
$\bar{x}_j$ = MHP mean for question j
N = members responding to at least one question in the composite

3. For MHPs with *NR*, *BR*, and *NA* audit results, HSAG used the average variance of the non-missing rates across all MHPs. This ensured that all rates reflect some level of variability, rather than simply omitting the missing variances in subsequent calculations.

4. HSAG computed the MHP mean for each CAHPS and HEDIS measure.

5. Each MHP mean (CAHPS or HEDIS) was standardized by subtracting the mean of the MHP means and dividing by the standard deviation of the MHP means to give each measure equal weight toward the category rating. If the measures are not standardized, a measure with higher variability would contribute disproportionately toward the category rating.

6. HSAG summed the standardized MHP means, weighted by the individual measure weights to derive the MHP category summary measure score.

7. For each MHP k, HSAG calculated the category variance, CV_k, as: $CV_k = \sum_{j=1}^{m} \frac{w_j}{c_j^2} V_j$

   where: $j = 1,\ldots,m$ HEDIS or CAHPS measures in the summary
   V_j = variance for measure j
   c_j = group standard deviation for measure j
   w_j = measure weight for measure j

8. The summary scores were used to compute the group mean and the difference scores. The group mean was the average of the MHP summary measure scores. The difference score, d_k, was calculated as d_k = MHP k score – group mean.

9. For each MHP k, HSAG calculated the variance of the difference scores, $Var(d_k)$, as:

$$Var(d_k) = \frac{P(P-2)}{P^2} CV_k + \frac{1}{P^2} \sum_{k=1}^{P} CV_k$$

   where: P = total number of MHPs
   CV_k = category variance for MHP k

10. The statistical significance of each difference was determined by computing a confidence interval (CI). A 95 percent CI was calculated around each difference score to identify MHPs that were significantly higher than or significantly lower than the mean. MHPs with differences significantly above or below zero at the 95 percent confidence level received the top (Above Average) and bottom (Below Average) designations, respectively. An MHP was significantly above zero if the lower limit of the CI was greater than zero; and was significantly below zero if the upper limit of the CI was below zero. MHPs that did not fall either above or below zero at the 95 percent confidence level received the middle designation (Average). For a given measure, the formula for calculating the 95 percent CI was:

$$95\%\ \text{CI} = d_k \pm 1.96\sqrt{Var(d_k)}$$

A three-level rating scale provides consumers with an easy-to-read "picture" of quality performance across MHPs and presents data in a manner that emphasizes meaningful differences between MHPs. The Consumer Guide used apples to display results for each MHP.

Description of Data Obtained and Related Time Period

HEDIS 2020 rates for measurement year 2019 were extracted from the auditor-locked IDSS data sets and HSAG calculated the CAHPS rates using the NCQA CAHPS member-level data files.