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2014–2015 External Quality Review Technical Report

for

Medicaid Health Plans

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HSAG Health Services Advisory Group

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CONTENTS

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Purpose of Report

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

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

- **Blue Cross Complete of Michigan (BCC)**
- **CoventryCares (COV)**
- **Harbor Health Plan (HAR)**
- **HealthPlus Partners (HPP)**[1-1]
- **McLaren Health Plan (MCL)**
- **Meridian Health Plan of Michigan (MER)**
- **HAP Midwest Health Plan (MID)**
- **Molina Healthcare of Michigan (MOL)**
- **Sparrow PHP (PHP)** [1-2]
- **Priority Health Choice, Inc. (PRI)**
- **Total Health Care, Inc. (THC)**
- **UnitedHealthcare Community Plan (UNI)**
- **Upper Peninsula Health Plan (UPP)**

[1-1] HealthPlus Partners no longer provides healthcare services to Michigan Medicaid members as of September 1, 2015.
[1-2] PhysiciansHealthPlan—Family Care changed its name to Sparrow PHP effective November 1, 2014.

Scope of External Quality Review (EQR) Activities Conducted

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

- **Compliance Monitoring**: 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.
- **Validation of Performance Measures**: Each MHP underwent a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Compliance Audit™ conducted by an NCQA-licensed audit organization. HSAG performed an independent audit of the audit findings to determine the validity of each performance measure.
- **Validation of Performance Improvement Projects (PIPs)**: HSAG reviewed one PIP for each MHP to ensure that the projects were designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care and giving confidence in the reported improvements.

Summary of Findings

The following is a statewide summary of the conclusions drawn regarding the MHPs' general performance in 2014–2015. Appendices A–M contain detailed, MHP-specific findings, while Section 3 presents detailed statewide findings with year-to-year comparisons.

Compliance Review

MDHHS completed its assessment of the MHPs' compliance with the requirements in the six standards shown in the table below through the 2014–2015 annual compliance review process. Table 1-1 shows the statewide results for each standard.

Table 1-1—Summary of Data From the Annual Compliance Reviews

Standard	Range of MHP Scores	Number of MHPs With 100 Percent Compliance	Statewide Average Score
Standard 1—*Administrative*	88%–100%	12	99%
Standard 2—*Providers*	94%–100%	9	98%
Standard 3—*Members*	86%–100%	7	95%
Standard 4—*Quality*	83%–100%	1	92%
Standard 5—*MIS*	83%–100%	8	94%
Standard 6—*Program Integrity*	75%–100%	6	96%
Overall Score	**86%–99%**	**0**	**96%**

The statewide average across all standards and all 13 MHPs was 96 percent, reflecting continued strong performance. The *Administrative* standard was a statewide strength with an average score of 99 percent and 12 of the 13 MHPs achieving 100 percent compliance. All MHPs had organizational charts that met contractual requirements as well as final, approved policies for the election of Board members that included the required provisions for vacancies, election procedures, and Board composition. Performance on the *Providers* and *Members* standards was also strong, with statewide average scores of 98 percent and 95 percent, respectively, and most MHPs in full compliance with all requirements. All MHPs met the requirements for standard provider contract provisions, agreements with the community mental health centers, provider directories, availability of covered services, communication with contracted providers, and provider appeals processes. On the *Members* standard, all MHPs demonstrated compliance with the requirements for the member handbooks, member newsletters, policies and procedures for the resolution of member grievances and appeals, and tobacco cessation programs. Performance on the *Program Integrity* standard resulted in a statewide score of 96 percent, with six MHPs achieving 100 percent compliance. Eight MHPs had compliance scores of 100 percent on the *MIS* (Management Information System) standard, resulting in a statewide average score of 94 percent. All MHPs met the requirement to maintain information systems that collect, analyze, and report data as required by contract. The *Quality* standard continued to represent the largest opportunity for improvement with a statewide average score of 92 percent and only one of the MHPs meeting all requirements. Twelve of the 13

MHPs failed to demonstrate full compliance with one criterion on this standard, which addressed meeting contractually required minimum standards for key performance measures. Statewide strengths on the *Quality* standard included HEDIS submissions and final audit reports as well as policies and procedures for practice guidelines, quality improvement, and utilization management. Overall, the MHPs showed continued strong performance on the compliance monitoring reviews, demonstrating compliance with most of the contractual requirements across the standards.

Validation of Performance Measures

Table 1-2 displays the 2015 Michigan Medicaid statewide HEDIS averages and performance levels. The performance levels are a comparison of the 2015 Michigan Medicaid statewide average to the NCQA national HEDIS 2014 Medicaid percentiles. For all measures except those under *Utilization*, the Michigan Medicaid weighted average rate was used to represent Michigan Medicaid statewide performance. For measures in the *Utilization* dimension, an unweighted average rate was calculated for the statewide rate. For most measures, a display of ★★★★★ indicates performance at or above the 90th percentile. Performance levels displayed as ★★★★ represent performance at or above the 75th percentile but below the 90th percentile. A ★★★ performance level indicates performance at or above the 50th percentile but below the 75th percentile. Performance levels displayed as ★★ represent performance at or above the 25th percentile but below the 50th percentile. Finally, performance levels displayed as a ★ indicate that the statewide performance was below the 25th percentile.

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

For the current measurement year, no issues related to HEDIS reporting were identified by the auditors, and all 13 MHPs were fully compliant with six information system (IS) standards: (Medical Service Data [IS 1.0], Enrollment Data [IS 2.0], Practitioner Data [IS 3.0], Medical Record Review Process [IS 4.0], Supplemental Data [IS 5.0], and Data Integration [IS 7.0]). The IS standard related to Member Call Center Data (IS 6.0) was not applicable to the measures required to be reported by the MHPs.

Table 1-2—Overall Statewide Averages for Performance Measures		
Performance Measure	**2015 MI Medicaid**	**Performance Level for 2015**
Child and Adolescent Care		
Childhood Immunization—Combination 2	77.16%	★★★
Childhood Immunization—Combination 3	72.90%	★★★
Childhood Immunization—Combination 4	67.78%	★★★
Childhood Immunization—Combination 5	60.52%	★★★
Childhood Immunization—Combination 6	44.76%	★★★
Childhood Immunization—Combination 7	56.97%	★★★
Childhood Immunization—Combination 8	42.69%	★★★
Childhood Immunization—Combination 9	38.43%	★★★
Childhood Immunization—Combination 10	36.92%	★★★
Immunizations for Adolescents—Combination 1	88.94%	★★★★★
Well-Child Visits in the First 15 Months of Life—Six or More Visits	64.76%	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.76%	★★★
Adolescent Well-Care Visits	54.02%	★★★
Lead Screening in Children	80.37%	★★★
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	88.00%	★★★
Appropriate Testing for Children With Pharyngitis	67.25%	★★
Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase	38.87%	★★
Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Continuation and Maintenance Phase	44.35%	★★
Women—Adult Care		
Breast Cancer Screening	59.65%	★★★
Cervical Cancer Screening	68.46%	★★★
Chlamydia Screening in Women—16 to 20 Years	59.08%	★★★★
Chlamydia Screening in Women—21 to 24 Years	67.58%	★★★
Chlamydia Screening in Women—Total	62.20%	★★★
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

Table 1-2—Overall Statewide Averages for Performance Measures		
Performance Measure	**2015 MI Medicaid**	**Performance Level for 2015**
Access to Care		
Children's Access to Primary Care Practitioners—12 to 24 Months	96.32%	★★
Children's Access to Primary Care Practitioners—25 Months to 6 Years	88.73%	★★
Children's Access to Primary Care Practitioners—7 to 11 Years	91.14%	★★
Adolescents' Access to Primary Care Practitioners—12 to 19 Years	90.21%	★★★
Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years	83.42%	★★★
Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years	90.77%	★★★
Adults' Access to Preventive/Ambulatory Health Services—65+ Years	88.60%	★★★
Adults' Access to Preventive/Ambulatory Health Services—Total	86.11%	★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI Percentile—Ages 3 to 11 Years	77.47%	★★★★
Weight Assessment and Counseling, BMI Percentile—Ages 12 to 17 Years	79.88%	★★★★
Weight Assessment and Counseling, BMI Percentile—Total	78.34%	★★★★
Weight Assessment and Counseling for Nutrition—Ages 3 to 11 Years	69.26%	★★★
Weight Assessment and Counseling for Nutrition—Ages 12 to 17 Years	65.55%	★★★
Weight Assessment and Counseling for Nutrition—Total	67.95%	★★★
Weight Assessment and Counseling for Physical Activity—Ages 3 to 11 Years	55.86%	★★★
Weight Assessment and Counseling for Physical Activity—Ages 12 to 17 Years	62.23%	★★★
Weight Assessment and Counseling for Physical Activity—Total	58.07%	★★★
Adult BMI Assessment	90.31%	★★★★
Pregnancy Care		
Prenatal and Postpartum Care—Timeliness of Prenatal Care	84.45%	★★★
Prenatal and Postpartum Care—Postpartum Care	66.69%	★★★
Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks	30.34%	NC
Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks	9.55%	NC
Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks	39.34%	NC
Weeks of Pregnancy at Time of Enrollment—28 or More Weeks	17.35%	NC
Weeks of Pregnancy at Time of Enrollment—Unknown	3.42%	NC
NC = Not Comparable (i.e., measure not comparable to national percentiles)		
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

Table 1-2—Overall Statewide Averages for Performance Measures		
Performance Measure	**2015 MI Medicaid**	**Performance Level for 2015**
Pregnancy Care (continued)		
*Frequency of Ongoing Prenatal Care—< 21 Percent**	7.96%	NC
Frequency of Ongoing Prenatal Care—21 to 40 Percent	6.75%	NC
Frequency of Ongoing Prenatal Care—41 to 60 Percent	8.28%	NC
Frequency of Ongoing Prenatal Care—61 to 80 Percent	13.58%	NC
Frequency of Ongoing Prenatal Care—≥ 81 Percent	63.43%	★★★
Living With Illness		
Comprehensive Diabetes Care—HbA1c Testing	85.99%	★★★
*Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)**	35.83%	★★★★
Comprehensive Diabetes Care—HbA1c Control (<8.0%)	53.78%	★★★★
Comprehensive Diabetes Care—Eye Exam	59.48%	★★★
Comprehensive Diabetes Care—Nephropathy	83.73%	★★★★
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	65.90%	★★★
Use of Appropriate Medications for People With Asthma—5 to 11 Years	88.54%	★★
Use of Appropriate Medications for People With Asthma—12 to 18 Years	85.29%	★★
Use of Appropriate Medications for People With Asthma—19 to 50 Years	71.43%	★★
Use of Appropriate Medications for People With Asthma—51 to 64 Years	66.77%	★★
Use of Appropriate Medications for People With Asthma—Total	80.64%	★
Controlling High Blood Pressure	62.06%	★★★
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers to Quit	79.90%	—
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications	54.26%	—
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies	45.73%	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	83.75%	★★★★

* For this indicator, a lower rate indicates better performance.
— = The national HEDIS 2014 Medicaid percentiles are not available.
NC = Not Comparable (i.e., measure not comparable to national percentiles)

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

Table 1-2—Overall Statewide Averages for Performance Measures		
Performance Measure	**2015 MI Medicaid**	**Performance Level for 2015**
Living With Illness (continued)		
Diabetes Monitoring for People With Diabetes and Schizophrenia	72.73%	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	60.10%	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	59.22%	★★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership—White	53.44%	**NC**
Race/Ethnicity Diversity of Membership—Black or African-American	29.35%	**NC**
Race/Ethnicity Diversity of Membership—American-Indian and Alaska Native	0.33%	**NC**
Race/Ethnicity Diversity of Membership—Asian	1.24%	**NC**
Race/Ethnicity Diversity of Membership—Native Hawaiian and Other Pacific Islanders	0.06%	**NC**
Race/Ethnicity Diversity of Membership—Some Other Race	0.44%	**NC**
Race/Ethnicity Diversity of Membership—Two or More Races	<0.01%	**NC**
Race/Ethnicity Diversity of Membership—Unknown	12.40%	**NC**
Race/Ethnicity Diversity of Membership—Declined	2.74%	**NC**
Race/Ethnicity Diversity of Membership—Hispanic£	5.40%	—
Language Diversity of Membership: Spoken Language—English	92.88%	**NC**
Language Diversity of Membership: Spoken Language—Non-English	1.34%	**NC**
Language Diversity of Membership: Spoken Language—Unknown	5.71%	**NC**
Language Diversity of Membership: Spoken Language—Declined	0.07%	**NC**
Language Diversity of Membership: Written Language—English	70.40%	**NC**
Language Diversity of Membership: Written Language—Non-English	1.27%	**NC**
Language Diversity of Membership: Written Language—Unknown	28.34%	**NC**
Language Diversity of Membership: Written Language—Declined	0.00%	**NC**
Language Diversity of Membership: Other Language Needs—English	42.69%	**NC**
Language Diversity of Membership: Other Language Needs—Non-English	0.51%	**NC**
Language Diversity of Membership: Other Language Needs—Unknown	56.80%	**NC**
Language Diversity of Membership: Other Language Needs—Declined	0.00%	**NC**

£ The rate was calculated by HSAG; national benchmarks are not comparable.
— = The national HEDIS 2014 Medicaid percentiles are not available.
NC = Not Comparable (i.e., measure not comparable to national percentiles)

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

Table 1-2—Overall Statewide Averages for Performance Measures		
Performance Measure	**2015 MI Medicaid**	**Performance Level for 2015**
Utilization		
Ambulatory Care—Total (Visits per 1,000 Member Months): Outpatient—Total	340.77	★★
*Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total**	70.20	★★
Inpatient Utilization—General Hospital/Acute Care: Total (Visits per 1,000 Member Months): Total Inpatient—Total	8.02	**NC**
Inpatient Utilization—General Hospital/Acute Care: Discharges, Medicine—Total	4.02	**NC**
Inpatient Utilization—General Hospital/Acute Care: Discharges, Surgery—Total	1.62	**NC**
Inpatient Utilization—General Hospital/Acute Care: Discharges, Maternity—Total	3.62	**NC**
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Total Inpatient—Total	3.99	**NC**
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Medicine—Total	3.77	**NC**
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Surgery—Total	6.50	**NC**
Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Maternity—Total	2.65	**NC**
* For this indicator, a lower rate indicates better performance. NC = Not Comparable (i.e., measure not comparable to national percentiles)		
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

Of the 62 performance measures that had national results available and were appropriate for comparison, one rate (*Immunizations for Adolescents—Combination 1*) indicated statewide strength by ranking at or above the national HEDIS 2014 Medicaid 90th percentile. Nine rates (14.5 percent) fell between the 75th and 89th percentile, and an additional 37 rates (59.7 percent) were at or above the 50th percentile but below the 75th percentile. Fifteen measures (24.2 percent) had rates that fell below the 50th percentile, two of which were below the 25th percentile. These two measures (*Use of Appropriate Medications for People With Asthma—Total* and *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*) presented opportunities for improvement.

Performance Improvement Projects (PIPs)

For the 2014–2015 validation cycle, the MHPs provided their second-year submissions on PIPs that focused on a special group or unique subpopulation of enrollees. With the implementation of the outcome-focused scoring methodology, MHPs were required to achieve statistically significant improvement over the baseline rate across all study indicators to receive an overall *Met* validation status. Of the 13 MHPs, four received a validation status of *Met* for their PIPs and nine had a validation status of *Not Met*, as shown in Table 1-3.

Table 1-3—MHPs' 2014–2015 PIP Validation Status

Validation Status	Number of MHPs
Met	4
Partially Met	0
Not Met	9

Table 1-4 presents a summary of the statewide 2014–2015 results for the activities of the protocol for validating PIPs.

Table 1-4—Summary of Results From the 2014–2015 Validation of PIPs

Review Activities		Number of PIPs Meeting All Evaluation Elements/ Number Reviewed	Number of PIPs Meeting All Critical Elements/ Number Reviewed
I.	Select the Study Topic	13/13	13/13
II.	Define the Study Question(s)	13/13	13/13
III.	Use a Representative and Generalizable Study Population	13/13	13/13
IV.	Select the Study Indicator(s)	13/13	13/13
V.	Use Sound Sampling Techniques*	2/3	2/3
VI.	Reliably Collect Data	11/13	13/13
VII.	Analyze Data and Interpret Study Results	12/13	12/13
VIII.	Implement Interventions and Improvement Strategies	10/13	13/13
IX.	Assess for Real Improvement	4/13	4/13
X.	Assess for Sustained Improvement	Not Assessed	

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

HSAG validated the 2014–2015 PIP submissions for Activities I through IX. The MHPs demonstrated both strong performance related to the quality of their PIPs and a thorough application of the requirements for Activities I through VIII of the Centers for Medicare & Medicaid Services (CMS) protocol for conducting PIPs.

All PIPs completed the Design and the Implementation and Evaluation phases of the study and progressed to the Outcomes phase.

All 13 PIPs received *Met* scores for all applicable evaluation elements in Activities I through IV, while most PIPs (as shown in Table 1-4) demonstrated compliance with all applicable evaluation elements, including critical elements, for Activities V–VIII.

The PIPs submitted for the 2014–2015 validation reflected statewide strength in the Design and the Implementation and Evaluation phases of the study and opportunities for improvement in the Outcomes phase. Each MHP provided its second-year submission on a previously selected topic, advanced to the outcomes phase of the study, and reported Remeasurement 1 data from calendar year (CY) 2014. The MHPs conducted appropriate causal/barrier analysis and implemented interventions that have the potential to impact healthcare outcomes. While seven MHPs documented improvement in the outcomes of care, only four of the PIPs demonstrated statistically significant improvement over the baseline rates. To address the lack of statistically significant improvement in the study indicator rates—or, in some cases, a decline in the rate—the MHPs should use quality improvement tools such as process mapping or Failure Modes Effects Analysis to determine barriers and weaknesses within their processes that may prevent them from achieving desired outcomes. The MHPs should continue to evaluate the effectiveness of each implemented intervention and use the findings from this analysis to make decisions regarding continuing, revising, or abandoning interventions.

Quality, Timeliness, and Access

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

Results for the validated performance measures reflected statewide strengths across the domains of **quality**, **timeliness**, and **access**. Statewide rates for 62 of the 104 performance indicators were compared with the available national HEDIS 2014 Medicaid percentiles. Forty-seven indicators demonstrated average to above-average performance and ranked above the 50th percentile, with nine of these indicators ranking above the 75th percentile but below the 90th percentile. One indicator ranked above the 90th percentile. The 15 indicators with rates below the 50th percentile represented opportunities for improvement.

The validation of the MHPs' PIPs reflected strong performance in the studies that addressed the **quality**, **timeliness**, and **access** domains. All projects reflected a thorough application of the PIP Design and Implementation and Evaluation phases. The MHPs should continue to implement, evaluate, and, if necessary, revise or replace interventions to achieve the desired outcomes.

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

Table 1-5—Assignment of Activities to Performance Domains			
Compliance Review Standards	**Quality**	**Timeliness**	**Access**
Standard 1—*Administrative*	✓		
Standard 2—*Providers*	✓	✓	✓
Standard 3—*Members*	✓	✓	✓
Standard 4—*Quality*	✓		✓
Standard 5—*MIS*	✓	✓	
Standard 6—*Program Integrity*	✓	✓	✓
Performance Measures	**Quality**	**Timeliness**	**Access**
Childhood Immunization Status	✓	✓	
Immunizations for Adolescents	✓	✓	
Well-Child Visits in the First 15 Months of Life—Six or More Visits	✓		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	✓		
Adolescent Well-Care Visits	✓		
Lead Screening in Children	✓	✓	
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	✓		
Appropriate Testing for Children With Pharyngitis	✓		
Follow-Up Care for Children Prescribed ADHD Medication	✓	✓	✓
Breast Cancer Screening	✓		
Cervical Cancer Screening	✓		
Chlamydia Screening in Women	✓		
Children and Adolescents' Access to Primary Care Practitioners			✓
Adults' Access to Preventive/Ambulatory Health Services			✓
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	✓		
Adult BMI Assessment	✓		
Prenatal and Postpartum Care		✓	✓
Frequency of Ongoing Prenatal Care	✓		✓
Comprehensive Diabetes Care	✓		
Use of Appropriate Medications for People With Asthma	✓		
Controlling High Blood Pressure	✓		
Medical Assistance With Smoking and Tobacco Use Cessation	✓		

Table 1-5—Assignment of Activities to Performance Domains			
Performance Measures (continued) [1-3]	**Quality**	**Timeliness**	**Access**
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	✓		
Ambulatory Care			✓
PIPs	**Quality**	**Timeliness**	**Access**
One PIP for each MHP	✓	✓	✓

[1-3] *Race/Ethnicity Diversity of Membership, Language Diversity of Membership, Weeks of Pregnancy at Time of Enrollment,* and *Inpatient Utilization* were not included in Table 1-5 since they cannot be categorized into either domain. Please see Section 2 of this report for additional information.

2. External Quality Review Activities

Introduction

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

Compliance Monitoring

Objectives

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

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

Technical Methods of Data Collection

MDHHS was responsible for the activities that assessed MHP compliance with federal Medicaid managed care regulations. This technical report presents the results of the 2014–2015 compliance reviews. MDHHS completed a review of all criteria in the six standards listed below:

1. *Administrative* (4 criteria)
2. *Providers* (9 criteria)
3. *Members* (7 criteria)
4. *Quality* (9 criteria)
5. *MIS* (3 criteria)
6. *Program Integrity* (16 criteria)

Description of Data Obtained

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 the following:

- Policies and procedures
- Current quality assessment and performance improvement (QAPI) programs

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

For the 2014–2015 compliance reviews, MDHHS continued to use the review tool and process from the previous review cycle. The number of MHPs, standards reviewed, and criteria assessed for all but two standards remained unchanged from the 2013–2014 review cycle. MDHHS included one additional criterion in the *Members* standard for the current review cycle. For the *Quality* standard, MDHHS reviewed performance on only six of the performance measures (*Blood Lead Testing*, *Complaints*, *Claims Processing*, *Encounter Data*, *Pharmacy Data*, and *Provider File Reporting*) and plans to assess performance on other measures (e.g., *Prenatal Care*, *Postpartum Care*, *Childhood Immunizations*, and *Well-Child Visits*) in the next review cycle. Throughout the fiscal year, MHPs submitted documentation of their compliance with a specified subset of the criteria in the review tool. The assessment of compliance with the standards was spread over multiple months or repeated at multiple points during the fiscal year. Following each month's submissions, MDHHS determined the MHPs' levels of compliance with the criteria assessed and provided feedback to the MHPs about their performance. For criteria with less than full compliance, MDHHS also specified its findings and requirements for a corrective action plan. MHPs then detailed the proposed corrective action, which was reviewed and—when acceptable—approved by MDHHS prior to implementation. MDHHS conducted an annual site visit with each MHP.

Data Aggregation, Analysis, and How Conclusions Were Drawn

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

For each criterion reviewed, 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).
- *Not Applicable (N/A)*—The requirement was not applicable to the MHP.

HSAG calculated a total compliance score for each standard, reflecting the degree of compliance with contractual requirements related to that area, and an overall score for each MHP across all six standards. The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), *Fail* (0 points), or *N/*A (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

This report presents some comparisons to prior-year performance. Results of the 2014–2015 compliance reviews for Standard 6—*Program Integrity* and, consequently, the overall compliance scores across all standards are not fully comparable to previous review cycles because of changes in the review methodology. For the 2014–2015 compliance reviews, the MHPs did not have an opportunity to provide additional or corrected information before Standard 6—*Program Integrity* was scored, as had been the case in the prior review cycle. For the *Members* standard, some MHPs had slightly higher scores than in the 2014–2015 review cycle due to the change in the number of criteria for this standard. Receiving one score of *Incomplete* (with the remainder of the criteria on this standard scored *Pass*) resulted in a score of 92 percent in 2013–2014, while the resulting score for the current review cycle was 93 percent.

To draw conclusions and make overall assessments about the **quality** and **timeliness** of and **access** to care provided by the MHPs using findings from the compliance reviews, the standards were categorized to evaluate each of these three domains. Using this framework, Table 1-5 (page 1-12) shows HSAG's assignment of standards to the three domains of performance.

Validation of Performance Measures

Objectives

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

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

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

Technical Methods of Data Collection and Analysis

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 audit organization. The NCQA HEDIS Compliance Audit followed NCQA audit methodology as set out in NCQA's 2015 *HEDIS Compliance Audit: Standards, Policies, and Procedures*. The NCQA HEDIS Compliance Audit encompasses an in-depth examination of the health plans' processes consistent with CMS' protocols for validation of performance measures. To complete the validation of performance measures process according to the CMS protocols, HSAG performed an independent evaluation of the audit results and findings to determine the validity of each performance measure.

Each HEDIS Compliance Audit was conducted by a licensed audit organization 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. The audit team conducted a thorough review of the Roadmap and supporting documentation, including an evaluation of processes used for collecting, storing, validating, and reporting the performance measure data.

On-site Review: The on-site reviews, which typically lasted one to two day(s), included:

- An evaluation of system compliance, focusing on the processing of claims and encounters.
- An overview of data integration and control procedures, including discussion and observation.
- A review of how all data sources were combined and the method used to produce the performance measures.

- Interviews with MHP staff members involved with any aspect of performance measure reporting.
- A closing conference at which the audit team summarized preliminary findings and recommendations.

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

Description of Data Obtained

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

Table 2-1—Description of Data Sources

Data Obtained	Time Period to Which the Data Applied
HEDIS Compliance Audit reports were obtained for each MHP, which included a description of the audit process, the results of the information systems findings, and the final audit designations for each performance measure.	Calendar Year (CY) 2014 (HEDIS 2015)
Performance measure reports, submitted by the MHPs using NCQA's Interactive Data Submission System (IDSS), were analyzed and subsequently validated by the HSAG validation team.	CY 2014 (HEDIS 2015)
Previous performance measure reports were reviewed to assess trending patterns and the reasonability of rates.	CY 2013 (HEDIS 2014)

Data Aggregation, Analysis, and How Conclusions Were Drawn

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

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

- An NCQA-licensed audit organization completed the audit.
- An NCQA-certified HEDIS compliance auditor led the audit.
- The audit scope included all 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.

To draw conclusions and make overall assessments about the **quality** and **timeliness** of and **access** to care provided by the MHPs using findings from the validation of performance measures, measures were categorized to evaluate one or more of the three domains. Table 1-5 (page 1-12) shows HSAG's assignment of performance measures to these domains of performance.

Several measures do not fit into these domains since they are collected and reported as health plan descriptive measures or because the measure results cannot be tied to any of the domains. These measures include *Race/Ethnicity Diversity of Membership*, *Language Diversity of Membership*, *Weeks of Pregnancy at Time of Enrollment*, and *Inpatient Utilization*. Additionally, while national benchmarks were available for these measures, they were not included in the report as it was not appropriate to use them for benchmarking the MHPs' performance. The first three measures are considered health plan descriptive measures, and performance cannot be directly affected by improvement efforts. The last measure does not fit into the domains due to the inability to directly correlate performance to **quality**, **timeliness**, or **access** to care. For these reasons, these measures were not included in Table 1-5. For *Frequency of Ongoing Prenatal Care*, benchmark comparison is appropriate only for the *Frequency of Ongoing Prenatal Care ≥ 81 Percent* category (i.e., higher rates suggesting better performance). HEDIS benchmarks were not available for the *Medical Assistance With Smoking and Tobacco Use Cessation* measure.

Validation of Performance Improvement Projects (PIPs)

Objectives

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

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

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

MDHHS required that each MHP conduct one PIP subject to validation by HSAG. For the 2014–2015 validation cycle, each MHP continued with its study topic that focused on a special group or unique subpopulation of enrollees for the second-year submission.

Technical Methods of Data Collection and Analysis

The HSAG PIP Review Team consisted of, at a minimum, an analyst with expertise in statistics and study design and a clinician with expertise in performance improvement processes. The methodology used to validate PIPs was based on 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.[2-1] Using this protocol, HSAG, in collaboration with MDHHS, developed the PIP Summary Form. Each MHP completed this form and submitted it to HSAG for review. The PIP Summary Form standardized the process for submitting information regarding the PIPs and ensured that all CMS PIP protocol requirements were addressed.

HSAG, with 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 ten activities that should be validated for each PIP, although in some cases the PIP may not have progressed to the point at which all of the activities can be validated.

[2-1] 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: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on: Feb 19, 2013.

These activities are:

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

Description of Data Obtained

HSAG obtained the data needed to conduct the PIP validations from the MHPs' PIP Summary Form. This form provided detailed information about each MHP's PIP as it related to the ten activities reviewed and evaluated for the 2014–2015 validation cycle.

Data Aggregation, Analysis, and How Conclusions Were Drawn

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

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

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

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

elements that were *Partially Met* or *Not Met* would not invalidate the PIP, but they would affect the overall percentage of the PIP's compliance with CMS' protocol for conducting PIPs.

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

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

The MHPs had an opportunity to resubmit revised PIP Summary Forms and additional information in response to any *Partially Met* or *Not Met* evaluation scores, regardless of whether the evaluation element was critical or noncritical. HSAG re-reviewed the resubmitted documents and rescored the PIPs before determining a final validation score and status. With MDHHS' approval, HSAG offered technical guidance to any MHP that requested an opportunity to review the scoring of the evaluation elements prior to a resubmission. Four of the six MHPs requested and received technical assistance from HSAG. HSAG conducted conference calls or responded to e-mails to answer questions regarding the plans' PIPs or to discuss areas of deficiency. HSAG encouraged the MHPs to use the PIP Summary Form Completion Instructions as they completed their PIPs. These instructions outlined each evaluation element and provided documentation resources to support CMS PIP protocol requirements.

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

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

The EQR activities related to PIPs were designed to evaluate the validity and reliability of the MHP's processes in conducting the PIPs and to draw conclusions about the MHP's performance in the domains of quality, timeliness, and access to care and services. With the new MDHHS requirement that each MHP's new PIP topic be targeted to a special group or unique subpopulation of enrollees, the topics varied across the MHPs, covering all three domains of **quality** and **timeliness** of—and **access** to—care, as illustrated in Table 1-5 (page 1-12).

The following section presents findings from the annual compliance reviews and the EQR activities of validation of performance measures and validation of PIPs for the two reporting periods of 2013–2014 and 2014–2015. Appendices A–M present additional details about the 2014–2015 plan-specific results of the activities.

Annual Compliance Review

MDHHS conducted annual compliance reviews of the MHPs, assessing their compliance with contractual requirements on six standards: *Administrative*, *Providers*, *Members*, *Quality*, *MIS*, and *Program Integrity*. MDHHS completed the full review of all standards over the course of the 2014–2015 State fiscal year. Due to a modified compliance monitoring process, as described in Section 2 of this report, results from the 2014–2015 review cycle are not fully comparable to previous results.

In addition to the range of compliance scores and the statewide averages for each of the six standards and overall, Table 3-1 presents the number of corrective actions required and the number and percentage of MHPs that achieved 100 percent compliance for each standard, including a total across all standards.

Table 3-1—Comparison of Results From the Compliance Reviews: Previous Results for 2013–2014 (P) and Current Results for 2014–2015 (C)

		Compliance Scores				Number of Corrective Actions Required		MHPs in Full Compliance (Number/Percent)	
		Range		Statewide Average					
		P	C	P	C	P	C	P	C
1	*Administrative*	88%–100%	88%–100%	97%	99%	3	1	10/77%	12/92%
2	*Providers*	89%–100%	94%–100%	97%	98%	6	4	8/62%	9/69%
3	*Members*	92%–100%	86%–100%	96%	95%	6	9	7/54%	7/54%
4	*Quality*	83%–94%	89%–100%	93%	92%	17	19	0/0%	1/8%
5	*MIS*	67%–100%	83%–100%	95%	94%	4	5	10/77%	8/62%
6	*Program Integrity*	100%–100%	75%–100%	100%	96%	0	15	13/100%	6/46%
	Overall Score/Total	**94%–99%**	**86%–99%**	**97%**	**96%**	**36**	**53**	**0/0%**	**0/0%**

Overall, the MHPs demonstrated continued strong performance related to their compliance with contractual requirements assessed in the compliance reviews. The statewide overall compliance score across all standards and MHPs was 96 percent, slightly below the prior-year score. Overall compliance scores across the six standards showed an increase from the prior year's scores for three MHPs, a decline for three MHPs, and no change for seven MHPs. No MHP achieved a 100 percent overall compliance score. The total number of corrective actions required increased for most standards, particularly the *Program Integrity* standard, as the MHPs were no longer allowed to resubmit revised documentation prior to scoring.

The *Administrative* standard remained the area of strongest performance, with a statewide score of 99 percent and 12 of the 13 MHPs demonstrating full compliance with all requirements in this area. Compared to the 2013–2014 review cycle, performance on this standard reflected improvement, with fewer corrective actions required, a higher statewide score, and more MHPs in full compliance with all requirements.

The 2014–2015 performance on the *Providers* standard produced the second-highest results: a statewide score of 98 percent showing a 1 percentage point improvement, nine of the 13 MHPs achieving 100 percent compliance, and a decrease in the number of corrective actions required. About one-third of MHPs saw no change in their scores, maintaining 100 percent compliance on this standard.

Results for the *Members* standard continued to represent another statewide strength. The statewide score had a slight decline from 96 percent in the prior cycle to 95 percent and (while the number of MHPs in full compliance remained at seven) an increased number of corrective actions were required. About the same number of MHPs had a higher, lower, or unchanged score on the *Members* standard compared to the prior review cycle. The most frequent recommendations on this standard, given to four MHPs, related to timely mailing of member materials or the timely resolution of member appeals.

For the *Quality* standard, the statewide average score decreased by 1 percentage point to 92 percent. The number o.f MHPs that demonstrated full compliance on this standard remained the lowest among all standards, with only one MHP achieving a score of 100 percent. About one-half of the MHPs saw no change in their scores, while close to one-third had lower scores than in the prior year. The criterion for which all but one of the MHPs failed to demonstrate full compliance addressed performance monitoring measures. Compliance with MDHHS-specified minimum performance standards remains the only statewide opportunity for improvement.

Statewide performance on the *MIS* standard was lower than in the previous cycle as the statewide average score declined from 95 percent to 94 percent, the number of corrective actions increased by one, and the number of MHPs in full compliance with all MIS requirements declined from ten MHPs in the prior year to eight in the current review cycle. Four of the five recommendations on this standard addressed requirements for the consolidated annual report.

Performance on the *Program Integrity* standard reflected continued challenges for some MHPs to report their activities per MDHHS requirements. Scores are not comparable to prior years as this was the first review cycle that assessed the MHPs' original submissions without opportunity to make corrections prior to MDHHS scoring the criteria.

Performance Measures

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

Results from the validation of performance measures activities showed that all 13 MHPs received a finding of *Report* (i.e., appropriate processes, procedures, and corresponding documentation) for all assessed performance measures. The performance measure data were collected accurately from a wide variety of sources statewide. All of the MHPs demonstrated the ability to calculate and accurately report performance measures that complied with HEDIS specifications. This finding suggested that the information systems for reporting HEDIS measures were a statewide strength.

Table 3-2 displays the Michigan Medicaid 2015 HEDIS weighted averages and performance levels. The performance levels are a comparison of the 2015 Michigan Medicaid weighted average and the NCQA national HEDIS 2014 Medicaid percentiles. For most measures, a display of ★★★★★ indicates performance at or above the 90th percentile. Performance levels displayed as ★★★★ represent performance at or above the 75th percentile but below the 90th percentile. A ★★★ performance level indicates performance at or above the 50th percentile but below the 75th percentile. Performance levels displayed as ★★ represent performance at or above the 25th percentile but below the 50th percentile. Finally, performance levels displayed as a ★ indicate that the weighted average performance was below the 25th percentile.

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

For *Ambulatory Care* measures, since high/low visit counts did not take into account the demographic and clinical conditions of an eligible population, performance levels do not necessarily denote better or worse performance. Nonetheless, percentile ranking is provided for information only.

Table 3-2—Overall Statewide Averages for Performance Measures				
Performance Measure	**2014 MI Medicaid**	**2015 MI Medicaid**	**Performance Level for 2015**	**2014–2015 Comparison**
Child and Adolescent Care				
Childhood Immunization—Combination 2	80.90%	77.16%	★★★	**-3.74**
Childhood Immunization—Combination 3	77.21%	72.90%	★★★	**-4.31**
Childhood Immunization—Combination 4	70.61%	67.78%	★★★	-2.83
Childhood Immunization—Combination 5	61.42%	60.52%	★★★	-0.90
Childhood Immunization—Combination 6	42.17%	44.76%	★★★	+2.59
Childhood Immunization—Combination 7	57.33%	56.97%	★★★	-0.36
Childhood Immunization—Combination 8	40.22%	42.69%	★★★	+2.47
Childhood Immunization—Combination 9	35.18%	38.43%	★★★	**+3.25**
Childhood Immunization—Combination 10	33.87%	36.92%	★★★	+3.05
Immunizations for Adolescents—Combination 1	88.43%	88.94%	★★★★★	+0.51
Well-Child Visits, First 15 Months—6 or More Visits	73.09%	64.76%	★★★	**-8.33**
Well-Child Visits, Third Through Sixth Years of Life	77.05%	75.76%	★★★	-1.29
Adolescent Well-Care Visits	57.80%	54.02%	★★★	**-3.78**
Lead Screening in Children	80.43%	80.37%	★★★	-0.06
Appropriate Treatment for Children With URI	86.53%	88.00%	★★★	**+1.47**
Appropriate Testing for Children With Pharyngitis	59.19%	67.25%	★★	**+8.06**
Follow-Up Care for Children Prescribed ADHD Meds—Initiation Phase	40.24%	38.87%	★★	-1.37
Follow-Up Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	47.04%	44.35%	★★	-2.69
Women—Adult Care				
Breast Cancer Screening	62.56%	59.65%	★★★	**-2.91**
Cervical Cancer Screening	71.34%	68.46%	★★★	-2.88

2014–2015 Comparison Note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.

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

Table 3-2—Overall Statewide Averages for Performance Measures				
Performance Measure	**2014 MI Medicaid**	**2015 MI Medicaid**	**Performance Level for 2015**	**2014–2015 Comparison**
Women—Adult Care (continued)				
Chlamydia Screening in Women—16 to 20 Years	60.15%	59.08%	★★★★	-1.07
Chlamydia Screening in Women—21 to 24 Years	69.44%	67.58%	★★★	**-1.86**
Chlamydia Screening in Women—Total	63.40%	62.20%	★★★	**-1.20**
Access to Care				
Children's Access to Primary Care Practitioners—12 to 24 Months	96.73%	96.32%	★★	**-0.41**
Children's Access to Primary Care Practitioners—25 Months to 6 Years	88.91%	88.73%	★★	-0.18
Children's Access to Primary Care Practitioners—7 to 11 Years	91.68%	91.14%	★★	**-0.54**
Adolescents' Access to Primary Care Practitioners—12 to 19 Years	90.48%	90.21%	★★★	-0.27
Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years	84.30%	83.42%	★★★	**-0.88**
Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years	90.93%	90.77%	★★★	-0.16
Adults' Access to Preventive/Ambulatory Health Services—65+ Years	90.29%	88.60%	★★★	**-1.69**
Adults' Access to Preventive/Ambulatory Health Services—Total	86.75%	86.11%	★★★	**-0.64**
Obesity				
Children/Adolescents—BMI Assessment—Total	70.07%	78.34%	★★★★	**+8.27**
Children/Adolescents—Counseling for Nutrition—Total	64.72%	67.95%	★★★	+3.23
Children/Adolescents—Counseling for Physical Activity—Total	52.99%	58.07%	★★★	**+5.08**
Adult BMI Assessment	86.05%	90.31%	★★★★	**+4.26**
Pregnancy Care				
Prenatal and Postpartum Care—Timeliness of Prenatal Care	88.92%	84.45%	★★★	**-4.47**
Prenatal and Postpartum Care—Postpartum Care	70.84%	66.69%	★★★	**-4.15**
Frequency of Ongoing Prenatal Care—≥ 81 Percent	66.36%	63.43%	★★★	-2.93
Living With Illness				
Comprehensive Diabetes Care—HbA1c Testing	85.45%	85.99%	★★★	+0.54
*Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)**	37.23%	35.83%	★★★★	-1.40

2014–2015 Comparison Note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.
* For this indicator, a lower rate indicates better performance.

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

Table 3-2—Overall Statewide Averages for Performance Measures				
Performance Measure	**2014 MI Medicaid**	**2015 MI Medicaid**	**Performance Level for 2015**	**2014–2015 Comparison**
Living With Illness (continued)				
Comprehensive Diabetes Care—HbA1c Control (<8.0%)	53.74%	53.78%	★★★★	+0.04
Comprehensive Diabetes Care—Eye Exam	63.01%	59.48%	★★★	-3.53
Comprehensive Diabetes Care—Medical Attention for Diabetic Nephropathy	82.00%	83.73%	★★★★	+1.73
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	63.56%	65.90%	★★★	+2.34
Use of Appropriate Medications for People With Asthma—Total	81.19%	80.64%	★	-0.55
Controlling High Blood Pressure	63.58%	62.06%	★★★	-1.52
Smoking and Tobacco Use Cessation—Advising Smokers to Quit	80.35%	79.90%	—	-0.45
Smoking and Tobacco Use Cessation—Discussing Cessation Medications	53.75%	54.26%	—	+0.51
Smoking and Tobacco Use Cessation—Discussing Cessation Strategies	46.12%	45.73%	—	-0.39
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications†	83.54%	83.75%	★★★★	+0.21
Diabetes Monitoring for People With Diabetes and Schizophrenia	72.60%	72.73%	★★★	+0.13
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	60.14%	60.10%	★	-0.04
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	60.49%	59.22%	★★	-1.27
Utilization				
Ambulatory Care—Outpatient Visits per 1,000 Member Months	325.25	340.77	★★	+15.52†
*Ambulatory Care—ED Visits per 1,000 Member Months**	73.41	70.20	★★	-3.21†

2014–2015 Comparison Note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.

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

— = The national HEDIS 2014 Medicaid percentiles are not available.

† Statistical tests across years were not performed for this indicator. Additionally, values displayed are number of visits, not percentage points as with other measures.

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

The HEDIS 2015 statewide average rates for 19 of the 55 measures showed an increase from the prior year, with six of these rate increases reaching statistical significance. Three of these six measures improved by at least 5 percentage points. Rates for 36 measures decreased from the HEDIS 2014 results, 15 of which were statistically significant declines; but only one measure declined more than 5 percentage points.

Measure rate changes from 2014 to 2015 within two of the seven dimensions (Living With Illness and Utilization) were minimal. Most of the significant rate changes (increases and declines) were in the Child and Adolescent Care dimension (three of six significant increases and four of the 15 significant declines). In terms of the magnitude of significant increases, the Obesity dimension had

the largest improvement, where all but one measure had a significant increase from 2014, with the magnitude of increases being between 4 and 8 percentage points. The remaining measures with significant performance improvement were in the Child and Adolescent Care dimension. All rates in the Women—Adult Care, Access to Care, and Pregnancy Care dimensions declined. In the Women—Adult Care dimension, three of the five rates reported significant declines, though none of them exceeded 3 percentage points. In the Access to Care dimension, five of the eight rates reported significant declines, none of which exceeded 2 percentage points. Finally, in the Pregnancy Care dimension two of the three rates reported significant declines, both between 4 and 5 percentage points.

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

Table 3-3—Count of MHPs by Performance Level

Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Child and Adolescent Care					
Childhood Immunization—Combination 2	2	3	5	2	1
Childhood Immunization—Combination 3	2	4	6	0	1
Childhood Immunization—Combination 4	1	5	6	0	1
Childhood Immunization—Combination 5	2	2	7	1	1
Childhood Immunization—Combination 6	3	4	2	2	2
Childhood Immunization—Combination 7	2	2	7	1	1
Childhood Immunization—Combination 8	3	4	1	3	2
Childhood Immunization—Combination 9	3	4	2	2	2
Childhood Immunization—Combination 10	3	4	2	2	2
Immunizations for Adolescents—Combination 1	0	0	0	4	8
Well-Child Visits, First 15 Months—6 or More Visits	3	3	4	3	0
Well-Child Visits, Third Through Sixth Years of Life	2	2	6	1	2
Adolescent Well-Care Visits	1	1	10	1	0
Lead Screening in Children	0	0	7	5	1
Appropriate Treatment for Children With URI	1	3	7	2	0
Appropriate Testing for Children With Pharyngitis	3	5	3	1	0
Follow-Up Care for Children Prescribed ADHD Meds—Initiation Phase	2	5	4	1	0
Follow-Up Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	5	2	4	0	0

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

Table 3-3—Count of MHPs by Performance Level					
Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Women—Adult Care					
Breast Cancer Screening	3	1	6	3	0
Cervical Cancer Screening	1	2	8	1	1
Chlamydia Screening in Women—16 to 20 Years	1	1	2	5	3
Chlamydia Screening in Women—21 to 24 Years	2	1	4	2	3
Chlamydia Screening in Women—Total	1	1	4	4	3
Access to Care					
Children's Access—12 to 24 Months	5	5	2	1	0
Children's Access—25 Months to 6 Years	3	7	3	0	0
Children's Access—7 to 11 Years	3	5	4	1	0
Adolescents' Access—12 to 19 Years	3	3	5	2	0
Adults' Access—20 to 44 Years	3	4	4	2	0
Adults' Access—45 to 64 Years	1	4	3	2	3
Adults' Access—65+ Years	2	2	2	4	1
Adults' Access—Total	2	5	5	1	0
Obesity					
Children/Adolescents—BMI Percentile, 3 to 11 years	0	0	2	7	4
Children/Adolescents—BMI Percentile, 12 to 17 years	0	0	1	8	4
Children/Adolescents—BMI Percentile, Total	0	0	1	8	4
Children/Adolescents—Nutrition, 3 to 11 years	0	3	4	4	2
Children/Adolescents—Nutrition, 12 to 17 years	0	2	4	6	1
Children/Adolescents—Nutrition, Total	0	3	2	7	1
Children/Adolescents—Physical Activity, 3 to 11 years	0	3	2	6	2
Children/Adolescents—Physical Activity, 12 to 17 years	0	2	6	4	1
Children/Adolescents—Physical Activity, Total	0	2	5	5	1
Adult BMI Assessment	0	0	1	5	7

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

Table 3-3—Count of MHPs by Performance Level					
Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Pregnancy Care					
Prenatal and Postpartum Care—Timeliness of Prenatal Care	4	2	5	2	0
Prenatal and Postpartum Care—Postpartum Care	3	1	6	2	1
Frequency of Ongoing Prenatal Care—≥ 81 Percent	5	1	5	1	1
Living With Illness					
Comprehensive Diabetes Care—HbA1c Testing	0	2	6	4	1
*Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)**	0	2	2	6	3
Comprehensive Diabetes Care—HbA1c Control (<8.0%)	0	3	1	7	2
Comprehensive Diabetes Care—Eye Exam	1	2	5	4	1
Comprehensive Diabetes Care—Nephropathy	0	0	5	6	2
Comprehensive Diabetes Care—Blood Pressure Control (<140/90)	2	1	6	3	1
Use of Appropriate Medications for People With Asthma—5 to 11 Years	5	3	2	0	2
Use of Appropriate Medications for People With Asthma—12 to 18 Years	4	3	1	2	2
Use of Appropriate Medications for People With Asthma—19 to 50 Years	3	5	2	2	0
Use of Appropriate Medications for People With Asthma—51 to 64 Years	6	0	3	1	0
Use of Appropriate Medications for People With Asthma—Total	4	4	1	2	1
Controlling High Blood Pressure	0	6	3	2	2
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	1	1	2	2	4
Diabetes Monitoring for People With Diabetes and Schizophrenia	2	3	1	0	3
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	2	1	0	0	1
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	2	5	0	3	0

* For this indicator, a lower rate indicates better performance (i.e., a lower rate of HbA1c poor control indicates better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was above the 75th percentile, it would be inverted to be below the 25th percentile with a one-star performance displayed).

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

Table 3-3—Count of MHPs by Performance Level					
Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Utilization					
Ambulatory Care—Total (Visits per 1,000 Member Months): Outpatient—Total	3	4	5	0	1
*Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total**	4	8	0	0	1
Total	**119**	**166**	**224**	**168**	**94**

* For this indicator, a lower rate indicates better performance (i.e., a lower rate of ED visits indicates better utilization of services). Therefore, the percentiles were reversed to align with performance (e.g., if the *ED—Total* rate was above the 75th percentile, it would be inverted to be below the 25th percentile with a one-star performance displayed).

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

Table 3-3 shows that 29.1 percent of all performance measure rates (224 of 771) reported by all MHPs fell into the average (★★★) range relative to national Medicaid results. While 12.2 percent of all performance measure rates ranked in the 90th percentile and above (★★★★★), 37.0 percent of all performance measure rates fell below the national HEDIS 2014 Medicaid 50th percentile, suggesting opportunities for improvement.

Performance Improvement Projects (PIPs)

Table 3-4 presents a summary of the MHPs' PIP validation status results. For the 2014–2015 validation, the MHPs provided their second-year submissions on a PIP topic they had previously selected to focus on a specific group or unique subpopulation of enrollees. With the implementation of the outcome-focused scoring methodology, there were fewer MHPs with an overall *Met* validation status, as this scoring methodology requires the MHPs to achieve statistically significant improvement over the baseline rate across all study indicators to receive an overall *Met* validation status. The percentage of PIPs receiving a validation status of *Met* declined for the second-year submissions to 31 percent.

Table 3-4—MHPs' PIP Validation Status

Validation Status	Percentage of PIPs	
	2013–2014	2014–2015
Met	100%	31%
Partially Met	0%	0%
Not Met	0%	69%

The following presents a summary of the validation results for the MHPs for the activities from the CMS PIP protocol. For the 2014–2015 cycle, HSAG validated all second-year PIP submissions for Activity I—Select the Study Topic through Activity IX—Assess for Real Improvement.

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

Table 3-5—Summary of Data From Validation of Performance Improvement Projects

Review Activities		Percentage Meeting All Elements/ Percentage Meeting All Critical Elements	
		2013–2014	2014–2015
I.	Select the Study Topic	100%/100%	100%/100%
II.	Define the Study Question(s)	100%/100%	100%/100%
III.	Use a Representative and Generalizable Study Population	100%/100%	100%/100%
IV.	Select the Study Indicator(s)	100%/100%	100%/100%
V.	Use Sound Sampling Techniques*	100%/100%	67%/67%
VI.	Reliably Collect Data	85%/100%	85%/100%
VII.	Analyze Data and Interpret Study Results	100%/100%	92%/92%
VIII.	Implement Interventions and Improvement Strategies	71%/100%	77%/92%
IX.	Assess for Real Improvement	Not Assessed	31%/31%
X.	Assess for Sustained Improvement	Not Assessed	Not Assessed

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

The results from the 2014–2015 validation continued to reflect strong performance in the Design phase (Activities I through VI) and Implementation and Evaluation phase (Activities VII and VIII) of the PIPs. All 13 MHPs received scores of *Met* for each applicable evaluation element in Activities I through IV, while two of the three MHPs with applicable evaluation elements in Activity V received scores of *Met*. The MHPs designed scientifically sound projects supported by the use of key research principles. The PIP topics included improving rates of well-child visits; adolescent well-care visits; childhood immunizations; prenatal and postpartum care; access to care; as well as prevention or management of chronic health conditions for members living in certain areas of the State, members of specific age groups or race/ethnicity, or members having specific medical diagnoses. Validation of Activities VI, VII and VIII resulted in 11, 12, and ten MHPs, respectively, achieving *Met* scores for all applicable evaluation elements. The MHPs collected, reported, and interpreted first remeasurement data accurately; used appropriate quality improvement tools to conduct causal/barrier analyses; and implemented interventions that had the potential to have a positive impact on the study indicator outcomes.

Activity IX—Assess for Real Improvement represented the largest opportunity for improvement, with recommendations identified for nine of the MHPs. All MHPs reflected compliance with the requirement to apply the same measurement methodology to the remeasurement data as was used for the baseline data. However, only eight PIPs documented improvement in the outcomes of care, and only four MHPs were able to demonstrate statistically significant improvement over the respective baseline rates at the first remeasurement. The MHPs should continue to evaluate the effectiveness of each implemented intervention and make decisions about continuing, revising, or abandoning interventions to achieve the desired outcomes.

As the PIPs progress, the validation will assess whether the MHPs which did not achieve statistically significant improvement over baseline made the necessary changes to their quality improvement strategies and were able to achieve the desired outcomes; and, for those MHPs which did achieve statistically significant improvement, how they sustained the improvement within a subsequent measurement period.

Conclusions/Summary

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

Results of the 2014–2015 annual compliance reviews reflected continued strong performance by the MHPs, demonstrating high levels of compliance with contractual requirements in all areas assessed. The *Administrative* and *Providers* standards continued to represent statewide strengths. Compliance with MDHHS-specified minimum performance standards—assessed in the *Quality* standard—remained a statewide opportunity for improvement.

Michigan's statewide HEDIS 2015 performance showed both strengths and opportunities for improvement. Of the 55 comparable measures, 19 measures (34.5 percent) reflected improved performance from 2014–2015, with six indicators having statistically significant increases. Significant improvements were concentrated in the Obesity and Child and Adolescent Care dimensions. No rates showed significant improvement of more than 10 percentage points. Despite these strengths, more rates experienced declines than last year. Overall, 36 rates showed a performance decline from the prior year, 15 of which were statistically significant declines. Most

significant declines concentrated in the Women—Adult Care and Access to Care dimensions. Nonetheless, no measure had a significant decline of more than 8.33 percentage points.

The 2014–2015 validation of the PIPs reflected high levels of compliance with the requirements for Activities I–VII of the CMS PIP protocol. The MHPs provided their second-year submission of the PIP on improving quality outcomes—specifically, the quality, timeliness, and accessibility of care and services for a selected subpopulation of enrollees. The MHPs designed methodologically sound projects with a foundation on which to progress to subsequent PIP activities; implemented interventions logically linked to identified barriers; and collected, reported, and analyzed their first remeasurement data. However, most PIPs received a *Not Met* validation status due to lack of statistically significant improvement in the study indicator rates. The MHPs should continue using performance improvement tools to evaluate the effectiveness of the implemented interventions and make needed changes to overcome barriers that prevent them from achieving the desired outcomes.