Michigan Department of Health & Human Services

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2015–2016 External Quality Review Technical Report for Medicaid Health Plans

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HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

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1. Executive Summary

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 opportunities for improvement for the MHPs regarding healthcare quality, timeliness, and access to care. 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 for the provision of Medicaid services:

- **Aetna Better Health of Michigan (AET)**
- **Blue Cross Complete of Michigan (BCC)**
- **Harbor Health Plan (HAR)**
- **McLaren Health Plan (MCL)**
- **Meridian Health Plan of Michigan (MER)**
- **HAP Midwest Health Plan (MID)**
- **Molina Healthcare of Michigan (MOL)**
- **Priority Health Choice, Inc. (PRI)**
- **Total Health Care, Inc. (THC)**
- **UnitedHealthcare Community Plan (UNI)**
- **Upper Peninsula Health Plan (UPP)**

Scope of External Quality Review (EQR) Activities Conducted

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

- **Compliance Monitoring**: 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 findings drawn regarding the MHPs' general performance and compliance in 2015–2016. Appendices A–K contain detailed, MHP-specific findings, while Section 3 presents detailed statewide findings with year-to-year comparisons.

In 2015–2016, 11 Medicaid Health Plans were contracted with the State of Michigan to provide comprehensive healthcare services. As of September 1, 2015, HealthPlus Partners, Inc. (HPP) was no longer an active Medicaid Health Plan; and as of January 1, 2016, Sparrow PHP (PHP) was no longer an active Medicaid Health Plan. **Aetna Better Health of Michigan** (**AET**) acquired CoventryCares (COV); therefore, this report includes findings for **AET**.

Compliance Review

MDHHS completed its assessment of the MHPs' compliance with the requirements in the six standards shown in the table below through the 2015–2016 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	MHPs in Full Compliance*	Statewide Compliance Score
Standard 1—*Administrative*	90%–100%	9	98%
Standard 2—*Providers*	92%–100%	9	99%
Standard 3—*Members*	81%–100%	6	95%
Standard 4—*Quality*	89%–94%	0	91%
Standard 5—*MIS*	50%–100%	7	89%
Standard 6—*Program Integrity*	78%–100%	7	96%
Overall Score	**86%–99%**	**0**	**96%**

* The terms "full compliance" and "100 percent compliance" are used interchangeably in this report.

The statewide average across all standards and all 11 MHPs was 96 percent, reflecting continued strong performance.

The *Administrative* standard was a statewide strength with a statewide score of 98 percent, and nine of the 11 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. All MHPs demonstrated compliance with the requirement to have health plan representatives present at all mandatory administrative meetings hosted by the State's Managed Care Plan Division.

Performance on the *Providers* standard was also strong, with a statewide score of 99 percent, and with 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, availability of covered services, primary care medical home (PCMH) expansion, communication with contracted providers, and provider appeal processes.

For the *Members* standard, with a statewide score of 95 percent and six MHPs achieving 100 percent compliance, all MHPs demonstrated compliance with the requirements for the member handbooks, member newsletters, website maintenance, and the Benefits Monitoring Program (BMP). Timely mailing of new member ID cards and handbooks continued to be an opportunity for improvement for some of the MHPs.

Performance on the *Program Integrity* standard resulted in a statewide score of 96 percent, with seven MHPs achieving 100 percent compliance. The 2015–2016 annual review identified opportunities for improvement across almost all criteria on this standard. For this year's review, the State required that MHPs report on overpayments recovered as well as on the comprehensive program integrity plan and provider enrollment and screening criteria.

Seven MHPs had compliance scores of 100 percent on the *Management Information System (MIS)* standard, resulting in a statewide average score of 89 percent. For the 2015–2016 annual review, no criterion on this standard was met by all MHPs. The results for the *MIS* standard, at 89 percent, represent the lowest statewide score when compared to all other standards.

The *Quality* standard continued to represent an opportunity for improvement, with a statewide average score of 91 percent and no MHP meeting all requirements. Opportunities for improvement were identified primarily in the MHPs' Quality Improvement Program (QIP) Evaluations and work plans and the performance measure review (PMR). All MHPs were required to implement corrective actions for failing to meet 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 (QI), utilization management (UM), and accreditation status.

Overall, MDHHS is maintaining and ensuring the MHPs' compliance with both State and federal provisions through a robust compliance review program. The State had developed a tool inclusive of the required elements for a comprehensive compliance review of its MHPs. Similarly, the MHPs demonstrated continued strong performance on the compliance monitoring reviews, with statewide percentages ranging in the 90s.

Validation of Performance Measures

Table 1-2 displays the 2016 Michigan Medicaid statewide HEDIS averages and performance levels. The performance levels are a comparison of the 2016 Michigan Medicaid statewide average to the NCQA Quality Compass® national HEDIS 2015 Medicaid percentiles.[1-1] For all measures except those under the Utilization domain, the Michigan Medicaid weighted average (MWA) rates were used to represent Michigan Medicaid statewide performance. For measures in the Utilization domain, an unweighted statewide average rate was calculated. For most measures, a display of ★★★★★ indicates performance at or above the national Medicaid 90th percentile. Performance levels displayed as ★★★★ represent performance at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. A ★★★ performance level indicates performance at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. Performance levels displayed as ★★ represent performance at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. Finally, performance levels displayed as ★ indicate that the statewide performance was below the national Medicaid 25th percentile.

For certain measures, such as *Comprehensive Diabetes Care—Poor HbA1c Control,* where lower rates indicate better performance, the national Medicaid 10th percentile (rather than the national Medicaid 90th percentile) represents excellent performance and the national Medicaid 75th percentile (rather than the national Medicaid 25th percentile) represents below-average performance.

Of note, measures in the Health Plan Diversity and Utilization domains are provided within this section for information purposes only as they assess the MHPs' use of services and/or describe health plan characteristics and are not related to performance. Therefore, most of the rates within these domains were not evaluated in comparison to national benchmarks.

For the current measurement year, no issues related to HEDIS reporting were identified by the auditors and all 11 MHPs were fully compliant with six information systems (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.

[1-1] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Table 1-2—Overall Statewide Averages for Performance Measures

Measure	HEDIS 2016	Performance Level for 2016
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	76.15%	★★★
Combination 3	71.05%	★★
Combination 4	67.50%	★★
Combination 5	58.78%	★★★
Combination 6	40.45%	★★
Combination 7	56.15%	★★★
Combination 8	39.27%	★★
Combination 9	34.97%	★★
Combination 10	33.92%	★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	66.22%	★★★
Lead Screening in Children		
Lead Screening in Children	79.55%	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.11%	★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	54.74%	★★★
Immunizations for Adolescents		
Combination 1	86.99%	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	89.09%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	68.41%	★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	42.58%	★★★
Continuation and Maintenance Phase	53.96%	★★★

2016 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

Measure	HEDIS 2016	Performance Level for 2016
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	59.58%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	63.79%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	60.75%	★★★★
Ages 21 to 24 Years	67.85%	★★★★
Total	63.86%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	96.20%	★★
Ages 25 Months to 6 Years	88.79%	★★★
Ages 7 to 11 Years	90.85%	★★
Ages 12 to 19 Years	89.86%	★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	82.76%	★★★
Ages 45 to 64 Years	89.81%	★★★
Ages 65+ Years	91.15%	★★★★
Total	85.62%	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	26.94%	★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	74.93%	★★★
Counseling for Nutrition—Total	65.77%	★★★
Counseling for Physical Activity—Total[†]	57.88%	★★★
Adult BMI Assessment		
Adult BMI Assessment	89.92%	★★★★

[†] Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

2016 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

Measure	HEDIS 2016	Performance Level for 2016
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	78.63%	★★
Postpartum Care	61.73%	★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	56.40%	★★
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	32.63%	—
1–12 Weeks	11.40%	—
13–27 Weeks	31.45%	—
28 or More Weeks	20.82%	—
Unknown	3.70%	—
Living With Illness		
Comprehensive Diabetes Care†		
Hemoglobin A1c (HbA1c) Testing	86.89%	★★★
*HbA1c Poor Control (>9.0%)**	39.30%	★★★
HbA1c Control (<8.0%)	50.91%	★★★
Eye Exam (Retinal) Performed	59.61%	★★★
Medical Attention for Nephropathy	91.28%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	59.38%	★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	67.13%	★★★★
Medication Compliance 75%—Total	43.79%	★★★★★
Asthma Medication Ratio		
Total	62.18%	★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	55.54%	★★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	Performance Level for 2016
Living With Illness (continued)		
Medical Assistance With Smoking and Tobacco Use Cessation^		
Advising Smokers and Tobacco Users to Quit	79.75%	★★★★
Discussing Cessation Medications	55.04%	★★★★
Discussing Cessation Strategies	45.20%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	60.36%	★★★★
Effective Continuation Phase Treatment	42.21%	★★★★
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	82.61%	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	69.98%	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	74.46%	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	58.76%	★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	87.20%	★★
Digoxin	52.47%	★★
Diuretics	86.88%	★★
Total	86.84%	★★

^ The weighted averages for this measure were based on the eligible population for the survey rather than only the number of people who responded to the survey as being smokers.

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

2016 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

Measure	HEDIS 2016	Performance Level for 2016
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	54.01%	—
Total—Black or African American	28.00%	—
Total—American-Indian and Alaska Native	0.49%	—
Total—Asian	1.09%	—
Total—Native Hawaiian and Other Pacific Islander	0.05%	—
Total—Some Other Race	1.23%	—
Total—Two or More Races	0.00%	—
Total—Unknown	12.23%	—
Total—Declined	2.89%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	88.26%	—
Spoken Language Preferred for Health Care—Non-English	1.11%	—
Spoken Language Preferred for Health Care—Unknown	10.63%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—
Preferred Language for Written Materials—English	70.13%	—
Preferred Language for Written Materials—Non-English	1.08%	—
Preferred Language for Written Materials—Unknown	28.79%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	52.71%	—
Other Language Needs—Non-English	0.51%	—
Other Language Needs—Unknown	46.78%	—
Other Language Needs—Declined	0.00%	—

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	Performance Level for 2016
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months)		
ED Visits—Total‡,*	74.00	★
Outpatient Visits—Total	373.49	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	8.27	—
Total Inpatient—Average Length of Stay—Total	3.98	—
Maternity—Discharges per 1,000 Member Months—Total	2.59	—
Maternity—Average Length of Stay—Total	2.63	—
Surgery—Discharges per 1,000 Member Months—Total	1.83	—
Surgery—Average Length of Stay—Total	6.18	—
Medicine—Discharges per 1,000 Member Months—Total	4.52	—
Medicine—Average Length of Stay—Total	3.64	—

‡ Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Of the 63 measure rates with national benchmarks available and appropriate for comparison, 41 statewide rates performed at or above the national Medicaid 50th percentile, with 11 rates performing at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. Further, two rates (*Comprehensive Diabetes Care—Medical Attention for Nephropathy* and *Medication Management for People With Asthma—Medication Compliance 75%—Total*) met or exceeded the national Medicaid 90th percentile, demonstrating a strength statewide. However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results.

Statewide performance at or above the national Medicaid 75th percentile but below the national Medicaid 90th spanned multiple domains including Child & Adolescent Care (*Immunizations for Adolescents—Combination 1*), Women—Adult Care (all three *Chlamydia Screening in Women* indicators), Access to Care (*Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*), Obesity (*Adult BMI Assessment*), and Living With Illness (*Medication Management for People With Asthma—Medication Compliance 50%—Total*, two of the three *Medical Assistance With Smoking and Tobacco Use Cessation* indicators, and both *Antidepressant Medication Management* indicators).

Conversely, 22 statewide rates fell below the national Medicaid 50th percentile, with one rate (*Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) falling below the national Medicaid 25th percentile. Opportunities for statewide improvement spanned multiple domains including Child & Adolescent Care (six of nine *Childhood Immunization Status* indicators and *Appropriate Testing for Children With Pharyngitis*), Access to Care (three of four *Children and Adolescents' Access to Primary Care Practitioners* indicators), Pregnancy Care (both *Prenatal and Postpartum Care* indicators and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg]*, *Controlling High Blood Pressure*, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*, and all four *Annual Monitoring for Patients on Persistent Medications* indicators).

Performance Improvement Projects (PIPs)

For the 2015–2016 validation cycle, the MHPs provided third-year submissions on PIPs that focused on special groups or unique subpopulations of enrollees. With the implementation of the outcomes-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 11 MHPs, five received a validation status of *Met* for their PIPs and six had a validation status of *Not Met*, as shown in Table 1-3.

Table 1-3—MHPs' 2015–2016 PIP Validation Status

Validation Status	Number of MHPs
Met	5
Partially Met	0
Not Met	6

Table 1-4 presents a summary of the statewide 2015–2016 results for the activities of the protocol for validating PIPs.

Table 1-4—Summary of Results From the 2015–2016 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	11/11	11/11
II.	Define the Study Question(s)	11/11	11/11
III.	Use a Representative and Generalizable Study Population	11/11	11/11
IV.	Select the Study Indicator(s)	11/11	11/11
V.	Use Sound Sampling Techniques*	3/3	3/3
VI.	Reliably Collect Data	11/11	11/11
VII.	Analyze Data and Interpret Study Results	7/11	11/11
VIII.	Implement Interventions and Improvement Strategies	9/11	11/11
IX.	Assess for Real Improvement	4/11	5/11
X.	Assess for Sustained Improvement**	3/4	3/4

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

** This activity was assessed only for PIPs that achieved statistically significant improvement in the 2014–2015 cycle.

HSAG validated Activities I through IX for all 2015–2016 PIP submissions and Activity X for four PIPs that achieved statistically significant improvement in 2014–2015. The MHPs demonstrated both strong performance related to the quality of their PIPs and thorough application of the requirements for Activities I through VI of the Centers for Medicare & Medicaid Services (CMS) protocol for conducting PIPs.

All PIPs completed the Design (Activities I through VI) and Implementation and Evaluation (Activities VII and VIII) phases of the study and progressed to the Outcomes (Activities IX and X) phase.

All 11 PIPs received *Met* scores for all applicable evaluation elements in Activities I through VI and all critical elements in Activities VII and VIII. Only five of the 11 PIPs met the critical element in Activity IX regarding achieving a statistically significant improvement over baseline. Three of the four PIPs achieved sustained improvement and each received a *Met* score for the evaluation element in Activity X.

The PIPs submitted for the 2015–2016 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 third-year submission on a previously selected topic, advanced to the Outcomes phase of the study, and reported Remeasurement 2 data from calendar year (CY) 2015. The

MHPs conducted appropriate causal/barrier analyses and implemented interventions with the potential to impact healthcare outcomes. While eight MHPs documented improvement in the outcomes of care, only five of those eight MHPs demonstrated statistically significant improvement over the baseline rates. Additionally, three MHPs documented a statistically significant improvement over baseline for two consecutive years and hence demonstrated a sustained improvement in their study indicator 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 and effects analysis to determine barriers and weaknesses within 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 continued strong performance across the areas 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** areas.

Results for the validated performance measures reflected statewide strengths across the areas of **quality**, **timeliness**, and **access**. Statewide rates for 63 of the 98 performance measure indicators were compared to the available national HEDIS 2015 Medicaid percentiles. Forty-one rates demonstrated average to above-average performance and ranked at or above the national Medicaid 50th percentile, with 11 of these rates ranking above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. Two rates ranked above the national Medicaid 90th percentile. The 22 rates that fell below the national Medicaid 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** areas. 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 desired outcomes.

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

Table 1-5—Assignment of Activities to Performance Areas

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[1-2]	**Quality**	**Timeliness**	**Access**
Childhood Immunization Status—Combinations 2–10	✓	✓	
Well-Child Visits in the First 15 Months of Life—Six or More Visits	✓		
Lead Screening in Children	✓	✓	
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	✓		
Adolescent Well-Care Visits	✓		
Immunizations for Adolescents—Combination 1	✓	✓	
Appropriate Treatment for Children With Upper Respiratory Infection	✓		
Appropriate Testing for Children With Pharyngitis	✓		
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and *Continuation and Maintenance Phase*	✓	✓	✓
Breast Cancer Screening	✓		
Cervical Cancer Screening	✓		
Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years, and *Total*	✓		
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, Ages 45 to 64 Years, Ages 65 Years and Older, and *Total*			✓
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	✓		

[1-2] *Race/Ethnicity Diversity of Membership, Language Diversity of Membership, Weeks of Pregnancy at Time of Enrollment, Ambulatory Care—Total (Per 1,000 Member Months)—Outpatient Visits—Total* and *Inpatient Utilization* were not included in Table 1-5 because they cannot be categorized into any performance areas.

Performance Measures	Quality	Timeliness	Access
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total, *Counseling for Nutrition—Total*, and *Counseling for Physical Activity—Total*	✓		
Adult BMI Assessment	✓		
Prenatal and Postpartum Care—Timeliness of Prenatal Care and *Postpartum Care*		✓	✓
Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits	✓		✓
Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, *HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *Eye Exam (Retinal) Performed*, *Medical Attention for Nephropathy*, and *Blood Pressure Control (<140/90 mm Hg)*	✓		
Medication Management for People With Asthma—Medication Compliance 50%—Total and *Medication Compliance 75%—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 Cessation 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	✓		
Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, *Digoxin*, *Diuretics*, and *Total*	✓		
Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department Visits—Total			✓
PIPs	**Quality**	**Timeliness**	**Access**
One PIP for each MHP	✓	✓	✓

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 annual compliance reviews of its 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

MDHHS is responsible for conducting compliance activities that assess MHPs' conformity with State requirements and federal Medicaid managed care regulations. This technical report presents the results of the compliance reviews performed during the 2015–2016 contract year. MDHHS conducted a compliance review of six standards as listed below:

1. *Administrative* (5 criteria)
2. *Providers* (11 criteria)
3. *Members* (8 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
- Quality assessment and performance improvement (QAPI) programs
- Minutes of meetings of the governing body, QI committee, compliance committee, UM committee, credentialing committee, and peer review committee
- QI work plans, utilization reports, provider and member profiling reports, and QI effectiveness reports
- Internal auditing/monitoring plans, auditing/monitoring findings, and accreditation status
- Claims review reports, prior-authorization reports, complaint logs, grievance logs, telephone contact logs, disenrollment logs, MDHHS hearing requests, and medical record review reports
- Provider service and delegation agreements and contracts
- Provider files, disclosure statements, and current sanctioned/suspended provider lists
- Organizational charts
- Program integrity forms and reports
- Employee handbooks, fliers, employee newsletters, provider manuals, provider newsletters, websites, educational/training materials, and sign-in sheets
- Member materials, including welcome letters, member handbooks, member newsletters, provider directories, and certificates of coverage

For the 2015–2016 compliance reviews, MDHHS continued using the review tool and process from the previous review cycle. Two factors may affect the comparability of findings from the 2014–2015 and 2015–2016 review cycles:

- The number of contracted MHPs changed from 13 to 11.
- While the standards reviewed remained the same, MDHHS added criteria to the *Administrative*, *Providers*, *Members*, and *Program Integrity* standards, increasing the total number of criteria assessed from 48 in the prior year to 53 in the 2015–2016 review cycle.

For the *Quality* standard, MDHHS reviewed MHPs' reported rates for 12 of the performance measures (*Childhood Immunizations, Elective Delivery, Postpartum Care, Blood Lead Testing for 2 Year Olds, Developmental Screening, Well-Child Visits 0–15 Months, Well-Child Visits 3–6 Years, Complaints, Claims Processing, Encounter Data Reporting, Pharmacy Encounter Data Reporting,* and *Provider File Reporting).*[2-1]

[2-1] Medical Services Administration Bureau of Medicaid Care Management and Quality Assurance—Performance Monitoring Report—Medicaid Managed Care Healthy Michigan Plan, Revised November 7, 2016. These measures were taken from this report verbatim.

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 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).
- *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.

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* areas. Using this framework, Table 1-5 (page 1-15) shows HSAG's assignment of standards to the three areas 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 2016 *Volume 5, HEDIS Compliance Audit™: Standards, Policies and Procedures.*[2-2] 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 NCQA 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.

[2-2] National Committee for Quality Assurance. *Volume 5, HEDIS Compliance Audit™: Standards, Policies and Procedures.* Washington D.C; 2016.

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 seven audit findings: (1) *Reportable* (the MHP followed the specifications and produced a reportable rate or result for the measure), (2) *Not Applicable* (the MHP followed the specifications, but the denominator was too small [<30] to report a valid rate), (3) *No Benefit* (the MHP did not offer the health benefits required by the measure), (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 not required to be audited).

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
NCQA 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) 2015 (HEDIS 2016)
Performance measure reports, submitted by the MHPs using NCQA's Interactive Data Submission System (IDSS), were analyzed and subsequently validated by HSAG.	CY 2015 (HEDIS 2016)
Previous performance measure reports were reviewed to assess trending patterns and the reasonability of rates.	CY 2014 (HEDIS 2015)

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 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 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**, **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 areas. Table 1-5 shows HSAG's assignment of performance measures to these areas of performance.

Several measures did not fit into these areas since they are collected and reported as health plan descriptive measures or because the measure results could not be tied to any of the dimensions. These measures included *Weeks of Pregnancy at Time of Enrollment, Race/Ethnicity Diversity of Membership, Language Diversity of Membership, Ambulatory Care—Total (Per 1,000 Member Months)—Outpatient Visits—Total,* 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. Rates for these measures were not linked to performance as lower or higher rates did not necessarily indicate better or worse performance. Further, the first three measures are considered health plan descriptive measures; therefore, performance on these measures cannot be directly impacted by improvement efforts. The last two measures cannot be assigned to performance areas due to the inability to directly correlate measure performance to **quality**, **timeliness**, or **access** to care. For these reasons, these measures were not included in Table 1-5.

Validation of Performance Improvement Projects (PIPs)

Objectives

As part of its quality assessment and performance improvement (QAPI) program, each MHP is required by MDHHS to conduct PIPs in accordance with 42 CFR 438.240. MDHHS contracted with HSAG, as its EQRO, to assess the PIPs conducted by MHPs. MDHHS requires that the MHP conduct and submit PIPs annually to meet the requirements of the BBA, Public Law 105-33. According to the BBA, the quality of healthcare delivered to Medicaid enrollees in MHPs must be tracked, analyzed, and reported annually. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that an MHP serves. By assessing PIPs, HSAG assesses each MHP's "strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to Medicaid recipients," according to 42 CFR 438.364(a)(2).

The purpose of the PIPs is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical and nonclinical areas. The primary objective of PIP validation is to determine the MHP's compliance with the requirements of 42 CFR 438.240(b)(1). 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 or not 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 and can be directly linked to the quality improvement strategies and activities conducted by the MHP during the life of the PIP.

MDHHS required that each MHP conduct one PIP subject to validation by HSAG. For the 2015–2016 validation cycle, each MHP continued with its study topic that focused on a special group or unique subpopulation of enrollees for the third-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 (PI Ps): A Mandatory Protocol for External Quality Review (EQR),* Version 2.0, September 2012.[2-3] 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.

These activities are:

- Activity I. Appropriate Study Topic
- Activity II. Clearly Defined, Answerable Study Question(s)
- Activity III. Correctly Identified Study Population
- Activity IV. Clearly Defined Study Indicator(s)
- Activity V. Valid Sampling Techniques (if sampling was used)
- Activity VI. Accurate/Complete Data Collection
- Activity VII. Sufficient Data Analysis and Interpretation
- Activity VIII. Appropriate Improvement Strategies
- Activity IX. Real Improvement Achieved
- Activity X. Sustained Improvement Achieved

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 2015–2016 validation cycle.

[2-3] 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/downloads/eqr-protocol-3.pdf Accessed on: Jan 31, 2017.

Data Aggregation, Analysis, and How Conclusions Were Drawn

HSAG used the following methodology to evaluate PIPs conducted by the MHPs to determine whether or not a PIP was valid and the percentage of compliance with CMS' protocol for conducting PIPs.

Each required activity is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given activity 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 for the PIP of *Not Met*. 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 *Point of Clarification* 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 study's findings on the likely validity and reliability of the results as follows:

- *Met*: High confidence/confidence in reported PIP results. All critical evaluation 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 evaluation elements were *Met*, and 60 to 79 percent of all evaluation elements were *Met* across all activities; or one or more critical evaluation elements were *Partially Met*.
- *Not Met*: All critical evaluation elements were *Met*, and less than 60 percent of all evaluation elements were *Met* across all activities; or one or more critical evaluation elements were *Not Met*.

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 each PIP 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 MHPs requested and received technical assistance from HSAG. HSAG conducted conference calls or responded to emails to answer questions regarding the MHPs' PIPs or to discuss areas of deficiency. HSAG encouraged 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 preceding 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 MHPs.

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 areas of quality, timeliness of, and access to care and services. With the MDHHS requirement that each MHP's PIP topic be targeted to a special group or unique subpopulation of enrollees, the topics varied across the MHPs, covering all three areas of **quality** and **timeliness** of—and **access** to—care, as illustrated in Table 1-5.

3. Statewide Findings

The following section presents findings for the two reporting periods of 2014–2015 and 2015–2016 from the annual compliance reviews, the validation of performance measures, and the validation of PIPs. Appendices A–K present additional details about the 2015–2016 MHP-specific results of the activities.

Annual Compliance Review

MDHHS conducted annual compliance reviews of the MHPs, assessing their compliance with State and federal 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 2015–2016 State fiscal year. Due to changes to the compliance monitoring tool, as described in Section 2 of this report, results from the 2015–2016 review cycle are not fully comparable to previous results.

Table 3-1 presents—for each standard and overall across all standards—the statewide compliance score, the number of corrective actions required, and the number and percentage of MHPs that achieved 100 percent compliance for the 2014–2015 and 2015–2016 compliance reviews.

Table 3-1—Comparison of Results From the Compliance Reviews: Previous Results for 2014–2015 (P) and Current Results for 2015–2016 (C)

		Statewide Compliance Score		Number of Corrective Actions Required		MHPs in Full Compliance (Number)		MHPs in Full Compliance (Percentage)	
		P	C	P	C	P	C	P	C
1	*Administrative*	99%	98%	1	2	12	9	92%	82%
2	*Providers*	98%	99%	4	3	9	9	69%	82%
3	*Members*	95%	95%	9	8	7	6	54%	55%
4	*Quality*	92%	91%	19	18	1	0	8%	0%
5	*MIS*	94%	89%	5	7	8	7	62%	64%
6	*Program Integrity*	96%	96%	15	13	6	7	46%	64%
Overall Score/Total		**96%**	**96%**	**53**	**51**	**0**	**0**	**0%**	**0%**

Please note that the total number of contracted MHPs changed from 13 in 2014–2015 to 11 in 2015–2016.

Overall, the MHPs demonstrated continued strong performance related to compliance with State and federal requirements assessed during the annual compliance reviews. The current-year statewide overall compliance score across all standards and all MHPs was 96 percent, the same as the prior-year score. While no MHP achieved a 100 percent overall compliance score, three of the MHPs each received a 99 percent overall score across all standards. The total number of CAPs across all standards and MHPs

decreased from 53 to 51, and the percentage of MHPs in full compliance with all requirements increased for most standards, most markedly for the *Program Integrity* and *Providers* standards.

The *Administrative* standard continued to be a statewide strength. However, this standard saw a small decrease in in the statewide score—from 99 percent in the prior year to 98 percent in the current review cycle—and in the percentage of MHPs in full compliance.

The *Providers* standard was the area of strongest performance for this review period, with a 2015–2016 statewide score of 99 percent and nine of the 11 MHPs demonstrating full compliance with all requirements in this area. Compared to the 2014–2015 review cycle, performance on this standard reflected improvement, with fewer corrective actions required and an increase in the percentage of MHPs meeting all requirements.

Performance on the *Members* standard resulted in a statewide score of 95 percent, remaining the same as achieved in the previous year's review. All MHPs demonstrated full compliance with the new requirement related to the Benefits Monitoring Program (BMP). The total number of corrective actions required for this standard decreased to eight CAPs. The most frequent recommendation on this standard, given to three MHPs, was related to requirements for tobacco cessation programs.

For the *Quality* standard, the statewide average score decreased by 1 percentage point to 91 percent. The number of MHPs that demonstrated full compliance on this standard remained the lowest among all standards, with no MHPs achieving a score of 100 percent. For this review period, 18 CAPs were required compared to the 19 CAPs required in the previous year. The highest scores were obtained by four MHPs, each with a 94 percent compliance score, resulting in only one CAP per MHP. The seven remaining MHPs all obtained scores of 89 percent, resulting in two CAPS each. The criterion that requires an annual evaluation of the quality improvement (QI) program and work plan was the second-highest noncompliant element, resulting in four CAPs. Compliance with MDHHS-specified minimum standards for performance measures remains a statewide opportunity for improvement, with CAPs required for all MHPs.

Statewide performance on the *MIS* standard was lower than in the previous cycle as the statewide average score declined from 94 percent to 89 percent. The number of corrective actions increased by two. Three CAPs were necessary for the requirement that MHPs maintain information systems that collect, analyze, integrate, and report data as required by MDHHS.

Performance on the *Program Integrity* standard reflected improvement over the prior-year results. While the statewide compliance score for this standard remained at 96 percent, the percentage of MHPs found to be in compliance with all elements reviewed showed a marked increase and the number of required CAPs decreased. The compliance review findings reflected continued challenges for some MHPs to provide complete and accurate reports on their activities related to the identification and reporting of fraud, waste, and abuse to the MDHHS Office of Inspector General (OIG).

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 and a measure-specific review of all reported measures was conducted.

Results from the validation of performance measures activities showed that all 11 MHPs received findings of *Reportable* (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 MHPs demonstrated the ability to calculate and accurately report performance measures that complied with HEDIS specifications. These findings suggest that the information systems for reporting HEDIS measures were strengths statewide.

Table 3-2 displays the Michigan Medicaid 2016 HEDIS weighted averages and performance levels.[3-1] The performance levels compare the 2016 Michigan Medicaid weighted average and the NCQA Quality Compass national Medicaid HMO percentiles for HEDIS 2015.[3-2] For most measures, a display of ★★★★★ indicates performance at or above the national Medicaid 90th percentile. Performance levels displayed as ★★★★ represent performance at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. A ★★★ performance level indicates performance at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. Performance levels displayed as ★★ represent performance at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. Finally, performance levels displayed as ★ indicate that the weighted average performance was below the national Medicaid 25th percentile.

For certain measures such as *Comprehensive Diabetes Care—Poor HbA1c Control*, where lower rates indicate better performance, the national Medicaid 10th percentile (rather than the national Medicaid 90th percentile) represents excellent performance and the national Medicaid 75th percentile (rather than the national Medicaid 25th percentile) represents below-average performance.

Of note, measures in the Health Plan Diversity and Utilization domains are provided within this section for information purposes only as they assess the MHPs' 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 benchmarks and were not analyzed for statistical significance.

[3-1] Weighted averages were calculated and compared from HEDIS 2015 to HEDIS 2016, and comparisons were based on a Chi-square test of statistical significance with a p value of <0.01 due to large denominators. Of note, 2015–2016 comparison values are based on comparisons of the exact HEDIS 2015 and HEDIS 2016 statewide weighted averages rather than on rounded values.

[3-2] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Table 3-2—Overall Statewide Averages for Performance Measures

Measure	HEDIS 2015	HEDIS 2016	2015–2016 Comparison	Performance Level for 2016
Child & Adolescent Care				
Childhood Immunization Status				
Combination 2	77.16%	76.15%	**-1.01⁺⁺**	★★★
Combination 3	72.90%	71.05%	**-1.85⁺⁺**	★★
Combination 4	67.78%	67.50%	-0.27	★★
Combination 5	60.52%	58.78%	**-1.74⁺⁺**	★★★
Combination 6	44.76%	40.45%	**-4.31⁺⁺**	★★
Combination 7	56.97%	56.15%	-0.82	★★★
Combination 8	42.69%	39.27%	**-3.42⁺⁺**	★★
Combination 9	38.43%	34.97%	**-3.47⁺⁺**	★★
Combination 10	36.92%	33.92%	**-3.00⁺⁺**	★★
Well-Child Visits in the First 15 Months of Life				
Six or More Visits	64.76%	66.22%	**+1.45⁺**	★★★
Lead Screening in Children				
Lead Screening in Children	80.37%	79.55%	-0.82	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.76%	75.11%	**-0.65⁺⁺**	★★★
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	54.02%	54.74%	**+0.72⁺**	★★★
Immunizations for Adolescents				
Combination 1	88.94%	86.99%	**-1.95⁺⁺**	★★★★

Green Shading⁺ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

2016 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

Measure	HEDIS 2015	HEDIS 2016	2015–2016 Comparison	Performance Level for 2016
Child & Adolescent Care (continued)				
Appropriate Treatment for Children With Upper Respiratory Infection				
Appropriate Treatment for Children With Upper Respiratory Infection	88.00%	89.09%	**+1.09⁺**	★★★
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	67.25%	68.41%	**+1.15⁺**	★★
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	38.87%	42.58%	**+3.71⁺**	★★★
Continuation and Maintenance Phase	44.35%	53.96%	**+9.61⁺**	★★★
Women—Adult Care				
Breast Cancer Screening				
Breast Cancer Screening	59.65%	59.58%	-0.06	★★★
Cervical Cancer Screening				
Cervical Cancer Screening	68.46%	63.79%	**-4.67⁺⁺**	★★★
Chlamydia Screening in Women				
Ages 16 to 20 Years	59.08%	60.75%	**+1.67⁺**	★★★★
Ages 21 to 24 Years	67.58%	67.85%	+0.28	★★★★
Total	62.20%	63.86%	**+1.65⁺**	★★★★
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	96.32%	96.20%	-0.12	★★
Ages 25 Months to 6 Years	88.73%	88.79%	+0.06	★★★
Ages 7 to 11 Years	91.14%	90.85%	-0.29	★★
Ages 12 to 19 Years	90.21%	89.86%	**-0.35⁺⁺**	★★
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	83.42%	82.76%	**-0.65⁺⁺**	★★★
Ages 45 to 64 Years	90.77%	89.81%	**-0.96⁺⁺**	★★★
Ages 65+ Years	88.60%	91.15%	**+2.55⁺**	★★★★
Total	86.11%	85.62%	**-0.49⁺⁺**	★★★

Green Shading⁺ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

2016 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

Measure	HEDIS 2015	HEDIS 2016	2015–2016 Comparison	Performance Level for 2016
Access to Care (continued)				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	26.94%	—	★★★
Obesity				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total	78.34%	74.93%	**-3.41⁺⁺**	★★★
Counseling for Nutrition—Total	67.95%	65.77%	**-2.19⁺⁺**	★★★
Counseling for Physical Activity—Total†	58.07%	57.88%	-0.19	★★★
Adult BMI Assessment				
Adult BMI Assessment	90.31%	89.92%	**-0.39⁺⁺**	★★★★
Pregnancy Care				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	84.45%	78.63%	**-5.81⁺⁺**	★★
Postpartum Care	66.69%	61.73%	**-4.96⁺⁺**	★★
Frequency of Ongoing Prenatal Care				
≥81 Percent of Expected Visits	63.43%	56.40%	**-7.03⁺⁺**	★★
Weeks of Pregnancy at Time of Enrollment[1]				
Prior to 0 Weeks	30.34%	32.63%	+2.29	—
1–12 Weeks	9.55%	11.40%	+1.85	—
13–27 Weeks	39.34%	31.45%	-7.89	—
28 or More Weeks	17.35%	20.82%	+3.47	—
Unknown	3.42%	3.70%	+0.28	—

Green Shading⁺ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

† Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[1] Significance testing was not performed for utilization-based measure indicator rates or any performance levels for 2016 or 2015–2016. Comparisons provided for these measures are for information purposes only.

— indicates that the measure indicator was not presented in the HEDIS 2015 deliverables; therefore, the HEDIS 2015 rate and 2015–2016 comparison values are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2015	HEDIS 2016	2015–2016 Comparison	Performance Level for 2016
Living With Illness				
Comprehensive Diabetes Care†				
Hemoglobin A1c (HbA1c) Testing	85.99%	86.89%	**+0.90**+	★★★
*HbA1c Poor Control (>9.0%)**	35.83%	39.30%	**3.48**++	★★★
HbA1c Control (<8.0%)	53.78%	50.91%	**-2.87**++	★★★
Eye Exam (Retinal) Performed	59.48%	59.61%	+0.13	★★★
Medical Attention for Nephropathy	83.73%	91.28%	**+7.55**+	★★★★★
Blood Pressure Control (<140/90 mm Hg)	65.90%	59.38%	**-6.52**++	★★
Medication Management for People With Asthma				
Medication Compliance 50%—Total	—	67.13%	—	★★★★
Medication Compliance 75%—Total	—	43.79%	—	★★★★★
Asthma Medication Ratio				
Total	—	62.18%	—	★★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	62.06%	55.54%	**-6.53**++	★★
Medical Assistance With Smoking and Tobacco Use Cessation^				
Advising Smokers and Tobacco Users to Quit	79.90%	79.75%	**-0.15**++	★★★★
Discussing Cessation Medications	54.26%	55.04%	**+0.79**+	★★★★
Discussing Cessation Strategies	45.73%	45.20%	**-0.53**++	★★★
Antidepressant Medication Management				
Effective Acute Phase Treatment	—	60.36%	—	★★★★
Effective Continuation Phase Treatment	—	42.21%	—	★★★★

Green Shading+ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

Red Shading++ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

† Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

^ The weighted averages for this measure were based on the eligible population for the survey rather than only the number of people who responded to the survey as being smokers.

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

— indicates that the measure indicator was not presented in the HEDIS 2015 deliverables; therefore, the HEDIS 2015 rate and 2015–2016 comparison values are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2015	HEDIS 2016	2015–2016 Comparison	Performance Level for 2016
Living With Illness (continued)				
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	83.75%	82.61%	-1.14	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia				
Diabetes Monitoring for People With Diabetes and Schizophrenia	72.73%	69.98%	-2.74	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia				
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	60.10%	74.46%	**+14.36⁺**	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	59.22%	58.76%	-0.46	★★
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	—	87.20%	—	★★
Digoxin	—	52.47%	—	★★
Diuretics	—	86.88%	—	★★
Total	—	86.84%	—	★★

Green Shading⁺ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant improvement from the HEDIS 2015 MWA.

Red Shading⁺⁺ Indicates that the HEDIS 2016 MWA demonstrated a statistically significant decline from the HEDIS 2015 MWA.

† Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

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

— indicates that the measure indicator was not presented in the HEDIS 2015 deliverables; therefore, the HEDIS 2015 rate and 2015–2016 comparison values are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2015	HEDIS 2016	2015–2016 Comparison	Performance Level for 2016
Health Plan Diversity‡				
Race/Ethnicity Diversity of Membership				
Total—White	53.44%	54.01%	0.57%	—
Total—Black or African American	29.35%	28.00%	-1.35%	—
Total—American-Indian and Alaska Native	0.33%	0.49%	0.16%	—
Total—Asian	1.24%	1.09%	-0.15%	—
Total—Native Hawaiian and Other Pacific Islander	0.06%	0.05%	-0.01%	—
Total—Some Other Race	0.44%	1.23%	0.79%	—
Total—Two or More Races	0.00%	0.00%	0.00%	—
Total—Unknown	12.40%	12.23%	-0.17%	—
Total—Declined	2.74%	2.89%	0.15%	—
Language Diversity of Membership				
Spoken Language Preferred for Health Care—English	92.88%	88.26%	-4.62%	—
Spoken Language Preferred for Health Care—Non-English	1.34%	1.11%	-0.23%	—
Spoken Language Preferred for Health Care—Unknown	5.71%	10.63%	4.92%	—
Spoken Language Preferred for Health Care—Declined	0.07%	0.00%	-0.07%	—
Preferred Language for Written Materials—English	70.40%	70.13%	-0.27%	—
Preferred Language for Written Materials—Non-English	1.27%	1.08%	-0.19%	—
Preferred Language for Written Materials—Unknown	28.34%	28.79%	0.45%	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00%	—
Other Language Needs—English	42.69%	52.71%	10.02%	—
Other Language Needs—Non-English	0.51%	0.51%	0.00%	—
Other Language Needs—Unknown	56.80%	46.78%	-10.02%	—
Other Language Needs—Declined	0.00%	0.00%	0.00%	—

‡ Significance testing was not performed for health plan characteristics measure indicator rates or any performance levels for 2016 or 2015–2016. Comparisons provided for these measures are for information purposes only.

— indicates that the measure indicator was not presented in the HEDIS 2015 deliverables; therefore, the HEDIS 2015 rate and 2015–2016 comparison values are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

Measure	HEDIS 2015	HEDIS 2016	2015–2016 Comparison	Performance Level for 2016
Utilization‡				
Ambulatory Care—Total (Per 1,000 Member Months)				
*ED Visits—Total**	70.20	74.00	+3.80	★
Outpatient Visits—Total	340.77	373.49	+32.72	—
Inpatient Utilization—General Hospital/Acute Care—Total				
Total Inpatient—Discharges per 1,000 Member Months—Total	8.02	8.27	+0.25	—
Total Inpatient—Average Length of Stay—Total	3.99	3.98	-0.01	—
Maternity—Discharges per 1,000 Member Months—Total	3.62	2.59	-1.03	—
Maternity—Average Length of Stay—Total	2.65	2.63	-0.02	—
Surgery—Discharges per 1,000 Member Months—Total	1.62	1.83	+0.21	—
Surgery—Average Length of Stay—Total	6.50	6.18	-0.32	—
Medicine—Discharges per 1,000 Member Months—Total	4.02	4.52	+0.50	—
Medicine—Average Length of Stay—Total	3.77	3.64	-0.13	—

‡ Significance testing was not performed for utilization-based measure indicator rates and any performance levels for 2016 or 2015–2016. Comparisons provided for these measures are for information purposes only.

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

— indicates that the measure indicator was not presented in the HEDIS 2015 deliverables; therefore, the HEDIS 2015 rate and 2015–2016 comparison values are not presented in this report. This symbol may also indicate that the performance levels for 2016 were not determined because the measure did not have an applicable benchmark.

2016 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

Overall, 41 statewide rates performed at or above the national Medicaid 50th percentile, with 11 rates performing at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. Further, two rates (*Comprehensive Diabetes Care—Medical Attention for Nephropathy* and *Medication Management for People With Asthma—Medication Compliance 75%—Total*) met or exceeded the national Medicaid 90th percentile, demonstrating a strength statewide. However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results.

Statewide performance at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile spanned multiple domains including Child & Adolescent Care (*Immunizations*

for Adolescents—Combination 1), Women—Adult Care (all three *Chlamydia Screening in Women* indicators), Access to Care (*Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*), Obesity (*Adult BMI Assessment*), and Living With Illness (*Medication Management for People With Asthma—Medication Compliance 50%—Total*, two of the three *Medical Assistance With Smoking and Tobacco Use Cessation* indicators, and both *Antidepressant Medication Management* indicators).

Conversely, 22 statewide rates fell below the national Medicaid 50th percentile, with one rate (*Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) falling below the national Medicaid 25th percentile. Opportunities for statewide improvement spanned multiple domains including Child & Adolescent Care (six of nine *Childhood Immunization Status* indicators and *Appropriate Testing for Children With Pharyngitis*), Access to Care (three of four *Children and Adolescents' Access to Primary Care Practitioners* indicators), Pregnancy Care (both *Prenatal and Postpartum Care* indicators and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg]*, *Controlling High Blood Pressure*, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*, and all four *Annual Monitoring for Patients on Persistent Medications* indicators).

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 compared to national Medicaid benchmarks. Therefore, not all rows will add up to all 11 MHPs.

Table 3-3—Count of MHPs by Performance Level

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Child & Adolescent Care					
Childhood Immunization Status					
Combination 2	3	2	4	1	1
Combination 3	3	3	4	1	0
Combination 4	3	4	3	0	1
Combination 5	3	3	4	0	1
Combination 6	3	7	0	1	0
Combination 7	3	3	4	0	1
Combination 8	3	6	1	0	1
Combination 9	3	5	2	0	1
Combination 10	3	5	2	0	1

2016 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

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Child & Adolescent Care (continued)					
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	1	2	2	4	1
Lead Screening in Children					
Lead Screening in Children	0	1	6	2	2
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	1	4	4	2	0
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	1	3	6	1	0
Immunizations for Adolescents					
Combination 1	1	0	0	6	4
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	0	3	5	2	1
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	3	4	3	0	0
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	2	3	3	2	0
Continuation and Maintenance Phase	1	3	4	1	1
Women—Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	1	1	9	0	0
Cervical Cancer Screening					
Cervical Cancer Screening	1	2	8	0	0
Chlamydia Screening in Women					
Ages 16 to 20 Years	0	1	1	6	3
Ages 21 to 24 Years	0	2	1	6	2
Total	0	1	2	6	2

2016 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

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	3	3	2	3	0
Ages 25 Months to 6 Years	3	3	4	1	0
Ages 7 to 11 Years	4	4	3	0	0
Ages 12 to 19 Years	4	2	4	1	0
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	1	4	3	3	0
Ages 45 to 64 Years	1	3	4	3	0
Ages 65+ Years	2	1	2	2	2
Total	1	4	3	3	0
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	0	3	3	4	1
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	0	1	7	1	2
Counseling for Nutrition—Total	1	1	8	1	0
Counseling for Physical Activity—Total	0	1	9	1	0
Adult BMI Assessment					
Adult BMI Assessment	1	1	4	3	2
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	7	2	2	0	0
Postpartum Care	5	2	3	1	0
Frequency of Ongoing Prenatal Care					
≥81 Percent of Expected Visits	8	1	0	1	1

2016 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

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	2	4	3	1	1
*HbA1c Poor Control (>9.0%)**	2	2	4	1	2
HbA1c Control (<8.0%)	2	2	4	2	1
Eye Exam (Retinal) Performed	2	1	5	2	1
Medical Attention for Nephropathy	0	0	0	0	11
Blood Pressure Control (<140/90 mm Hg)	6	2	2	1	0
Medication Management for People With Asthma					
Medication Compliance 50%—Total	0	1	1	3	5
Medication Compliance 75%—Total	1	0	1	3	5
Asthma Medication Ratio					
Total	3	1	3	2	1
Controlling High Blood Pressure					
Controlling High Blood Pressure	4	5	1	1	0
Medical Assistance With Smoking and Tobacco Use Cessation					
Advising Smokers and Tobacco Users to Quit	0	0	6	4	1
Discussing Cessation Medications	0	0	3	7	1
Discussing Cessation Strategies	0	2	8	1	0
Antidepressant Medication Management					
Effective Acute Phase Treatment	2	1	1	3	3
Effective Continuation Phase Treatment	2	1	3	1	3
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	0	1	3	4	2

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

2016 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

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Living With Illness (continued)					
Diabetes Monitoring for People With Diabetes and Schizophrenia					
Diabetes Monitoring for People With Diabetes and Schizophrenia	3	3	3	0	0
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia					
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	1	0	2	0	0
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	3	4	3	0	0
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	1	8	2	0	0
Digoxin	1	2	4	0	0
Diuretics	1	6	4	0	0
Total	1	6	4	0	0
Utilization					
Ambulatory Care—Total (Per 1,000 Member Months)					
ED Visits—Total‡,*	7	4	0	0	0
Total	**124**	**160**	**209**	**105**	**68**

‡ Performance levels provided for this measure are for information purposes only.

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

2016 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 3-3 shows that 31.38 percent of all performance measure rates (209 of 666) reported by the MHPs fell into the average (★★★) range relative to national Medicaid results. While 25.98 percent of all performance measure rates (173 of 666) ranked at or above the national Medicaid 75th percentile (★★★★), 42.64 percent of all performance measure rates (284 of 666) fell below the national 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 2015–2016 validation, the MHPs provided their third-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* improved for the third-year submissions to 45 percent.

Table 3-4—MHPs' PIP Validation Status

Validation Status	Percentage of PIPs	
	2014–2015	2015–2016
Met	31%	45%
Partially Met	0%	0%
Not Met	69%	55%

The following presents a summary of the validation results for the MHPs for the activities from the CMS PIP protocol. For the 2015–2016 cycle, HSAG validated all third-year PIP submissions for Activity I—Select the Study Topic through Activity IX—Assess for Real Improvement. Only those PIPs that had demonstrated significant improvement in the 2014–2015 cycle were assessed on Activity X—Assess for Sustained Improvement.

Table 3-5 shows the percentage of MHPs that met all 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	
		2014–2015	2015–2016
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*	67%/67%	100%/100%
VI.	Reliably Collect Data	85%/100%	100%/100%
VII.	Analyze Data and Interpret Study Results	92%/92%	64%/100%

Review Activities		Percentage Meeting All Elements/ Percentage Meeting All Critical Elements	
		2014–2015	2015–2016
VIII.	Implement Interventions and Improvement Strategies	77%/92%	82%/100%
IX.	Assess for Real Improvement	31%/31%	45%/36%
X.	Assess for Sustained Improvement**	Not Assessed	75%/75%

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

** This activity was assessed only for PIPs that demonstrated significant improvement in the 2014–2015 cycle.

The results from the 2015–2016 validation continued to reflect strong performance in the Design phase (Activities I through VI) of the PIPs. All 11 MHPs received scores of *Met* for each applicable evaluation element in Activities I through VI. 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; and 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 VII through X resulted in the following number of MHPs achieving *Met* scores for all applicable evaluation elements in each activity: seven MHPs for Activity VII, nine MHPs for Activity VIII, four MHPs for Activity IX, and three MHPs for Activity X. The MHPs collected, reported, and interpreted second 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 seven 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. While eight MHPs documented improvement in the outcomes of care, only five MHPs demonstrated a statistically significant improvement over the respective baseline rates in the second remeasurement. Additionally, three MHPs documented statistically significant improvement over baseline for two consecutive years, hence demonstrating sustained improvement in study indicator rates.

As the PIPs progress, MHPs should revisit causal/barrier analyses at least annually to assess whether or not the barriers identified continue to be barriers and to determine whether any new barriers exist that require the development of interventions. Additionally, 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.

Conclusions/Summary

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

Results of the 2015–2016 annual compliance reviews conducted by MDHHS reflected continued strong performance by the MHPs, which—with statewide compliance score percentages ranging in the 90s—demonstrated high levels of compliance with State and federal requirements in all areas assessed. The *Administrative* and *Providers* standards represented statewide strengths. Compliance with MDHHS-specified minimum performance standards—assessed in the *Quality* standard—remained a statewide opportunity for improvement.

Michigan's statewide HEDIS 2016 performance showed both strengths and opportunities for improvement. Of the 83 comparable measure rates, 32 measure rates (38.55 percent) reflected improved performance from 2015–2016, with statistically significant improvements observed related to 13 of these measure indicators. Statistically significant improvements were concentrated in the Child & Adolescent Care and Living With Illness domains. One statewide weighted average rate, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, demonstrated statistically significant improvement, with an increase of 14.36 percentage points; however, the rate continued to fall below the national Medicaid 50th percentile. Despite these improvements, more rates declined than last year. Overall, 52 measure rates showed performance declines from the prior year, 26 (31.33 percent) of which were statistically significant declines. The most significant declines were concentrated in the Pregnancy Care and Living With Illness domains.

The 2015–2016 validation of the PIPs reflected high levels of compliance with the requirements for Activities I–VI of the CMS PIP protocol and the critical evaluation elements in Activities VII and VIII. The MHPs provided their third-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 second remeasurement data. However, most PIPs received a *Not Met* validation status due to lack of statistically significant improvement in the study indicator rates. While eight MHPs documented improvement in outcomes of care, only five of those demonstrated statistically significant improvement over the baseline rates. Three MHPs documented statistically significant improvement over baseline for two consecutive years, hence demonstrating sustained improvement in study indicator rates. To strengthen improvement efforts, 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.

4. Appendices Introduction

Overview

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

- Reports of the 2015–2016 compliance review findings for each MHP
- Michigan Medicaid HEDIS 2016 results reports
- 2016 PIP validation reports

Michigan Medicaid Health Plan Names

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

Table 4-1—List of Appendices With Michigan MHP Acronyms and Formal Names

Appendix	Acronym	MHP Name
A	AET	Aetna Better Health of Michigan
B	BCC	Blue Cross Complete of Michigan
C	HAR	Harbor Health Plan
D	MCL	McLaren Health Plan
E	MER	Meridian Health Plan of Michigan
F	MID	HAP Midwest Health Plan
G	MOL	Molina Healthcare of Michigan
H	PRI	Priority Health Choice, Inc.
I	THC	Total Health Care, Inc.
J	UNI	UnitedHealthcare Community Plan
K	UPP	Upper Peninsula Health Plan

Appendix A. Findings—Aetna Better Health of Michigan

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDHHS evaluated **AET**'s compliance with federal and State requirements related to the six standards shown in Table A-1 over the course of the 2015–2016 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table A-1 below presents **AET**'s compliance review results.

Table A-1—Compliance Review Results for AET

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Not Applicable*	MHP	Statewide
1	*Administrative*	5	0	0	0	100%	98%
2	*Providers*	11	1	0	0	96%	99%
3	*Members*	6	2	0	0	88%	95%
4	*Quality*	7	2	0	0	89%	91%
5	*MIS*	2	1	0	0	83%	89%
6	*Program Integrity*	16	0	0	0	100%	96%
Overall		**47**	**6**	**0**	**0**	**94%**	**96%**

AET demonstrated full compliance with the *Administrative* and *Program Integrity* standards with 100 percent compliance. **AET**'s scores on these standards were higher than the statewide percentages of 98 and 96 percent, respectively. The 2015–2016 compliance review identified opportunities for improvement in the *Providers*, *Members*, *Quality*, and *MIS* standards, for which the MHP's scores were lower than statewide scores. Overall, **AET**'s performance, with an overall compliance score of 94 percent, was lower than the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's data system to report accurate HEDIS measures. Table A-2 shows each of the measures, the rate for each measure for 2016, and the categorized performance for 2016 relative to national HEDIS 2015 Medicaid results for **AET**.[A-1]

Table A-2—Scores for Performance Measures for AET

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	68.75%	★
Combination 3	60.88%	★
Combination 4	58.80%	★
Combination 5	49.77%	★
Combination 6	29.40%	★
Combination 7	48.61%	★
Combination 8	29.17%	★
Combination 9	24.31%	★
Combination 10	24.31%	★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	44.68%	★

2016 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

[A-1] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care (continued)		
Lead Screening in Children		
Lead Screening in Children	73.61%	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	71.30%	★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	51.39%	★★★
Immunizations for Adolescents		
Combination 1	89.68%	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	89.72%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	55.44%	★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	23.73%	★
Continuation and Maintenance Phase	36.59%	★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	63.10%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	64.47%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	66.77%	★★★★★
Ages 21 to 24 Years	71.24%	★★★★
Total	68.44%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	90.84%	★
Ages 25 Months to 6 Years	81.16%	★
Ages 7 to 11 Years	86.76%	★
Ages 12 to 19 Years	83.70%	★

2016 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

Measure	HEDIS 2016	2016 Performance Level
Access to Care (continued)		
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	76.58%	★★
Ages 45 to 64 Years	85.73%	★★
Ages 65+ Years	NA	NA
Total	80.23%	★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	35.83%	★★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	70.30%	★★★
Counseling for Nutrition—Total	64.60%	★★★
Counseling for Physical Activity—Total†	55.45%	★★★
Adult BMI Assessment		
Adult BMI Assessment	90.21%	★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	62.38%	★
Postpartum Care	45.56%	★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	18.46%	★
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	45.92%	—
1–12 Weeks	9.61%	—
13–27 Weeks	21.46%	—
28 or More Weeks	17.09%	—
Unknown	5.92%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because 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, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness		
Comprehensive Diabetes Care†		
Hemoglobin A1c (HbA1c) Testing	84.36%	★★
*HbA1c Poor Control (>9.0%)**	46.41%	★★
HbA1c Control (<8.0%)	45.38%	★★
Eye Exam (Retinal) Performed	49.36%	★★
Medical Attention for Nephropathy	91.03%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	52.18%	★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	66.55%	★★★★
Medication Compliance 75%—Total	39.93%	★★★★
Asthma Medication Ratio		
Total	41.49%	★
Controlling High Blood Pressure		
Controlling High Blood Pressure	39.91%	★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	79.92%	★★★★
Discussing Cessation Medications	55.74%	★★★★
Discussing Cessation Strategies	46.22%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	37.84%	★
Effective Continuation Phase Treatment	24.59%	★
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	83.87%	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	66.00%	★★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness (continued)		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	51.37%	★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	82.94%	★
Digoxin	NA	NA
Diuretics	83.69%	★
Total	83.16%	★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	18.01%	—
Total—Black or African American	70.29%	—
Total—American-Indian and Alaska Native	0.12%	—
Total—Asian	0.60%	—
Total—Native Hawaiian and Other Pacific Islander	0.03%	—
Total—Some Other Race	0.00%	—
Total—Two or More Races	0.00%	—
Total—Unknown	9.89%	—
Total—Declined	1.07%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	0.00%	—
Spoken Language Preferred for Health Care—Non-English	0.00%	—
Spoken Language Preferred for Health Care—Unknown	100.00%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because 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, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Health Plan Diversity (continued)		
Preferred Language for Written Materials—English	0.00%	—
Preferred Language for Written Materials—Non-English	0.00%	—
Preferred Language for Written Materials—Unknown	100.00%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	99.34%	—
Other Language Needs—Non-English	0.15%	—
Other Language Needs—Unknown	0.50%	—
Other Language Needs—Declined	0.00%	—
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months)		
*Emergency Department Visits—Total‡,**	83.70	★
Outpatient Visits—Total	267.80	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	7.76	—
Total Inpatient—Average Length of Stay—Total	3.81	—
Maternity—Discharges per 1,000 Member Months—Total	2.20	—
Maternity—Average Length of Stay—Total	2.83	—
Surgery—Discharges per 1,000 Member Months—Total	1.34	—
Surgery—Average Length of Stay—Total	6.03	—
Medicine—Discharges per 1,000 Member Months—Total	4.81	—
Medicine—Average Length of Stay—Total	3.52	—

‡ Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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 A-2 shows that **AET** had 12 rates ranking at or above the national Medicaid 75th percentile, three of which were at or above the national Medicaid 90th percentile. Thirty-nine rates fell below the national Medicaid 50th percentile, 29 of which were below the national Medicaid 25th percentile. Measure indicators ranking at or above the national Medicaid 90th percentile were in the Child & Adolescent Care (*Immunizations for Adolescents—Combination 1*), Women—Adult Care (*Chlamydia Screening in Women—Ages 16 to 20 Years*), and Living With Illness (*Comprehensive Diabetes Care—Medical Attention for Nephropathy*) domains. However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results. Measure rates falling below the national Medicaid 25th percentile spanned multiple domains. Opportunities for improvement exist for **AET**, especially in the domains of Child & Adolescent Care, Access to Care, Pregnancy Care, and Living With Illness, where more than one rate in each domain fell below the national Medicaid 25th percentile.

Performance Improvement Projects (PIPs)

Table A-3 displays the validation results for **AET**'s PIP evaluated during 2015–2016. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table A-3 show, by activity, the percentage of applicable evaluation elements that received each score. Additionally, HSAG calculated a score for each stage and an overall score across all activities.

Table A-3—2015–2016 PIP Validation Results for AET

Stage	Activity		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			**100% (11/11)**	**0% (0/11)**	**0% (0/11)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (8/8)	0% (0/8)	0% (0/8)
	VIII.	Appropriate Improvement Strategies	100% (3/3)	0% (0/3)	0% (0/3)
Implementation Total			**100% (11/11)**	**0% (0/11)**	**0% (0/11)**
Outcomes	IX.	Real Improvement Achieved	100% (4/4)	0% (0/4)	0% (0/4)
	X.	Sustained Improvement Achieved	100% (1/1)	0% (0/1)	0% (0/1)
Outcomes Total			**100% (5/5)**	**0% (0/5)**	**0% (0/5)**
Percentage Score of Applicable Evaluation Elements *Met*			**100% (27/27)**		

Overall, 100 percent of all applicable evaluation elements received a score of *Met*. **AET** developed a PIP that is methodologically sound, reported and interpreted its data accurately, and implemented interventions that have been successful in achieving statistically significant and sustained improvement.

AET designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

AET reported and interpreted second remeasurement data for the study indicator accurately. The MHP used appropriate quality improvement tools to conduct its causal/barrier analysis and implemented interventions that have had a positive impact on the study indicator outcomes.

The study indicator demonstrated statistically significant and sustained improvement over the baseline rate.

Table A-4 displays outcome data for **AET**'s *Well-Child Visits in the First 15 Months of Life for the Detroit Population* PIP. **AET**'s goal was to increase to 21.7 percent by Remeasurement 2 the percentage of children 15 months of age and residing in Detroit, Michigan, who had had six or more well-child visits with a PCP during the measurement year.

Table A-4—Performance Improvement Project Outcomes for AET

PIP—*Well-Child Visits in the First 15 Months of Life for the Detroit Population*				
Study Indicator	**Baseline Period (01/01/2013–12/31/2013)**	**Remeasurement 1 (01/01/2014–12/31/2014)**	**Remeasurement 2 (01/01/2015–12/31/2015)**	**Sustained Improvement**
The percentage of children 15 months of age residing in Detroit, Michigan, who had six or more well-child visits with a PCP during the measurement year.	16.1%	19.2%	31.2%	Yes

The Remeasurement 2 rate for children 15 months of age living in Detroit who had six or more well-child visits with a PCP was 31.2 percent. This rate was 15.1 percentage points above the baseline and exceeded the Remeasurement 2 goal by 9.5 percentage points. **AET** was able to sustain during a subsequent measurement period the statistically significant improvement achieved at Remeasurement 1.

For the *Well-Child Visits in the First 15 Months of Life for the Detroit Population* PIP, **AET** identified these primary barriers: enrollee conflicts with clinic hours, insufficient knowledge regarding the importance of well-child visits, and lack of motivation to complete necessary well-child visits. To address these barriers, **AET** continued the following interventions:

- Collaboration with physician offices to provide Saturday appointments to enrollees whose schedules conflicted with clinic hours

- Community outreach events to provide face-to-face education on the importance of well-child visits and preventive care
- Enrollee incentive program wherein the enrollee is provided a $25 gift card when a well-child visit is completed
- Telephonic outreach wherein outreach staff call enrollees to provide education on well-child and preventive care visits, schedule visits with the provider, and arrange transportation

AET plans to continue and to build on these current interventions and to initiate face-to-face home visits using community health workers (CHWs). The CHWs will visit noncompliant enrollees' homes, provide education on the importance of well-child visits, and assist with appointment scheduling.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

The 2014–2015 compliance review for CoventryCares (COV) identified opportunities for improvement for the *Members*, *Quality*, and *Program Integrity* standards. As **AET** acquired COV, assessment of follow-up on these recommendations is reported under this contractor. For the *Members* standard the MHP is still deficient in the criteria that requires the provision of written appeal decisions; however, the MHP has successfully addressed recommendations to improve compliance for the *Program Integrity* standard. For the *Quality* standard, the MHP addressed deficiencies in the *Complaints* and *Provider File Reporting* measures but is still working on recommendations to improve the rates for the *Blood Testing* measures.

Performance Measures

HSAG's assessment of **AET**'s follow-up on prior recommendations focused on the improvement observed in measures that were below the national Medicaid 25th percentile and on **AET**'s quality improvement efforts in 2015. In 2015, 23 rates ranked below the national Medicaid 25th percentile. Five of these rates (all *Use of Appropriate Medications for People With Asthma* indicators) were retired from HEDIS 2016 reporting. Two of the rates (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* and *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years*) increased in performance and ranked at or above the national Medicaid 25th percentile in 2016. Further, 16 rates in 2015 again fell below the national Medicaid 25th percentile in 2016, and one rate in 2016 did not have benchmarks available. One low-performing measure from 2015 (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*) declined by 9.03 percentage points in 2016, and continued to fall below the national Medicaid 25th percentile.

As discussed in its 2015 Quality Improvement Program Evaluation, **AET** implemented educational mailings; outreach programs; and initiatives, including member incentives designed to improve rates for elderly members, child members, pregnant members, and members with certain chronic conditions.

Additional time may be needed to see the effects of efforts and interventions implemented by the MHP to improve care; therefore, in future years HSAG will continue to monitor HEDIS rates related to these areas.

Performance Improvement Projects (PIPs)

For the 2014–2015 second-year validation of **AET**'s PIP, *Well-Child Visits in the First 15 Months of Life for the Detroit Population,* HSAG's validated Activities I through IX, resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. No recommendations for follow-up were necessary.

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

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

For the compliance review, **AET** demonstrated strong performance across the areas of **quality** and **timeliness** of and **access** to services provided by the MHP. **AET**'s strongest performance was in the **quality** area, with two standards in full compliance. In the **timeliness** and **access** areas, only one standard in each area was in full compliance. The 2015–2016 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, the MHP must ensure submission of least one MHP-initiated PIP that is not the EQRO PIP, continue efforts to meet all minimum performance measure standards, and maintain a grievance and appeal log for Medicare-Medicaid dual-eligible members. **AET** should ensure that the tobacco cessation benefits grid reflects that there are no prior authorization requirements for tobacco cessation treatments, that the current provider directory shows the hospital affiliations for primary care providers (PCPs) and specialists, and that all required documentation for the Consolidated Annual Report is included in the submission.

Compared to the national HEDIS 2014 and 2015 benchmarks, **AET**'s performance varied in each area and presented opportunities for improvement across all three areas of **quality**, **timeliness**, and **access**.

In the **quality** area, three rates performed at or above the national Medicaid 90th percentile and 22 rates fell below the national Medicaid 25th percentile. The top-performing measure indicators were found in the Child & Adolescent Care (*Immunizations for Adolescents—Combination 1*), Women—Adult Care (*Chlamydia Screening in Women—Ages 16 to 20 Years*), and the Living With Illness (*Comprehensive Diabetes Care—Medical Attention for Nephropathy*) domains. Measures that fell below the national Medicaid 25th percentile spanned multiple domains, including Child & Adolescent Care (all indicators for *Childhood Immunization Status, Well-Child Visits in the First 15 Months of Life—Six or More Visits, Appropriate Testing for Children With Pharyngitis*, and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*Comprehensive Diabetes Care—Blood Pressure*

Control [<140/90 mm Hg], *Asthma Medication Ratio—Total*, *Controlling High Blood Pressure*, both *Antidepressant Medication Management* indicators, *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*, and three of four *Annual Monitoring for Patients on Persistent Medications* indicators).

In the **timeliness** area, one measure (*Immunizations for Adolescents—Combination 1*) ranked at or above the national Medicaid 90th percentile and one measure (*Lead Screening in Children*) ranked above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. Thirteen rates fell below the national Medicaid 50th percentile, with 12 falling below the national Medicaid 25th percentile. The rates below the national Medicaid 25th percentile were found in the Child & Adolescent Care (all *Childhood Immunization Status* indicators and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*) and Pregnancy Care (both *Prenatal and Postpartum Care* indicators) domains.

In the **access** area, all 13 rates fell below the national Medicaid 50th percentile, with nine rates falling below the national Medicaid 25th percentile. These measure indicators were found in the Child & Adolescent Care (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*), Access to Care (all *Children and Adolescents' Access to Primary Care Practitioners* indicators), Pregnancy Care (both *Prenatal and Postpartum Care* indicators and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Utilization (*Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) domains.

Related to the **quality**, **timeliness**, and **access** areas, **AET** should continue to focus on ensuring the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures such as those that fell below the national Medicaid 25th percentile.

AET's PIP addressed the **quality**, **timeliness**, and **access** areas. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2015–2016 validation identified no *Partially Met* or *Not Met* scores as opportunities for improvement; however, to strengthen the PIP, the MHP should address the *Points of Clarification*. Additionally, the MHP should 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.

Appendix B. Findings—Blue Cross Complete of Michigan

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDHHS evaluated **BCC**'s compliance with federal and State requirements related to the six standards shown in Table B-1 over the course of the 2015–2016 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table B-1 presents **BCC**'s compliance review results.

Table B-1—Compliance Review Results for BCC

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Not Applicable*	MHP	Statewide
1	*Administrative*	5	0	0	0	100%	98%
2	*Providers*	12	0	0	0	100%	99%
3	*Members*	7	1	0	0	94%	95%
4	*Quality*	7	2	0	0	89%	91%
5	*MIS*	3	0	0	0	100%	89%
6	*Program Integrity*	14	2	0	0	94%	96%
Overall		**48**	**5**	**0**	**0**	**95%**	**96%**

BCC demonstrated compliance with all requirements related to the *Administrative*, *Providers*, and *MIS* standards. These standards, areas of strength for **BCC**, scored 100 percent, exceeding the statewide averages. The 2015–2016 compliance review identified opportunities for improvement in the *Members*, *Quality*, and *Program Integrity* standards, all of which scored below the statewide average. **BCC**'s strong performance resulted in an overall compliance score of 95 percent, one percentage point below the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's data system to report accurate HEDIS measures. Table B-2 shows each of the measures, the rate for each measure for 2016, and the categorized performance for 2016 relative to national HEDIS 2015 Medicaid results for **BCC**.[B-1]

Table B-2—Scores for Performance Measures for BCC

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	76.16%	★★★
Combination 3	70.07%	★★
Combination 4	68.13%	★★★
Combination 5	59.85%	★★★
Combination 6	43.55%	★★
Combination 7	58.39%	★★★
Combination 8	42.58%	★★★
Combination 9	37.96%	★★★
Combination 10	36.98%	★★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	67.40%	★★★★

2016 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

B-1 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care (continued)		
Lead Screening in Children		
Lead Screening in Children	75.18%	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	79.32%	★★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	60.10%	★★★★
Immunizations for Adolescents		
Combination 1	86.86%	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	92.52%	★★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	72.61%	★★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	39.92%	★★
Continuation and Maintenance Phase	50.98%	★★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	61.84%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	63.99%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	68.96%	★★★★★
Ages 21 to 24 Years	70.30%	★★★★
Total	69.65%	★★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	94.89%	★★
Ages 25 Months to 6 Years	85.57%	★★
Ages 7 to 11 Years	90.84%	★★
Ages 12 to 19 Years	89.38%	★★

2016 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

Measure	HEDIS 2016	2016 Performance Level
Access to Care (continued)		
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	78.39%	★★
Ages 45 to 64 Years	86.09%	★★
Ages 65+ Years	78.06%	★
Total	81.69%	★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	31.84%	★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	89.54%	★★★★★
Counseling for Nutrition—Total	78.83%	★★★★
Counseling for Physical Activity—Total†	69.10%	★★★★
Adult BMI Assessment		
Adult BMI Assessment	89.78%	★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	80.54%	★★
Postpartum Care	57.66%	★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	45.99%	★
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	27.99%	—
1–12 Weeks	11.26%	—
13–27 Weeks	30.83%	—
28 or More Weeks	23.53%	—
Unknown	6.39%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness		
Comprehensive Diabetes Care†		
Hemoglobin A1c (HbA1c) Testing	86.86%	★★★
*HbA1c Poor Control (>9.0%)**	37.59%	★★★
HbA1c Control (<8.0%)	53.65%	★★★
Eye Exam (Retinal) Performed	62.04%	★★★
Medical Attention for Nephropathy	93.07%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	58.39%	★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	76.62%	★★★★★
Medication Compliance 75%—Total	58.26%	★★★★★
Asthma Medication Ratio		
Total	53.96%	★
Controlling High Blood Pressure		
Controlling High Blood Pressure	54.99%	★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	77.27%	★★★
Discussing Cessation Medications	52.86%	★★★★
Discussing Cessation Strategies	46.70%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	75.97%	★★★★★
Effective Continuation Phase Treatment	59.74%	★★★★★
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	89.19%	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	60.34%	★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness (continued)		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	52.40%	★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	86.52%	★★
Digoxin	NA	NA
Diuretics	84.75%	★★
Total	85.56%	★★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	36.95%	—
Total—Black or African American	44.44%	—
Total—American-Indian and Alaska Native	0.38%	—
Total—Asian	1.20%	—
Total—Native Hawaiian and Other Pacific Islander	0.08%	—
Total—Some Other Race	3.47%	—
Total—Two or More Races	0.00%	—
Total—Unknown	13.48%	—
Total—Declined	0.00%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	99.17%	—
Spoken Language Preferred for Health Care—Non-English	0.37%	—
Spoken Language Preferred for Health Care—Unknown	0.46%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because 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, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Health Plan Diversity (continued)		
Preferred Language for Written Materials—English	99.17%	—
Preferred Language for Written Materials—Non-English	0.37%	—
Preferred Language for Written Materials—Unknown	0.46%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	0.00%	—
Other Language Needs—Non-English	0.00%	—
Other Language Needs—Unknown	100.00%	—
Other Language Needs—Declined	0.00%	—
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months)		
*Emergency Department Visits—Total‡,**	70.18	★★
Outpatient Visits—Total	554.98	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	9.18	—
Total Inpatient—Average Length of Stay—Total	4.31	—
Maternity—Discharges per 1,000 Member Months—Total	2.80	—
Maternity—Average Length of Stay—Total	2.94	—
Surgery—Discharges per 1,000 Member Months—Total	2.44	—
Surgery—Average Length of Stay—Total	6.75	—
Medicine—Discharges per 1,000 Member Months—Total	4.54	—
Medicine—Average Length of Stay—Total	3.65	—

‡ Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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 shows that **BCC** had 19 rates ranking at or above the national Medicaid 75th percentile, with nine rates at or above the national Medicaid 90th percentile. Twenty-three rates fell below the national Medicaid 50th percentile, five of which were below the national Medicaid 25th percentile. Measure indicators ranking at or above the national Medicaid 90th percentile were found in three domains: Women—Adult Care (*Chlamydia Screening in Women—Ages 16 to 20 Years* and *Total* indicators), Obesity (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*), and Living With Illness (*Comprehensive Diabetes Care—Medical Attention for Nephropathy*, both *Medication Management for People With Asthma* indicators, both *Antidepressant Medication Management* indicators, and *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*). However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results. Opportunities for improvement existed for **BCC** in measures that fell below the national Medicaid 25th percentile—including at least one measure indicator from each of the Access to Care, Pregnancy Care, and Living With Illness domains.

Performance Improvement Projects (PIPs)

Table B-3 displays the validation results for **BCC**'s PIP evaluated during 2015–2016. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table B-3 show, by activity, the percentage of applicable evaluation elements that received each score. Additionally, HSAG calculated a score for each stage and an overall score across all activities.

Table B-3—2015–2016 PIP Validation Results for BCC

Stage	Activity		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			**100% (11/11)**	**0% (0/11)**	**0% (0/11)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (8/8)	0% (0/8)	0% (0/8)
	VIII.	Appropriate Improvement Strategies	100% (4/4)	0% (0/4)	0% (0/4)
Implementation Total			**100% (12/12)**	**0% (0/12)**	**0% (0/12)**
Outcomes	IX.	Real Improvement Achieved	50% (2/4)	0% (0/4)	50% (2/4)
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			**50% (2/4)**	**0% (0/0)**	**50% (2/4)**
Percentage Score of Applicable Evaluation Elements *Met*			**93% (25/27)**		

Overall, 93 percent of all applicable evaluation elements received a score of *Met*. **BCC** developed a PIP that is methodologically sound, and the MHP reported and interpreted its data accurately; however, opportunities exist related to achieving statistically significant improvement over baseline and the desired outcomes for the project.

BCC designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

BCC reported and interpreted second remeasurement data for the study indicator accurately. The MHP used appropriate quality improvement tools to conduct its causal/barrier analysis and implemented system-based and active interventions with the potential to have a positive impact on the study indicator outcomes.

Table B-4 displays outcome data for **BCC**'s *Increasing Postpartum Care Visits in Wayne County* PIP.

Table B-4—Performance Improvement Project Outcomes for BCC

PIP—Increasing Postpartum Care Visits in Wayne County				
Study Indicator	**Baseline Period (01/01/2013–12/31/2013)**	**Remeasurement 1 (01/01/2014–12/31/2014)**	**Remeasurement 2 (01/01/2015–12/31/2015)**	**Sustained Improvement**
The percentage of enrollees residing in Wayne County receiving a postpartum visit on or between 21 and 56 days after delivery.	45.7%	48.9%	46.5%	No

The Remeasurement 2 rate for enrollees residing in Wayne County who received postpartum care visits on or between 21 and 56 days after delivery was 46.5 percent. This was a non-statistically significant decline when compared to Remeasurement 1 and a non-statistically significant improvement when compared to the baseline. The performance at Remeasurement 2 was also 17.4 percentage points below the goal of 63.9 percent.

For the *Increasing Postpartum Care Visits in Wayne County* PIP, **BCC** identified these primary barriers: difficulty contacting enrollees (nonworking phone numbers, outdated addresses, and lack of response), changes to **BCC**'s staff due to change in health plan ownership, global billing for maternity care, and the health plan not notified of an enrollee's delivery. The following are interventions **BCC** implemented or continued during the reported measurement period:

- Hired new staff to conduct door-to-door enrollee home visit outreach and education.
- Shifted staffing model to an internal community outreach team.
- Continued Bright Start program.

- Provided Target gift card incentive for enrollees completing postpartum care visits.
- Increased provider incentive to $200 for enrollees completing a postpartum care visit within the required time frame.
- Held thirty community outreach events in Wayne County.
- Continued Provider Performance Report and Gap Report, distributed to providers monthly and demonstrating provider performance related to postpartum visits.
- Continued scripted postpartum telephonic outreach.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

The 2014–2015 compliance review identified opportunities for improvement in the *Members*, *Quality*, and *Program Integrity* standards. **BCC**'s strong performance resulted in an overall compliance score of 97 percent, which exceeded the statewide average. The 2015–2016 compliance review identified opportunities for improvement for **BCC** on the *Members*, *Quality*, and *Program Integrity* standards. For the 2015–2016 compliance review, **BCC** successfully addressed the recommendation for the *Members* standard and contracted with two new fulfillment vendors: one for member ID cards and the second for member welcome kits. **BCC** continues to address performance issues in the *Program Integrity* standard for findings related to Tips and Grievances, Audits, and Disenrollments. For the *Quality* standard, **BCC** failed to meet the performance standard for the *Postpartum Care*, *Complaints*, and *Blood Lead Testing*, as well as for the *Well-Child Visits 0–15 Months* and *Well-Child Visits 3–6 Years* performance measures.

Performance Measures

HSAG's assessment of **BCC**'s follow-up on prior recommendations focused on the improvement observed in measures that were below the national Medicaid 25th percentile and on **BCC**'s quality improvement efforts in 2015. In 2015, five rates fell below the national Medicaid 25th percentile. Two of these rates demonstrated improvement in performance in 2016: C*hildren and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months* ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile, and *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. The remaining three rates, *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*, *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*, and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*, again fell below the national Medicaid 25th percentiles in 2016.

As described in its 2015 Annual Program Evaluation, **BCC** implemented interventions related to low-performing measures. These interventions included member incentives for postpartum visits, sending a magazine and newsletter to educate members of appointment access standards, and developing educational materials focused on diabetic screening for members taking antipsychotics. Additional time

may be needed to see the effects of efforts and interventions implemented by the MHP to improve care; therefore, in future years, HSAG will continue to monitor HEDIS rates related to these areas.

Performance Improvement Projects (PIPs)

For the 2014–2015 second-year validation of **BCC**'s PIP, *Increasing Postpartum Visits in Wayne County*, HSAG validated Activities I through IX. HSAG identified opportunities for improvement in Activities VII—Analyze Data and Interpret Study Results, VIII— Improvement Strategies, and IX—Assess for Real Improvement. HSAG determined through the 2015–2016 validation process that **BCC** did correct the narrative interpretation of data and the Intervention Determination Table to address the recommendations for Activities VII and VIII, however did not achieve statistically significant improvement in Remeasurement 2. Therefore, Activity IX recommendations were only partially addressed.

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

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

BCC demonstrated strong performance across the areas of **quality** and **timeliness** of and **access** to services provided by the MHP. **BCC**'s strongest performances were in the **quality** and **timeliness** areas, with half of the standards in these areas in full compliance with all requirements. The 2015–2016 compliance review also identified opportunities for improvement across the three areas. For the *Members* and *Program Integrity* standards—which addressed the **quality**, **timeliness**, and **access** areas—**BCC** should ensure that the member materials, including ID cards and member handbooks, are distributed within the contractually required time frame of 10 days and address the findings related to Tips and Grievances forms and provider disenrollments, as stated by MDHHS in the recommendations. For the *Quality* standard, which addressed the **quality** and **access** areas, **BCC** should continue efforts to increase its rates for the performance measures that fell below the MDHHS standard.

Compared to the national HEDIS 2015 benchmarks, **BCC**'s 2016 performance across the **quality**, **timeliness**, and **access** areas varied. Although the **quality** area included more high-performing measure rates, it also had the most diverse performance. Performance in the **access** area was the weakest of the three areas.

In the **quality** area, nine **BCC** rates ranked at or above the national Medicaid 90th percentile and four fell below the national Medicaid 25th percentile. The top-performing rates were primarily found in the Living With Illness domain (*Comprehensive Diabetes Care—Medical Attention for Nephropathy*, both *Medication Management for People With Asthma* indicators, both *Antidepressant Medication Management* indicators, and *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*), in the Obesity domain (one of three *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* indicators), and in the Women—

Adult Care domain (two of the three *Chlamydia Screening in Women* indicators). For the four rates that fell below the national Medicaid 25th percentile, one was in the Pregnancy Care domain (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*) and three were in the Living With Illness domain (*Asthma Medication Ratio—Total, Diabetes Monitoring for People With Diabetes and Schizophrenia*, and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*).

In the **timeliness** area, 10 **BCC** rates were at or above the national Medicaid 50th percentile, one of which (*Immunizations for Adolescents—Combination 1*) was above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. Five rates fell below the national Medicaid 50th percentile, but none fell below the national Medicaid 25th percentile. For the five rates, three were in the Child & Adolescent Care domain (*Childhood Immunization Status—Combination 3* and *6*, and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*) and two were in the Pregnancy Care domain (both *Prenatal and Postpartum Care* indicators).

In the **access** area, one **BCC** rate (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*) was at or above the national Medicaid 50th percentile. Thirteen rates fell below the national Medicaid 50th percentile, two of which were below the national Medicaid 25th percentile. Of these two rates, one was in the Access to Care domain (*Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*) and one was in the Pregnancy Care domain (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*).

Related to the **quality**, **timeliness**, and **access** areas, **BCC** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures—specifically the rates for low-performing measures such as those that fell below the national Medicaid 25th percentile.

BCC's PIP addressed the **quality**, **timeliness**, and **access** areas. **BCC**'s performance suggests a thorough application of the PIP design, and its documentation provided evidence that the MHP appropriately selected a study topic driven by data but which demonstrated an area for improvement. Despite the lack of statistically significant improvement, **BCC** implemented strong interventions that have the potential to impact study indicator result. To strengthen the PIP, the MHP should address all *Not Met* evaluation element scores as well as *Points of Clarification*. Additionally, the MHP should conduct further drill-down analyses to identify the reason(s) why statistically significant improvement has not been achieved.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDHHS evaluated **HAR**'s compliance with federal and State requirements related to the six standards shown in Table C-1 over the course of the 2015–2016 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table C-1 below presents **HAR**'s compliance review results.

Table C-1—Compliance Review Results for HAR

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Not Applicable*	MHP	Statewide
1	*Administrative*	5	0	0	0	100%	98%
2	*Providers*	12	0	0	0	100%	99%
3	*Members*	5	3	0	0	81%	95%
4	*Quality*	7	2	0	0	89%	91%
5	*MIS*	0	3	0	0	50%	89%
6	*Program Integrity*	9	7	0	0	78%	96%
Overall		**38**	**15**	**0**	**0**	**86%**	**96%**

HAR showed strength in the *Administrative* and *Providers* standards, demonstrating compliance with all requirements. **HAR**'s performance on these standards exceeded the statewide scores with scores of 100 percent. The 2015–2016 compliance review identified opportunities for improvement for *Members*, *Quality*, *MIS*, and *Program Integrity* standards. The MHP's resulting compliance scores were lower than the statewide scores for these standards. **HAR**'s performance resulted in an overall compliance score of 86 percent, which fell below the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's data system to report accurate HEDIS measures. Table C-2 shows each of the performance measures, the rate for each measure for 2016, and the categorized performance for 2016 relative to national 2015 HEDIS Medicaid results for **HAR**.[C-1]

Table C-2—Scores for Performance Measures for HAR

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	48.57%	★
Combination 3	44.29%	★
Combination 4	42.86%	★
Combination 5	32.86%	★
Combination 6	21.43%	★
Combination 7	31.43%	★
Combination 8	20.00%	★
Combination 9	18.57%	★
Combination 10	17.14%	★

2016 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

[C-1] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care (continued)		
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	NA	NA
Lead Screening in Children		
Lead Screening in Children	71.43%	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	62.89%	★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	35.51%	★
Immunizations for Adolescents		
Combination 1	58.33%	★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	96.61%	★★★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	NA	NA
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	NA	NA
Continuation and Maintenance Phase	NA	NA
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	64.71%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	42.58%	★
Chlamydia Screening in Women		
Ages 16 to 20 Years	71.88%	★★★★★
Ages 21 to 24 Years	73.47%	★★★★★
Total	72.84%	★★★★★

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	82.35%	★
Ages 25 Months to 6 Years	73.16%	★
Ages 7 to 11 Years	71.65%	★
Ages 12 to 19 Years	67.02%	★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	56.44%	★
Ages 45 to 64 Years	76.43%	★
Ages 65+ Years	NA	NA
Total	66.87%	★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	40.00%	★★★★
Obesity		
BMI Percentile—Total	73.97%	★★★
Counseling for Nutrition—Total	69.83%	★★★
Counseling for Physical Activity—Total†	57.66%	★★★
Adult BMI Assessment		
Adult BMI Assessment	74.19%	★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	34.41%	★
Postpartum Care	33.33%	★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	11.83%	★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Pregnancy Care (continued)		
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	16.90%	—
1–12 Weeks	13.38%	—
13–27 Weeks	31.69%	—
28 or More Weeks	35.21%	—
Unknown	2.82%	—
Living With Illness		
***Comprehensive Diabetes Care*†**		
Hemoglobin A1c (HbA1c) Testing	75.64%	★
*HbA1c Poor Control (>9.0%)**	73.08%	★
HbA1c Control (<8.0%)	22.22%	★
Eye Exam (Retinal) Performed	46.15%	★
Medical Attention for Nephropathy	91.03%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	31.20%	★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	NA	NA
Medication Compliance 75%—Total	NA	NA
Asthma Medication Ratio		
Total	NA	NA
Controlling High Blood Pressure		
Controlling High Blood Pressure	31.39%	★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	78.41%	★★★
Discussing Cessation Medications	54.51%	★★★★
Discussing Cessation Strategies	45.28%	★★★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

— indicates that the 2016 performance levels were not determined because 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, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness (continued)		
Antidepressant Medication Management		
Effective Acute Phase Treatment	NA	NA
Effective Continuation Phase Treatment	NA	NA
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	NA	NA
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	NA	NA
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	87.30%	★★
Digoxin	NA	NA
Diuretics	85.20%	★★
Total	86.41%	★★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	2.39%	—
Total—Black or African American	44.08%	—
Total—American-Indian and Alaska Native	10.69%	—
Total—Asian	15.88%	—
Total—Native Hawaiian and Other Pacific Islander	0.00%	—
Total—Some Other Race	0.00%	—

†Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because 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, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Health Plan Diversity (continued)		
Total—Two or More Races	0.00%	—
Total—Unknown	26.96%	—
Total—Declined	0.00%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	72.57%	—
Spoken Language Preferred for Health Care—Non-English	0.51%	—
Spoken Language Preferred for Health Care—Unknown	26.93%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—
Preferred Language for Written Materials—English	0.00%	—
Preferred Language for Written Materials—Non-English	0.00%	—
Preferred Language for Written Materials—Unknown	100.00%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	0.00%	—
Other Language Needs—Non-English	0.00%	—
Other Language Needs—Unknown	100.00%	—
Other Language Needs—Declined	0.00%	—
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months)		
Emergency Department Visits—Total‡,*	79.99	★
Outpatient Visits—Total	241.28	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	9.83	—
Total Inpatient—Average Length of Stay—Total	3.89	—
Maternity—Discharges per 1,000 Member Months—Total	1.76	—
Maternity—Average Length of Stay—Total	2.47	—
Surgery—Discharges per 1,000 Member Months—Total	2.09	—
Surgery—Average Length of Stay—Total	5.67	—
Medicine—Discharges per 1,000 Member Months—Total	6.06	—
Medicine—Average Length of Stay—Total	3.56	—

‡ Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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 C-2 shows that, due to small membership, approximately 15 percent of **HAR**'s measures (15 of 98) had denominators smaller than 30—insufficient to report a valid rate and each receiving an *NA (Not Applicable)* audit designation. Thirteen rates ranked above the national Medicaid 50th percentile, five of which were at or above the national Medicaid 90th percentile (*Appropriate Treatment for Children With Upper Respiratory Infection*, all *Chlamydia Screening in Women* indicators, and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*). However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results. Thirty-five measures fell below the national Medicaid 50th percentile, 31 of which were below the national Medicaid 25th percentile. Measures ranking below the national Medicaid 25th percentile were found in several domains. Opportunities for improvement existed for **HAR**, especially in the domains of Child & Adolescent Care, Access to Care, Pregnancy Care, and Living With Illness, where more than one rate in each domain fell below the national Medicaid 25th percentile.

Performance Improvement Projects (PIPs)

Table C-3 displays the validation results for **HAR**'s PIP evaluated during 2015–2016. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table C-3 show, by activity, the percentage of applicable evaluation elements that received each score. Additionally, HSAG calculated a score for each stage and an overall score across all activities.

Table C-3—Performance Improvement Project Validation Results for HAR

Stage	Activity		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			**100% (11/11)**	**0% (0/11)**	**0% (0/11)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	75% (6/8)	25% (2/8)	0% (0/8)
	VIII.	Appropriate Improvement Strategies	67% (2/3)	33% (1/3)	0% (0/3)
Implementation Total			**73% (8/11)**	**27% (3/11)**	**0% (0/11)**
Outcomes	IX.	Real Improvement Achieved	75% (3/4)	25% (1/4)	0% (0/4)
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			**75% (3/4)**	**25% (1/4)**	**0% (0/4)**
Percentage Score of Applicable Evaluation Elements *Met*			**85% (22/26)**		

Overall, 85 percent of all applicable evaluation elements received a score of *Met*. **HAR** resubmitted its PIP and improved *Not Met* scores to *Partially Met* scores; however, the overall percentage of evaluation elements *Met* remained the same at 85 percent.

HAR designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

HAR reported and interpreted second remeasurement data accurately. The MHP used appropriate quality improvement tools to conduct its causal/barrier analysis and implemented interventions with the potential to have a long-term impact on the study indicator outcomes. **HAR**'s current method for evaluating the effectiveness of its interventions is to review intermittent claims data. This method will not allow the MHP to truly know how an intervention is working. Prior to the next annual submission, the MHP will need to ensure that it has developed a process or method to evaluate each individual intervention and include the analysis from the evaluation. Decisions to continue, revise, or discontinue an intervention should be data driven. The MHP needs to address annually factors that affect the ability to compare measurement periods and validity of data. The rates reported in the PIP should be reported to one decimal place.

Table C-4 displays Remeasurement 2 data for **HAR**'s *Improving Access to Care for Enrollees 45–64 Years of Age Who Identify Themselves of the Black Race* PIP.

Table C-4—Performance Improvement Project Outcomes for HAR

PIP—*Improving Access to Care for Enrollees 45–64 Years of Age Who Identify Themselves of the Black Race*				
Study Indicators	**Baseline Period (01/01/2013–12/31/2013)**	**Remeasurement 1 (01/01/2014–12/31/2014)**	**Remeasurement 2 (01/01/2015–12/31/2015)**	**Sustained Improvement**
The percentage of black enrollees 45 to 64 years of age who had one or more ambulatory or preventive care visits during the measurement year.	67.1%	73.9%	76.5%	Not Assessed

The Remeasurement 2 rate for black enrollees 45 to 64 years of age who had one or more ambulatory or preventive care visit during the measurement year was 76.5 percent. This increase was statistically significant when compared to the baseline but remained 14.4 percentage points below the MHP's goal of 90.9 percent.

For the PIP, **HAR** prioritized its barriers; and the top barriers were:

- Some primary care physicians had larger volumes of enrollees who had not accessed care.
- Missing or incorrect enrollee contact information.

- Some enrollees need extra encouragement to schedule and attend appointments.
- Enrollee transportation needs.

To address these barriers, the following interventions were implemented:

- Provider service representatives reach out to providers, discuss the Gap Report (i.e., the report that includes all enrollees who have not accessed care), and educate providers about the incentives tied to having their members have an ambulatory or preventive care visit.
- CHWs are deployed to contact hard-to-reach enrollees and assist them with getting services.
- Enrollee outreach occurs. The MHP contacts enrollees who have not accessed care to encourage scheduling visits and to assist with scheduling visits and transportation, as needed.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

The 2014–2015 compliance review identified opportunities for improvement for **HAR** related to the *Members*, *Quality*, *MIS* and *Program Integrity* standards. **HAR** successfully addressed the recommendation for the *Members* standard related to timely mailing of the ID card and member handbook; however, the MHP is still deficient in the written appeal decisions criterion. The MHP continues working toward compliance with the recommendations for the *MIS* standard. **HAR** continues to face challenges in the *Program Integrity* standard. It was recommended, during the 2014–2015 compliance review, that action be taken to ensure that issues related to data mining/algorithms and disenrollments and overpayments recovered are managed for compliance. **HAR**'s 2014–2015 compliance review recommendations included addressing compliance with adopted clinical practice guidelines, which was successfully addressed for the current review period. However, **HAR** should continue efforts to increase rates for the *Blood Lead Testing* measures, which fell below the applicable MDHHS standards.

Performance Measures

HSAG's assessment of **HAR**'s follow-up on prior recommendations focused on the improvement observed in measures that were below the national Medicaid 25th percentile and **HAR**'s quality improvement efforts in 2015. In 2015, 24 rates fell below the national Medicaid 25th percentile; and in 2016, 22 of those rates were reportable or compared to benchmarks. For those 22 rates, **HAR**'s performance again fell below the national Medicaid 25th percentile, including performance on all nine *Childhood Immunization Status* measure indicators; W*ell-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Adolescent Well-Care Visits*; *Cervical Cancer Screening*; all *Children and Adolescents' Access to Primary Care Practitioners* indicators; *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years*, *Ages 45 to 64 Years* and *Total*; both *Prenatal and Postpartum Care* indicators; and *Frequency of Postpartum Care—≥81 Percent of Expected Visits*.

As described in its 2015 Quality Improvement Program Evaluation, **HAR** implemented some interventions related to low-performing measures. These interventions included quarterly mailings with educational materials to provide education regarding illnesses and potential complications; member incentives (e.g., gift cards) for completing required services, including certain diabetes and mammogram screenings, well-child visits, and immunizations; and phone calls from case management staff to members to assess health status specifically for prenatal or postpartum women. **HAR** also partnered with other organizations to increase access to immunizations and asthma medication management. Additional time may be needed to see the effects of efforts and interventions implemented by the MHP to improve care; therefore, in future years HSAG will continue to monitor HEDIS rates related to these areas.

Performance Improvement Projects (PIPs)

For the 2014–2015 second-year validation of **HAR**'s PIP, *Improving Access to Care for Enrollees 45 to 64 Years of Age Who Identify Themselves of the Black Race*, HSAG validated Activities I through IX. HSAG identified opportunities for improvement in Activities VI—Reliably Collect Data, VIII—Improvement Strategies, and IX—Assess for Real Improvement. In the 2015–2016 PIP submission, **HAR** provided the missing data codes for the numerator. However, **HAR** did not evaluate interventions for effectiveness; and even though **HAR** achieved significant improvement in Remeasurement 2, the improvement could not be attributed to the interventions. Therefore, the Activity VIII and Activity IX recommendations were only partially addressed.

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

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

The 2015–2016 compliance review identified opportunities for improvement across the three areas for **HAR**. The MHP demonstrated mixed performance across the areas of **quality** and **timeliness** of and **access** to services. For the *Members* and *Program Integrity* standards, which are in the **quality**, **timeliness**, and **access** areas, **HAR** should ensure that its submission includes complete and accurate information to demonstrate compliance with the requirements for resolution of enrollee grievances and appeals, written appeal decisions, and tobacco cessation programs. For the *Program Integrity* standard activities, the MHP must ensure compliance with audits, data mining, provider disenrollment reports, overpayment recoveries, and the compliance plan criterion. To improve performance on the *MIS* standard related to the areas of **quality** and **timeliness**, **HAR** should ensure maintaining an information system that collects, analyzes, integrates, and reports data as required by MDHHS; having written procedures to electronically process enrollments and disenrollments; and submitting the consolidated annual report according to MDHHS requirements. For the *Quality* standard addressing the **quality** and **access** areas, **HAR** should focus on the issues regarding the QIP evaluation and work plan and the UM program effectiveness review. The MHP should continue efforts to increase rates for the *Postpartum*

Care, *Developmental Screening*, *Claims Processing*, and *Blood Lead Testing* measures, all of which fell below applicable MDHHS minimum performance standards.

Compared to the national HEDIS 2015 benchmarks, **HAR**'s performance across all the **quality**, **access**, and **timeliness** areas was primarily below the national Medicaid 25th percentile. **HAR** has numerous opportunities for improvement in all three areas.

In the **quality** area, seven rates ranked at or above the national Medicaid 75th percentile, five of which were at or above the national Medicaid 90th percentile. Twenty-four rates fell below the national Medicaid 25th percentile. These low-performing rates spanned multiple domains: Child & Adolescent Care (all *Childhood Immunization Status* indicators; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Adolescent Well-Care Visits*; and *Immunizations for Adolescents—Combination 1*), Women—Adult Care (*Cervical Cancer Screening*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (five of six *Comprehensive Diabetes Care* indicators and *Controlling High Blood Pressure*).

In the **timeliness** area, 13 rates fell below the national Medicaid 50th percentile, with 12 rates falling below the national Medicaid 25th percentile. One measure, *Lead Screening in Children*, was above the national Medicaid 25th percentile but below the national Medicaid 50th percentile.

In the **access** area, all measures with reportable rates fell below the national Medicaid 25th percentile. These measures were in the Access to Care, Pregnancy Care, and Utilization domains, suggesting opportunities for improvement.

Related to the **quality**, **access**, and **timeliness** areas, **HAR** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures such as those that fell below the national Medicaid 25th percentile.

HAR's PIP addressed the **quality**, **timeliness**, and **access** areas. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VI of the CMS protocol for conducting PIPs. **HAR** was successful in achieving statistically significant improvement in the percentage of eligible enrollees who had had at least one preventive care visit during the measurement year. **HAR** should continue its improvement efforts; and to strengthen the PIP, the MHP should address all *Partially Met* evaluation element scores as well as *Points of Clarification.*

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDHHS evaluated **MCL**'s compliance with federal and State requirements related to the six standards shown in Table D-1 over the course of the 2015–2016 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table D-1 below presents **MCL**'s compliance review results.

Table D-1—Compliance Review Results for MCL

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Not Applicable*	MHP	Statewide
1	*Administrative*	4	1	0	0	90%	98%
2	*Providers*	12	0	0	0	100%	99%
3	*Members*	7	1	0	0	94%	95%
4	*Quality*	7	2	0	0	89%	91%
5	*MIS*	1	2	0	0	67%	89%
6	*Program Integrity*	16	0	0	0	100%	96%
Overall		**47**	**6**	**0**	**0**	**94%**	**96%**

MCL demonstrated full compliance with all requirements related to the *Providers* and *Program Integrity* standards. These standards, areas of strength for **MCL**, both scored 100 percent, exceeding the statewide averages. The 2015–2016 compliance review resulted in recommendations for the *Administrative*, *Members*, *Quality*, and *MIS* standards, which represented opportunities for improvement for **MCL**. The MHP's compliance scores for these standards were lower than the respective statewide scores. **MCL**'s overall compliance score of 94 percent fell below the statewide average score.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's data system to report accurate HEDIS measures. Table D-2 shows each of the measures, the rate for each measure for 2016, and the categorized performance for 2016 relative to national HEDIS 2015 Medicaid results for **MCL**.[D-1]

Table D-2—Scores for Performance Measures for MCL

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	74.70%	★★
Combination 3	68.61%	★★
Combination 4	64.72%	★★
Combination 5	54.99%	★★
Combination 6	38.93%	★★
Combination 7	53.04%	★★
Combination 8	38.44%	★★
Combination 9	32.85%	★★
Combination 10	32.85%	★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	66.42%	★★★★

2016 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

D-1 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care (continued)		
Lead Screening in Children		
Lead Screening in Children	92.21%	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	71.29%	★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	46.23%	★★
Immunizations for Adolescents		
Combination 1	82.73%	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	86.74%	★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	70.37%	★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	42.27%	★★★
Continuation and Maintenance Phase	54.07%	★★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	58.78%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	63.02%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	50.36%	★★★
Ages 21 to 24 Years	60.12%	★★
Total	54.81%	★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	95.44%	★★
Ages 25 Months to 6 Years	86.68%	★★
Ages 7 to 11 Years	87.98%	★
Ages 12 to 19 Years	86.62%	★

2016 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

Measure	HEDIS 2016	2016 Performance Level
Access to Care (continued)		
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	83.34%	★★★
Ages 45 to 64 Years	89.87%	★★★
Ages 65+ Years	90.48%	★★★★
Total	86.05%	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	23.00%	★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	66.67%	★★
Counseling for Nutrition—Total	50.85%	★
Counseling for Physical Activity—Total†	44.53%	★★
Adult BMI Assessment		
Adult BMI Assessment	87.83%	★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	76.40%	★
Postpartum Care	63.99%	★★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	58.15%	★★
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	31.56%	—
1–12 Weeks	11.98%	—
13–27 Weeks	32.13%	—
28 or More Weeks	20.25%	—
Unknown	4.07%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness		
Comprehensive Diabetes Care†		
Hemoglobin A1c (HbA1c) Testing	89.42%	★★★
*HbA1c Poor Control (>9.0%)**	36.50%	★★★
HbA1c Control (<8.0%)	51.09%	★★★
Eye Exam (Retinal) Performed	56.20%	★★★
Medical Attention for Nephropathy	92.15%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	61.50%	★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	59.94%	★★★★
Medication Compliance 75%—Total	38.39%	★★★★
Asthma Medication Ratio		
Total	65.18%	★★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	54.74%	★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	77.60%	★★★
Discussing Cessation Medications	50.54%	★★★
Discussing Cessation Strategies	42.25%	★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	58.33%	★★★★
Effective Continuation Phase Treatment	39.15%	★★★
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	81.62%	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	63.59%	★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness (continued)		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	66.45%	★★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	86.14%	★★
Digoxin	56.25%	★★★
Diuretics	86.37%	★★
Total	86.02%	★★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	68.72%	—
Total—Black or African American	15.26%	—
Total—American-Indian and Alaska Native	0.55%	—
Total—Asian	0.71%	—
Total—Native Hawaiian and Other Pacific Islander	0.07%	—
Total—Some Other Race	5.05%	—
Total—Two or More Races	0.00%	—
Total—Unknown	9.64%	—
Total—Declined	<0.01%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	96.40%	—
Spoken Language Preferred for Health Care—Non-English	0.20%	—
Spoken Language Preferred for Health Care—Unknown	3.40%	—
Spoken Language Preferred for Health Care—Declined	<0.01%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because 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, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Health Plan Diversity (continued)		
Preferred Language for Written Materials—English	NR	—
Preferred Language for Written Materials—Non-English	NR	—
Preferred Language for Written Materials—Unknown	100.00%	—
Preferred Language for Written Materials—Declined	NR	—
Other Language Needs—English	0.00%	—
Other Language Needs—Non-English	0.00%	—
Other Language Needs—Unknown	100.00%	—
Other Language Needs—Declined	0.00%	—
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months)		
Emergency Department Visits—Total‡,*	70.80	★★
Outpatient Visits—Total	430.13	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	7.42	—
Total Inpatient—Average Length of Stay—Total	3.45	—
Maternity—Discharges per 1,000 Member Months—Total	2.65	—
Maternity—Average Length of Stay—Total	2.33	—
Surgery—Discharges per 1,000 Member Months—Total	2.01	—
Surgery—Average Length of Stay—Total	4.85	—
Medicine—Discharges per 1,000 Member Months—Total	3.47	—
Medicine—Average Length of Stay—Total	3.27	—

‡ Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 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 D-2 shows that **MCL** had 30 rates ranking at or above the national Medicaid 50th percentile, two of which (*Lead Screening in Children* and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*) ranked above the national Medicaid 90th percentile. However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results. Thirty-two rates fell below the national Medicaid 50th percentile, five of which were below the national Medicaid 25th percentile. Opportunities for improvement exist for **MCL** in these five rates, which were found in the Access to Care (two of four *Children and Adolescents' Access to Primary Care Practitioners* indicators), Obesity (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total*), Pregnancy Care (*Prenatal and Postpartum Care—Timeliness of Prenatal Care*), and Living With Illness (*Diabetes Monitoring for People With Diabetes and Schizophrenia*) domains.

Performance Improvement Projects (PIPs)

Table D-3 displays the validation results for **MCL**'s PIP evaluated during 2015–2016. This table illustrates the MHP's overall application of the PIP process and success in implementing the study. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table D-3 show, by activity, the percentage of applicable evaluation elements that received each score. Additionally, HSAG calculated a score for each stage and an overall score across all activities.

Table D-3—Performance Improvement Project Validation Results for MCL

Stage	Activity		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			**100% (11/11)**	**0% (0/11)**	**0% (0/11)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	75% (6/8)	25% (2/8)	0% (0/8)
	VIII.	Appropriate Improvement Strategies	100% (4/4)	0% (0/4)	0% (0/4)
Implementation Total			**83% (10/12)**	**17% (2/12)**	**0% (0/12)**
Outcomes	IX.	Real Improvement Achieved	25% (1/4)	0% (0/4)	75% (3/4)
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			**25% (1/4)**	**0% (0/4)**	**75% (3/4)**
Percentage Score of Applicable Evaluation Elements *Met*			**81% (22/27)**		

Overall, 81 percent of all applicable evaluation elements received a score of *Met*. **MCL** developed a PIP that is methodologically sound; however, opportunities for improvement exist related to data analysis interpretation and demonstrating statistically significant improvement over the baseline.

MCL designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes and allowed the MHP to proceed to implementing interventions.

MCL reported and interpreted second remeasurement data accurately; however, HSAG was not able to replicate the MHP's reported *p* value for baseline to Remeasurement 2. The MHP used appropriate quality improvement tools to conduct its causal/barrier analysis and implemented interventions with the potential to have a long-term impact on the study indicator outcomes.

Table D-4 displays Remeasurement 2 data for **MCL**'s *Improving the Rate of Diabetic Eye Exams for Members 20–44 Years of Age With Diabetes* PIP. **MCL**'s goal was to increase the percentage of diabetic exams conducted for this subpopulation to 63.4 percent. The health plan has not been able to achieve statistically significant improvement or to meet its goal.

Table D-4—Performance Improvement Project Outcomes for MCL

PIP #1—*Improving the Rate of Diabetic Eye Exams for Members 20 to 44 Years of Age With Diabetes*				
PIP Study Indicator	**Baseline Period (01/01/2013–12/31/2013)**	**Remeasurement 1 (01/01/2014–12/31/2014)**	**Remeasurement 2 (01/01/2015–12/31/2015)**	**Sustained Improvement**
The percentage of diabetic enrollees 20 to 44 years of age who had a retinal or dilated eye exam by an eye care professional during the measurement year or a negative retinal or dilated eye exam by an eye care professional in the year prior.	40.8%	37.1%	40.6%	Not Assessed

For the Remeasurement 2 period, **MCL** reported that 40.6 percent of its enrollees 20 to 44 years of age had had a diabetic eye exam during the measurement year or year prior. This is non-statistically significant improvement compared to Remeasurement 1; however, this rate is essentially the same as the baseline rate of 40.8, indicating no improvement.

For the *Improving the Rate of Diabetic Eye Exams for Members 20–44 Years of Age With Diabetes* PIP, **MCL** identified through its task force committee's drill-down analysis that the primary barriers were enrollees' lack of understanding regarding the importance of the eye exam, lack of enrollee and provider incentives, and lack of transportation. To address these barriers, the following interventions were in place:

- Diabetes program sends out diabetic newsletters to enrollees.
- Diabetic blitz calls. During these three-way calls, education is provided, an appointment scheduled, and transportation arranged.
- Enrollee and provider incentive program. This "Five for Five" program consists of giving enrollees a $5 gift card for each diabetic test they receive in the measurement year. Providers receive $5 for each diabetic test completed.
- Implementation of a diabetic registry to more accurately identify diabetic enrollees and stratify them based on location and testing needs.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

The 2014–2015 compliance review resulted in recommendations for the *Members*, *Quality*, and *MIS* standards, all representing opportunities for improvement for **MCL**. For the *Members* standard the MHP continued to work towards compliance with the recommendation for timely dissemination of member materials, including ID cards and new member packets. For the *MIS* standard, the MHP addressed the recommendation related to ensuring complete and timely submission of all required documentation for the consolidated annual report. For the *Quality* standard, **MCL** addressed the recommendations related to improving its rates for the *Complaints* measures, while still working on improving its rates for the *Claims Processing* measures to meet the respective minimum performance standards.

Performance Measures

HSAG's assessment of **MCL**'s follow-up on prior recommendations focused on the improvement observed in measures that were below the national Medicaid 25th percentile and on **MCL**'s quality improvement efforts in 2015. In 2015, four measure rates fell below the national Medicaid 25th percentile. In 2016, three of those measure rates were reportable. One measure, *Diabetes Monitoring for People With Diabetes and Schizophrenia*, remained below the national Medicaid 25th percentile; and the remaining two measure indicators, *Chlamydia Screening in Women—Ages 21 to 24 Years* and *Breast Cancer Screening*, improved from 2015 and ranked at or above the national Medicaid 25th percentile, with the *Breast Cancer Screening* rate exceeding the national Medicaid 50th percentile.

Improvement in performance, as listed in the **MCL**'s 2015 Quality Performance Improvement Evaluation, may be related to several quality initiatives, including diabetic and asthma disease management programs with newsletters, continuing education for self-management, and physician and member incentives for breast cancer and chlamydia screenings. Additional time may be needed to see the effects of efforts and interventions implemented by the MHP to improve care; therefore, in future years, HSAG will continue to monitor HEDIS rates related to these areas.

Performance Improvement Projects (PIPs)

For the 2014-2015 second-year validation of **MCL**'s PIP, *Improving the Rate of Diabetic Eye Exams for Members 20 to 44 Years of Age With Diabetes*, HSAG validated Activities I through IX. HSAG identified opportunities for improvement in Activity IX— Assess for Real Improvement. In the 2015-2016 PIP submission, **MCL** did not achieve improvement over the baseline in Remeasurement 2; therefore, the recommendations were not addressed.

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

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

MCL demonstrated equally strong performance in the three areas of **quality** and **timeliness** of and **access** to services provided by the MHP. In the **timeliness** and access **areas**, half of the applicable standards were in full compliance with all requirements. The 2015–2016 compliance review also identified opportunities for improvement across all three areas. The MHP should address the recommendation for the *Administrative* standard related to the **quality** area by ensuring compliance with the Governing Body criterion. For the *Members* standard, which addresses all three areas, **MCL** should ensure compliance with the requirement to send out member ID cards via first class mail and mail new member packets within ten business days of notification of enrollment. To improve performance on the *Quality* standard—addressing the areas of **quality** and **access**—**MCL** should provide documentation of additional clinical practice guidelines and continue efforts to improve performance in the following measures: *Postpartum Care, Well-Child Visits 3–6 Years, Complaints, Timely Completion of HRA, Outreach and Engagement to Facilitate Primary Care, Adults' Access to Ambulatory Health Services, Cervical Cancer Screening, Chlamydia Screening,* and *Annual Monitoring for Patients on Persistent Medications.* The MHP received recommendations related to the health information systems criteria for the *MIS* standard in the **quality** and **timeliness** areas.

Compared to the national HEDIS 2015 performance, **MCL**'s performance across the three areas was primarily below the national Medicaid 50th percentile.

In the **quality** area, two rates performed at or above the national Medicaid 90th percentile, while two rates fell below the national Medicaid 25th percentile. The top-performing rates were in the Child & Adolescent Care domain (*Lead Screening in Children*) and the Living With Illness domain (*Comprehensive Diabetes Care—Medical Attention for Nephropathy*). Measure indicators that performed below the national Medicaid 25th percentile were from the Obesity domain (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* and *Diabetes Monitoring for People With Diabetes and Schizophrenia*).

In the **timeliness** area, for **MCL**, one rate (*Lead Screening in Children*) ranked at or above the national Medicaid 90th percentile, and ten rates ranked below the national Medicaid 50th percentile—with one rate performing below the national Medicaid 25th percentile. The single rate below the national

Medicaid 25th percentile was found in the Pregnancy Care domain (*Prenatal and Postpartum Care—Timelines of Prenatal Care*). Opportunities for improvement exist for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator and all nine *Childhood Immunization Status* measure indicators.

In the **access** area, **MCL** had one rate (*Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*) rank at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. Seven rates ranked below the national Medicaid 50th percentile, with three measure indicators performing below the national Medicaid 25th percentile (*Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years* and *Ages 12 to 19 Years*, and *Prenatal and Postpartum Care—Timeliness of Prenatal Care*). Opportunities for improvement exist for most indicators in the Access to Care and Pregnancy Care domains.

Related to all areas, **MCL** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures and specifically the rates for low-performing measures such as those ranked below the national Medicaid 25th percentile.

MCL's PIP addressed the **quality**, **timeliness**, **and access** areas. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VI and VIII of the CMS protocol for conducting PIPs. **MCL** should continue efforts to achieve statistically significant improvement in the study indicator. Additionally, to strengthen the PIP, the MHP should address all *Not Met* and *Partially Met* evaluation element scores along with all *Points of Clarification*.

Appendix E. Findings—Meridian Health Plan of Michigan

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDHHS evaluated **MER**'s compliance with federal and State requirements related to the six standards shown in Table E-1 over the course of the 2015–2016 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table E-1 below presents **MER**'s compliance review results.

Table E-1—Compliance Review Results for MER

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Not Applicable*	MHP	Statewide
1	*Administrative*	5	0	0	0	100%	98%
2	*Providers*	12	0	0	0	100%	99%
3	*Members*	8	0	0	0	100%	95%
4	*Quality*	8	1	0	0	94%	91%
5	*MIS*	3	0	0	0	100%	89%
6	*Program Integrity*	16	0	0	0	100%	96%
Overall		**52**	**1**	**0**	**0**	**99%**	**96%**

MER showed strength in the *Administrative*, *Providers*, *Members*, *MIS*, and *Program Integrity* standards, demonstrating compliance with all requirements. **MER**'s performance on these standards exceeded the statewide scores with a score of 100 percent in each standard. While the 2015–2016 compliance review identified an opportunity for improvement for the *Quality* standard, this standard scored above the statewide average score. **MER**'s strong performance resulted in an above-average overall compliance score of 99 percent.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's data system to report accurate HEDIS measures. Table E-2 shows each of the measures, the rate for each measure for 2016, and the categorized performance for 2016 relative to national HEDIS 2015 Medicaid results for **MER**.[E-1]

Table E-2—Scores for Performance Measures for MER

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	77.91%	★★★
Combination 3	72.79%	★★★
Combination 4	68.84%	★★★
Combination 5	59.07%	★★★
Combination 6	42.79%	★★
Combination 7	55.81%	★★★
Combination 8	41.86%	★★
Combination 9	36.28%	★★
Combination 10	35.35%	★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	75.21%	★★★★★

2016 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

[E-1] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care (continued)		
Lead Screening in Children		
Lead Screening in Children	80.32%	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	77.27%	★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	59.72%	★★★
Immunizations for Adolescents		
Combination 1	86.11%	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	89.77%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	72.84%	★★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	45.88%	★★★
Continuation and Maintenance Phase	57.59%	★★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	59.57%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	63.91%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	60.65%	★★★★
Ages 21 to 24 Years	68.47%	★★★★
Total	64.41%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	97.69%	★★★★
Ages 25 Months to 6 Years	91.25%	★★★★
Ages 7 to 11 Years	92.57%	★★★
Ages 12 to 19 Years	92.74%	★★★★

2016 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

Measure	HEDIS 2016	2016 Performance Level
Access to Care (continued)		
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	85.37%	★★★★
Ages 45 to 64 Years	91.57%	★★★★
Ages 65+ Years	91.50%	★★★★
Total	87.70%	★★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	23.57%	★★
Obesity		
BMI Percentile—Total	74.53%	★★★
Counseling for Nutrition—Total	68.22%	★★★
Counseling for Physical Activity—Total†	55.14%	★★★
Adult BMI Assessment		
Adult BMI Assessment	94.08%	★★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	88.11%	★★★
Postpartum Care	68.53%	★★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	86.01%	★★★★★
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	29.54%	—
1–12 Weeks	12.22%	—
13–27 Weeks	36.06%	—
28 or More Weeks	20.84%	—
Unknown	1.35%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness		
Comprehensive Diabetes Care†		
Hemoglobin A1c (HbA1c) Testing	85.60%	★★
*HbA1c Poor Control (>9.0%)**	39.97%	★★★
HbA1c Control (<8.0%)	50.23%	★★★
Eye Exam (Retinal) Performed	61.87%	★★★
Medical Attention for Nephropathy	88.67%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	68.15%	★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	71.23%	★★★★★
Medication Compliance 75%—Total	48.68%	★★★★★
Asthma Medication Ratio		
Total	69.48%	★★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	67.79%	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	80.16%	★★★★
Discussing Cessation Medications	55.69%	★★★★
Discussing Cessation Strategies	44.88%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	70.45%	★★★★★
Effective Continuation Phase Treatment	50.24%	★★★★★
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	80.27%	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	73.63%	★★★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness (continued)		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	80.00%	★★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	61.59%	★★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	87.38%	★★
Digoxin	52.38%	★★
Diuretics	87.53%	★★★
Total	87.22%	★★★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	62.24%	—
Total—Black or African American	21.29%	—
Total—American-Indian and Alaska Native	0.45%	—
Total—Asian	0.77%	—
Total—Native Hawaiian and Other Pacific Islander	0.06%	—
Total—Some Other Race	<0.01%	—
Total—Two or More Races	0.00%	—
Total—Unknown	5.66%	—
Total—Declined	9.53%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	98.87%	—
Spoken Language Preferred for Health Care—Non-English	1.13%	—
Spoken Language Preferred for Health Care—Unknown	<0.01%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Health Plan Diversity (continued)		
Preferred Language for Written Materials—English	98.87%	—
Preferred Language for Written Materials—Non-English	1.13%	—
Preferred Language for Written Materials—Unknown	<0.01%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	98.87%	—
Other Language Needs—Non-English	1.13%	—
Other Language Needs—Unknown	<0.01%	—
Other Language Needs—Declined	0.00%	—
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months)		
Emergency Department Visits—Total‡,*	80.18	★
Outpatient Visits—Total	392.51	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	8.23	—
Total Inpatient—Average Length of Stay—Total	3.86	—
Maternity—Discharges per 1,000 Member Months—Total	2.65	—
Maternity—Average Length of Stay—Total	2.50	—
Surgery—Discharges per 1,000 Member Months—Total	1.02	—
Surgery—Average Length of Stay—Total	5.73	—
Medicine—Discharges per 1,000 Member Months—Total	5.33	—
Medicine—Average Length of Stay—Total	3.98	—

‡ Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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 E-2 shows that **MER** had 24 rates ranking at or above the national Medicaid 75th percentile, with eight rates ranking at or above the national Medicaid 90th percentile. Nine measures fell below the national Medicaid 50th percentile, one of which fell below the national Medicaid 25th percentile (*Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*). Rates ranking at or above the national Medicaid 90th percentile were found in the Child & Adolescent Care (*Well-Child Visits in the First 15 Months of Life—Six of More Visits*), Obesity (*Adult BMI Assessment*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*Comprehensive Diabetes Care—Medical Attention for Nephropathy*, both *Medication Management for People With Asthma* indicators, and both *Antidepressant Medication Management* indicators) domains. However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results. Opportunities for improvement existed for **MER**, especially in the Child & Adolescent Care domain where four rates fell below the national Medicaid 50th percentile.

Performance Improvement Projects (PIPs)

Table E-3 presents the validation results for **MER**'s PIP evaluated during 2015–2016. This table illustrates the MHP's overall application of the PIP process and success in implementing the study. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table E-3 show, by activity, the percentage of applicable evaluation elements that received each score. Additionally, HSAG calculated a score for each stage and an overall score across all activities.

Table E-3—Performance Improvement Project Validation Results for MER

Stage	Activity		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			**100% (11/11)**	**0% (0/11)**	**0% (0/11)**
Implementation	VII.	Sufficient Data Analysis and Interpretation*	75% (6/8/)	13% (1/8/)	13% (1/8)
	VIII.	Appropriate Improvement Strategies	100% (4/4)	0% (0/4)	0% (0/4)
Implementation Total*			**83% (10/12)**	**8% (1/12)**	**8% (1/12)**
Outcomes	IX.	Real Improvement Achieved	100% (4/4)	0% (0/4)	0% (0/4)
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			**100% (4/4)**	**0% (0/4)**	**0% (0/4)**
Percentage Score of Applicable Evaluation Elements *Met*			**93% (25/27)**		

* Percentage totals may not equal 100 percent due to rounding.

Overall, 93 percent of all applicable evaluation elements received a score of *Met*. **MER** developed a PIP that is methodologically sound and reported and interpreted its data accurately; however, opportunities exist related to demonstrating statistically significant improvement over the baseline and achieving the desired results for the project.

MER designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes and allowed the MHP to proceed to implementing interventions.

MER reported and interpreted second remeasurement data accurately; however, the MHP did not include a narrative interpretation for the statistical testing outcomes between Remeasurement 1 and Remeasurement 2 or address factors that could affect the comparability between measurement periods. The MHP used appropriate quality improvement tools to conduct its causal/barrier analysis and implemented interventions with the potential to have a long-term impact on the study indicator outcomes.

Table E-4 displays Remeasurement 2 data for **MER**'s *Improving Diabetic Screening Among African Americans* PIP. **MER**'s goals are to increase to 86.3 percent the percentage of African Americans 18 to 75 years of age and diagnosed with diabetes who have an HbA1c test performed and to increase to 54.7 percent the percentage from the same eligible population who have a diabetic eye exam completed.

Table E-4—Performance Improvement Project Outcomes for MER

PIP—*Improving Diabetic Screening Among African Americans*				
Study Indicators	**Baseline Period (01/01/2013–12/31/2013)**	**Remeasurement 1 (01/01/2014–12/31/2014)**	**Remeasurement 2 (01/01/2015–12/31/2015)**	**Sustained Improvement**
The percentage of African American enrollees 18 to 75 years of age diagnosed with diabetes that had an HbA1c test performed during the measurement year.	82.1%	81.8%	85.3%	Not Assessed
The percentage of African American enrollees 18 to 75 years of age diagnosed with diabetes that had a diabetic eye exam performed during the measurement year.	50%	46.4%	54.6%	Not Assessed

For the second remeasurement period, **MER** reported that 85.3 percent of African American diabetic enrollees 18 to 75 years of age had had an HbA1c test during the measurement year and 54.6 percent had had a diabetic eye exam performed. Both rates were statistically significant increases compared to the baseline and were just below the goals set for Remeasurement 2. An additional measurement period is required to determine whether or not the improvement will be sustained.

For the *Improving Diabetic Screening Among African Americans* PIP, **MER**'s Quality Improvement Committee met quarterly in CY 2015 and conducted brainstorming as well as a focus group to collect feedback from the African American diabetic members in Wayne County. Barriers were prioritized by analyzing the MHP's resources and determining the feasibility of impacting the identified barriers: lack of culturally sensitive education materials; lack of enrollee awareness regarding required diabetic screening and disease self-management; social determinants such as low-income communities; enrollees with unmanaged and poorly managed diabetes due to the lack of available resources; providers missing opportunities for evidence-based screenings for various reasons; miscoding by provider staff; and lack of accurate enrollee contact and demographic information. To address these barriers, the following interventions were in place:

- Provider HEDIS bonus. Providers receive $25 per enrollee per calendar year for performing a retinal eye exam and HbA1c test (and a bonus for each measured separately). The bonus is promoted through a HEDIS "misses" list given to providers monthly. This list shows providers which enrollees need screenings/tests.
- Clinical practice guidelines are distributed to providers annually.
- Patient-Centered Medical Home (PCMH) program. A bonus of up to $3 per enrollee per month is offered to practices demonstrating compliance with PCMH guidelines.
- Enrollee reminders. Enrollees receive a Comprehensive Diabetes Care (CDC) HEDIS reminder when they call the MHP. HEDIS reminders are also provided to enrollees due for diabetic screenings.
- Care Coordination Program. This program provides patient-focused, individualized care coordination for high-risk diabetic enrollees and provides education and tools needed for self-management.
- Enrollee incentive. A diabetic eye exam raffle provides two $100 gift cards to enrollees who had diabetic eye exams.
- Targeted, culturally sensitive materials. **MER** updated its disease management mailing to incorporate culturally sensitive photos and information. African Americans included in the diabetic population received this mailed information.
- Diabetes Enrollee Focus Group. The purpose of the focus group was to identify enrollee barriers related to managing their diabetes. However, education about the necessary testing and screenings were also provided during this event.
- Home HbA1c testing kits. A total of 647 eligible enrollees were sent an in-home HbA1c testing kit with instructions on how to complete the test. Once the test was completed, the enrollee's primary care physician was able to call the laboratory directly and obtain the results.
- Provider office staff education. The MHP's medical record data abstractors notified offices of the proper procedures and how to bill correctly.

For the 2014–2015 second-year validation of **MER**'s PIP, *Improving Diabetic Screening Among African Americans*, HSAG validated Activities I through IX, resulting in a validation status of *Not Met*, with an

overall score of 89 percent and a score of 88 percent for critical elements. The *Not Met* validation status was due to the lack of statistically significant improvement achieved over the baseline.

MER's PIP, *Improving Diabetic Screening Among African Americans*, was designed to increase compliance with diabetic screenings for **MER**'s African American enrollees 18 to 75 years of age who have a diagnosis of diabetes. **MER** determined through data analysis that this subpopulation posed an area of improvement for the MHP. Diabetic enrollees who do not receive proper screenings are at a higher risk for poor disease management and further complications related to diabetes.

MER designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

MER reported and interpreted its first remeasurement data accurately, conducted a causal/barrier analysis, and implemented interventions based on barriers identified.

For the first remeasurement period, **MER** reported that 81.8 percent of its African American diabetic enrollees 18 to 75 years of age had had an HbA1c test during the measurement year and that 46.5 percent had had a diabetic eye exam performed. Both rates fell below the baseline; and the decline for Study Indicator 2, diabetic retinal eye exams, was statistically significant. **MER**'s goal is to increase the rate for HbA1c tests performed to 83.2 percent and the rate for diabetic eye exams completed to 54.3 percent.

MER developed a methodologically sound project. Despite efforts and interventions, **MER** was not successful in achieving real improvement. However, processes and follow-up activities are in place in an attempt to overcome the decline in performance and meet the desired outcomes for the PIP.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

The 2014–2015 compliance review identified an opportunity for improvement for the *Quality* standard. **MER** successfully addressed the recommendation and submitted evidence of compliance, improving its rates on the *Blood Lead Testing* and *Claims Processing* measures.

Performance Measures

HSAG's assessment of **MER**'s follow-up on prior recommendations focused on the improvement observed in measures that were below the 25th percentile and on **MER**'s quality improvement efforts in 2015. In 2015, **MER** had four rates fall below the national Medicaid 25th percentile. One rate (one of the five *Use of Appropriate Medications for People With Asthma* indicators) was retired from HEDIS 2016 reporting, and another rate (*Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—*

Total) was not compared to benchmarks in 2016. The remaining two measures (*Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*) improved in performance and ranked at or above the national Medicaid 50th percentile. However, due to changes in the technical specifications for the *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* measure, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results.

As discussed in its 2015 Quality Improvement Annual Evaluation, **MER** implemented quality initiatives related to the following: asthma and cardiovascular disease management programs with in-home asthma care and education and mailings about medication adherence, self-management skills, treatment plans, and healthy behaviors. **MER** also implemented monthly reminder postcards about preventive care and incentives for both providers and members who completed certain services. Additional time may be needed to see the effects of efforts and interventions implemented by the MHP to improve care; therefore, in future years HSAG will continue to monitor HEDIS rates related to these areas.

Performance Improvement Projects (PIPs)

For the 2014–2015 second-year validation of **MER**'s PIP, *Improving Diabetic Screening Among African Americans*, HSAG validated Activities I through IX. HSAG identified opportunities for improvement in Activity IX—Assess for Real Improvement. In the 2015–2016 PIP submission, HSAG determined that **MER** successfully addressed the recommendations and achieved a statistically significant improvement over baseline.

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

The current review of **MER** showed more strengths than opportunities for improvement.

MER demonstrated strong performance across the areas of **quality** and **timeliness** of and **access** to services provided by the MHP. **MER**'s strongest performance was in the **timeliness** area, with all four standards in this areas in full compliance with all requirements and substantial compliance for the areas of ***quality*** and ***access*** with almost all standards in full compliance. The 2015–2016 compliance review also identified an opportunity for improvement related to the areas of **quality** and **access**. **MER** should address the recommendation for the *Quality* standard and implement performance improvement initiatives to improve its rates and meet the MDHHS-specified minimum performance standards on the *Postpartum Care, Well-Child Visits 0–15 Months, Well-Child Visits 3–6 Years, Outreach and Engagement to Primary Care, Adults' Access to Ambulatory Health Services,* and *Cervical Cancer Screening* measures.

Compared to the national HEDIS 2015 benchmarks, **MER**'s performance varied across all three areas. Overall, **MER** had several measures rank above the national Medicaid 50th percentile in each area,

especially in the **access** area, where all but one measure ranked at or above the national Medicaid 50th percentile.

In the **quality** area, eight rates performed at or above the national Medicaid 90th percentile, and eight rates fell below the national Medicaid 50th percentile, with no rates falling below the national Medicaid 25th percentile. The top-performing rates spanned multiple domains, including Child & Adolescent Care (*Well-Child Visits in the First 15 Months of Life—Six of More Visits*), Obesity (*Adult BMI Assessment*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*Comprehensive Diabetes Care—Medical Attention for Nephropathy*, both *Medication Management for People With Asthma* indicators, and both *Antidepressant Medication Management* indicators). Rates falling below the national Medicaid 50th percentile were in the Child & Adolescent Care (*Childhood Immunization Status—Combination 6, 8, 9,* and *10*), Access to Care (*Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*), and Living With Illness (*Comprehensive Diabetes Care—HbA1c Testing* and *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBS* and *Digoxin*) domains.

In the **timeliness** area, **MER** had two rates (*Lead Screening in Children* and *Immunizations for Adolescents—Combination 1*) perform at or above the national Medicaid 75th percentiles but below the national Medicaid 90th percentiles. No **timeliness**-related measures fell below the national Medicaid 50th percentiles.

In the **access** area, **MER** had one measure indicator (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*) rank at or above the national Medicaid 90th percentile and one measure indicator (*Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) fall below the national Medicaid 25th percentile. All remaining **access**-related measures ranked above the national Medicaid 50th percentiles.

Related to all areas, **MER** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures and specifically the rates for low-performing measures such as those that fell below the national Medicaid 25th percentiles.

MER's PIP addressed the **quality**, **timeliness**, **and access** areas. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VI, VIII, and IX of the CMS protocol for conducting PIPs. **MER** should continue efforts to achieve sustained improvement in the study indicators. To strengthen the PIP, the MHP should address all *Not Met* and *Partially Met* evaluation element scores along with all *Points of Clarification*.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDHHS evaluated **MID**'s compliance with federal and State requirements related to the six standards shown in Table F-1 over the course of the 2015–2016 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table F-1 presents **MID**'s compliance review results.

Table F-1—Compliance Review Results for MID

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Not Applicable*	MHP	Statewide
1	*Administrative*	4	1	0	0	90%	98%
2	*Providers*	8	2	0	0	92%	99%
3	*Members*	10	0	0	0	100%	95%
4	*Quality*	7	2	0	0	89%	91%
5	*MIS*	3	0	0	0	100%	89%
6	*Program Integrity*	15	1	0	0	97%	96%
Overall		**47**	**6**	**0**	**0**	**94%**	**96%**

MID demonstrated compliance with all requirements related to the *Members* and *MIS* standards, which—with a compliance score of 100 percent—represented areas of strength for **MID**. The 2015–2016 compliance review identified opportunities for improvement for the *Administrative*, *Providers*, *Quality*, and *Program Integrity* standards. **MID**'s compliance scores for the *Administrative*, *Providers*, and *Quality* standards were lower than the statewide scores, while the MHP's score for the *Program Integrity* standard was higher. **MID**'s performance resulted in an overall compliance score of 94 percent, which fell below the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's data system to report accurate HEDIS measures. Table F-2 shows each of the measures, the rate for each measure for 2016, and the categorized performance for 2016 relative to national HEDIS 2015 Medicaid results for **MID**.[F-1]

Table F-2—Scores for Performance Measures for MID

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	79.86%	★★★★
Combination 3	73.84%	★★★
Combination 4	71.30%	★★★
Combination 5	63.43%	★★★
Combination 6	38.43%	★★
Combination 7	61.34%	★★★
Combination 8	37.27%	★★
Combination 9	33.10%	★★
Combination 10	31.94%	★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	56.02%	★★

2016 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

[F-1] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care (continued)		
Lead Screening in Children		
Lead Screening in Children	74.07%	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	76.85%	★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	54.99%	★★★
Immunizations for Adolescents		
Combination 1	87.73%	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	88.19%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	67.98%	★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	31.86%	★
Continuation and Maintenance Phase	33.33%	★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	57.54%	★★
Cervical Cancer Screening		
Cervical Cancer Screening	59.35%	★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	58.75%	★★★★
Ages 21 to 24 Years	64.76%	★★★
Total	61.37%	★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	95.21%	★★
Ages 25 Months to 6 Years	86.58%	★★
Ages 7 to 11 Years	89.22%	★★
Ages 12 to 19 Years	87.47%	★★

2016 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

Measure	HEDIS 2016	2016 Performance Level
Access to Care (continued)		
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	77.66%	★★
Ages 45 to 64 Years	88.04%	★★★
Ages 65+ Years	89.06%	★★★
Total	82.14%	★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	33.23%	★★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	74.17%	★★★
Counseling for Nutrition—Total	62.80%	★★★
Counseling for Physical Activity—Total†	54.98%	★★★
Adult BMI Assessment		
Adult BMI Assessment	85.42%	★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	71.93%	★
Postpartum Care	51.04%	★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	35.73%	★
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	39.57%	—
1–12 Weeks	11.65%	—
13–27 Weeks	26.47%	—
28 or More Weeks	18.08%	—
Unknown	4.22%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness		
Comprehensive Diabetes Care†		
Hemoglobin A1c (HbA1c) Testing	85.93%	★★
*HbA1c Poor Control (>9.0%)**	48.44%	★★
HbA1c Control (<8.0%)	45.04%	★★
Eye Exam (Retinal) Performed	57.19%	★★★
Medical Attention for Nephropathy	88.74%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	44.74%	★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	62.98%	★★★★
Medication Compliance 75%—Total	34.90%	★★★★
Asthma Medication Ratio		
Total	60.26%	★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	53.86%	★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	81.74%	★★★★
Discussing Cessation Medications	52.57%	★★★★
Discussing Cessation Strategies	44.21%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	37.50%	★
Effective Continuation Phase Treatment	23.44%	★
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	81.58%	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	65.69%	★★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness (continued)		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	5.04%	★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	86.17%	★★
Digoxin	54.55%	★★★
Diuretics	84.95%	★★
Total	85.43%	★★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	43.61%	—
Total—Black or African American	37.40%	—
Total—American-Indian and Alaska Native	0.18%	—
Total—Asian	2.02%	—
Total—Native Hawaiian and Other Pacific Islander	0.18%	—
Total—Some Other Race	4.58%	—
Total—Two or More Races	0.00%	—
Total—Unknown	12.03%	—
Total—Declined	0.00%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	100.00%	—
Spoken Language Preferred for Health Care—Non-English	0.00%	—
Spoken Language Preferred for Health Care—Unknown	0.00%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because 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, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Health Plan Diversity (continued)		
Preferred Language for Written Materials—English	0.00%	—
Preferred Language for Written Materials—Non-English	0.00%	—
Preferred Language for Written Materials—Unknown	100.00%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	0.00%	—
Other Language Needs—Non-English	0.00%	—
Other Language Needs—Unknown	100.00%	—
Other Language Needs—Declined	0.00%	—
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months		
*Emergency Department Visits—Total‡,**	66.64	★★
Outpatient Visits—Total	405.99	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	9.24	—
Total Inpatient—Average Length of Stay—Total	3.87	—
Maternity—Discharges per 1,000 Member Months—Total	2.77	—
Maternity—Average Length of Stay—Total	2.52	—
Surgery—Discharges per 1,000 Member Months—Total	2.16	—
Surgery—Average Length of Stay—Total	6.26	—
Medicine—Discharges per 1,000 Member Months—Total	5.06	—
Medicine—Average Length of Stay—Total	3.38	—

‡ Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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 F-2 shows that **MID** had 29 rates ranking at or above the national Medicaid 50th percentile, two of which were at or above the national Medicaid 90th percentile. Thirty-three rates fell below the national Medicaid 50th percentile, nine of which were below the national Medicaid 25th percentile. The two measure indicators ranking at or above the national Medicaid 90th percentile were found in the Child & Adolescent Care (*Immunizations for Adolescents—Combination 1*) and Living With Illness (*Comprehensive Diabetes Care—Medical Attention for Nephropathy*) domains. However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results. Measures falling below the national Medicaid 25th percentile spanned multiple domains, including Child & Adolescent Care (both *Follow-Up Care for Children Prescribed ADHD Medication* indicators), Pregnancy Care (both *Prenatal and Postpartum Care* indicators and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg]*, both *Antidepressant Medication Management* indicators, and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*). These measures represent opportunities for improvement for **MID**.

Performance Improvement Projects (PIPs)

Table F-3 displays the validation results for **MID**'s PIP evaluated during 2015–2016. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table F-3 show, by activity, the percentage of applicable evaluation elements that received each score. Additionally, HSAG calculated a score for each stage and an overall score across all activities.

Table F-3—Performance Improvement Project Validation Results for MID

Stage	Activity		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Select the Study Topic(s)	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Define the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Use a Representative and Generalizable Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Select the Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Use Sound Sampling Techniques	100% (6/6)	0% (0/6)	0% (0/6)
	VI.	Reliably Collect Data	100% (6/6)	0% (0/6)	0% (0/6)
Design Total			**100% (19/19)**	**0% (0/19)**	**0% (0/19)**
Implementation and Evaluation	VII.	Analyze and Interpret Study Results	100% (8/8)	0% (0/8)	0% (0/8)
	VIII.	Implement Intervention and Improvement Strategies	100% (4/4)	0% (0/4)	0% (0/4)
Implementation and Evaluation Total			**100% (12/12)**	**0% (0/12)**	**0% (0/12)**
Outcomes	IX.	Assess for Real Improvement	25% (1/4)	0% (0/4)	75% (3/4)
	X.	Assess for Sustained Improvement	0% (0/1)	0% (0/1)	100% (1/1)
Outcomes Total			**20% (1/5)**	**0% (0/5)**	**80% (4/5)**
Percentage Score of Applicable Evaluation Elements *Met*			**89% (32/36)**		

Overall, 89 percent of all applicable evaluation elements received a score of *Met*. **MID** developed a PIP that is methodologically sound and reported and interpreted its second remeasurement data accurately.

MID designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes and allowed the MHP to proceed to implementing interventions.

MID reported and interpreted second remeasurement data for the study indicator accurately. The MHP used appropriate quality improvement tools to conduct its causal/barrier analysis and implemented some active interventions with potential to impact study indicator outcomes.

Table F-4 displays Remeasurement 2 data for **MID**'s *Management of Blood Pressure in Adults With a Diagnosis of Diabetes and Critical Co-Morbid Condition of Hypertension* PIP. **MID**'s goal is to increase the percentage of enrollees with controlled blood pressure as evidenced by readings of less than 140/90 mmHg.

Table F-4—Performance Improvement Project Outcomes for MID

PIP—*Management of Blood Pressure in Adults With a Diagnosis of Diabetes and Critical Co-Morbid Condition of Hypertension*				
Study Indicator	**Baseline Period (01/01/2013–12/31/2013)**	**Remeasurement 1 (01/01/2014–12/31/2014)**	**Remeasurement 2 (01/01/2015–12/31/2015)**	**Sustained Improvement**
The percentage of enrollees 18 to 75 years of age with a diagnosis of diabetes and hypertension whose most recent systolic blood pressure reading is < 140 mmHg and whose diastolic blood pressure reading is < 90 mmHg as of December 31 of the measurement year.	63.0%	73.9%	44.7%	No

For Remeasurement 2, **MID** reported that 44.7 percent of enrollees 18 to 75 years of age with a diagnosis of diabetes and hypertension had a blood pressure reading of less than 140/90 mmHg. This was a 29.2 percentage point decrease from Remeasurement 1 (statistically significant) and well below the baseline rate of 63.0 percent.

This year for the *Management of Blood Pressure in Adults With a Diagnosis of Diabetes and Critical Co-morbid Condition of Hypertension* PIP, **MID** identified these barriers: lack of provider adherence to established clinical guidelines for management of diabetic patients with hypertension, enrollees' lack of understanding the importance of good blood pressure control, the health plan staff members' lack of

knowledge of continuing targeted interventions due to the health plan's reorganization, and lack of resources to complete medical record reviews. The following were **MID**'s interventions:

- Disseminated clinical practice guidelines to providers, and placed guidelines on the health plan's website.
- Generated one-on-one provider reports and conducted meetings to review chart audit results.
- Educated providers on enrollee incentives.
- Placed disease management reminder/outreach calls to enrollees with diabetes and hypertension.
- Initiated reminder postcard mailings for preventive care.
- Sent a seven-day follow-up letter post hospital discharge.
- Surveyed disease management program enrollees to assess satisfaction and identify opportunities for improvement.

As a result of a significant loss of membership in the Medicaid program, and staff/internal restructuring, **MID** had to explore process efficiencies and was not able to complete all of its planned quality improvement strategies. The MHP felt that all of this change impacted its HEDIS results, as well as PIP study indicator performance. Along with ongoing interventions, **MID** continues to conduct data mining to identify disparities of socioeconomic status based on Medicaid-eligible groups, geographic region by county code, gender, ethnicity/race, and language. Although interventions are not currently in place to address the identified disparities, **MID** plans to research interventions related to community outreach via CHWs, health fairs, and outreach campaigns for men's health, with a focus on diabetes and hypertension education.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

The 2014–2015 compliance review identified opportunities for improvement for the *Providers*, *Members*, *Quality*, *MIS,* and *Program Integrity* standards. For the *Providers* standard **MID** has not yet successfully addressed the recommendation to ensure proper notification of MDHHS regarding provider subcontracts. For the *Members* standard, the MHP successfully addressed the recommendations for the requirements for timely mailing of new member packets and ID cards as well as timely completion of member grievances and non-expedited appeals. **MID** successfully implemented the recommendations for the *MIS* standard ensuring that its consolidated annual report was in compliance with the MDHHS requirements**.** The MHP also addressed the recommendation related to the P*rogram Integrity* standard that requires that the provider disenrollment is reported in the program integrity documentation within the specified reporting period. For the *Quality* standard, **MID** successfully addressed recommendations related to the submission of the PIP topics other than the EQRO PIP and the accreditation requirement. In addition, the MHP successfully addressed the recommendations to increase its rates for the *Blood Lead Testing* and *Complaints* measures to meet the respective MDHHS minimum performance standards.

Performance Measures

HSAG's assessment of **MID**'s follow-up on prior recommendations focused on the improvement observed in measures that were below the national Medicaid 25th percentile and on **MID**'s quality improvement efforts in 2015. In 2015, seven rates fell below the national Medicaid 25th percentile. Four of these rates (four of the five *Use of Appropriate Medications for People with Asthma* indicators) were retired from HEDIS 2016 reporting. One rate (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase)* again fell below the 25th percentile in 2016, while two rates (*Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months* and *Diabetes Monitoring for People With Diabetes and Schizophrenia*) increased in performance and ranked above the national Medicaid 25th percentile but below the national Medicaid 50th percentile.

Several quality improvement initiatives described in **MID**'s 2015 Continuous Quality Improvement Program Annual Evaluation might be considered efforts to improve these measures, including a diabetes disease management program and an asthma disease management program wherein members received education and reminders and physicians received clinical guidelines. Additional time may be needed to see the effects of efforts and interventions implemented by the MHP to improve care; therefore, in future years, HSAG will continue to monitor HEDIS rates related to these areas.

Performance Improvement Projects (PIPs)

For the 2014-2015 PIP validation of **MID**'s PIP, *Management of Blood Pressure in Adults With a Diagnosis of Diabetes and Critical Co-Morbid Condition of Hypertension*, HSAG validated Activities I through IX, resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. No recommendations for follow-up were necessary.

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

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

MID demonstrated mixed performance across the areas of **quality** and **timeliness** of and **access** to services provided. **MID**'s strongest performance was in the **timeliness** area, with two of the four standards in full compliance with all requirements. The 2015–2016 compliance review also identified opportunities for improvement across the three areas. For the *Providers* standard related to the areas of **quality**, **timeliness**, and **access**, **MID** should ensure compliance with the MAC pricing criterion and the Prior Authorization policy included in each subcontract. For the *Administration* standard, under the **quality** area, the MHP should comply with the requirements for the Governing Body criterion. For the *Program Integrity* standard—which addressed all three areas—**MID** should ensure that the compliance officer receives effective training and education related to fraud, waste, and abuse requirements. For the *Quality* standard, which addressed the **quality** and **access** areas, **MID** received a recommendation to update the UM policies to reflect that the time frame for standard authorization decisions may not

exceed 14 calendar days. **MID** should continue efforts to improve rates and meet the MDHHS-specified minimum performance standards for the following measures: *Postpartum Care, Well-Child Visits 0–15 Months, Outreach and Engagement to Facilitate Primary Care, Adults' Access to Ambulatory Health Services, Adult BMI Assessment,* and *Cervical Cancer Screening*.

Compared to the national HEDIS 2015 benchmarks, **MID**'s performance varied across all three areas, with some rates ranking at or above the national Medicaid 90th percentile and some below the national Medicaid 25th percentile.

In the **quality** area, two rates ranked at or above the national Medicaid 90th percentile (*Immunizations for Adolescents—Combination 1* and *Comprehensive Diabetes Care—Medical Attention for Nephropathy*), and seven rates fell below the national Medicaid 25th percentile. Measures falling below the 25th percentile were found in the Child & Adolescent Care (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg]*, both *Antidepressant Medication Management* indicators, and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*) domains.

In the **timeliness** area, for **MID**, one rate (*Immunizations for Adolescents—Combination 1*) ranked at or above the national Medicaid 90th percentile and four rates (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation* and *Maintenance Phase*, and both *Prenatal and Postpartum Care* indicators) fell below the national Medicaid 25th percentile.

In the **access** area, none of **MID**'s rates ranked at or above the national Medicaid 90th percentile and only two measure indicators (*Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years* and *Ages 65+ Years*) ranked at or above the national Medicaid 50th percentile. Twelve rates fell below the national Medicaid 50th percentile, five of which (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase*, both *Prenatal and Postpartum Care* indicators, and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*) fell below the national Medicaid 25th percentile.

Related to all areas, **MID** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures and specifically the rates of low-performing measures such as those that fell below the national Medicaid 25th percentile.

MID's PIP addressed the **quality**, **timeliness**, **and access** areas. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VIII of the CMS protocol for conducting PIPs. The MHP should continue improvement efforts and implement evidence-based interventions to achieve statistically significant and sustained improvement. To strengthen the PIP, the MHP should address all *Not Met* evaluation element scores along with all *Points of Clarification*.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDHHS evaluated **MOL**'s compliance with federal and State requirements related to the six standards shown in Table G-1 over the course of the 2015–2016 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table G-1 presents **MOL**'s compliance review results.

Table G-1—Compliance Review Results for MOL

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Not Applicable*	MHP	Statewide
1	*Administrative*	5	0	0	0	100%	98%
2	*Providers*	12	0	0	0	100%	99%
3	*Members*	7	1	0	0	94%	95%
4	*Quality*	8	1	0	0	94%	91%
5	*MIS*	2	1	0	0	83%	89%
6	*Program Integrity*	13	3	0	0	91%	96%
Overall		**47**	**6**	**0**	**0**	**94%**	**96%**

MOL demonstrated full compliance with all requirements related to the *Administrative* and *Providers* standards. These standards, areas of strength for **MOL**, both scored 100 percent, exceeding the statewide averages. The 2015–2016 compliance review also identified recommendations for the *Quality*, *Members*, *MIS*, and *Program Integrity* standards. While **MOL**'s performance on the *Quality* standard exceeded the statewide score, performance on the remaining three standards fell below the respective statewide scores. **MOL**'s performance resulted in an overall compliance score of 94 percent, lower than the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's data system to report accurate HEDIS measures. Table G-2 shows each of the measures, the rate for each measure for 2016, and the categorized performance for 2016 relative to national HEDIS 2015 Medicaid results for **MOL**.[G-1]

Table G-2—Scores for Performance Measures for MOL

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	73.73%	★★
Combination 3	68.43%	★★
Combination 4	65.56%	★★
Combination 5	60.26%	★★★
Combination 6	36.42%	★★
Combination 7	57.84%	★★★
Combination 8	35.32%	★★
Combination 9	33.33%	★★
Combination 10	32.23%	★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	63.84%	★★★

2016 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

[G-1] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care (continued)		
Lead Screening in Children		
Lead Screening in Children	72.19%	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	76.15%	★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	57.21%	★★★
Immunizations for Adolescents		
Combination 1	90.54%	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	88.44%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	62.82%	★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	37.42%	★★
Continuation and Maintenance Phase	45.83%	★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	59.67%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	65.63%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	63.25%	★★★★
Ages 21 to 24 Years	70.83%	★★★★
Total	66.33%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	96.39%	★★★
Ages 25 Months to 6 Years	88.57%	★★★
Ages 7 to 11 Years	91.64%	★★★
Ages 12 to 19 Years	90.53%	★★★

2016 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

Measure	HEDIS 2016	2016 Performance Level
Access to Care (continued)		
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	82.66%	★★★
Ages 45 to 64 Years	89.94%	★★★
Ages 65+ Years	96.13%	★★★★★
Total	85.79%	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	27.70%	★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	80.46%	★★★★
Counseling for Nutrition—Total	67.82%	★★★
Counseling for Physical Activity—Total†	63.68%	★★★
Adult BMI Assessment		
Adult BMI Assessment	90.15%	★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	78.20%	★★
Postpartum Care	67.87%	★★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	39.10%	★
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	33.16%	—
1–12 Weeks	10.01%	—
13–27 Weeks	28.89%	—
28 or More Weeks	23.00%	—
Unknown	4.94%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness		
Comprehensive Diabetes Care†		
Hemoglobin A1c (HbA1c) Testing	86.04%	★★
*HbA1c Poor Control (>9.0%)**	41.44%	★★★
HbA1c Control (<8.0%)	50.90%	★★★
Eye Exam (Retinal) Performed	57.43%	★★★
Medical Attention for Nephropathy	92.12%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	55.41%	★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	55.61%	★★★
Medication Compliance 75%—Total	30.92%	★★★
Asthma Medication Ratio		
Total	61.35%	★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	53.60%	★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	83.54%	★★★★★
Discussing Cessation Medications	56.32%	★★★★
Discussing Cessation Strategies	45.94%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	51.46%	★★★
Effective Continuation Phase Treatment	34.29%	★★★
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	84.61%	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	71.16%	★★★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness (continued)		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	63.33%	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	66.61%	★★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	88.15%	★★★
Digoxin	54.92%	★★★
Diuretics	87.55%	★★★
Total	87.64%	★★★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	47.85%	—
Total—Black or African American	32.33%	—
Total—American-Indian and Alaska Native	0.26%	—
Total—Asian	0.36%	—
Total—Native Hawaiian and Other Pacific Islander	0.00%	—
Total—Some Other Race	0.00%	—
Total—Two or More Races	<0.01%	—
Total—Unknown	19.20%	—
Total—Declined	0.00%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	98.99%	—
Spoken Language Preferred for Health Care—Non-English	0.91%	—
Spoken Language Preferred for Health Care—Unknown	0.10%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Health Plan Diversity (continued)		
Preferred Language for Written Materials—English	98.99%	—
Preferred Language for Written Materials—Non-English	0.91%	—
Preferred Language for Written Materials—Unknown	0.10%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	98.99%	—
Other Language Needs—Non-English	0.91%	—
Other Language Needs—Unknown	0.10%	—
Other Language Needs—Declined	0.00%	—
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months)		
*Emergency Department Visits—Total‡,**	75.32	★
Outpatient Visits—Total	410.12	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	8.97	—
Total Inpatient—Average Length of Stay—Total	4.45	—
Maternity—Discharges per 1,000 Member Months—Total	2.97	—
Maternity—Average Length of Stay—Total	2.73	—
Surgery—Discharges per 1,000 Member Months—Total	1.90	—
Surgery—Average Length of Stay—Total	7.44	—
Medicine—Discharges per 1,000 Member Months—Total	4.98	—
Medicine—Average Length of Stay—Total	4.03	—

‡ Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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 G-2 shows that **MOL** had 46 measures ranking at or above the national Medicaid 50th percentile. Eleven measures ranked at or above the national Medicaid 75th percentile, of which four ranked at or above the national Medicaid 90th percentile. Seventeen measures fell below the national Medicaid 50th percentile, five of which were below the national Medicaid 25th percentile. Measure indicators ranking at or above the national Medicaid 90th percentile included *Immunizations for Adolescents—Combination 1*, *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*, *Comprehensive Diabetes Care—Medical Attention for Nephropathy*, and *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit*. However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results. Measures falling below the national Medicaid 25th percentile spanned multiple domains, including the Child & Adolescent Care (*Appropriate Testing for Children With Pharyngitis*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), Living With Illness (*Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg]* and *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*), and Utilization (*Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) domains. These measures represent opportunities for improvement for **MOL**.

Performance Improvement Projects (PIPs)

Table G-3 displays the validation results for **MOL**'s PIP evaluated during 2015–2016. This table illustrates the MHP's overall application of the PIP process and success in implementing the study. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table G-3 show, by activity, the percentage of applicable evaluation elements that received each score. Additionally, HSAG calculated a score for each stage and an overall score across all activities.

Table G-3—Performance Improvement Project Validation Results for MOL

Stage	Activity		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	100% (6/6)	0% (0/6)	0% (0/6)
	VI.	Accurate/Complete Data Collection	100% (6/6)	0% (0/6)	0% (0/6)
Design Total			**100% (19/19)**	**0% (0/19)**	**0% (0/19)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (9/9)	0% (0/9)	0% (0/9)
	VIII.	Appropriate Improvement Strategies	100% (4/4)	0% (0/4)	0% (0/4)
Implementation Total			**100% (13/13)**	**0% (0/13)**	**0% (0/13)**
Outcomes	IX.	Real Improvement Achieved	50% (2/4)	0% (0/4)	50% (2/4)
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			**50% (2/4)**	**0% (0/4)**	**50% (2/4)**
Percentage Score of Applicable Evaluation Elements *Met*			**94% (34/36)**		

Overall, 94 percent of all applicable evaluation elements received a score of *Met*. **MOL** has developed a methodologically sound project; however, opportunities exist related to demonstrating statistically significant improvement over baseline and achieving desired results for the project.

MOL designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

MOL reported and analyzed its second remeasurement data accurately, conducted a causal/barrier analysis using appropriate quality improvement tools and processes, and implemented interventions logically linked to the identified barriers.

Table G-4 displays outcome data for **MOL**'s *Improving Timeliness of Prenatal and Postpartum Care in Wayne County* PIP.

Table G-4—Performance Improvement Project Outcomes for MOL

PIP—*Improving Timeliness of Prenatal and Postpartum Care in Wayne County*				
Study Indicators	**Baseline Period (01/01/2013–12/31/2013)**	**Remeasurement 1 (01/01/2014–12/31/2014)**	**Remeasurement 2 (01/01/2015–12/31/2015)**	**Sustained Improvement**
The percentage of **MOL** Wayne County enrollees receiving a prenatal care visit in the first trimester of pregnancy or within 42 days of enrollment into the health plan.	79.3%	76.1%	81.0%	Not Assessed
The percentage of **MOL** Wayne County enrollees receiving a postpartum visit on or between 21 and 56 days after delivery.	71.2%	68.2%	70.8%	Not Assessed

The Remeasurement 2 rate for Study Indicator 1, percentage of enrollees in Wayne County receiving a prenatal care visit in the first trimester or within 42 days of enrollment into the MHP, was 81 percent. This was 1.7 percentage points above the baseline and 10.7 percentage points below the MHP's documented goal of 91.7 percent. The Remeasurement 2 rate for Study Indicator 2, percentage of enrollees in Wayne County receiving a postpartum care visit on or between 21 and 56 days after delivery, was 70.8 percent. This was 0.4 percentage points below the baseline and 1.6 percentage points below the MHP's documented goal of 72.4 percent. Both study indicators demonstrated non-statistically significant increases at Remeasurement 2; however, the Remeasurement 2 rate for Study Indicator 2 remained below the baseline rate.

MOL indicated in its PIP documentation that rates may have been impacted due to difficulties obtaining medical records during the 2016 HEDIS season. The largest healthcare provider system was uncooperative with providing medical records, and the majority of women residing in Wayne County

seek prenatal care services from this healthcare system. In addition, **MOL** contracted with a medical record vendor to assist in obtaining medical records for abstraction. This contracted vendor was recently acquired by another vendor, with the transfer of functions occurring during the same time period. Approximately two-thirds (67 percent) of medical records were not retrieved from the vendor, most of which should have come from Wayne County.

For the *Improving Timeliness of Prenatal and Postpartum Care in Wayne County* PIP, **MOL**'s intervention team reviewed the performance scores and conducted a causal/barrier analysis using appropriate quality improvement tools and processes. For this year's submission, the following barriers were identified:

- Providers are using global billing and running tests commonly used related to caring for pregnant women but not coded using a HEDIS value set code. These pregnancies are not identified early, therefore, outreach to enrollees regarding the MHP's pregnancy program is delayed.
- Increase in membership is making it difficult to perform adequate outreach.
- Two files used by the MHP (Potentially Pregnant and Prenatal) both identify women as pregnant; however, the MHP needs to determine which file is more reliable.
- Largest obstetrical provider group is uncooperative with providing medical records for abstraction.
- Contracted medical records vendor was acquired by another vendor, resulting in a lack of medical records abstracted for data.

To address these barriers, **MOL** implemented the following new interventions:

- **MOL**'s Quality department created a weekly Potentially Pregnant report using claims and pharmacy data.
- **MOL** hired a full-time staff person to make outreach calls, send mailings, process the notification of pregnancy forms, and refer enrollees to the High-Risk Team to conduct prenatal assessments.
- **MOL** created a checklist for the enrollee to complete. The data from this checklist will be used for prenatal outreach and dissemination of pregnancy materials.
- **MOL** will work with the new vendor to create workable processes for medical record review.

The following are **MOL**'s continuing interventions:

- Provider office site visits by quality improvement staff to provide information about the prenatal/postpartum program, enrollee incentives, and services for expectant mothers.
- Provider incentive offered wherein providers are paid $50 quarterly for each timely prenatal visit billed.
- Provider Toolkit provided online and delivered to high-volume offices.
- Enrollee incentive, a $100 gift card, provided when a timely prenatal visit is completed.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

The 2014–2015 compliance review identified recommendations for **MOL** in the *Quality* and *MIS* standards. **MOL** successfully addressed the recommendation for the *MIS* standard related to the timely and complete submission of all required documentation related to the performance improvement projects for the annual consolidated report criterion. **MOL** successfully addressed the recommendations to increase its performance rates for the for the *Blood Lead Testing* and *Complaints* measures to meet the established minimum performance standard.

Performance Measures

HSAG's assessment of **MOL**'s follow-up on prior recommendations focused on the improvement observed in measures that were below the national Medicaid 25th percentile and on **MOL**'s quality improvement efforts in 2015. In 2015, 10 rates ranked below the national Medicaid 25th percentile. Five of these rates (all *Use of Appropriate Medications for People With Asthma* indicators) were retired from HEDIS 2016 reporting. Three of these rates (both *Follow-Up Care for Children Prescribed ADHD Medication* indicators and *Prenatal and Postpartum Care—Timeliness of Prenatal Care*) demonstrated improvement from 2015 and ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. The remaining two rates (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* and *Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) demonstrated little change in performance and remained below the national Medicaid 25th percentiles in 2016.

As described in **MOL**'s 2015 Quality Improvement Program Evaluation, the following initiatives were implemented: conducted post-discharge educational phone calls for members admitted for asthma or diabetes for preventive care and medication adherence, distributed newsletter articles about these conditions to members, followed up to ensure behavioral health treatment management, and increased access to care for members with newly hired doctors. Additional time may be needed to see the effects of efforts and interventions implemented by **MOL** to improve care; therefore, in future years, HSAG will continue to monitor HEDIS rates related to these areas.

Performance Improvement Projects (PIPs)

For the 2014–2015 second-year validation of **MOL**'s PIP, *Improving Timeliness of Prenatal Care in Wayne County*, HSAG validated Activities I through IX. HSAG identified opportunities for improvement in Activities II—Define the Study Question, VIII—Improvement Strategies, and IX—Assess for Real Improvement. HSAG determined through the 2015–2016 validation process that **MOL** had successfully addressed the recommendations in Activities II and VIII by revising the study questions accurately, prioritizing the barriers and evaluating the interventions for effectiveness. However, **MOL**

did not achieve significant improvement over baseline in either study indicator. Therefore, recommendations in Activity IX were only partially addressed.

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

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

MOL demonstrated mixed performance across the areas of **quality** and **timeliness** of and **access** to services. The 2015–2016 compliance review also identified opportunities for improvement across the three areas. For the *Quality* standard—addressing the **quality** and **access** areas—**MOL** should continue its performance improvement efforts to increase rates and meet the MDHHS-specified minimum performance standards for the following measures: *Well-Child Visits 0–15 Months, Outreach and Engagement to Facilitate Primary Care, Adults' Access to Ambulatory Health Services, Breast Cancer Screening, Cervical Cancer Screening,* and *Diabetes Care: Hemoglobin A1c Testing*. On the *Members* standard—addressing all three areas—**MOL** should ensure that the tobacco cessation benefits grid reflects that there are no prior authorization requirements for tobacco cessation treatment. **MOL** received a recommendation for the *MIS* standard—which addresses **quality** and **timeliness** of services—to ensure that documentation includes information on the use of the online, claims-based electronic health record system, CareConnect360. For the *Program Integrity* standard related to **quality** and **timeliness** of and **access** to services, **MOL** should ensure compliance with the audits, tips and grievances, and provider disenrollment reporting requirements.

Compared to the national HEDIS 2015 benchmarks, **MOL**'s performance varied across all three areas. The quality area demonstrated diverse performance; both high- and low-performing rates were found in this area. The timeliness and access areas had more rates with higher performance rankings than with lower performance rankings.

In the **quality** area, three rates ranked at or above the national Medicaid 90th percentiles and four rates fell below the national Medicaid 25th percentiles. The top-performing rates were *Immunizations for Adolescents—Combination 1*, *Comprehensive Diabetes Care—Medical Attention for Nephropathy*, and *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit*. Rates falling below the national Medicaid 25th percentile spanned multiple domains, including Child & Adolescent Care (*Appropriate Testing for Children With Pharyngitis*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*Comprehensive Diabetes Care—Blood Pressure Control [140/90 mm Hg]* and *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*).

In the **timeliness** area, **MOL** had one rate (*Immunizations for Adolescents—Combination 1*) rank at or above the national Medicaid 90th percentile. No **timeliness** measures fell below the national Medicaid 25th percentile, but 10 rates fell below the national Medicaid 50th percentile, suggesting that opportunities for improvement exist, especially in the Child & Adolescent Care domain.

In the **access** area, **MOL** had one rate rank at or above the national Medicaid 90th percentile, and two rates fell below the national Medicaid 25th percentile. Measure rates that fell below the national Medicaid 25th percentile were found in the Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*) and Utilization (*Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) domains.

Related to all areas, **MOL** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates of low-performing measures such as those that fell below the national Medicaid 25th percentile.

MOL's PIP addressed the **quality**, **timeliness**, and **access** areas. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VIII of the CMS protocol for conducting PIPs. The 2015–2016 validation identified opportunities for improvement in Activity IX—Assess for Real Improvement. **MOL** should continue efforts to achieve statistically significant improvement in the study indicators. The MHP should also address the *Points of Clarification* to strengthen the PIP.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDHHS evaluated **PRI**'s compliance with federal and State requirements related to the six standards shown in Table H-1 over the course of the 2015–2016 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table H-1 presents **PRI**'s compliance review results.

Table H-1—Compliance Review Results for PRI

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Not Applicable*	MHP	Statewide
1	*Administrative*	5	0	0	0	100%	98%
2	*Providers*	12	0	0	0	100%	99%
3	*Members*	8	0	0	0	100%	95%
4	*Quality*	7	2	0	0	89%	91%
5	*MIS*	3	0	0	0	100%	89%
6	*Program Integrity*	16	0	0	0	100%	96%
Overall		**51**	**2**	**0**	**0**	**98%**	**96%**

PRI demonstrated full compliance with all requirements related to the *Administrative*, *Providers*, *Members*, *MIS*, and *Program Integrity* standards. These standards, areas of strength for **PRI**, all scored 100 percent, exceeding the statewide averages. The 2015–2016 compliance review resulted in two recommendations for the *Quality* standard, which reflected opportunities for improvement for **PRI**. The MHP's compliance scores for this standard fell below the statewide score. **PRI**'s overall compliance score of 98 percent exceeded the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's data system to report accurate HEDIS measures. Table H-2 shows each of the measures, the rate for each measure for 2016, and the categorized performance for 2016 relative to national HEDIS 2015 Medicaid results for **PRI**.[H-1]

Table H-2—Scores for Performance Measures for PRI

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	82.88%	★★★★★
Combination 3	80.89%	★★★★
Combination 4	78.16%	★★★★★
Combination 5	70.72%	★★★★★
Combination 6	57.07%	★★★★
Combination 7	68.49%	★★★★★
Combination 8	56.08%	★★★★★
Combination 9	51.61%	★★★★★
Combination 10	50.62%	★★★★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	69.16%	★★★★

2016 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

H-1 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care (continued)		
Lead Screening in Children		
Lead Screening in Children	83.39%	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	79.17%	★★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	52.58%	★★★
Immunizations for Adolescents		
Combination 1	89.69%	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	93.71%	★★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	79.07%	★★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	39.06%	★★
Continuation and Maintenance Phase	42.13%	★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	64.95%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	63.06%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	63.93%	★★★★
Ages 21 to 24 Years	72.21%	★★★★★
Total	67.36%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	97.75%	★★★★
Ages 25 Months to 6 Years	89.34%	★★★
Ages 7 to 11 Years	92.05%	★★★
Ages 12 to 19 Years	90.36%	★★★

2016 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

Measure	HEDIS 2016	2016 Performance Level
Access to Care (continued)		
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	85.15%	★★★★
Ages 45 to 64 Years	91.31%	★★★★
Ages 65+ Years	88.57%	★★★
Total	87.58%	★★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	30.96%	★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	75.41%	★★★
Counseling for Nutrition—Total	60.66%	★★
Counseling for Physical Activity—Total†	57.92%	★★★
Adult BMI Assessment		
Adult BMI Assessment	80.10%	★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	63.56%	★
Postpartum Care	61.44%	★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	45.74%	★
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	17.76%	—
1–12 Weeks	9.49%	—
13–27 Weeks	22.87%	—
28 or More Weeks	47.45%	—
Unknown	2.43%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness		
Comprehensive Diabetes Care†		
Hemoglobin A1c (HbA1c) Testing	94.89%	★★★★★
*HbA1c Poor Control (>9.0%)**	27.92%	★★★★★
HbA1c Control (<8.0%)	60.40%	★★★★★
Eye Exam (Retinal) Performed	68.80%	★★★★★
Medical Attention for Nephropathy	94.34%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	49.27%	★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	75.03%	★★★★★
Medication Compliance 75%—Total	54.29%	★★★★★
Asthma Medication Ratio		
Total	84.31%	★★★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	44.13%	★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	79.10%	★★★
Discussing Cessation Medications	51.75%	★★★
Discussing Cessation Strategies	43.60%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	61.09%	★★★★
Effective Continuation Phase Treatment	45.87%	★★★★
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	84.21%	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	65.52%	★★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness (continued)		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	58.06%	★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	87.19%	★★
Digoxin	56.25%	★★★
Diuretics	85.64%	★★
Total	86.41%	★★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	61.56%	—
Total—Black or African American	13.23%	—
Total—American-Indian and Alaska Native	0.56%	—
Total—Asian	0.91%	—
Total—Native Hawaiian and Other Pacific Islander	0.06%	—
Total—Some Other Race	<0.01%	—
Total—Two or More Races	0.00%	—
Total—Unknown	23.67%	—
Total—Declined	0.00%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	0.00%	—
Spoken Language Preferred for Health Care—Non-English	0.00%	—
Spoken Language Preferred for Health Care—Unknown	100.00%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because 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, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Health Plan Diversity (continued)		
Preferred Language for Written Materials—English	0.00%	—
Preferred Language for Written Materials—Non-English	0.00%	—
Preferred Language for Written Materials—Unknown	100.00%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	0.00%	—
Other Language Needs—Non-English	0.00%	—
Other Language Needs—Unknown	100.00%	—
Other Language Needs—Declined	0.00%	—
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months)		
*Emergency Department Visits—Total‡,**	76.40	★
Outpatient Visits—Total	382.40	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	6.99	—
Total Inpatient—Average Length of Stay—Total	NR	—
Maternity—Discharges per 1,000 Member Months—Total	3.18	—
Maternity—Average Length of Stay—Total	NR	—
Surgery—Discharges per 1,000 Member Months—Total	1.62	—
Surgery—Average Length of Stay—Total	NR	—
Medicine—Discharges per 1,000 Member Months—Total	3.11	—
Medicine—Average Length of Stay—Total	NR	—

‡Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

NR indicates that the MHP chose not to report a rate for this measure indicator.

2016 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 H-2 shows that **PRI** had 47 rates ranking at or above the national Medicaid 50th percentile, of which 17 were at or above the national Medicaid 90th percentile. Fifteen rates fell below the national Medicaid 50th percentile, five of which (*Prenatal and Postpartum Care—Timeliness of Prenatal Care*, *Frequency of Ongoing Prenatal Care—>81 Percent of Expected Visits*, *Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg]*, *Controlling High Blood Pressure*, and *Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) were below the national Medicaid 25th percentile. However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results. Measures ranking at or above the national Medicaid 90th percentile spanned the following domains: Child & Adolescent Care, Women—Adult Care, and Living With Illness—with more than one measure in each domain ranking at or above the national Medicaid 90th percentiles. Opportunities for improvement existed for **PRI** primarily in the five rates that fell below the national Medicaid 25th percentile, but could be extended to include the additional ten measure rates that fell below the national Medicaid 50th percentile.

Performance Improvement Projects (PIPs)

Table H-3 displays the validation results for **PRI**'s PIP evaluated during 2015–2016. This table illustrates the MHP's overall application of the PIP process and success in implementing the study. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table H-3 show, by activity, the percentage of applicable evaluation elements that received each score. Additionally, HSAG calculated a score for each stage and an overall score across all activities.

Table H-3—Performance Improvement Project Validation Results for PRI

Stage	Activity		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			**100% (11/11)**	**0% (0/11)**	**0% (0/11)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (8/8)	0% (0/8)	0% (0/8)
	VIII.	Appropriate Improvement Strategies	100% (4/4)	0% (0/4)	0% (0/4)
Implementation Total			**100% (12/12)**	**0% (0/12)**	**0% (0/12)**
Outcomes	IX.	Real Improvement Achieved	100% (4/4)	0% (0/4)	0% (0/4)
	X.	Sustained Improvement Achieved	100% (1/1)	0% (0/1)	0% (0/1)
Outcomes Total			**100% (5/5)**	**0% (0/5)**	**0% (0/5)**
Percentage Score of Applicable Evaluation Elements *Met*			**100% (28/28)**		

Overall, 100 percent of all applicable evaluation elements received a score of *Met*. **PRI** has developed a methodologically sound PIP, reported and interpreted data accurately, and implemented interventions that have been successful in achieving statistically significant and sustained improvement.

PRI designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

PRI reported and interpreted second remeasurement data for its study indicator accurately. The MHP used appropriate quality improvement tools to conduct its causal/barrier analysis and implemented interventions that have had a positive impact on the study indicator outcomes.

The study indicator demonstrated statistically significant improvement over the baseline rate at Remeasurement 1, and this improvement has been sustained with a subsequent measurement period.

Table H-4 displays Remeasurement 2 data for **PRI**'s *Improving the Rate of Well-Child Visits (WCV36) in the African American Population* PIP. **PRI**'s goal was to increase to 72 percent at Remeasurement 2 the percentage of African American children 3 to 6 years of age who had at least one well-child visit with a PCP during the measurement year.

Table H-4—Performance Improvement Project Outcomes for PRI

PIP—*Improving the Rate of Well-Child Visits (WCV36) in the African American Population*				
Study Indicator	**Baseline Period (01/01/2013-12/31/2013)**	**Remeasurement 1 (01/01/2014-12/31/2014)**	**Remeasurement 2 (01/01/2015-12/31/2015)**	**Sustained Improvement**
The percentage of African American children 3 to 6 years of age who had at least one well-child visit with a PCP during the measurement year.	68.9%	72.5%	75.6%	Yes

The Remeasurement 2 rate for African American children 3 to 6 six years of age who had at least one well-child visit with a primary care physician was 75.6 percent. This statistically significant increase was 6.7 percentage points above the baseline and exceeded by 3.6 percentage points the MHP's documented goal of 72 percent.

For the *Improving the Rate of Well-Child Visits (WCV36) in the African American Population* PIP, **PRI** stated that no new barriers were identified this year and that all barriers, with the exception of enrollee contact information being outdated, have been mitigated to various degrees through the MHP's interventions. **PRI** continues with the following interventions:

- Provider incentive program begun wherein the provider is paid $15 to $60 for each enrollee receiving a well-care visit during the measurement year.
- Community Health Accreditation Partner (CHAP) continues to work with **PRI** providers.
- CHAP continues to provide monthly HEDIS performance reports in the *WCV36* measure and to include enrollees who have a gap in care and require services.
- **PRI** added an additional transportation vendor to increase transportation capacity.
- Enhancements to **PRI**'s databases to better track and manage enrollee demographic and contact information as well as enrollee preferences for outreach (i.e., email, phone call, postal mail).
- Enrollee call lists provided to **PRI** customer service representatives to call parents of children to educate on the importance of well-child visits and address any barriers.
- More robust analytics and integration of social determinants of health to examine and mitigate barriers associated with low income, lower education levels, and inadequate housing.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

The 2014–2015 compliance review resulted in recommendations for the *Providers* and *Quality* standards. **PRI** has successfully addressed the recommendation for the *Providers* standard related to the pharmacy contract. **PRI** is still working on the recommendations for the *Quality* standard related to the quality improvement documentation and utilization management program documents. **PRI** has successfully improved its rate for the *Provider File Reporting* measure and met the applicable MDHHS performance standard.

Performance Measures

HSAG's assessment of **PRI**'s follow-up on prior recommendations focused on the improvement observed in measures that were below the national Medicaid 25th percentile and **PRI**'s quality improvement efforts in 2015. In 2015, *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* and *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total* were the only rates that fell below the national Medicaid 25th percentile. In 2016, the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* rate improved from 2015 and performed above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. However, the *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total* measure again fell below the national Medicaid 25th percentile in 2016.

As described in its 2015 Corporate Quality Improvement Evaluation, **PRI** implemented virtual psychiatrist appointments and incentives, mailed reminders to attention deficit hyperactivity disorder (ADHD) members for follow-up appointments, and increased attention on behavioral health admits to reduce hospital readmissions. Additional time may be needed to see the effects of efforts and

interventions implemented by **PRI** to improve care; therefore, in future years, HSAG will continue to monitor HEDIS rates related to these areas.

Performance Improvement Projects (PIPs)

For the 2014–2015 second-year validation of **PRI**'s PIP, *Improving the Rate of Well-Child Visits in the African American Population*, HSAG's validated Activities I through IX, resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. No recommendations for follow-up were necessary.

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

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

PRI demonstrated strong performance across the areas of **quality** and **timeliness** of and **access** to services provided by the MHP. **PRI**'s strongest performance was in the **timeliness** area, with all four standards related to this area in full compliance. **PRI** demonstrated substantial performance in the **quality** and **access** areas, with most standards in full compliance. The 2015–2016 compliance review also identified opportunities for improvement in the areas of **quality** and **access**. **PRI** should ensure that the annual quality program worksheet addresses access to care and equitable distribution of healthcare for enrollees with disabilities. Additionally, **PRI** should improve rates and meet the MDHHS-specified minimum performance standards for the following measures assessed in the *Quality* standard: *Postpartum Care, Well-Child Visits 3–6 Years, Pharmacy Encounter Data, Timely Completion of HRA, Outreach and Engagement to Facilitate Primary Care, Adults' Access to Ambulatory Health Services, Cervical Cancer Screening, Chlamydia Screening, Diabetes Care: Hemoglobin A1c Testing*, and *Annual Monitoring for Patients on Persistent Medications.*

Compared to the national HEDIS 2015 benchmarks, **PRI** performed favorably in the **quality**, **timeliness**, and **access** areas. **PRI** also had the greatest number of measures ranking at or above the national Medicaid 90th percentile across all MHPs.

In the **quality** area, 39 rates ranked at or above the national Medicaid 50th percentile, of which 17 ranked above the national Medicaid 90th percentile. Three rates (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits, Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg]*, and *Controlling High Blood Pressure*) fell below the national Medicaid 25th percentiles. Most top-performing rates were found in the Child & Adolescent Care domain (seven of nine *Childhood Immunization Status* indicators and *Immunizations for Adolescents—Combination 1*), and the Living With Illness domain (five of six *Comprehensive Diabetes Care* indicators, both *Medication Management for People With Asthma* indicators, and *Asthma Medication Ratio—Total*).

In the **timeliness** area, **PRI** had eight rates ranking at or above the national Medicaid 90th percentile, and one measure indicator (*Prenatal and Postpartum Care—Timeliness of Prenatal Care*) fell below the 25th percentile. All top-performing measures were in the Child & Adolescent Care domain.

In the **access** area, **PRI** had four measure indicators (*Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months* and three of four *Adults' Access to Preventive/Ambulatory Health Services* indicators) perform at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. Three measure indicators fell below the national Medicaid 25th percentile from the Pregnancy Care (*Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*) and Utilization (*Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) domains, which represent opportunities for improvement.

Related to all areas, **PRI** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures such as those that fell below the national Medicaid 25th percentile.

PRI's PIP addressed the **quality**, **timeliness**, and **access** areas. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The MHP implemented interventions that had a positive impact on study indicator outcomes as evidenced by the statistically significant and sustained improvement. As part of its ongoing improvement efforts, the MHP should continue to revisit its barriers and develop any new interventions, if necessary.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDHHS evaluated **THC**'s compliance with federal and State requirements related to the six standards shown in Table I-1 the course of the 2015–2016 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table I-1 presents **THC**'s compliance review results.

Table I-1—Compliance Review Results for THC

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Not Applicable*	MHP	Statewide
1	*Administrative*	5	0	0	0	100%	98%
2	*Providers*	12	0	0	0	100%	99%
3	*Members*	8	0	0	0	100%	95%
4	*Quality*	8	1	0	0	94%	91%
5	*MIS*	3	0	0	0	100%	89%
6	*Program Integrity*	16	0	0	0	100%	96%
Overall		**52**	**1**	**0**	**0**	**99%**	**96%**

THC demonstrated full compliance with all requirements related to the *Administrative*, *Providers*, *Members*, *MIS*, and *Program Integrity* standards. These standards, areas of strength for **THC**, all scored 100 percent, exceeding the statewide averages. The 2015–2016 compliance review resulted in recommendations for the *Quality* standard, which represented opportunities for improvement for **THC**. Nevertheless, the MHP's compliance score for the *Quality* standard was higher than the statewide score. **THC**'s performance resulted in an overall compliance score of 99 percent, which exceeded the statewide overall score.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's data system to report accurate HEDIS measures. Table I-2 shows each of the measures, the rate for each measure for 2016, and the categorized performance for 2016 relative to national HEDIS 2015 Medicaid results for **THC**.[I-1]

Table I-2—Scores for Performance Measures for THC

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	64.58%	★
Combination 3	58.56%	★
Combination 4	57.41%	★
Combination 5	45.60%	★
Combination 6	27.31%	★
Combination 7	44.91%	★
Combination 8	27.08%	★
Combination 9	23.61%	★
Combination 10	23.38%	★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	54.86%	★★

2016 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

[I-1] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care (continued)		
Lead Screening in Children		
Lead Screening in Children	72.69%	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	69.44%	★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	48.61%	★★
Immunizations for Adolescents		
Combination 1	81.74%	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	87.55%	★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	57.57%	★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	53.61%	★★★★
Continuation and Maintenance Phase	70.67%	★★★★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	49.67%	★
Cervical Cancer Screening		
Cervical Cancer Screening	60.19%	★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	63.48%	★★★★
Ages 21 to 24 Years	67.51%	★★★★
Total	65.09%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	87.60%	★
Ages 25 Months to 6 Years	83.98%	★
Ages 7 to 11 Years	86.73%	★
Ages 12 to 19 Years	85.17%	★

2016 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

Measure	HEDIS 2016	2016 Performance Level
Access to Care (continued)		
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	77.44%	★★
Ages 45 to 64 Years	86.31%	★★
Ages 65+ Years	72.60%	★
Total	81.12%	★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	33.06%	★★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	72.92%	★★★
Counseling for Nutrition—Total	65.28%	★★★
Counseling for Physical Activity—Total†	56.25%	★★★
Adult BMI Assessment		
Adult BMI Assessment	89.29%	★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	68.91%	★
Postpartum Care	47.33%	★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	29.93%	★
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	40.23%	—
1–12 Weeks	13.49%	—
13–27 Weeks	27.21%	—
28 or More Weeks	17.91%	—
Unknown	1.16%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness		
Comprehensive Diabetes Care†		
Hemoglobin A1c (HbA1c) Testing	82.98%	★
*HbA1c Poor Control (>9.0%)**	53.19%	★
HbA1c Control (<8.0%)	37.39%	★
Eye Exam (Retinal) Performed	40.27%	★
Medical Attention for Nephropathy	91.03%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	47.57%	★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	84.59%	★★★★★
Medication Compliance 75%—Total	66.27%	★★★★★
Asthma Medication Ratio		
Total	34.24%	★
Controlling High Blood Pressure		
Controlling High Blood Pressure	43.05%	★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	78.16%	★★★
Discussing Cessation Medications	50.69%	★★★
Discussing Cessation Strategies	42.29%	★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	89.55%	★★★★★
Effective Continuation Phase Treatment	73.34%	★★★★★
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	77.60%	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	57.45%	★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness (continued)		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	56.16%	★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	85.62%	★★
Digoxin	51.28%	★★
Diuretics	85.07%	★★
Total	85.15%	★★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	31.09%	—
Total—Black or African American	54.16%	—
Total—American-Indian and Alaska Native	0.23%	—
Total—Asian	1.15%	—
Total—Native Hawaiian and Other Pacific Islander	0.07%	—
Total—Some Other Race	2.45%	—
Total—Two or More Races	0.00%	—
Total—Unknown	10.84%	—
Total—Declined	0.00%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	99.38%	—
Spoken Language Preferred for Health Care—Non-English	0.44%	—
Spoken Language Preferred for Health Care—Unknown	0.18%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—

†Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because 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, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Health Plan Diversity (continued)		
Preferred Language for Written Materials—English	99.38%	—
Preferred Language for Written Materials—Non-English	0.44%	—
Preferred Language for Written Materials—Unknown	0.18%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	99.38%	—
Other Language Needs—Non-English	0.44%	—
Other Language Needs—Unknown	0.18%	—
Other Language Needs—Declined	0.00%	—
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months)		
*Emergency Department Visits—Total‡,**	72.75	★
Outpatient Visits—Total	320.89	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	10.45	—
Total Inpatient—Average Length of Stay—Total	4.34	—
Maternity—Discharges per 1,000 Member Months—Total	2.70	—
Maternity—Average Length of Stay—Total	2.66	—
Surgery—Discharges per 1,000 Member Months—Total	2.35	—
Surgery—Average Length of Stay—Total	7.63	—
Medicine—Discharges per 1,000 Member Months—Total	6.10	—
Medicine—Average Length of Stay—Total	3.64	—

‡ Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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 I-2 shows that **THC** had 19 rates ranking at or above the national Medicaid 50th percentile, of which six rates (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*, *Comprehensive Diabetes Care—Medical Attention for Nephropathy*, both *Medication Management for People With Asthma* indicators, and both *Antidepressant Medication Management* indicators) were at or above the national Medicaid 90th percentile. However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results. Forty-three rates fell below the national Medicaid 50th percentile, 28 of which fell below the national Medicaid 25th percentile. Measures falling below the national Medicaid 25th percentile spanned all domains except Obesity. Opportunities for improvement existed for **THC**, especially in domains where more than one measure fell below the national Medicaid 25th percentile. These domains included Child & Adolescent Care, Access to Care, Pregnancy Care, and Living With Illness.

Performance Improvement Projects (PIPs)

Table I-3 displays the validation results for **THC**'s PIP evaluated during 2015–2016. This table illustrates the MHP's overall application of the PIP process and success in implementing the study. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table I-3 show, by activity, the percentage of applicable evaluation elements that received each score. Additionally, HSAG calculated a score for each stage and an overall score across all activities.

Table I-3—Performance Improvement Project Validation Results for THC

Stage	Activity		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	100% (6/6)	0% (0/6)	0% (0/6)
	VI.	Accurate/Complete Data Collection	100% (6/6)	0% (0/6)	0% (0/6)
Design Total			**100% (19/19)**	**0% (0/19)**	**0% (0/19)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (9//9)	0% (0/9)	0% (0/9)
	VIII.	Appropriate Improvement Strategies	100% (4/4)	0% (0/4)	0% (0/4)
Implementation Total			**100% (13/13)**	**0% (0/13)**	**0% (0/13)**
Outcomes	IX.	Real Improvement Achieved	25% (1/4)	25% (1/4)	50% (2/4)
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			**25% (1/4)**	**25% (1/4)**	**50% (2/4)**
Percentage Score of Applicable Evaluation Elements *Met*			**92% (33/36)**		

Overall, 92 percent of all applicable evaluation elements received a score of *Met*. The overall validation status was *Not Met* due to the lack of statistically significant improvement achieved for both study indicators.

THC designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

THC reported and analyzed second remeasurement data accurately, conducted a causal/barrier analysis using appropriate quality improvement tools and processes, and implemented interventions logically linked to the identified barriers.

Table I-4 displays Remeasurement 2 data for **THC**'s *Improving Prenatal and Postpartum Care in Wayne County* PIP. **THC**'s goal was to increase by 5 percentage points at Remeasurement 2 the percentage of enrollees in Wayne County who received timely prenatal and postpartum care.

Table I-4—Performance Improvement Project Outcomes for THC

PIP—*Improving Prenatal and Postpartum Care in Wayne County*				
Study Indicator	**Baseline Period (01/01/2013–12/31/2013)**	**Remeasurement 1 (01/01/2014–12/31/2014)**	**Remeasurement 2 (01/01/2015–12/31/2015)**	**Sustained Improvement**
The percentage of **THC** Wayne County enrollees receiving a prenatal care visit in the first trimester of pregnancy or within 42 days of enrollment into the health plan.	71.6%	70.7%	66.0%	Not Assessed
The percentage of **THC** Wayne County enrollees receiving a postpartum visit on or between 21 and 56 days after delivery.	48.6%	44.5%	47.4%	Not Assessed

The second remeasurement rate for Study Indicator 1, percentage of enrollees in Wayne County receiving a prenatal care visit in the first trimester or within 42 days of enrollment into the health plan, was 66.0 percent. This was a decline of 5.6 percentage points from the baseline rate. The second remeasurement rate for Study Indicator 2, percentage of enrollees in Wayne County receiving a postpartum care visit on or between 21 and 56 days after delivery, demonstrated a non-statistically significant improvement and was at 47.4 percent—1.2 percentage points below the baseline rate.

For the *Improving Prenatal and Postpartum Care in Wayne County* PIP, **THC**'s Quality Improvement department conducted a causal/barrier analysis using appropriate quality improvement tools and processes. **THC** identified these barriers to address lack of provider knowledge about the health plan's

Destination Motherhood Program, lack of enrollee transportation, providers' difficulty scheduling timely appointments, lack of enrollee knowledge regarding importance of timely prenatal and postpartum care, and inaccurate enrollee demographic and contact information. To address these barriers, **THC** implemented the following interventions:

- Destination Motherhood program. This program has helped to build relationships with the enrollees to encourage well-child visits, lead screening, immunizations, and timely prenatal and postpartum care.
- Information regarding the Destination Motherhood program included in enrollee newsletters.
- Contracted with a vendor to scrub enrollee data to improve the likelihood of connecting with enrollees.
- Telephonic outreach to enrollees who have delivered to educate them on the importance of having a postpartum visit and to determine if transportation services need to be provided.
- Collaborated with providers to improve availability and enrollee access to care.
- Enrollee incentive to complete prenatal and postpartum visits within the required time frames.
- Collaborated with maternal infant health program agencies to assist with getting enrollees to schedule appointments and accessing provider resources and/or referrals when needed.
- Collaborated with CHWs to obtain information from enrollees' perspectives.
- Collaborated with Mayor Mike Duggan in a free program called "Make Your Date," designed to assist pregnant women in Detroit to obtain prenatal care and prevent preterm deliveries.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

The 2014–2015 compliance review resulted in recommendations for the *Quality* and *MIS* standards, which represented opportunities for improvement for **THC**. For the *MIS* standard, the MHP successfully addressed the recommendation related to the requirements for electronic processing of member enrollment and disenrollment. **THC** also addressed the recommendation for the *Quality* standard related to implementing performance improvement initiatives and improved rates for the *Blood Lead Testing* and *Complaints* measures. **THC** did not meet the minimum performance standard for the *Blood Lead Testing*, *Well-Child Visits 0–15 Months*, and *Well-Child Visits 3–6 Years* measures.

Performance Measures

HSAG's assessment of **THC**'s follow-up on prior recommendations focused on the improvement observed in measures that were below the national Medicaid 25th percentile and on **THC**'s quality improvement efforts in 2015. In 2015, 30 measures fell below the national Medicaid 25th percentile. Five of these rates (all *Use of Appropriate Medications for People With Asthma* indicators) were retired from HEDIS 2016 reporting. Twenty-one rates remained below the national Medicaid 25th percentile,

and two rates continued to decline in performance in 2016 (*Childhood Immunization Status—Combination 3* and *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months*). Two rates demonstrated improvement from 2015, with both rates (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase*) performing at or above the national Medicaid 75th percentile in 2016.

Improvement observed in these measures could be related to **THC**'s quality initiatives as described in its 2015 Quality Improvement Program Evaluation. These activities included member incentive gift cards; ongoing reminder mailings to noncompliant members; educational newsletters and mailings about pharyngitis, diabetes, postpartum care, immunizations, and asthma—including guidelines for potential triggers and treatment. Additionally, **THC** implemented bonus incentives for providers with increased services to children and adolescents and incentives for pregnant members for completed prenatal and postpartum care. Additional time may be needed to see the effects of efforts and interventions implemented by the MHP to improve care; therefore, in future years, HSAG will continue to monitor HEDIS rates related to these areas.

Performance Improvement Projects (PIPs)

For the 2014-2015 second-year validation of **THC**'s PIP, *Improving Prenatal and Postpartum Care in Wayne County*, HSAG's validated Activities I through IX. HSAG identified opportunities for improvement in Activities V—Use Sound Sampling Techniques, VI—Reliably Collect Data, VII—Analyze Data and Interpret Study results, and IX—Assess for Real Improvement. HSAG determined through the 2015–2016 validation process that **THC** addressed the recommendations in Activities V, VI, and VII by providing the accurate sample population for Wayne County, providing missing value set codes used for data collection, and performing statistical testing accurately. However, **THC** did not achieve significant improvement over the baseline in Remeasurement 2. Therefore, the Activity IX recommendations were not addressed.

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

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

THC demonstrated strong performance across the areas of **quality** and **timeliness** of and **access** to services provided by the MHP. The MHP demonstrated its strongest performance in the **timeliness** area, with all standards in full compliance with all requirements. The 2015–2016 compliance review identified opportunities for improvement in the **quality** and **access** areas. **THC** should continue working for improvement for the *Quality* standard related to the **quality** and **access** areas and implement performance improvement initiatives to improve its rates and meet the MDHHS-specified minimum performance standards for the *Well-Child Visits 0–15 Months, Well-Child Visits 3–6 Years, Outreach and Engagement to Facilitate Primary Care, Adults' Access to Ambulatory Health Services, Cervical*

Cancer Screening, Chlamydia Screening, Diabetes Care: Hemoglobin A1c Testing, and *Annual Monitoring for Patients on Persistent Medications* measures.

Compared to the national HEDIS 2015 benchmarks, **THC**'s performance varied across all three areas. In general, more measures had lower percentile rankings than higher percentile rankings in each area.

In the **quality** area, six rates ranked at or above the national Medicaid 90th percentile, and 20 rates fell below the national Medicaid 25th percentile. The top-performing rates were found in the Child & Adolescent Care domain (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*) and the Living With Illness domain (*Comprehensive Diabetes Care—Medical Attention for Nephropathy,* both *Medication Management for People With Asthma* indicators, and both *Antidepressant Medication Management* indicators). The low-performing rates were primarily in the Child & Adolescent Care (all *Childhood Immunization Status* indicators and *Appropriate Testing for Children With Pharyngitis*) and Living With Illness (five of six *Comprehensive Diabetes Care* indicators, *Asthma Medication Ratio—Total, Controlling High Blood Pressure,* and *Diabetes Monitoring for People With Diabetes and Schizophrenia*) domains. The *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* and *Breast Cancer Screening* rates also fell below the national Medicaid 25th percentiles.

In the **timeliness** area, **THC** ranked at or above the national Medicaid 90th percentile for one rate (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*). Eleven rates fell below the national Medicaid 25th percentile, including all *Childhood Immunization Status* indicators and both *Prenatal and Postpartum Care* indicators.

Only two rates in the **access** area ranked at or above the national Medicaid 75th percentile, with one rate (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*) ranking at or above the national Medicaid 90th percentile. The remaining 12 rates fell below the national Medicaid 50th percentile, with nine rates falling below the national Medicaid 25th percentile. Most low-performing measures were associated with the Access to Care and Pregnancy Care domains, suggesting opportunities for improvement.

Related to all areas, **THC** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures—specifically those for the low-performing measures such as those that fell below the national Medicaid 25th percentile.

THC's PIP addressed the **quality**, **timeliness**, and **access** areas. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VIII of the CMS protocol for conducting PIPs. The MHP should continue its efforts to achieve statistically significant and sustained improvement in the study indicators. To strengthen the PIP, the MHP should address all *Not Met* and *Partially Met* evaluation element scores along with all *Points of Clarification*.

Appendix J. Findings—UnitedHealthcare Community Plan

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDHHS evaluated **UNI**'s compliance with federal and State requirements related to the six standards shown in Table J-1 over the course of the 2015–2016 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table J-1 presents **UNI**'s compliance review results.

Table J-1—Compliance Review Results for UNI

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Not Applicable*	MHP	Statewide
1	*Administrative*	5	0	0	0	100%	98%
2	*Providers*	12	0	0	0	100%	99%
3	*Members*	8	0	0	0	100%	95%
4	*Quality*	8	1	0	0	94%	91%
5	*MIS*	3	0	0	0	100%	89%
6	*Program Integrity*	16	0	0	0	100%	96%
Overall		**52**	**1**	**0**	**0**	**99%**	**96%**

UNI demonstrated full compliance with all requirements related to the *Administrative*, *Providers*, *Members*, *MIS*, and *Program Integrity* standards. These standards, areas of strength for **UNI**, all scored 100 percent, exceeding the statewide averages. The 2015–2016 compliance review resulted in recommendations for the *Quality* standard only. This area reflected opportunities for improvement for **UNI**. **UNI**'s performance resulted in an overall compliance score of 99 percent, higher than the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's data system to report accurate HEDIS measures. Table J-2 shows each of the measures, the rate for each measure for 2016, and the categorized performance for 2016 relative to national HEDIS 2015 Medicaid results for **UNI**.[J-1]

Table J-2—Scores for Performance Measures for UNI

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	76.16%	★★★
Combination 3	71.78%	★★★
Combination 4	67.15%	★★
Combination 5	58.15%	★★
Combination 6	38.69%	★★
Combination 7	54.74%	★★
Combination 8	36.25%	★★
Combination 9	32.85%	★★
Combination 10	30.66%	★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	61.56%	★★★

2016 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

[J-1] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care (continued)		
Lead Screening in Children		
Lead Screening in Children	78.86%	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	73.21%	★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	54.74%	★★★
Immunizations for Adolescents		
Combination 1	87.50%	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	87.89%	★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	63.13%	★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	44.57%	★★★
Continuation and Maintenance Phase	59.46%	★★★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	61.35%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	65.85%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	62.26%	★★★★
Ages 21 to 24 Years	69.46%	★★★★
Total	65.12%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	96.54%	★★★
Ages 25 Months to 6 Years	89.66%	★★★
Ages 7 to 11 Years	91.17%	★★
Ages 12 to 19 Years	90.51%	★★★

2016 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

Measure	HEDIS 2016	2016 Performance Level
Access to Care (continued)		
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	83.01%	★★★
Ages 45 to 64 Years	91.13%	★★★★
Ages 65+ Years	95.84%	★★★★★
Total	86.34%	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	24.42%	★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	71.05%	★★★
Counseling for Nutrition—Total	68.86%	★★★
Counseling for Physical Activity—Total†	62.04%	★★★
Adult BMI Assessment		
Adult BMI Assessment	89.12%	★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	76.03%	★
Postpartum Care	52.06%	★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	41.75%	★
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	36.81%	—
1–12 Weeks	10.69%	—
13–27 Weeks	29.54%	—
28 or More Weeks	17.88%	—
Unknown	5.09%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness		
Comprehensive Diabetes Care†		
Hemoglobin A1c (HbA1c) Testing	86.81%	★★★
*HbA1c Poor Control (>9.0%)**	34.17%	★★★★
HbA1c Control (<8.0%)	54.58%	★★★★
Eye Exam (Retinal) Performed	64.31%	★★★★
Medical Attention for Nephropathy	93.06%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	62.64%	★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	69.44%	★★★★★
Medication Compliance 75%—Total	45.00%	★★★★★
Asthma Medication Ratio		
Total	64.68%	★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	52.32%	★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	78.86%	★★★
Discussing Cessation Medications	59.35%	★★★★★
Discussing Cessation Strategies	48.02%	★★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	49.55%	★★
Effective Continuation Phase Treatment	31.59%	★★
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	85.54%	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	74.48%	★★★

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness (continued)		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	80.00%	★★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	60.02%	★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	88.68%	★★★
Digoxin	45.69%	★
Diuretics	88.75%	★★★
Total	88.41%	★★★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	50.65%	—
Total—Black or African American	31.80%	—
Total—American-Indian and Alaska Native	0.24%	—
Total—Asian	2.37%	—
Total—Native Hawaiian and Other Pacific Islander	<0.01%	—
Total—Some Other Race	0.00%	—
Total—Two or More Races	0.00%	—
Total—Unknown	14.94%	—
Total—Declined	0.00%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	95.33%	—
Spoken Language Preferred for Health Care—Non-English	4.67%	—
Spoken Language Preferred for Health Care—Unknown	<0.01%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

2016 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

Measure	HEDIS 2016	2016 Performance Level
Health Plan Diversity (continued)		
Preferred Language for Written Materials—English	95.33%	—
Preferred Language for Written Materials—Non-English	4.67%	—
Preferred Language for Written Materials—Unknown	<0.01%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	0.00%	—
Other Language Needs—Non-English	0.00%	—
Other Language Needs—Unknown	100.00%	—
Other Language Needs—Declined	0.00%	—
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months)		
Emergency Department Visits—Total‡,*	73.22	★
Outpatient Visits—Total	367.42	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	6.59	—
Total Inpatient—Average Length of Stay—Total	4.23	—
Maternity—Discharges per 1,000 Member Months—Total	2.74	—
Maternity—Average Length of Stay—Total	2.62	—
Surgery—Discharges per 1,000 Member Months—Total	1.61	—
Surgery—Average Length of Stay—Total	6.76	—
Medicine—Discharges per 1,000 Member Months—Total	3.06	—
Medicine—Average Length of Stay—Total	3.92	—

‡ Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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 J-2 shows that **UNI** had 43 rates ranking at or above the national Medicaid 50th percentile, five of which ranked above the national Medicaid 90th percentile. Twenty measures fell below the national Medicaid 50th percentile, five of which fell below the national Medicaid 25th percentile (both *Prenatal and Postpartum Care* indicators, *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits, Annual Monitoring for Patients on Persistent Medications—Digoxin,* and *Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*). Rates ranking at or above the national Medicaid 90th percentile spanned two domains, Access to Care (*Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*) and Living With Illness (*Comprehensive Diabetes Care—Medical Attention for Nephropathy*, both M*edication Management for People With Asthma* indicators, and *Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications*). However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results. Opportunities for improvement existed for **UNI** primarily related to measures that fell below the national Medicaid 25th percentile, but could be extended to include those measures that fell below the national Medicaid 50th percentile.

Performance Improvement Projects (PIPs)

Table J-3 displays the validation results for **UNI**'s PIP evaluated during 2015–2016. This table illustrates the MHP's overall application of the PIP process and success in implementing the study. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table J-3 show, by activity, the percentage of applicable evaluation elements that received each score. Additionally, HSAG calculated a score for each stage and an overall score across all activities.

Table J-3—Performance Improvement Project Validation Results for UNI

Stage	Activity		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			**100% (11/11)**	**100% (0/11**	**100% (0/11)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (7/7)	0% (0/7)	0% (0/7)
	VIII.	Appropriate Improvement Strategies	75% (3/4)	0% (0/4)	25% (1/4)
Implementation Total			**91% (10/11)**	**0% (0/11**	**9% (1/11)**
Outcomes	IX.	Real Improvement Achieved	50% (2/4)	0% (0/4)	50% (2/4)
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			**50% (2/4)**	**0% (0/4)**	**50% (2/4)**
Percentage Score of Applicable Evaluation Elements *Met*			**88% (23/26)**		

Overall, 88 percent of all applicable evaluation elements received a score of *Met*. **UNI** developed a methodologically sound PIP; however, the *Not Met* validation status is a result of not achieving statistically significant improvement.

UNI designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes and allowed the MHP to proceed to implementing interventions.

UNI reported and analyzed its Remeasurement 2 data accurately, conducted a causal/barrier analysis, and implemented interventions linked to the identified barriers. However, the MHP is not using an effective method to evaluate the impact of its interventions. The MHP reported that it determined interventions were successful due to a 1.86 percentage point improvement in one year and because it monitors indicator rate changes. By using this method and having multiple interventions in place, **UNI** has no way to determine which intervention had an impact and caused the 1.86 percentage point increase.

The improvement achieved at Remeasurement 2 was not statistically significant, and the rate remains well below the MHP's goal of 76 percent.

Table J-4 displays Remeasurement 2 data for **UNI**'s *Childhood Immunizations Racial Disparity* PIP. **UNI**'s goal was to increase to 76 percent at Remeasurement 2 the percentage of African American children who receive the Combination 3 vaccines by their second birthday.

Table J-4—Performance Improvement Project Outcomes for UNI

PIP—*Childhood Immunizations Racial Disparity*				
Study Indicator	**Baseline Period (01/01/2013–12/31/2013)**	**Remeasurement 1 (01/01/2014–12/31/2014)**	**Remeasurement 2 (01/01/2015–12/31/2015)**	**Sustained Improvement**
The percentage of African American enrollees who received Combination 3 vaccines by their second birthday.	65.4%	62.4%	66.5%	Not Assessed

For the second measurement period, **UNI** reported that 66.5 percent of African American child enrollees received Combination 3 vaccines by their second birthday. This rate demonstrates non-statistically significant improvement when compared to the baseline rate and is 9.5 percentage points below the MHP's goal of 76 percent.

For the *Childhood Immunizations Racial Disparity* PIP, **UNI** used appropriate quality improvement processes to identify and prioritize barriers. The following new barrier was documented for this year's submission: Detroit providers report that parents who are no-shows for appointments are not engaged. To address this new barrier, as well as all existing barriers, **UNI** has the following interventions:

- Adoption of clinical practice and preventive care guidelines.

- Provider incentives for meeting performance goals.
- Physician education and trainings.
- Provider quarterly newsletter.
- Collaborating with pharmaceutical companies to offer physicians continuing education credits on clinical topics.
- Enrollee education.
- Health fairs.
- Medical record audits.
- Practitioner profiling.
- Direct targeted mailings to enrollees.
- Enrollee postcard reminders.
- Collaborating with public health departments and community groups to educate the practitioners and enrollees regarding specific health issues.
- Registered nurses visit provider offices with low childhood immunization rates to assess the practices' current processes for administering immunizations—referring assigned enrollees to another resource for immunizations, using Michigan Care Improvement Registry (MCIR) recall reporting to reach out to assigned enrollees to obtain immunizations. These nurses share operational best practices for timely administration of childhood immunizations.
- Live, nonclinical parent/guardian outreach to educate on the importance of immunizations, inform about the availability of the City of Detroit Health Department immunization clinic, address parent/caregiver barriers and reasons for not taking children to their primary care providers, arrange for transportation, and schedule appointments.

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

The 2014–2015 compliance review resulted in recommendations for the *Providers*, *Members*, *Quality*, and *Program Integrity* standards. These areas reflected opportunities for improvement for **UNI**. For the *Providers*, *Members*, and *Program Integrity* standards **UNI** addressed all recommendations from the 2014-2015 review and demonstrated compliance with the requirements for provider subcontracts, including its submission of the appeal logs for all benefit plans, and ensured timely resolution of expedited member appeals. The MHP also demonstrated compliance with the recommendation ensuring that numbers reported for data mining were consistent throughout the submission. For the *Quality* standard, **UNI** successfully addressed the recommendations and improved its rates for the *Blood Lead Testing* and *Complaints* measures to meet the respective MDHHS standards.

Performance Measures

HSAG's assessment of **UNI**'s follow-up on prior recommendations focused on the improvement observed in measures that were below the national Medicaid 25th percentile and on **UNI**'s quality improvement efforts in 2015. In 2015, one rate (*Use of Appropriate Medications for People With Asthma—5 to 11 Years*) ranked below the national Medicaid 25th percentile; however, the *Use of Appropriate Medications for People With Asthma* measure was retired from HEDIS 2016 reporting.

According to its 2015 Quality Improvement Program Evaluation, **UNI** implemented interventions including incentives to fill preferred asthma medications for non-adherent members, educational newsletter articles targeted at asthmatic members, and phone calls or mailings with further information for non-adherent members. Additional time may be needed to see the effects of efforts and interventions implemented by the MHP to improve care; therefore, in future years, HSAG will continue to monitor HEDIS rates related to these areas.

Performance Improvement Projects (PIPs)

For the 2014–2015 second-year validation of **UNI**'s PIP, *Childhood Immunizations Racial Disparity*, HSAG identified opportunities for improvement in Activities VIII—Implement Interventions and Improvement Strategies, and IX— Assess for Real Improvement. In 2015–2016 PIP submission, **UNI** had not addressed the recommendation in Activity VIII to put a process in place to evaluate the effectiveness of each intervention implemented and to provide analysis findings in its PIP that support whether an intervention continues, is revised, or is abandoned. Additionally, even though **UNI** demonstrated an improvement in the study indicator rate in Remeasurement 2, the improvement was not statistically significant.

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

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

UNI demonstrated strong performance across the areas of **quality** and **timeliness** of and **access** to services provided by the MHP. **UNI**'s strongest performance was in the **timeliness** area, with all four standards in full compliance with all requirements. To improve performance on the *Quality* standard to address the areas of **quality** and **access**, **UNI** should continue efforts to improve its rates and meet the MDHHS-specified minimum performance standards for the following measures: *Outreach and Engagement to Facilitate Primary Care*, *Adults' Access to Ambulatory Health Services*, and *Cervical Cancer Screening.*

Compared to the national HEDIS 2015 benchmarks, **UNI**'s performance across the **quality** and **timeliness** of and **access** areas varied. Although **UNI** had few high-ranking rates, relatively few low-ranking rates were noted in each of the **quality, timeliness**, and **access** areas.

In the **quality** area, **UNI** had 36 rates ranking at or above the national Medicaid 50th percentile, of which four were above the national Medicaid 90th percentile. Sixteen rates fell below the national Medicaid 50th percentile, of which two rates (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* and *Annual Monitoring for Patients on Persistent Medications—Digoxin*) fell below the national Medicaid 25th percentile. Measure rates ranking at or above the national Medicaid 90th percentile were from the Living With Illness domain (*Comprehensive Diabetes Care—Medical Attention for Nephropathy*, both M*edication Management for People With Asthma* indicators, and *Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications*).

No measures in the **timeliness** area had rates at or above the national Medicaid 90th percentile. Six rates ranked at or above the national Medicaid 50th percentile, with two rates (*Immunizations for Adolescents—Combination 1* and *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*) ranking at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. Nine **timeliness**-related rates fell below the national Medicaid 50th percentile, with two rates (both *Prenatal and Postpartum Care* indicators) falling below the national Medicaid 25th percentile.

In the **access** area, one **UNI** rate (*Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*) ranked at or above the national Medicaid 90th percentile and four rates (both *Prenatal and Postpartum Care* indicators, *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*, and *Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) fell below the national Medicaid 25th percentile.

Related to all areas, **UNI** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures, specifically the rates for low-performing measures such as those that fell below the national Medicaid 25th percentile.

UNI's PIP addressed the **quality**, **timeliness**, and **access** areas. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VII of the CMS protocol for conducting PIPs. **UNI** should revise its processes to evaluate the effectiveness of each implemented intervention and continue efforts to achieve statistically significant improvement in the study indicator. The MHP should address the *Not Met* evaluation scores and *Points of Clarification* to strengthen the PIP.

Appendix K. Findings—Upper Peninsula Health Plan

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review to determine the Medicaid managed care organizations' compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDHHS evaluated **UPP**'s compliance with federal and State requirements related to the six standards shown in Table K-1 over the course of the 2015–2016 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table K-1 presents **UPP**'s compliance review results.

Table K-1—Compliance Review Results for UPP

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Not Applicable*	MHP	Statewide
1	*Administrative*	5	0	0	0	100%	98%
2	*Providers*	12	0	0	0	100%	99%
3	*Members*	8	0	0	0	100%	95%
4	*Quality*	7	2	0	0	89%	91%
5	*MIS*	3	0	0	0	100%	89%
6	*Program Integrity*	16	0	0	0	100%	96%
Overall		**51**	**2**	**0**	**0**	**98%**	**96%**

UPP demonstrated full compliance with all requirements related to the *Administrative*, *Providers*, *Members*, *MIS*, and *Program Integrity* standards. These standards, areas of strength for **UPP**, all scored 100 percent, exceeding the statewide scores. The 2015–2016 compliance review identified opportunities for improvement for the *Quality* standard. The MHP's score on the *Quality* standard was below the statewide average. **UPP**'s strong performance resulted in an overall compliance score of 98 percent, which exceeded the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's data system to report accurate HEDIS measures. Table K-2 shows each of the measures, the rate for each measure for 2016, and the categorized performance for 2016 relative to national HEDIS 2015 Medicaid results for **UPP**.[K-1]

Table K-2—Scores for Performance Measures for UPP

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	78.10%	★★★
Combination 3	73.24%	★★★
Combination 4	66.67%	★★
Combination 5	55.47%	★★
Combination 6	43.55%	★★
Combination 7	52.07%	★★
Combination 8	41.61%	★★
Combination 9	37.23%	★★★
Combination 10	36.01%	★★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	74.21%	★★★★

2016 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

[K-1] 2016 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2015 benchmarks, with the exception of the *Medication Management for People With Asthma—Medication Compliance 50%—Total* indicator, which was compared to national Medicaid HMO NCQA Audit Means and Percentiles HEDIS 2015 benchmarks.

Measure	HEDIS 2016	2016 Performance Level
Child & Adolescent Care (continued)		
Lead Screening in Children		
Lead Screening in Children	88.56%	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	69.59%	★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	42.09%	★★
Immunizations for Adolescents		
Combination 1	81.75%	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	90.27%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	68.97%	★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	53.16%	★★★★
Continuation and Maintenance Phase	57.65%	★★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	59.64%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	62.53%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	46.95%	★★
Ages 21 to 24 Years	56.06%	★★
Total	50.96%	★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	97.65%	★★★★
Ages 25 Months to 6 Years	90.18%	★★★
Ages 7 to 11 Years	90.60%	★★
Ages 12 to 19 Years	92.33%	★★★

2016 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

Measure	HEDIS 2016	2016 Performance Level
Access to Care (continued)		
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	86.23%	★★★★
Ages 45 to 64 Years	88.42%	★★★
Ages 65+ Years	86.44%	★★
Total	87.10%	★★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	43.48%	★★★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	91.97%	★★★★★
Counseling for Nutrition—Total	65.94%	★★★
Counseling for Physical Activity—Total†	64.23%	★★★
Adult BMI Assessment		
Adult BMI Assessment	95.62%	★★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	86.13%	★★★
Postpartum Care	71.78%	★★★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	72.02%	★★★★
Weeks of Pregnancy at Time of Enrollment		
Prior to 0 Weeks	28.21%	—
1–12 Weeks	13.76%	—
13–27 Weeks	32.63%	—
28 or More Weeks	20.18%	—
Unknown	5.22%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness		
Comprehensive Diabetes Care†		
Hemoglobin A1c (HbA1c) Testing	91.61%	★★★★
*HbA1c Poor Control (>9.0%)**	28.65%	★★★★★
HbA1c Control (<8.0%)	58.21%	★★★★
Eye Exam (Retinal) Performed	66.06%	★★★★
Medical Attention for Nephropathy	91.97%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	75.73%	★★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	53.63%	★★
Medication Compliance 75%—Total	22.71%	★
Asthma Medication Ratio		
Total	64.55%	★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	63.99%	★★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	79.43%	★★★★
Discussing Cessation Medications	55.95%	★★★★
Discussing Cessation Strategies	45.39%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	61.13%	★★★★
Effective Continuation Phase Treatment	40.34%	★★★
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	87.20%	★★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	NA	NA

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

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

NA indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Living With Illness (continued)		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	NA	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia†		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	60.22%	★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	87.49%	★★
Digoxin	NA	NA
Diuretics	89.29%	★★★
Total	87.94%	★★★
Health Plan Diversity		
Race/Ethnicity Diversity of Membership		
Total—White	87.07%	—
Total—Black or African American	1.41%	—
Total—American-Indian and Alaska Native	2.53%	—
Total—Asian	0.28%	—
Total—Native Hawaiian and Other Pacific Islander	0.06%	—
Total—Some Other Race	1.39%	—
Total—Two or More Races	0.00%	—
Total—Unknown	<0.01%	—
Total—Declined	7.25%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	99.93%	—
Spoken Language Preferred for Health Care—Non-English	0.04%	—
Spoken Language Preferred for Health Care—Unknown	0.03%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—

† Due to technical specification changes, caution should be exercised when comparing HEDIS 2016 rates to national HEDIS 2015 Medicaid benchmarks.

— indicates that the 2016 performance levels were not determined because 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, resulting in a Not Applicable (NA) audit designation. For HEDIS 2016 rates designated as NA, the 2016 performance level is also presented as NA.

2016 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

Measure	HEDIS 2016	2016 Performance Level
Health Plan Diversity (continued)		
Preferred Language for Written Materials—English	99.93%	—
Preferred Language for Written Materials—Non-English	0.04%	—
Preferred Language for Written Materials—Unknown	0.03%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	0.00%	—
Other Language Needs—Non-English	0.00%	—
Other Language Needs—Unknown	100.00%	—
Other Language Needs—Declined	0.00%	—
Utilization		
Ambulatory Care—Total (Per 1,000 Member Months)		
*Emergency Department Visits—Total‡,**	64.81	★★
Outpatient Visits—Total	334.91	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	6.34	—
Total Inpatient—Average Length of Stay—Total	3.60	—
Maternity—Discharges per 1,000 Member Months—Total	2.05	—
Maternity—Average Length of Stay—Total	2.72	—
Surgery—Discharges per 1,000 Member Months—Total	1.63	—
Surgery—Average Length of Stay—Total	4.69	—
Medicine—Discharges per 1,000 Member Months—Total	3.20	—
Medicine—Average Length of Stay—Total	3.46	—

‡ Performance levels provided for this measure are for information purposes only.

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

— indicates that the 2016 performance levels were not determined because the measure did not have an applicable benchmark.

2016 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 K-2 shows that **UPP** had 42 rates ranking at or above the national Medicaid 50th percentile, seven of which ranked at or above the national Medicaid 90th percentile. Eighteen rates fell below the national Medicaid 50th percentile, one of which fell below the national Medicaid 25th percentile. Rates ranking at or above the national Medicaid 90th percentile spanned multiple domains, including Child & Adolescent Care (*Lead Screening in Children*), Access to Care (*Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*), Obesity (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total* and *Adult BMI Assessment*), and Living With Illness (*Comprehensive Diabetes Care—HbAlc Poor Control [>9.0 %]* and *Medical Attention for Nephropathy*, and *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*). However, due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, caution should be used when comparing HEDIS 2016 rates to benchmarks derived from the previous year's results. Opportunities for improvement existed for **UPP** in one measure, *Medication Management for People With Asthma—Medication Compliance 75%—Total*, which fell below the national Medicaid 25th percentile.

Performance Improvement Projects (PIPs)

Table K-3 displays the validation results for UPP's PIP evaluated during 2015–2016. This table illustrates the MHP's overall application of the PIP process and success in implementing the study. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table K-3 show the percentage of applicable evaluation elements that received each score by activity. Additionally, HSAG calculated a score for each stage and an overall score across all activities.

Table K-3—Performance Improvement Project Validation Results for UPP

Stage	Activity		Percentage of Applicable Elements		
			Met	***Partially Met***	***Not Met***
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			**100% (11/11)**	**0% (0/11)**	**0% (0/11)**
Implementation	VII.	Sufficient Data Analysis and Interpretation*	63% (5/8)	25% (2/8)	13% (1/8)
	VIII.	Appropriate Improvement Strategies	100% (3/3)	0% (0/3)	0% (0/3)
Implementation Total*			**73% (8/11)**	**18% (2/11)**	**10% (1/11)**
Outcomes	IX.	Real Improvement Achieved	100% (4/4)	0% (0/4)	0% (0/4)
	X.	Sustained Improvement Achieved	100% (1/1)	0% (0/1)	0% (0/1)
Outcomes Total			**100% (5/5)**	**0% (0/5)**	**0% (0/5)**
Percentage Score of Applicable Evaluation Elements *Met*			**89% (24/27)**		

*Percentage total may not equal 100 due to rounding.

Overall, 89 percent of all applicable evaluation elements received a score of *Met*. **UPP** developed a methodologically sound PIP. Despite the PIP's resubmission, the MHP did not improve its validation scores because HSAG's feedback was not addressed.

UPP designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

UPP reported and interpreted second remeasurement data for the study indicator accurately; however, the narrative interpretation for the study indicator outcomes and statistical testing did not include all required components. The MHP used appropriate quality improvement tools to conduct its causal/barrier analysis and implemented interventions that have had a positive impact on the study indicator outcomes.

The study indicator has demonstrated statistically significant and sustained improvement over the baseline rate.

Table K-4 displays Remeasurement 2 data for **UPP**'s *Increasing the Calculated Adult BMI Administrative Rates for Medicaid Members With a Co-morbidity of Hypertension* PIP. **UPP**'s goal was to increase the percentage of enrollees with a comorbidity of hypertension who have evidence of a BMI documented through administrative data claims to 61.9 percent at Remeasurement 2.

Table K-4—Performance Improvement Project Outcomes for UPP

PIP—*Increasing the Calculated Adult BMI Administrative Rates for Medicaid Members With a Co-morbidity of Hypertension*				
Study Indicator	**Baseline Period (01/01/2013–12/31/2013)**	**Remeasurement 1 (01/01/2014–12/31/2014)**	**Remeasurement 2 (01/01/2015–12/31/2015)**	**Sustained Improvement**
The percentage of enrollees 18 to 74 years of age with a diagnosis of hypertension who had at least one outpatient visit during the first six months of the measurement year and who had evidence of BMI documentation the year prior to or during the measurement year.	35.4%	56.9%	66.7%	Yes

For the second remeasurement period, **UPP** reported that 66.7 percent of its enrollees 18 to 74 years of age who had at least one outpatient visit during the first six months of the measurement year and had a diagnosis of hypertension had evidence of a BMI documented. This rate was 31.3 percentage points above the baseline and exceeded the Remeasurement 2 goal by 4.8 percentage points.

For the *Increasing the Calculated Adult BMI Administrative Rates for Medicaid Members With a Co-morbidity of Hypertension* PIP, **UPP** used a fishbone diagram to identify barriers; then, its quality management team prioritized the barriers. The same barriers exist for this measurement period: lack of real-time access to data reports, providers' lack of coding, and providers' difficulty adapting clinic systems. To address these barriers, **UPP** continued with the following interventions:

- Conducted one-on-one provider outreach education on proper coding of BMI.
- Conducted provider phone and on-site outreach to propose a LEAN presentation to effect a process change for BMI submission and distribution of BMI codes tool. (Note: This is a revised intervention.)

Assessment of Follow-up on Prior Recommendations

Annual Compliance Reviews

The 2014–2015 compliance review identified opportunities for improvement for the *Administrative* and *Quality* standards. **UPP** successfully addressed the recommendation for the *Administrative* standard to ensure that one-third of its board members are enrollees. **UPP**, in the *Quality* standard, improved its performance on the *Claims Processing* and *Pharmacy Encounter Data* measures to meet the respective minimum performance standards.

Performance Measures

HSAG's assessment of **UPP**'s follow-up on prior recommendations focused on the improvement observed in measures that were below the national Medicaid 25th percentile and **UPP**'s quality improvement efforts in 2015. In 2015, four rates (all *Chlamydia Screening in Women* indicators and *Use of Appropriate Medications for People With Asthma—12 to 18 Years*) fell below the national Medicaid 25th percentile. The *Use of Appropriate Medications for People With Asthma* measure was retired from HEDIS 2016 reporting. All three *Chlamydia Screening in Women* rates improved in 2016 and ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile.

As discussed in its *2015 Clinical Quality Assessment and Improvement and Utilization Management (QAI-UM) Program Evaluation* summary, **UPP** implemented a collaborative incentive program for chlamydia testing in members and their partners, which may have impacted rates seen in 2016. Additional time may be needed to see the effects of efforts and interventions implemented by the MHP to improve care; therefore, in future years, HSAG will continue to monitor HEDIS rates related to these areas.

Performance Improvement Projects (PIPs)

For the 2014–2015 second-year validation of **UPP**'s PIP, *Increasing the Calculated Adult BMI Administrative Rates for Medicaid Members With a Co-morbidity of Hypertension*, HSAG validated Activities I through IX, resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. However, HSAG identified a *Point of Clarification* as an opportunity for improvement in Activity VII—Analyze and Interpret Study Results. In its 2015–2016 PIP submission, even though **UPP** corrected the narrative interpretation of the Remeasurement 1 data and met the prior year's recommendation, it did not present the Remeasurement 2 study results accurately or include an interpretation of the outcomes and statistical testing between baseline and Remeasurement 2.

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

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

UPP demonstrated strong performance across the areas of **quality** and **timeliness** of and **access** to services provided by the MHP. **UPP**'s strongest performance was in the **timeliness** area, with all four standards in full compliance with all requirements. The 2015–2016 compliance review also identified opportunities for improvement for the *Quality* standard, which addressed the **quality** and **access** areas. **UPP** should ensure that the annual quality program worksheet includes all required information and continue its efforts to improve performance to meet the MDHHS-specified minimum performance standards for the following measures: *Postpartum Care, Developmental Screening, Well-Child Visits 0–15 Months, Well-Child Visits 3–6 Years, Outreach and Engagement to Facilitate Primary Care, Adults' Access to Ambulatory Health Services, Breast Cancer Screening,* and *Cervical Cancer Screening*.

Compared to the national HEDIS 2015 benchmarks, **UPP**'s performance across the **quality, timeliness** and **access** areas varied. Performance in the **quality** area appeared more diverse than in the **timeliness** and **access** areas.

In the **quality** area, seven rates ranked at or above the national Medicaid 90th percentile, and one rate fell below the national Medicaid 25th percentile. Rates ranking at or above the national Medicaid 90th percentile spanned multiple domains: Child & Adolescent Care (*Lead Screening in Children*), Access to Care (*Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*), Obesity (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total* and *Adult BMI Assessment*), and Living With Illness (two *Comprehensive Diabetes Care* indicators and *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*). The one rate that fell below the national Medicaid 25th percentile was *Medication Management for People With Asthma—Medication Compliance 75%—Total*.

In the **timeliness** area, **UPP** had one measure (*Lead Screening in Children*) that ranked at or above the national Medicaid 90th percentile. Five rates (*Childhood Immunization Status—Combination 4, 5, 6, 7,*

and *8*) fell below the national Medicaid 50th percentile, but no reported rates fell below the national Medicaid 25th percentile.

In the **access** area, **UPP** had 11 rates ranking at or above the national Medicaid 50th percentile, but below the national Medicaid 90th percentile. Although no measures fell below the national Medicaid 25th percentile, **UPP** had some measures with rates performing below the national Medicaid 50th percentile. These measures included: *Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years*, *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years*, and *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total*.

Related to all areas, **UPP** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures and specifically the rates for low-performing measures such as those that fell below the national Medicaid 25th percentile.

UPP's PIP addressed the **quality**, **timeliness**, **and access** areas. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VI and VIII through X of the CMS protocol for conducting PIPs. **UPP** implemented interventions that have been successful in achieving real and sustained improvement. **UPP** should continue with improvement efforts and revisit barriers annually to see if any new barriers exist that require the development of interventions. To strengthen the PIP, the MHP should address all the *Not Met* and *Partially Met* evaluation element scores along with the *Points of Clarification*.