Michigan Department of Health & Human Services

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2016–2017 External Quality Review Technical Report for Medicaid Health Plans

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HSAG HEALTH SERVICES ADVISORY GROUP

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Acknowledgements and Copyrights

1. Executive Summary

Purpose and Overview of Report

In accordance with the Code of Federal Regulations (CFR) Title 42 §438.364, states with Medicaid program delivery systems that include managed care entities (MCEs) are required to produce an annual detailed technical report that provides an assessment of the MCE's performance related to the quality, timeliness, and access to care and services provided by each MCE. 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 perform the assessment and prepare the annual technical report.

The MCEs providing medical services in Michigan are referred to as Medicaid Health Plans (MHPs). 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

To conduct this assessment, HSAG used the results from three mandatory activities in accordance with 42 CFR §438.358.

- **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.

High-Level Findings and Conclusions

The following are MHP-specific, high-level findings and conclusions with attention to the **quality** of, **timeliness** of, and **access** to care and services. For more detailed MHP-specific findings, refer to Section 5, "Assessment of MHP Performance"; for statewide comparisons and recommendations, refer to Section 6, "MHP Comparative Information With Recommendations for Michigan Department of Health and Human Services." HSAG used the following definitions to evaluate and draw conclusions about the performance of each domain.

- **Quality:** The Centers for Medicare & Medicaid Services **(**CMS) defines "quality" in the final rule for 42 CFR §438.320 as follows[1-1]:

  > Quality, as it pertains to external quality review, means the degree to which an MCO [managed care organization], or PIHP [prepaid inpatient health plan], PAHP [prepaid ambulatory health plan], or PCCM [primary care case management] entity (described in §438.310(c)(2)) increases the likelihood of health outcomes of its enrollees through (1) its structural and operational characteristics, (2) the provision of services that are consistent with current professional, evidence-based knowledge, and (3) interventions for performance improvement.

- **Timeliness:** The NCQA defines "timeliness" relative to utilization decisions as follows: "The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation."[1-2] NCQA further discusses the intent of this standard to minimize any disruption in the provision of healthcare. HSAG extends this definition to include other managed care provisions that impact services to enrollees and that require timely response by the MCO or PIHP—e.g., processing expedited appeals and providing timely follow-up care. In the final 2016 federal managed care regulations, CMS recognized the importance of timeliness of services by incorporating timeliness into the general rule at 42 CFR §438.206(a) and by requiring states, at 42 CFR §438.68(b), to develop both time and distance standards for network adequacy.[1-3]

- **Access:** CMS defines "access" in the final rule at 42 CFR §438.320 as follows[1-4]:

  > Access, as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully

[1-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register. Code of Federal Regulations*. Title 42, Vol. 81, No. 88, May 6, 2016.

[1-2] National Committee on Quality Assurance. 2016 Standards and Guidelines for the Accreditation of Health Plans.

[1-3] Department of Health and Human Services Centers for Medicare & Medicaid Services. *Federal Register. Code of Federal Regulations*. Title 42, Vol. 81, No. 88, May 6, 2016.

[1-4] Ibid.

demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services).

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

Table 1-1—Assignment of Activities to Performance Domains

Compliance Review Standards	Quality	Timeliness	Access
Standard 1—*Administrative*	✓		
Standard 2—*Providers*	✓	✓	✓
Standard 3—*Members*	✓	✓	✓
Standard 4—*Quality*	✓		✓
Standard 5—*MIS [Management Information Systems]*	✓	✓	
Standard 6—*Program Integrity*	✓	✓	✓
Performance Measures[1-5]	**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*			✓

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

Performance Measures[1-5]	Quality	Timeliness	Access
Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65+ Years, and *Total*			✓
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	✓		
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**
Addressing Disparities in Timeliness of Prenatal Care	✓	✓	✓

Aetna Better Health of Michigan (AET)

The findings of the three activities identified both strengths and opportunities for improvement for **AET** related to the **quality** of, **timeliness** of, and **access** to care and services.

Strengths identified for **AET** included having 15 performance measure rates that ranked at or above the national Medicaid 75th percentile. **AET** also designed a scientifically sound PIP supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes.

To improve the **quality** of, **timeliness** of, and **access** to care and services, **AET** received recommendations to address eight opportunities for improvement identified during the annual compliance review. While **AET** received an overall compliance review score of 93 percent, it fell below the statewide average, with 64 of 72 *Pass* findings. Additionally, compared to the national HEDIS 2016 benchmarks, **AET**'s performance varied in each area and presented opportunities for improvement across all three areas of **quality**, **timeliness**, and **access**. **AET** had 36 performance measure rates that fell below the national Medicaid 50th percentile.

Blue Cross Complete of Michigan (BCC)

The findings of the three activities identified both strengths and opportunities for improvement for **BCC** related to the **quality** of, **timeliness** of, and **access** to care and services.

Strengths identified for **BCC** included an overall compliance review score of 97 percent, which exceeded the statewide average, with 69 of 72 *Pass* findings. **BCC** also designed a scientifically sound PIP supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. Additionally, **BCC** had 14 performance measure rates that ranked at or above the national Medicaid 75th percentile.

To improve the **quality** of, **timeliness** of, and **access** to care and services, **BCC** received recommendations to address three opportunities for improvement identified during the annual compliance review. Additionally, compared to the national HEDIS 2016 benchmarks, **BCC**'s 2017 performance across the **quality**, **timeliness**, and **access** areas varied. Overall, **BCC** had 23 performance measures that fell below the national Medicaid 50th percentile.

Harbor Health Plan (HAR)

The findings of the three activities identified both strengths and several opportunities for improvement for **HAR** related to the **quality** of, **timeliness** of, and **access** to care and services.

Strengths identified for **HAR** included having 10 performance measure rates that ranked at or above the national Medicaid 75th percentile. Additionally, **HAR** designed a scientifically sound PIP supported by the use of key research principles.

To improve the **quality** of, **timeliness** of, and **access** to care and services, **HAR** received recommendations to address 15 opportunities for improvement identified during the annual compliance review. **HAR** received an overall compliance review score of 88 percent, which fell below the statewide average, with 57 of 72 *Pass* findings. **HAR** received the lowest overall compliance score across all MHPs. Additionally, compared to the national HEDIS 2016 benchmarks, **HAR**'s performance across all **quality**, **access**, and **timeliness** areas varied. **HAR** had the greatest number of measure rates that fell below the national Medicaid 25th percentile across all MHPs, indicating numerous opportunities for improvement in all three areas. **HAR** had 34 performance measures that fell below the national Medicaid 50th percentile. Lastly, while **HAR** designed a scientifically sound PIP supported by the use of key research principles, as stated above, the plan-specific data provided on the identified subgroups did not support that a disparity between the identified subgroups exists. Overall, 89 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process. The health plan needs to consult with HSAG to determine a viable option for the PIP topic before **HAR** progresses.

McLaren Health Plan (MCL)

The findings of the three activities identified both strengths and opportunities for improvement for **MCL** related to the **quality** of, **timeliness** of, and **access** to care and services.

Strengths identified for **MCL** included an overall compliance review score of 95 percent, which was equal to the statewide average, with 67 of 72 *Pass* findings. **MCL** also designed a scientifically sound PIP supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. Additionally, **MCL** had 13 performance measure rates that ranked at or above the national Medicaid 75th percentile.

To improve the **quality** of, **timeliness** of, and **access** to care and services, **MCL** received recommendations to address five opportunities for improvement identified during the annual compliance review. Additionally, compared to the national HEDIS 2016 performance, **MCL**'s performance across the **quality**, **timeliness**, and **access** areas indicated opportunities for improvement, as **MCL** had 24 measure rates that fell below the national Medicaid 50th percentile.

Meridian Health Plan of Michigan (MER)

The findings of the three activities identified both strengths and opportunities for improvement for **MER** related to the **quality** of, **timeliness** of, and **access** to care and services.

Strengths identified for **MER** included an overall compliance review score of 98 percent, which exceeded the statewide average, with 69 of 72 *Pass* findings. **MER** received the second-highest overall compliance score across all MHPs. **MER** also designed a scientifically sound PIP supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. Additionally, the current review of **MER** showed more strengths than opportunities for improvement related to performance measures. **MER** had 31 performance measure rates that ranked at or above the national Medicaid 75th percentile. Overall, most of **MER**'s measure rates ranked at or above the national Medicaid 50th percentile in each area.

To improve the **quality** of, **timeliness** of, and **access** to care and services, **MER** received recommendations to address three opportunities for improvement identified during the annual compliance review. Additionally, compared to the national HEDIS 2016 benchmarks, **MER** had 10 measure rates that fell below the national Medicaid 50th percentile.

HAP Midwest Health Plan (MID)

The findings of the three activities identified both strengths and opportunities for improvement for **MID** related to the **quality** of, **timeliness** of, and **access** to care and services.

Strengths identified for **MID** included having eight measure rates that ranked at or above the national Medicaid 75th percentile. **MID** also designed a scientifically sound PIP supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes.

To improve the **quality** of, **timeliness** of, and **access** to care and services, **MID** received recommendations to address 12 opportunities for improvement identified during the annual compliance review. **MID** received an overall compliance review score of 90 percent, which fell below the statewide average, with 60 of 72 *Pass* findings. **MID** received the second-lowest overall compliance score across all MHPs. Additionally, compared to the national HEDIS 2016 benchmarks, **MID**'s performance varied across the **quality**, **timeliness,** and **access** areas, with few measure rates ranked at or above the national Medicaid 75th percentile and several below the national Medicaid 25th percentile. **MID** had 23 performance measures that fell below the national Medicaid 50th percentile.

Molina Healthcare of Michigan (MOL)

The findings of the three activities identified both strengths and opportunities for improvement for **MOL** related to the **quality** of, **timeliness** of, and **access** to care and services.

Strengths identified for **MOL** included having 19 performance measure rates that ranked at or above the national Medicaid 75th percentile. Most measure rates ranked at or above the national Medicaid 50th percentile. **MOL** also designed a scientifically sound PIP supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes.

To improve the **quality** of, **timeliness** of, and **access** to care and services, **MOL** received recommendations to address six opportunities for improvement identified during the annual compliance review. While **MOL** received an overall compliance review score of 94 percent, it fell below the statewide average, with 66 of 72 *Pass* findings. Additionally, compared to the national HEDIS 2016 benchmarks, **MOL**'s performance varied across the **quality**, **timeliness**, and **access** areas. **MOL** had 20 performance measure rates that fell below the national Medicaid 50th percentile.

Priority Health Choice, Inc. (PRI)

The findings of the three activities identified both strengths and opportunities for improvement for **PRI** related to the **quality** of, **timeliness** of, and **access** to care and services.

Strengths identified for **PRI** included an overall compliance review score of 97 percent, which exceeded the statewide average, with 69 of 72 *Pass* findings. **PRI** also designed a scientifically sound PIP supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. Additionally, compared to the national HEDIS 2016 benchmarks, **PRI** performed favorably in the **quality**, **timeliness**, and **access** areas. **PRI** had the greatest number of performance measure rates that ranked at or above the national Medicaid 90th percentile across all MHPs, and it had 39 measure rates that ranked at or above the national Medicaid 75th percentile.

To improve the **quality** of, **timeliness** of, and **access** to care and services, **PRI** received recommendations to address three opportunities for improvement identified during the annual compliance review. Additionally, **PRI** had seven performance measures that fell below the national Medicaid 50th percentile.

Total Health Care, Inc. (THC)

The findings of the three activities identified both strengths and opportunities for improvement for **THC** related to the **quality** of, **timeliness** of, and **access** to care and services.

Strengths identified for **THC** included an overall compliance review score of 99 percent, which exceeded the statewide average, with 71 of 72 *Pass* findings. **THC** received the highest overall compliance score across all MHPs. **THC** also designed a scientifically sound PIP supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. Additionally, **THC** had 13 performance measure rates that ranked at or above the national Medicaid 75th percentile.

To improve the **quality** of, **timeliness** of, and **access** to care and services, **THC** received recommendations to address one opportunity for improvement identified during the annual compliance review. Additionally, compared to the national HEDIS 2016 benchmarks, **THC**'s performance varied across the **quality**, **timeliness**, and **access** areas. **THC** had 35 performance measures that fell below the national Medicaid 50th percentile.

UnitedHealthcare Community Plan (UNI)

The findings of the three activities identified both strengths and opportunities for improvement for **UNI** related to the **quality** of, **timeliness** of, and **access** to care and services. **UNI** received an overall compliance review score of 97 percent, which exceeded the statewide average, with 69 of 72 *Pass* findings. **UNI** also designed a scientifically sound PIP supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. Additionally, **UNI** had 24 performance measure rates that ranked at or above the national Medicaid 75th percentile, and only one rate fell below the national Medicaid 25th percentile.

To improve the **quality** of, **timeliness** of, and **access** to care and services, **UNI** received recommendations to address three opportunities for improvement identified during the annual compliance review. Additionally, compared to the national HEDIS 2016 benchmarks, **UNI**'s performance across the **quality**, **timeliness,** and **access** areas varied. **UNI** had 12 performance measures that fell below the national Medicaid 50th percentile.

Upper Peninsula Health Plan (UPP)

The findings of the three activities identified both strengths and opportunities for improvement for **UPP** related to the **quality** of, **timeliness** of, and **access** to care and services.

Strengths identified for **UPP** included an overall compliance review score of 97 percent, which exceeded the statewide average, with 67 of 72 *Pass* findings. **UPP** also designed a scientifically sound PIP supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. Additionally, **UPP** had 25 performance measure rates that ranked at or above the national Medicaid 75th percentile.

To improve the **quality** of, **timeliness** of, and **access** to care and services, **UPP** received recommendations to address five opportunities for improvement identified during the annual compliance review. Additionally, compared to the national HEDIS 2016 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. Overall, **UPP** had 13 performance measures that fell below the national Medicaid 50th percentile.

2. Introduction to the Annual Technical Report

Purpose of Report

As required by 42 CFR §438.364,[2-1] the Michigan Department of Health and Human Services (MDHHS) contracts with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to prepare an annual, independent, technical report. As described in the CFR, the independent report must summarize findings on access and quality of care, including:

- A description of how data from all activities conducted in accordance with §438.358 were aggregated and analyzed, and conclusions were drawn as to the quality, timeliness, and access to the care furnished by the MHP (described in §438.310(c)(2)).
- For each external quality review (EQR)-related activity conducted in accordance with §438.358:
  - Objectives
  - Technical methods of data collection and analysis
  - Description of the data obtained, including validated performance measurement data for each activity conducted in accordance with §438.358(b)(1)(i) and (ii)
  - Conclusions drawn from the data
- An assessment of each MHP's strengths and weaknesses for the **quality** of, **timeliness** of, and **access** to healthcare services furnished to Medicaid beneficiaries.
- Recommendations for improving the quality of healthcare services furnished by each MHP, including how the State can target goals and objectives in the quality strategy, under §438.340, to better support improvement in the **quality** of, **timeliness** of, and **access** to healthcare services furnished to Medicaid beneficiaries.
- Methodologically appropriate, comparative information about all MHPs, consistent with guidance included in the EQR protocols issued in accordance with §438.352(e).
- An assessment of the degree to which each MHP has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.

[2-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register*/Vol. 81, No. 88/Friday, May 6, 2016. 42 CFR Parts 431,433, 438, et al. Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability; Final Rule. Available at: https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-09581.pdf. Accessed on: Feb 12, 2018.

Organizational Structure of Report

- **Section 1—Executive Summary:** This section of the report presents a summary of the EQR activities. The section also includes high-level findings and conclusions regarding each MHP's performance.
- **Section 2—Introduction to the Annual Technical Report:** This section of the report presents the summary of the annual technical report and provides a brief description of each section's content.
- **Section 3—Overview of Michigan Medicaid Health Plans (MHPs):** This section of the report presents a brief description of the State's managed care program, services, regions, and populations.
- **Section 4—External Quality Review Activities:** This section of the report presents the objective(s), technical methods of data collection and analysis, and a description of the data obtained (including the time period to which the data applied) for each activity.
- **Section 5—Assessment of MHP Performance:** This section presents MHP-specific results and narratives describing how data from the EQR activities were aggregated and analyzed to draw conclusions about the quality, timeliness, and access of services provided by the MHP. Also included is an assessment of how effectively the MHP has addressed the recommendations for quality improvement made by HSAG during the previous year.
- **Section 6—MHP Comparative Information With Recommendations for Michigan Department of Health and Human Services (MDHHS):** This section presents methodologically appropriate comparative information about all MHPs. This section also includes overall recommendations about how the State can target goals and objectives in the quality strategy to better support improvement in quality, timeliness, and access to healthcare services furnished to Medicaid members.

3. Overview of Michigan Medicaid Health Plans

During the 2016–2017 assessment period, the Michigan Department of Health and Human Services (MDHHS) contracted with 11 Medicaid Health Plans (MHPs). These MHPs are responsible for the provision of services to managed care members. Table 3-1 lists the services provided and the number of enrollees for each MHP.

Table 3-1—Description of MHPs

Medicaid Health Plan	Total Number of Enrollees[3-1]	Covered Services[3-2]	Number of Counties Served[3-3]
Aetna Better Health of Michigan (AET)	44,937	All MHPs cover medically necessary services such as the following: • Ambulance • Doctor visits • Emergency care • Family planning • Health checkups for children and adults • Hearing and speech • Home health care • Hospice care • Hospital care • Immunizations • Lab and x-ray • Medical supplies • Mental health • Physical and occupational therapy • Prenatal care and delivery • Surgery • Vision	16
Blue Cross Complete of Michigan (BCC)	204,331		32
Harbor Health Plan (HAR)	7,339		3
McLaren Health Plan (MCL)	194,410		68
Meridian Health Plan of Michigan (MER)	497,855		68
HAP Midwest Health Plan (MID)	2,772		7
Molina Healthcare of Michigan (MOL)	354,308		68
Priority Health Choice, Inc. (PRI)	124,216		20
Total Health Care, Inc. (THC)	54,123		3
UnitedHealthcare Community Plan (UNI)	254,626		68
Upper Peninsula Health Plan (UPP)	44,104		15

[3-1] Michigan Department of Health and Human Services. *Medicaid and Healthy Michigan Enrollees.* October 2017. Available at: http://www.michigan.gov/documents/mdhhs/JE02102017_603376_7.pdf. Accessed on: Feb 12, 2018.

[3-2] Michigan Department of Health and Human Services. *A Guide to Michigan Medicaid Health Plan Quality Checkup*. January 2017. Available at: http://www.michigan.gov/documents/QualityCheckupJan03_59423_7.pdf. Accessed on: Feb 12, 2018.

[3-3] Michigan Department of Health and Human Services. *Michigan Medicaid Health Plan Listing by County.* October 20, 2016. Available at: http://www.michigan.gov/documents/mdch/MHP_Service_Area_Listing_326102_7.pdf. Accessed on: Feb 12, 2018.

Compliance Monitoring

Activity Objectives

The Balanced Budget Act of 1997 (BBA) as set forth in 42 CFR §438.358 requires that the state or its designee conduct a review within the previous three-year period to determine the MCO's, PIHP's, or PAHP's compliance with the standards set forth in 42 CFR Subpart D and the quality assessment and performance improvement (QAPI) requirements described in 42 CFR §438.330. The EQR technical report must include information on the reviews conducted within the previous three-year period to determine the health plans' compliance with the standards established by the state. 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 and Analysis

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 2016–2017 contract year. MDHHS conducted a compliance review of six standards as listed below:

1. *Administrative* (5 criteria)
2. *Providers* (15 criteria)
3. *Members* (9 criteria)
4. *Quality* (11 criteria)
5. *MIS* (5 criteria)
6. *Program Integrity* (27 criteria)

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).

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

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 1-1 shows HSAG's assignment of standards to the three areas of performance.

Description of Data Obtained and Related Time Period

To assess the MHPs' compliance with federal and State requirements, MDHHS obtained information from a wide range of written documents produced by the MHPs, including the following:

- Policies and procedures
- 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 2016–2017 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 2015–2016 and 2016–2017 review cycles:

- While the standards reviewed remained the same, MDHHS added to or revised scoring criteria for all standards, increasing the total number of criteria assessed from 53 in the prior year to 72 in the 2016–2017 review cycle.
- For the *Quality* standard (*PMR Review*), MDHHS reviewed MHPs' reported rates for 23 performance measures, which was a significant increase from 12 performance measures in the prior year.

The reported rates reviewed by MDHHS for the *Quality* standard *(PMR Review)* included the following:

- *Timeliness of Prenatal Care*
- *Postpartum Care*
- *Childhood Immunizations*
- *Well-Child Visits in the First 15 Months of Life—Six or More Visits*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- *Adolescent Well-Care Visits*
- *Children and Adolescents' Access to Care—Ages 12 to 24 Months*
- *Children and Adolescents' Access to Care—Ages 7 to 11 Years*
- *Comprehensive Diabetes Care: HbA1c Testing*
- *Breast Cancer Screening*
- *Chlamydia Screening in Women—Total*
- *Adults' Generic Drug Utilization*
- *Timely Completion of Initial Health Risk Assessment*
- *Outreach and Engagement to Facilitate Entry to Primary Care*
- *Plan All-Cause Acute 30-Day Readmissions*
- *Adults' Access to Preventive/Ambulatory Health Services*
- *Blood Lead Testing*
- *Developmental Screening in the First, Second, and Third Years of Life*
- *Complaints*
- *Claims Processing*
- *Encounter Data Reporting*
- *Pharmacy Encounter Data Reporting*
- *Provider File Reporting*

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 distributed 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.

Validation of Performance Measures

Activity Objectives

In accordance with 42 CFR §438.330(c), states must require that MCOs, PIHPs, PAHPs, and PCCM entities submit performance measurement data as part of their QAPI programs. Validating performance measures is one of the mandatory EQR activities described in §438.358(b)(2). For the MCO, PIHP, PAHP, and PCCM entity, the EQR technical report must include information regarding the validation of performance measures (as required by the state) and/or performance measures calculated by the state during the preceding 12 months.

The primary objectives of the 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.*[4-1] 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

[4-1] National Committee for Quality Assurance. *Volume 5, HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C; 2016.

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.

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* (a reportable rate was submitted 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 that is not required to be audited).

HSAG performed a comprehensive review and analysis of the MHPs' Interactive Data Submission System (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**, 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 1-1 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 *Race/Ethnicity Diversity of Membership, Language Diversity of Membership, Ambulatory Care—Total (Per 1,000 Member Months)—Outpatient Visits—Total,* and *Inpatient Utilization (General Hospital/Acute Care—Total*. 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 these types of measures in isolation may not be indicative of quality of services received. Further, the first two 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 the **quality** of, **timeliness** of, or **access** to care. For these reasons, these measures were not included in Table 1-1.

Description of Data Obtained and Related Time Period

As identified in the CMS protocol, the following key types of data were obtained and reviewed as part of the validation of performance measures. Table 4-1 shows the data sources used in the validation of performance measures and the time period to which the data applied.

Table 4-1—Description of Data Sources

Data Obtained	Measurement Period
NCQA HEDIS Compliance Audit reports were obtained for each MHP, which included a description of the audit process, the results of the information systems findings, and the final audit designations for each performance measure.	Calendar Year (CY) 2016 (HEDIS 2017)
Performance measure reports, submitted by the MHPs using NCQA's Interactive Data Submission System (IDSS), were analyzed and subsequently validated by HSAG.	CY 2016 (HEDIS 2017)
Previous performance measure reports were reviewed to assess trending patterns and the reasonability of rates.	CY 2015 (HEDIS 2016)

Validation of Performance Improvement Projects

Activity Objectives

Validating PIPs is one of the mandatory external quality review activities described at 42 CFR §438.330(b)(1). In accordance with §438.330(d), MCOs, PIHPs, PAHPs, and PCCM entities are required to have a quality assessment and performance improvement program which includes PIPs that focus on both clinical and nonclinical areas. Each PIP must be designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction, and must include the following:

- Measuring performance using objective quality indicators
- Implementing system interventions to achieve quality improvement
- Evaluating effectiveness of the interventions
- Planning and initiating activities for increasing and sustaining improvement

The EQR technical report must include information on the validation of PIPs required by the state and underway during the preceding 12 months.

The primary objective of PIP validation is to determine the MHP's compliance with the requirements of 42 CFR §438.330(d). HSAG's evaluation of the PIP includes two key components of the quality improvement process:

1. HSAG evaluates the technical structure of the PIP to ensure that the MHP designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether 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 requires that each MHP conduct one PIP subject to validation by HSAG. For this year's 2016–2017 validation, MHPs submitted the study design for their newly selected state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care.* The selected PIP topic is based on the HEDIS *Prenatal and Postpartum Care (PPC)* measure; however, each MHP was required to use historical data to identify disparity within its population related to timeliness of prenatal care. Disparities could be one or more of the following:

- Race/Ethnicity/Language
- Enrollee Age
- Geographic Region

This PIP topic has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of, **timeliness** of, and **access** to care and services.

Technical Methods of Data Collection and Analysis

The HSAG PIP Review Team consisted of, at a minimum, an analyst with expertise in statistics and study design and a clinician with expertise in performance improvement processes. 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.[4-2] 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 steps that should be validated for each PIP. For the 2016–2017 submissions, since the MHPs submitted the study design only, the MHPs were assessed for Step 1 through Step VI in the PIP Validation Tool. Once the data collection begins and improvement strategies are implemented, the PIPs will be assessed for the remaining steps.

[4-2] 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.

The ten steps included in the PIP Validation Tool are listed below:

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

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 step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements must be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that receives a *Not Met* score results in an overall validation rating 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. Eight 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.

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.

Description of Data Obtained and Related Time Period

For 2016–2017, the MHPs submitted the PIP study design only, and the submissions did not include baseline data. The study indicator measurement period dates for the PIP are listed below.

Table 4-2—Description of Data Obtained and Measurement Period

Data Obtained	Measurement Period
Baseline	November 6, 2016—November 5, 2017
Remeasurement 1	November 6, 2017—November 5, 2018
Remeasurement 2	November 6, 2018—November 5, 2019

Methodology

The following sections present MHP-specific results for the three mandatory activities conducted during the 2016–2017 reporting period. These sections also include an assessment of how effectively each MHP addressed the recommendations made by HSAG during the previous year. For a detailed explanation of the methodology for each activity, please see Section 4, "External Quality Review Activities" of this report.

MHP-Specific Results

Aetna Better Health of Michigan (AET)

Compliance Monitoring

Table 5-1 presents **AET**'s compliance review results and their comparison to statewide averages.

Table 5-1—Compliance Review Results for AET

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	AET	Statewide
1	*Administrative*	5	0	0	5	100%	95%
2	*Providers*	11	2	2	15	80%	88%
3	*Members*	7	2	0	9	89%	97%
4	*Quality*	10	1	0	11	95%	96%
5	*MIS*	5	0	0	5	100%	99%
6	*Program Integrity*	26	1	0	27	98%	97%
Overall		**64**	**6**	**2**	**72**	**93%**	**95%**

The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

AET demonstrated compliance with all requirements related to the *Administrative* and *MIS* standards, which—with a compliance score of 100 percent—represented areas of strength for **AET**. The 2016–2017 compliance review identified opportunities for improvement for the *Providers*, *Members*, *Quality*,

and *Program Integrity* standards. **AET** received six *Incomplete* and two *Fail* findings in the following categories:

- *Provider Subcontract: Health Benefit, Administrative and/or Transportation*—**AET** did not provide evidence of having policies and procedures for the coverage of non-emergency medical transportation (NEMT) including travel expenses.
- *MHP Provider Directory*—**AET**'s online provider directory and/or provider availability was not current based on the information obtained from calls made to primary care providers in February and August 2017 to check for accurate provider availability.
- *Provider Network*—**AET** did not submit the Provider Network table, as required by MDHHS, to ensure that covered services were available and accessible.
- *Member Material*—**AET** did not submit a copy of a health plan ID card to verify it included the Medicaid ID number, or evidence that the cards were mailed within 10 business days from notification of enrollment.
- *CHSCS Collaboration*—**AET** did not provide evidence of having policies and procedures for collaborating with local health departments (LHDs) regarding their communication on the development of the Care Coordination Plan and quality assurance coordination.
- *PMR Review*—**AET** did not meet or exceed the minimum performance standards for all measures that were reviewed.
- *Provider Disenrollments*—**AET**'s Provider Disenrollments Form did not include information for a deceased provider who was disenrolled during the reporting period.

AET's compliance scores for the *Providers*, *Members*, and *Quality* standards were lower than the statewide scores, while the MHP's scores for the *Administrative*, *MIS*, and *Program Integrity* standards were higher than the statewide scores. **AET**'s performance resulted in an overall compliance score of 93 percent, which fell below the statewide average.

Performance Measures

Table 5-2 displays each of the measures, the rate for each measure for 2017, and the categorized performance for 2017 relative to national HEDIS 2016 Medicaid results for **AET**.[5-1]

Table 5-2—Scores for Performance Measures for AET

Measure	HEDIS 2017	2017 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	69.68%	★★

[5-1] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 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 2016 benchmarks.

Measure	HEDIS 2017	2017 Performance Level
Combination 3	64.12%	★
Combination 4	63.43%	★★
Combination 5	50.69%	★
Combination 6	27.08%	★
Combination 7	50.00%	★★
Combination 8	27.08%	★
Combination 9	22.92%	★
Combination 10	22.92%	★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	48.61%	★
Lead Screening in Children		
Lead Screening in Children	73.15%	★★★
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	71.67%	★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	48.84%	★★★
Immunizations for Adolescents		
Combination 1	82.87%	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	90.49%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	62.92%	★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	19.46%	★
Continuation and Maintenance Phase	32.26%	★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	56.87%	★★
Cervical Cancer Screening		
Cervical Cancer Screening	64.07%	★★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	69.86%	★★★★★
Ages 21 to 24 Years	76.35%	★★★★★
Total	72.25%	★★★★★

Measure	HEDIS 2017	2017 Performance Level
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	86.31%	★
Ages 25 Months to 6 Years	83.09%	★
Ages 7 to 11 Years	85.88%	★
Ages 12 to 19 Years	83.04%	★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	72.47%	★
Ages 45 to 64 Years	82.70%	★★
Ages 65+ Years	NA	NA
Total	76.42%	★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	32.89%	★★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	78.01%	★★★★
Counseling for Nutrition—Total	71.30%	★★★★
Counseling for Physical Activity—Total	58.80%	★★★
Adult BMI Assessment		
Adult BMI Assessment	90.96%	★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	65.89%	★
Postpartum Care	51.74%	★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	21.35%	★
Living With Illness		
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	86.31%	★★★
*HbA1c Poor Control (>9.0%)**	42.38%	★★★
HbA1c Control (<8.0%)	48.34%	★★★
Eye Exam (Retinal) Performed	47.90%	★★
Medical Attention for Nephropathy	92.05%	★★★★
Blood Pressure Control (<140/90 mm Hg)	55.41%	★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	83.19%	★★★★★
Medication Compliance 75%—Total	63.26%	★★★★★

Measure	HEDIS 2017	2017 Performance Level
Asthma Medication Ratio		
Total	61.03%	★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	52.93%	★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	80.65%	★★★★
Discussing Cessation Medications	58.06%	★★★★
Discussing Cessation Strategies	51.63%	★★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	52.90%	★★
Effective Continuation Phase Treatment	40.00%	★★★
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	80.47%	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	57.81%	★
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	55.87%	★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	84.25%	★
Digoxin	NA	NA
Diuretics	85.50%	★★
Total	84.73%	★
Health Plan Diversity‡		
Race/Ethnicity Diversity of Membership		
Total—White	26.93%	—
Total—Black or African American	60.30%	—
Total—American-Indian and Alaska Native	0.15%	—
Total—Asian	0.66%	—
Total—Native Hawaiian and Other Pacific Islander	0.04%	—
Total—Some Other Race	0.00%	—
Total—Two or More Races	0.00%	—
Total—Unknown	5.66%	—

Measure	HEDIS 2017	2017 Performance Level
Total—Declined	6.26%	—
Total—Hispanic or Latino rates	2.92%	—
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%	—
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	99.25%	—
Other Language Needs—Non-English	0.63%	—
Other Language Needs—Unknown	0.13%	—
Other Language Needs—Declined	0.00%	—
Utilization‡		
Ambulatory Care—Total (Per 1,000 Member Months)		
*Emergency Department Visits—Total**	83.32	★
Outpatient Visits—Total	299.52	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	8.43	—
Total Inpatient—Average Length of Stay—Total	3.93	—
Maternity—Discharges per 1,000 Member Months—Total	2.05	—
Maternity—Average Length of Stay—Total	2.58	—
Surgery—Discharges per 1,000 Member Months—Total	2.05	—
Surgery—Average Length of Stay—Total	6.35	—
Medicine—Discharges per 1,000 Member Months—Total	4.86	—
Medicine—Average Length of Stay—Total	3.33	—

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.

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

— Indicates that the Performance Levels for 2017 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 Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

2017 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 5-2 shows **AET** had 15 measure rates that ranked at or above the national Medicaid 75th percentile, five of which ranked at or above the national Medicaid 90th percentile. Measure rates that ranked at or above the national Medicaid 90th percentile were in the Women—Adult Care (*Chlamydia Screening in Women—Ages 16 to 20 Years*, *Ages 21 to 24 Years*, and *Total*) and Living With Illness (*Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*) domains. Thirty-six rates fell below the national Medicaid 50th percentile, 23 of which fell below the national Medicaid 25th percentile. Measure rates that fell 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

The state-mandated PIP topic addresses disparities in timeliness of prenatal care. **AET** identified, through data analysis, a disparity among its African-American and White populations. The goal of this PIP is to improve the timeliness of prenatal care for the African-American population and eliminate the identified disparity without a decline in performance for the White population.

Table 5-3 outlines the study indicators for the PIP.

Table 5-3—Study Indicators

PIP Topic	Study Indicators
Addressing Disparities in Timeliness of Prenatal Care	1. The percentage of eligible African-American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan. 2. The percentage of eligible White women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan.

For the 2016–2017 validation cycle, the MHPs provided first-year submissions on PIPs. Table 5-4 displays the validation results for **AET**'s PIP. This table illustrates the MHP's overall application of the PIP process and success in designing the PIP. Each step 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 5-4 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 5-4—Performance Improvement Project Validation Results for AET

Stage	Step		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% (2/2)	0% (0/2)	0% (0/2)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			**100% (9/9)**	**0% (0/9)**	**0% (0/9)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	*Not Assessed*		
	VIII.	Appropriate Improvement Strategies	*Not Assessed*		
Implementation Total			***Not Assessed***		
Outcomes	IX.	Real Improvement Achieved	*Not Assessed*		
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**100% (9/9)**		
Overall Validation Status			***Met***		

The PIP received an overall *Met* validation status, and 100 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process.

Assessment of Follow-Up on Prior Recommendations

Compliance Monitoring—The 2015–2016 compliance review identified opportunities for improvement for the *Providers*, *Members*, *Quality*, and *MIS* standards. **AET**'s 2015–2016 CAPs and 2016–2017 compliance review findings indicated that five of the six deficiencies in the following categories were sufficiently addressed: *MHP Provider Directory; Written Member Appeal Decisions Rendered; Tobacco Cessation; Performance Improvement Projects;* and *Consolidated Annual Report.*

AET received *Incomplete* findings for *PMR Review* for both the current and prior year. **AET** did not meet or exceed the minimum performance standards for all measures that were reviewed.

Performance Measures—HSAG's assessment of **AET**'s follow-up on prior recommendations focused on the improvement observed in measure rates that were below the national Medicaid 25th percentile and on **AET**'s quality improvement efforts in 2016. In 2016, 29 measure rates fell below the national Medicaid 25th percentile. Ten of the rates (*Childhood Immunization Status—Combinations 2*, *4*, and *7*; *Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg]*; *Asthma Medication Ratio—Total*; *Controlling High Blood Pressure*; *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*; *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*; and *Annual Monitoring for Patients on Persistent Medications—Diuretics*) increased and ranked at or above the national Medicaid 25th percentile in 2017. Further, 19 measure rates from 2016 again fell below the national Medicaid 25th percentile in 2017.

As discussed in its Annual Evaluation of 2016 Quality Improvement Program, **AET** implemented educational mailings, outreach programs, and other initiatives including member incentives designed to improve access to care; services provided; and rates for child members, pregnant members, and members with certain chronic conditions. Additional time may be needed to realize 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—2015–2016 was the fourth validation year for the PIPs wherein the MHPs reported Remeasurement 2 rates for the study indicators. MDHHS made the decision to retire last year's PIP and mandated a new PIP topic for 2016–2017. This was the first validation year for the new PIP submission; therefore, there were no prior recommendations for the MHP.

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

Compliance Monitoring—**AET** demonstrated moderately strong performance across the areas of **quality** of**, timeliness** of, and **access** to services provided by the MHP. The 2016–2017 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, the MHP should develop quality improvement initiatives to address the opportunities for improvement identified during the annual compliance review. **AET** should focus on the *Providers* standard, its lowest-scoring standard, with two *Incomplete* findings, two *Fail* findings, and a compliance score of 80 percent. Additionally, **AET** should consider conducting Plan-Do-

Study-Act (PDSA) cycles or initiating PIPs for performance measures that fell below minimum performance standards during consecutive review periods.

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

Compared to the national HEDIS 2016 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, five rates met or exceeded the national Medicaid 90th percentile, and 14 rates fell below the national Medicaid 25th percentile. The best measure rate indicators were found in the Women—Adult Care (*Chlamydia Screening in Women—Ages 16 to 20 Years*, *Ages 21 to 24 Years*, and *Total*) and Living With Illness (*Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*) domains. Measures that fell below the national Medicaid 25th percentile spanned multiple domains, including Child & Adolescent Care (*Childhood Immunization Status—Combinations 3*, *5*, *6*, *8*, *9*, and *10*; *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* and *Continuation and Maintenance Phase*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*Diabetes Monitoring for People With Diabetes and Schizophrenia*; and *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs* and *Total*).

In the **timeliness** area, one **AET** measure rate from the Child & Adolescent domain (*Immunizations for Adolescents—Combination 1*) ranked at or above the national Medicaid 75th percentile, and ten of the 15 measure rates fell below the national Medicaid 25th percentile. The rates that fell below the national Medicaid 25th percentile include the applicable measure rates listed above in the Child & Adolescent Care domain for the **quality** area, in addition to the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure rates from the Pregnancy Care domain.

In the **access** area, 12 measure rates fell below the national Medicaid 25th percentile, with the only other reportable rate (*Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years*) ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. These rates span the Child & Adolescent Care, Access to Care, Pregnancy Care, and Utilization 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, on improving the rates for measures that fell below the national Medicaid 25th percentile.

Performance Improvement Projects—**AET** designed a scientifically sound project supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. The PIP had not progressed to the Implementation and Outcomes stages during this validation cycle. HSAG recommends that **AET**'s efforts in the Implementation stage of the PIP support the development of active interventions and sound measurement results leading to improved outcomes.

The PIP has not progressed to the point of reporting results during this validation cycle. This state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of**, timeliness** of, and **access to** care and services.

Blue Cross Complete of Michigan (BCC)

Compliance Monitoring

Table 5-5 presents **BCC**'s compliance review results.

Table 5-5—Compliance Review Results for BCC

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	BCC	Statewide
1	*Administrative*	5	0	0	5	100%	95%
2	*Providers*	13	0	2	15	87%	88%
3	*Members*	9	0	0	9	100%	97%
4	*Quality*	11	0	0	11	100%	96%
5	*MIS*	5	0	0	5	100%	99%
6	*Program Integrity*	26	1	0	27	98%	97%
Overall		**69**	**1**	**2**	**72**	**97%**	**95%**

The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

BCC demonstrated compliance with all requirements related to the *Administrative*, *Members*, *Quality* and *MIS* standards, which—with a compliance score of 100 percent—represented areas of strength for **BCC**. The 2016–2017 compliance review identified opportunities for improvement for the *Providers* and *Program Integrity* standards. **BCC** received one *Incomplete* and two *Fail* findings in the following categories:

- *MHP Provider Directory*—**BCC**'s online provider directory and/or provider availability was not current based on the information obtained from calls made to primary care providers in February and August 2017 to check for accurate provider availability.
- *Tips and Grievances*—**BCC** reported some of the information on the Tips and Grievances form inaccurately.

BCC's compliance score for the *Providers* standard was lower than the statewide score, while the MHP's scores for the *Administrative*, *Members*, *Quality*, *MIS*, and *Program Integrity* standards were higher that the statewide scores. **BCC**'s performance resulted in an overall compliance score of 97 percent, which exceeded the statewide average.

Performance Measures

Table 5-6 shows each of the measures, the rate for each measure for 2017, and the categorized performance for 2017 relative to national HEDIS 2016 Medicaid results for **BCC**.[5-2]

Table 5-6—Scores for Performance Measures for BCC

Measure	HEDIS 2017	2017 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	79.40%	★★★★
Combination 3	75.00%	★★★
Combination 4	72.45%	★★★
Combination 5	62.96%	★★★
Combination 6	41.20%	★★★
Combination 7	60.88%	★★★
Combination 8	40.51%	★★★
Combination 9	34.49%	★★★
Combination 10	33.80%	★★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	71.06%	★★★★
Lead Screening in Children		
Lead Screening in Children	76.16%	★★★
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	72.92%	★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	50.69%	★★★
Immunizations for Adolescents		
Combination 1	85.65%	★★★★

[5-2] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 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 2016 benchmarks.

Measure	HEDIS 2017	2017 Performance Level
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	90.15%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	75.43%	★★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	51.28%	★★★★
Continuation and Maintenance Phase	57.53%	★★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	62.90%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	61.83%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	64.21%	★★★★
Ages 21 to 24 Years	70.56%	★★★★
Total	67.39%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	95.34%	★★
Ages 25 Months to 6 Years	85.86%	★★
Ages 7 to 11 Years	89.09%	★★
Ages 12 to 19 Years	89.30%	★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	78.83%	★★
Ages 45 to 64 Years	86.92%	★★★
Ages 65+ Years	79.89%	★★
Total	82.13%	★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	27.49%	★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	86.57%	★★★★★
Counseling for Nutrition—Total	73.61%	★★★★
Counseling for Physical Activity—Total	64.58%	★★★★

Measure	HEDIS 2017	2017 Performance Level
Adult BMI Assessment		
Adult BMI Assessment	89.10%	★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	77.26%	★★
Postpartum Care	62.41%	★★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	37.35%	★
Living With Illness		
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	85.28%	★★
*HbA1c Poor Control (>9.0%)**	41.62%	★★★
HbA1c Control (<8.0%)	46.36%	★★
Eye Exam (Retinal) Performed	57.53%	★★★
Medical Attention for Nephropathy	90.02%	★★
Blood Pressure Control (<140/90 mm Hg)	55.84%	★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	88.36%	★★★★★
Medication Compliance 75%—Total	74.39%	★★★★★
Asthma Medication Ratio		
Total	54.59%	★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	46.03%	★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	75.28%	★★
Discussing Cessation Medications	50.14%	★★★
Discussing Cessation Strategies	41.71%	★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	74.52%	★★★★★
Effective Continuation Phase Treatment	60.78%	★★★★★
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	81.20%	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	63.74%	★★

Measure	HEDIS 2017	2017 Performance Level
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	57.38%	★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	86.46%	★★
Digoxin	57.69%	★★★
Diuretics	86.15%	★★
Total	86.19%	★★
Health Plan Diversity‡		
Race/Ethnicity Diversity of Membership		
Total—White	42.89%	—
Total—Black or African American	35.79%	—
Total—American-Indian and Alaska Native	0.42%	—
Total—Asian	1.63%	—
Total—Native Hawaiian and Other Pacific Islander	0.07%	—
Total—Some Other Race	6.59%	—
Total—Two or More Races	0.00%	—
Total—Unknown	10.00%	—
Total—Declined	2.61%	—
Total—Hispanic or Latino rates	1.58%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	97.90%	—
Spoken Language Preferred for Health Care—Non-English	1.52%	—
Spoken Language Preferred for Health Care—Unknown	0.59%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—
Preferred Language for Written Materials—English	97.90%	—
Preferred Language for Written Materials—Non-English	1.52%	—
Preferred Language for Written Materials—Unknown	0.59%	—
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%	—

Measure	HEDIS 2017	2017 Performance Level
Utilization‡		
Ambulatory Care—Total (Per 1,000 Member Months)		
*Emergency Department Visits—Total**	68.98	★★
Outpatient Visits—Total	396.06	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	7.94	—
Total Inpatient—Average Length of Stay—Total	3.92	—
Maternity—Discharges per 1,000 Member Months—Total	2.80	—
Maternity—Average Length of Stay—Total	2.65	—
Surgery—Discharges per 1,000 Member Months—Total	1.90	—
Surgery—Average Length of Stay—Total	6.37	—
Medicine—Discharges per 1,000 Member Months—Total	3.87	—
Medicine—Average Length of Stay—Total	3.43	—

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.

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

— Indicates that the Performance Levels for 2017 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 Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

2017 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 5-6 shows **BCC** had 14 measure rates that ranked at or above the national Medicaid 75th percentile, with five rates at or above the national Medicaid 90th percentile. Twenty-three measure rates fell below the national Medicaid 50th percentile, two of which were below the national Medicaid 25th percentile. Measure rates that ranked at or above the national Medicaid 90th percentile were found in the Obesity (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*) and Living With Illness (*Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*; and *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*) domains. Opportunities for improvement exist for **BCC** in the Pregnancy Care and Living With Illness domains as some measure rates in these domains fell below the national Medicaid 25th percentile.

Performance Improvement Projects

The state-mandated PIP topic addresses disparities in timeliness of prenatal care. **BCC** identified, through data analysis, a disparity between its African-American and Caucasian women residing in Wayne County. The goal of this PIP is to improve the timeliness of prenatal care for the African-American population in Wayne County and eliminate the identified disparity without a decline in performance for the Caucasian women.

Table 5-7 outlines the study indicators for the PIP.

Table 5-7—Study Indicators

PIP Topic	Study Indicators
Addressing Disparities in Timeliness of Prenatal Care	1. The percentage of eligible African-American women residing in Wayne County who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan. 2. The percentage of eligible Caucasian women residing in Wayne County who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan.

For the 2016–2017 validation cycle, the MHPs provided first-year submissions on PIPs. Table 5-8 displays the validation results for **BCC**'s PIP. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each step 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 5-8 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 5-8—Performance Improvement Project Validation Results for BCC

Stage	Step		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% (2/2)	0% (0/2)	0% (0/2)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			**100% (9/9)**	**0% (0/9)**	**0% (0/9)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	*Not Assessed*		
	VIII.	Appropriate Improvement Strategies	*Not Assessed*		
Implementation Total			***Not Assessed***		
Outcomes	IX.	Real Improvement Achieved	*Not Assessed*		
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**100% (9/9)**		
Overall Validation Status			***Met***		

The PIP received an overall *Met* validation status, and 100 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process.

Assessment of Follow-Up on Prior Recommendations

Compliance Monitoring—The 2015–2016 compliance review identified opportunities for improvement for the *Members*, *Quality*, and *Program Integrity* standards. **BCC**'s 2015–2016 CAPs and 2016–2017 compliance review results indicated that four of five deficiencies in the following categories were sufficiently addressed: *Member Material*, *Clinical Practice Guidelines*, *PMR Review*, and *Provider Disenrollments.*

BCC received an *Incomplete* finding for *Tips and Grievances* for both the current and prior year. **BCC** reported some information on the form inaccurately.

Performance Measures—HSAG's assessment of **BCC**'s follow-up on prior recommendations focused on the improvement observed in measure rates that were below the national Medicaid 25th percentile and on **BCC**'s quality improvement efforts in 2016. In 2016, five measure rates fell below the national Medicaid 25th percentile. Four of these rates (*Adults Access to Primary Care Practitioners—Ages 65 Years and Older*, *Asthma Medication Ratio—Total*, *Diabetes Monitoring for People With Diabetes and Schizophrenia*, and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*) demonstrated improvement in performance in 2017 and ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. The remaining rate, *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*, again fell below the national Medicaid 25th percentile in 2017.

As described in its 2016 Annual Program Evaluation, **BCC** implemented interventions related to measures indicating low performance and sustaining measures indicating high performance. These interventions included outreach programs specific to children, adolescents, women, adults, and those members with chronic conditions; incentives for obtaining appropriate care; medication management; and calls to new members and those with gaps in care. Additional time may be needed to realize 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—2015–2016 was the fourth validation year for the PIPs wherein the MHPs reported Remeasurement 2 rates for the study indicators. MDHHS made the decision to retire last year's PIP and mandated a new PIP topic for 2016–2017. This was the first validation year for the new PIP submission; therefore, there were no prior recommendations for the MHP.

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

Compliance Monitoring—**BCC** demonstrated strong performance across the areas of **quality** of**, timeliness** of, and **access** to services provided by the MHP. The 2016–2017 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, the MHP should develop quality improvement initiatives to address the opportunities for improvement identified during the annual compliance review. **BCC** should focus on the *Providers* standard, its lowest-scoring standard, with two *Fail* findings and a compliance score of 87 percent.

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

Compared to the national HEDIS 2016 benchmarks, **BCC**'s 2017 performance across the **quality**, **timeliness**, and **access** areas varied. Although the **quality** area included better measure rates, it also demonstrated the most diverse performance. Performance in the **access** area was the weakest of the three areas.

In the **quality** area, five **BCC** measure rates ranked at or above the national Medicaid 90th percentile, and two fell below the national Medicaid 25th percentile. The measure rates indicating the best performance were found in the Obesity (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*) and Living With Illness (*Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*; and *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*) domains. The two rates that fell below the national Medicaid 25th percentile were in the Pregnancy Care domain (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*) and the Living With Illness domain (*Controlling High Blood Pressure*).

In the **timeliness** area, 14 **BCC** measure rates ranked at or above the national Medicaid 50th percentile, of which three from the Child & Adolescent Care domain (*Childhood Immunization Status—Combination 2*, *Immunizations for Adolescents—Combination 1*, and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*) were at or above the national Medicaid 75th percentile. No rates fell below the national Medicaid 25th percentile.

In the **access** area, one **BCC** measure rate (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*) ranked at or above the national Medicaid 75th percentile. Ten rates fell below the national Medicaid 50th percentile, one of which was below the national Medicaid 25th percentile. This rate 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 to focus on ensuring the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, on improving the rates for measures that fell below the national Medicaid 25th percentile.

Performance Improvement Projects—**BCC** designed a scientifically sound project supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. The PIP had not progressed to the Implementation and Outcomes stages during this validation cycle. HSAG recommends that **BCC**'s efforts in the Implementation stage of the PIP support the development of active interventions and sound measurement results leading to improved outcomes.

The PIP has not progressed to the point of reporting results during this validation cycle. This state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not

receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of, **timeliness** of, and **access** to care and services.

Harbor Health Plan (HAR)

Compliance Monitoring

Table 5-9 presents **HAR**'s compliance review results.

Table 5-9—Compliance Review Results for HAR

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	HAR	Statewide
1	*Administrative*	3	2	0	5	80%	95%
2	*Providers*	10	3	2	15	77%	88%
3	*Members*	9	0	0	9	100%	97%
4	*Quality*	8	3	0	11	86%	96%
5	*MIS*	4	1	0	5	90%	99%
6	*Program Integrity*	23	4	0	27	93%	97%
Overall		**57**	**13**	**2**	**72**	**88%**	**95%**

The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of Incomplete (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

HAR demonstrated compliance with all requirements related to the *Members* standard, which—with a compliance score of 100 percent—represented an area of strength for **HAR**. The 2016–2017 compliance review identified opportunities for improvement for the *Administrative*, *Providers*, *Quality*, *MIS*, and *Program Integrity* standards. **HAR** received 13 *Incomplete* and two *Fail* findings in the following categories:

- *Organizational Chart*—**HAR** had a change in its Chief Financial Officer (CFO) position but did not provide documentation showing the date of this change.
- *Administration Position Descriptions*—**HAR** had a change in its CFO position effective March 1, 2017. However, the letter of notification to MDHHS was dated March 14, 2017, which was not in compliance with the seven-day written notification requirement for staffing changes.
- *MHP Provider Directory*—**HAR**'s online provider directory and/or provider availability was not current based on the information obtained from calls made to primary care providers in February and August 2017 to check for accurate provider availability.

- *MHP Maintains Policies and Procedures That Establish a Regular Means of Communication and Providing Information to Contract and Non-Contracted Providers*—**HAR** did not submit documentation to support that it ensured current Medicaid rates were paid in absence of a contract. The MHP also did not submit evidence that it provided information regarding the prior authorization process, billing and receiving, or that procedures were available and current on **HAR**'s website.
- *Provider Appeals*—**HAR** did not provide evidence that it had a procedure for arranging rapid dispute resolutions and binding arbitration.
- *PCMH Expansion*—**HAR** did not submit the MDHHS-provided template to ensure compliance with the Patient Centered Medical Home (PCMH) expansion.
- *QIP Evaluation and Work Plan/UM Program and Effectiveness Review*—**HAR** did not submit the current utilization management (UM) program or the previous year's effectiveness review.
- *PMR Review*—**HAR** did not meet or exceed the minimum performance standards for all measures that were reviewed.
- *Community Health Worker (CHW) Policy and Procedure*—**HAR** did not provide documentation that showed an established reimbursement methodology for outreach, engagement, education, and coordination of services provided by CHWs for peer support specialists to promote behavioral integration.
- *MIS Health Plan Maintains an Information System That Collects, Analyzes, Integrates and Reports Data as Required by MDHHS*—With the exception of claims payment, **HAR** did not submit operational plans or a narrative attestation that **HAR** had and followed its operational plans as required by MDHHS.
- *Data Mining/Algorithms*—**HAR** did not report the data mining activity on the Data Mining/Algorithm Form correctly.
- *Overpayments Collected*—**HAR** did not accurately report the number of claims collected on the Overpayments Collected Form.
- *OIG [Office of Inspector General] Program Integrity-Compliance Plan*—**HAR** did not provide the proper contact information for fraud, waste, and abuse (FWA) referrals on its member and provider portals. **HAR** also did not provide proof of the annual provision of providing contact information for FWA to employees.
- *OIG Program Integrity-Providers Not Enrolled/Registered in MI Medicaid's Provider Enrollment System*—**HAR** did not provide documentation to support that provider contracts included language which required providers to be enrolled/registered with the Michigan Medicaid Program.

HAR's compliance scores for the *Administrative, Providers, Quality, MIS, and Program Integrity* standards were lower than the statewide scores, while the MHP's score for the *Members* standard was higher that the statewide score. **HAR**'s performance resulted in an overall compliance score of 88 percent, which fell below the statewide average.

Performance Measures

Table 5-10 shows each of the performance measures, the rate for each measure for 2017, and the categorized performance for 2017 relative to national 2016 HEDIS Medicaid results for **HAR**.[5-3]

Table 5-10—Scores for Performance Measures for HAR

Measure	HEDIS 2017	2017 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	60.71%	★
Combination 3	50.00%	★
Combination 4	46.43%	★
Combination 5	37.50%	★
Combination 6	19.64%	★
Combination 7	35.71%	★
Combination 8	19.64%	★
Combination 9	16.07%	★
Combination 10	16.07%	★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	NA	NA
Lead Screening in Children		
Lead Screening in Children	67.86%	★★
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	69.68%	★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	42.82%	★★
Immunizations for Adolescents		
Combination 1	68.42%	★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	90.34%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	59.09%	★

[5-3] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 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 2016 benchmarks.

Measure	HEDIS 2017	2017 Performance Level
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	70.00%	★★★★
Cervical Cancer Screening		
Cervical Cancer Screening	56.20%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	70.49%	★★★★★
Ages 21 to 24 Years	70.67%	★★★★
Total	70.59%	★★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	86.05%	★
Ages 25 Months to 6 Years	76.97%	★
Ages 7 to 11 Years	79.14%	★
Ages 12 to 19 Years	65.25%	★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	59.28%	★
Ages 45 to 64 Years	77.85%	★
Ages 65+ Years	NA	NA
Total	68.12%	★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	20.51%	★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	79.08%	★★★★
Counseling for Nutrition—Total	79.81%	★★★★★
Counseling for Physical Activity—Total	57.91%	★★★
Adult BMI Assessment		
Adult BMI Assessment	90.27%	★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	47.13%	★
Postpartum Care	42.53%	★

Measure	HEDIS 2017	2017 Performance Level
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	24.14%	★
Living With Illness		
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	88.00%	★★★
*HbA1c Poor Control (>9.0%)**	41.33%	★★★
HbA1c Control (<8.0%)	52.67%	★★★★
Eye Exam (Retinal) Performed	45.67%	★★
Medical Attention for Nephropathy	90.00%	★★
Blood Pressure Control (<140/90 mm Hg)	46.33%	★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	NA	NA
Medication Compliance 75%—Total	NA	NA
Asthma Medication Ratio		
Total	43.90%	★
Controlling High Blood Pressure		
Controlling High Blood Pressure	34.06%	★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	79.06%	★★★
Discussing Cessation Medications	58.99%	★★★★★
Discussing Cessation Strategies	50.00%	★★★★
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	72.73%	★
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

Measure	HEDIS 2017	2017 Performance Level
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	87.79%	★★★
Digoxin	NA	NA
Diuretics	85.19%	★★
Total	86.63%	★★
Health Plan Diversity‡		
Race/Ethnicity Diversity of Membership		
Total—White	28.46%	—
Total—Black or African American	51.78%	—
Total—American-Indian and Alaska Native	1.13%	—
Total—Asian	2.09%	—
Total—Native Hawaiian and Other Pacific Islander	0.00%	—
Total—Some Other Race	0.00%	—
Total—Two or More Races	0.00%	—
Total—Unknown	16.54%	—
Total—Declined	0.00%	—
Total—Hispanic or Latino rates	3.59%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	99.04%	—
Spoken Language Preferred for Health Care—Non-English	0.92%	—
Spoken Language Preferred for Health Care—Unknown	0.05%	—
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**	82.34	★
Outpatient Visits—Total	251.03	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	9.03	—
Total Inpatient—Average Length of Stay—Total	4.15	—

Measure	HEDIS 2017	2017 Performance Level
Maternity—Discharges per 1,000 Member Months—Total	0.26	—
Maternity—Average Length of Stay—Total	2.47	—
Surgery—Discharges per 1,000 Member Months—Total	2.73	—
Surgery—Average Length of Stay—Total	4.80	—
Medicine—Discharges per 1,000 Member Months—Total	4.85	—
Medicine—Average Length of Stay—Total	3.53	—

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.
* For this indicator, a lower rate indicates better performance.
— Indicates that the Performance Levels for 2017 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 Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.
2017 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 5-10 shows that, due to low membership numbers, approximately 13 percent of **HAR**'s measure rates (12 of 94) had denominators smaller than 30, which resulted in an audit designation of *NA (Not Applicable)* for these measures. Ten rates ranked at or above the national Medicaid 75th percentile, four of which ranked at or above the national Medicaid 90th percentile (*Chlamydia Screening in Women—Ages 16 to 20 Years* and *Total*, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total*, and *Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications*). Thirty-four measure rates fell below the national Medicaid 50th percentile, 26 of which were below the national Medicaid 25th percentile. Measure rates ranked below the national Medicaid 25th percentile were found in several domains. Opportunities for improvement exist 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

The state-mandated PIP topic addresses disparities in timeliness of prenatal care. **HAR** identified, through data analysis, a disparity among its African-American and Caucasian populations; however, according to HSAG's evaluation, the plan-specific data provided on the identified subgroups did not support that a disparity between the two subgroups exists. **HAR**'s goal for this PIP is to improve the timeliness of prenatal care for the African-American population and eliminate the disparity without a decline in performance for the Caucasian population.

Table 5-11 outlines the study indicators for the PIP.

Table 5-11—Study Indicators

PIP Topic	Study Indicators
Addressing Disparities in Timeliness of Prenatal Care	1. The percentage of eligible African-American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan. 2. The percentage of eligible Caucasian women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan.

For the 2016–2017 validation cycle, the MHPs provided first-year submissions on PIPs. Table 5-12 displays the validation results for **HAR**'s PIP. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each step 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 5-12 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 5-12—Performance Improvement Project Validation Results for HAR

Stage	Step		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Appropriate Study Topic	50% (1/2)	50% (1/2)	0% (0/1)
	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% (2/2)	0% (0/2)	0% (0/2)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			**89% (8/9)**	**11% (1/9)**	**0% (0/9)**

Stage	Step		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Implementation	VII.	Sufficient Data Analysis and Interpretation	*Not Assessed*		
	VIII.	Appropriate Improvement Strategies	*Not Assessed*		
Implementation Total			***Not Assessed***		
Outcomes	IX.	Real Improvement Achieved	*Not Assessed*		
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**89% (8/9)**		
Overall Validation Status			***Partially Met***		

The PIP received an overall *Partially Met* validation status, and 89 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process. The one evaluation element that did not receive a *Met* score was related to plan-specific data supporting the selection of the PIP topic.

Assessment of Follow-Up on Prior Recommendations

Compliance Monitoring—The 2015–2016 compliance review identified opportunities for improvement for the *Members*, *Quality*, *MIS*, and *Program Integrity* standards. **HAR**'s 2015–2016 CAPs and 2016–2017 compliance review results indicated that eight of the 15 deficiencies in the following categories were sufficiently addressed: *Member Grievances and Appeal Resolution, Written Member Appeal Decisions Rendered, Tobacco Cessation, Health Plan has a Written Procedure to Electronically Process Enrollments and Disenrollments, Consolidated Annual Report—Audited Financial Statement, Audits,* and *Provider Disenrollments.*

During the 2015–2016 review, **HAR** received an *Incomplete* finding for *QIP Evaluation and Work Plan/UM Program and Effectiveness Review* for not submitting or addressing all required items in its Annual Quality Program. **HAR** continued to receive an *Incomplete* finding in this category during 2016–2017 for not submitting a UM program and effectiveness review. **HAR** also received an *Incomplete* finding for *PMR Review* for both the current and prior year. **HAR** did not meet or exceed the minimum performance standards for all measures that were reviewed.

HAR received an *Incomplete* finding for *MIS Health Plan Maintains an Information System That Collects, Analyzes, Integrates and Reports Data as Required by MDHHS* in 2015–2016 for not

submitting operational plans for all system capabilities as required by MDHHS. This continued to be a finding during the 2016–2017 review.

Additionally, **HAR** received an *Incomplete* finding for *OIG Program Integrity-Compliance Plan* for both 2015–2016 and 2016–2017. **HAR** did not provide evidence that it provided, at least annually, MHP and MDHHS-OIG contact information to employees, providers, and members on how to report FWA during the 2015–2016 review period. The 2016–2017 review demonstrated that **HAR** did not provide the proper contact information for FWA referrals on the member portal or provider portal, or that employees were provided with the contact information annually. Lastly, **HAR** received *Incomplete* findings for *Data Mining/Algorithm* and *Overpayments Collected* for both the current and prior year. **HAR** did not report data accurately on the forms.

Performance Measures—HSAG's assessment of **HAR**'s follow-up on prior recommendations focused on the improvement observed in measure rates that were below the national Medicaid 25th percentile and **HAR**'s quality improvement efforts in 2016. In 2016, 31 measure rates fell below the national Medicaid 25th percentile. Nine of the rates (*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Adolescent Well-Care Visits*; *Immunizations for Adolescents—Combination 1*; *Cervical Cancer Screening*; *Adult BMI Assessment*; and *Comprehensive Diabetes Care—HbA1c Testing*, *HbA1c Poor Control [>9.0%]*, *HbA1c Control [<8.0%]*, and *Eye Exam [Retinal] Performed*) improved and ranked at or above the national Medicaid 25th percentile in 2017. Of note, the measure rates for *Cervical Cancer Screening*, *Adult BMI Assessment*, and three *Comprehensive Diabetes Care* indicators performed at or above the national Medicaid 50th percentile. Further, 22 rates in 2017 again fell below the national Medicaid 25th percentile in 2017.

As described in its 2016 Quality Improvement Program Evaluation, **HAR** implemented various interventions related to low-scoring measures dependent upon population needs. These interventions included outreach programs for members utilizing door-to-door services; reminder and support calls; educational services; and mailings for members to receive appropriate care. Additional time may be needed to realize 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—2015–2016 was the fourth validation year for the PIPs wherein the MHPs reported Remeasurement 2 rates for the study indicators. MDHHS made the decision to retire last year's PIP and mandated a new PIP topic for 2016–2017. This was the first validation year for the new PIP submission; therefore, there were no prior recommendations for the MHP.

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

Compliance Monitoring—**HAR** demonstrated moderate performance across the areas of **quality** of, **timeliness** of, and **access** to services provided by the MHP. The 2016–2017 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, **HAR** should initiate quality improvement initiatives to address the opportunities for improvement identified during the annual compliance review. **HAR** should focus on the *Providers* standard, its lowest-scoring standard, with three *Incomplete* findings, two *Fail* findings,

and a compliance score of 77 percent. Attention should also be given to the *Administrative* and *Quality* standards, both of which had compliance scores less than 90 percent. Additionally, **HAR** should consider initiating PDSA cycles or PIPs for performance measures that fell below minimum performance standards for consecutive review periods. Lastly, enhanced efforts should be made to correct the 2015–2016 deficiencies that were not adequately addressed during the 2016–2017 review period, specifically in these categories: *QIP Evaluation and Work Plan/UM Program and Effectiveness Review; PMR Review; MIS Health Plan Maintains an Information System That Collects, Analyzes, Integrates and Reports Data as Required by MDHHS; OIG Program Integrity-Compliance Plan; Data Mining/Algorithm;* and *Overpayments Collected*.

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

Compared to the national HEDIS 2016 benchmarks, **HAR**'s performance across all **quality**, **access**, and **timeliness** areas varied. **HAR** also had the greatest number of measure rates that fell below the national Medicaid 25th percentile across all MHPs, indicating numerous opportunities for improvement in all three areas.

In the **quality** area, four **HAR** measure rates (*Chlamydia Screening in Women—Ages 16 to 20 Years* and *Total*, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total*, and *Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications*) ranked at or above the national Medicaid 90th percentile. Sixteen rates fell below the national Medicaid 25th percentile, spanning multiple domains: Child & Adolescent Care (*Childhood Immunization Status—Combination 2–10* and *Appropriate Testing for Children With Pharyngitis*), Access to Care (*Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis*), 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*, and *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*).

In the **timeliness** area, none of **HAR**'s reportable measure rates were at or above the national Medicaid 50th percentile, with 11 rates falling below the national Medicaid 25th percentile in the Child & Adolescent Care and Pregnancy Care domains.

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—specifically for those low-scoring measures with rates that fell below the national Medicaid 25th percentile.

Performance Improvement Projects—**HAR** designed a scientifically sound project supported by the use of key research principles; however, the plan-specific data provided on the identified subgroups did not support that a disparity between the two subgroups exists. The PIP had not progressed to the Implementation and Outcomes stages during this validation cycle. HSAG recommends that **HAR** consult with HSAG to determine a viable PIP topic before it moves forward with the PIP implementation.

The PIP has not progressed to the point of reporting results during this validation cycle. This state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of, **timeliness** of, and **access** to care and services.

McLaren Health Plan (MCL)

Compliance Monitoring

Table 5-13 presents **MCL**'s compliance review results.

Table 5-13—Compliance Review Results for MCL

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	MCL	Statewide
1	*Administrative*	5	0	0	5	100%	95%
2	*Providers*	13	0	2	15	87%	88%
3	*Members*	8	1	0	9	94%	97%
4	*Quality*	10	1	0	11	95%	96%
5	*MIS*	5	0	0	5	100%	99%
6	*Program Integrity*	26	1	0	27	98%	97%
Overall		**67**	**3**	**2**	**72**	**95%**	**95%**

The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of Incomplete (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

MCL demonstrated compliance with all requirements related to the *Administrative* and *MIS* standards, which—with a compliance score of 100 percent—represented areas of strength for **MCL**. The 2016–2017 compliance review identified opportunities for improvement for the *Providers*, *Members*, *Quality*, and *Program Integrity* standards. **MCL** received three *Incomplete* and two *Fail* findings in the following categories:

- *MHP Provider Directory*—**MCL**'s online provider directory and/or provider availability was not current based on the information obtained from calls made to primary care providers in February and August 2017 to check for accurate provider availability.
- *Written Member Appeal Decisions Rendered*—**MCL**'s appeals log showed appeals that were past due processing (over 30 days).
- *PMR Review*—**MCL** did not meet or exceed the minimum performance standards for all measures that were reviewed.
- *OIG Program Integrity-Compliance Plan*—**MCL**'s compliance program policy included outdated information. **MCL** also did not submit evidence that employees were annually provided MHP and MDHHS-OIG contact information for FWA, or evidence of annual training for the compliance officer or employees.

MCL's compliance scores for the *Providers*, *Members*, and *Quality* standards were lower than the statewide scores, while the MHP's scores for the *Administration*, *MIS*, and *Program Integrity* standards were higher. **MCL**'s performance resulted in an overall compliance score of 95 percent, which was equal to the statewide average.

Performance Measures

Table 5-14 shows each of the measures, the rate for each measure for 2017, and the categorized performance for 2017 relative to national HEDIS 2016 Medicaid results for **MCL**.[5-4]

Table 5-14—Scores for Performance Measures for MCL

Measure	HEDIS 2017	2017 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	79.81%	★★★★
Combination 3	75.67%	★★★★
Combination 4	73.97%	★★★★
Combination 5	68.13%	★★★★

[5-4] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 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 2016 benchmarks.

Measure	HEDIS 2017	2017 Performance Level
Combination 6	40.88%	★★★
Combination 7	66.42%	★★★★
Combination 8	40.88%	★★★
Combination 9	37.71%	★★★
Combination 10	37.71%	★★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	64.48%	★★★
Lead Screening in Children		
Lead Screening in Children	94.40%	★★★★★
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	70.07%	★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	47.20%	★★
Immunizations for Adolescents		
Combination 1	84.43%	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	86.33%	★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	70.40%	★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	39.67%	★★
Continuation and Maintenance Phase	43.98%	★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	63.31%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	56.93%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	52.81%	★★★
Ages 21 to 24 Years	59.87%	★★
Total	56.01%	★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	94.66%	★★
Ages 25 Months to 6 Years	87.10%	★★

Measure	HEDIS 2017	2017 Performance Level
Ages 7 to 11 Years	89.00%	★★
Ages 12 to 19 Years	88.30%	★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	82.10%	★★★
Ages 45 to 64 Years	89.58%	★★★
Ages 65+ Years	NA	NA
Total	85.18%	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	26.35%	★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	83.45%	★★★★
Counseling for Nutrition—Total	60.34%	★★
Counseling for Physical Activity—Total	50.85%	★★
Adult BMI Assessment		
Adult BMI Assessment	91.48%	★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	86.13%	★★★
Postpartum Care	64.23%	★★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	51.09%	★★
Living With Illness		
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	87.59%	★★★
*HbA1c Poor Control (>9.0%)**	48.54%	★★
HbA1c Control (<8.0%)	41.61%	★★
Eye Exam (Retinal) Performed	58.03%	★★★
Medical Attention for Nephropathy	88.87%	★★
Blood Pressure Control (<140/90 mm Hg)	66.24%	★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	84.33%	★★★★★
Medication Compliance 75%—Total	67.87%	★★★★★
Asthma Medication Ratio		
Total	66.09%	★★★★

Measure	HEDIS 2017	2017 Performance Level
Controlling High Blood Pressure		
Controlling High Blood Pressure	58.64%	★★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	76.79%	★★★
Discussing Cessation Medications	54.94%	★★★★
Discussing Cessation Strategies	47.70%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	45.65%	★
Effective Continuation Phase Treatment	29.70%	★
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	82.62%	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	72.17%	★★★
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	63.27%	★★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	84.68%	★
Digoxin	44.44%	★
Diuretics	85.62%	★★
Total	84.84%	★
Health Plan Diversity‡		
Race/Ethnicity Diversity of Membership		
Total—White	66.67%	—
Total—Black or African American	17.27%	—
Total—American-Indian and Alaska Native	0.54%	—
Total—Asian	0.00%	—
Total—Native Hawaiian and Other Pacific Islander	0.79%	—
Total—Some Other Race	5.51%	—
Total—Two or More Races	0.00%	—
Total—Unknown	9.22%	—
Total—Declined	0.00%	—

Measure	HEDIS 2017	2017 Performance Level
Total—Hispanic or Latino rates	5.51%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	96.45%	—
Spoken Language Preferred for Health Care—Non-English	0.77%	—
Spoken Language Preferred for Health Care—Unknown	2.78%	—
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**	70.81	★★
Outpatient Visits—Total	552.80	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	8.38	—
Total Inpatient—Average Length of Stay—Total	3.87	—
Maternity—Discharges per 1,000 Member Months—Total	2.72	—
Maternity—Average Length of Stay—Total	2.46	—
Surgery—Discharges per 1,000 Member Months—Total	4.09	—
Surgery—Average Length of Stay—Total	4.70	—
Medicine—Discharges per 1,000 Member Months—Total	1.47	—
Medicine—Average Length of Stay—Total	3.61	—

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.

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

— Indicates that the Performance Levels for 2017 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 Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

2017 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 5-14 shows **MCL** had 13 measure rates that ranked at or above the national Medicaid 75th percentile, three of which (*Lead Screening in Children*; and *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*) ranked at or above the national Medicaid 90th percentile. Twenty-four measure rates fell below the national Medicaid 50th percentile, five of which were below the national Medicaid 25th percentile. Opportunities for improvement exist for **MCL** for these five rates, which were found in the Living With Illness domain: *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*; and *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs*, *Digoxin*, and *Total*.

Performance Improvement Projects

The state-mandated PIP topic addresses disparities in timeliness of prenatal care. **MCL** identified, through data analysis, a disparity among its women enrollees residing in rural areas (regions 6 and 7). The goal of this PIP is to improve the timeliness of prenatal care for women residing in Region 7 and eliminate the identified disparity without a decline in performance for women residing in Region 6.

Table 5-15 outlines the study indicators for the PIP.

Table 5-15—Study Indicators

PIP Topic	Study Indicators
Addressing Disparities in Timeliness of Prenatal Care	1. The percentage of eligible pregnant women residing in Region 7 who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan. 2. The percentage of eligible pregnant women residing in Region 6 who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan.

For the 2016–2017 validation cycle, the MHPs provided first-year submissions on PIPs. Table 5-16 displays the validation results for **MCL**'s PIP. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each step 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 5-16 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 5-16—Performance Improvement Project Validation Results for MCL

Stage	Step		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% (2/2)	0% (0/2)	0% (0/2)
	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% (10/10)**	**0% (0/10)**	**0% (0/10)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	*Not Assessed*		
	VIII.	Appropriate Improvement Strategies	*Not Assessed*		
Implementation Total			***Not Assessed***		
Outcomes	IX.	Real Improvement Achieved	*Not Assessed*		
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**100% (10/10)**		
Overall Validation Status			***Met***		

The PIP received an overall *Met* validation status, and 100 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process.

Assessment of Follow-Up on Prior Recommendations

Compliance Monitoring—The 2015–2016 compliance review identified opportunities for improvement for the *Administrative*, *Members*, *Quality*, and *MIS* standards. **MCL**'s 2015–2016 CAPs and 2016–2017 compliance review results indicated that five of the six deficiencies in the following categories were sufficiently addressed: *Governing Body; Member Material; Clinical Practice Guidelines; MIS Health Plan Maintains an Information System that Collects, Analyzes, Integrates and Reports Data as Required by MDHHS;* and *Health Plan Has a Written Procedure to Electronically Process Enrollments and Disenrollments.*

MCL received *Incomplete* findings in *PMR Review* for both the current and prior year. **MCL** did not meet or exceed the minimum performance standards for all measures that were reviewed.

Performance Measures—HSAG's assessment of **MCL**'s follow-up on prior recommendations focused on the improvement observed in measure rates that were below the national Medicaid 25th percentile and on **MCL**'s quality improvement efforts in 2016. In 2016, five measure rates fell below the national Medicaid 25th percentile. All five rates (*Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years* and *Ages 12 to 19 Years*; *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total*; *Prenatal and Postpartum Care—Timeliness of Prenatal Care*; and *Diabetes Monitoring for People With Diabetes and Schizophrenia*) improved from 2016 and ranked at or above the national Medicaid 25th percentile. Of note, rates for *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Diabetes Monitoring for People With Diabetes and Schizophrenia* ranked at or above the national Medicaid 50th percentile.

Improvement in performance, as listed in **MCL**'s 2016 Quality Improvement Program, may be related to several quality initiatives, including interventions for appropriate emergency department utilization using education and collaboration with the community; multiple health conditions such as chlamydia screening and tobacco cessation by providing education and increased access to care; and members with behavioral health conditions through increased communication with providers and community services available. Additional time may be needed to realize 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—2015–2016 was the fourth validation year for the PIPs wherein the MHPs reported Remeasurement 2 rates for the study indicators. MDHHS made the decision to retire last year's PIP and mandated a new PIP topic for 2016–2017. This was the first validation year for the new PIP submission; therefore, there were no prior recommendations for the MHP.

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

Compliance Monitoring—**MCL** demonstrated strong performance across the areas of **quality** of, **timeliness** of, and **access** to services provided by the MHP. The 2016–2017 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, the **MCL** should initiate quality improvement initiatives to address the

opportunities for improvement identified during the annual compliance review. **MCL** should focus on the *Providers* standard, its lowest-scoring standard, with two *Fail* findings and a compliance score of 87 percent. Additionally, **MCL** should consider initiating PDSA cycles or PIPs for measures which fell below the minimum performance standards for consecutive review periods.

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

Compared to the national HEDIS 2016 performance, **MCL**'s performance across the **quality**, **timeliness**, and **access** areas was primarily below the national Medicaid 75th percentile.

In the **quality** area, three **MCL** measure rates met or exceeded the national Medicaid 90th percentile, while five rates fell below the national Medicaid 25th percentile. The best rates were in the Child & Adolescent Care domain (*Lead Screening in Children*) and the Living With Illness domain (*Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*). Rates that fell below the national Medicaid 25th percentile were found in the Living With Illness domain (*Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*; and *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs*, *Digoxin*, and *Total*).

In the **timeliness** area, for **MCL**, one measure rate (*Lead Screening in Children*) ranked at or above the national Medicaid 90th percentile, and two rates fell below the national Medicaid 50th percentile. Opportunities for improvement exist for the Child & Adolescent Care domain (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase*).

In the **access** area, none of **MCL**'s reportable rates ranked at or above the national Medicaid 50th percentile. Eight rates fell below the national Medicaid 50th percentile, with opportunities for improvement in the Child & Adolescent Care (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase*), Access to Care (*Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months, Ages 25 Months to 6 Years, Ages 7 to 11 Years,* and *Ages 12 to 19 Years*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Utilization (*Ambulatory Care—Total [Per 1,000 Member Months]—Emergency Department Visits—Total*) domains.

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

Performance Improvement Projects—**MCL** designed a scientifically sound project supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. The PIP had not progressed to the Implementation and Outcomes stages during this validation cycle. HSAG recommends that **MCL** have Study Indicator 1 represent Region 7 because, based on the historical data included in the PIP Submission Form, Region 7 is the disparate subgroup. Currently, Study Indicator 1 represents Region 6. Additionally, HSAG recommends that **MCL**'s efforts in the Implementation stage of the PIP

support the development of active interventions and sound measurement results leading to improved outcomes.

The PIP has not progressed to the point of reporting results during this validation cycle. This state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of, **timeliness** of, and **access** to care and services.

Meridian Health Plan of Michigan (MER)

Compliance Monitoring

Table 5-17 presents **MER**'s compliance review results.

Table 5-17—Compliance Review Results for MER

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	MER	Statewide
1	*Administrative*	5	0	0	5	100%	95%
2	*Providers*	15	0	0	15	100%	88%
3	*Members*	9	0	0	9	100%	97%
4	*Quality*	11	0	0	11	100%	96%
5	*MIS*	5	0	0	5	100%	99%
6	*Program Integrity*	24	3	0	27	94%	97%
Overall		**69**	**3**	**0**	**72**	**98%**	**95%**

The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of Incomplete (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

MER demonstrated compliance with all requirements related to the *Administrative*, *Providers*, *Members*, *Quality*, and *MIS* standards, which—with a compliance score of 100 percent—represented areas of strength for **MER**. The 2016–2017 compliance review identified opportunities for improvement for the *Program Integrity* standard. **MER** received three *Incomplete* findings in the following requirement categories:

- *Data Mining/Algorithm*—**MER** did not accurately report the NPI or Member ID on the Data Mining/Algorithm Form.
- *Provider Disenrollments*—**MER** did not properly report the Date of Disenrollment and Effective Date of Disenrollment on the Provider Disenrollments Form.

MER's compliance score for the *Program Integrity* standard was lower than the statewide score, while the MHP's scores for the *Administrative*, *Providers*, *Members*, *Quality*, and *MIS* standards were higher. **MER**'s performance resulted in an overall compliance score of 98 percent, which exceeded the statewide average.

Performance Measures

Table 5-18 shows each of the measures, the rate for each measure for 2017, and the categorized performance for 2017 relative to national HEDIS 2016 Medicaid results for **MER**.[5-5]

Table 5-18—Scores for Performance Measures for MER

Measure	HEDIS 2017	2017 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	78.60%	★★★★
Combination 3	74.88%	★★★
Combination 4	71.63%	★★★
Combination 5	64.42%	★★★★
Combination 6	40.70%	★★★
Combination 7	62.33%	★★★★
Combination 8	40.00%	★★★
Combination 9	35.81%	★★★
Combination 10	35.35%	★★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	74.88%	★★★★★
Lead Screening in Children		
Lead Screening in Children	81.14%	★★★★
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	78.42%	★★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	64.42%	★★★★
Immunizations for Adolescents		
Combination 1	86.60%	★★★★★

[5-5] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 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 2016 benchmarks.

Measure	HEDIS 2017	2017 Performance Level
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	89.44%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	73.43%	★★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	41.74%	★★
Continuation and Maintenance Phase	55.97%	★★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	64.41%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	65.50%	★★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	60.49%	★★★★
Ages 21 to 24 Years	69.23%	★★★★
Total	64.88%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	97.37%	★★★★
Ages 25 Months to 6 Years	90.69%	★★★
Ages 7 to 11 Years	92.53%	★★★
Ages 12 to 19 Years	92.90%	★★★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	83.55%	★★★★
Ages 45 to 64 Years	90.46%	★★★★
Ages 65+ Years	92.62%	★★★★
Total	86.17%	★★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	26.18%	★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	81.48%	★★★★
Counseling for Nutrition—Total	73.15%	★★★★
Counseling for Physical Activity—Total	59.49%	★★★

Measure	HEDIS 2017	2017 Performance Level
Adult BMI Assessment		
Adult BMI Assessment	96.28%	★★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	82.87%	★★★
Postpartum Care	71.30%	★★★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	70.83%	★★★★
Living With Illness		
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	87.79%	★★★
*HbA1c Poor Control (>9.0%)**	35.42%	★★★★
HbA1c Control (<8.0%)	52.67%	★★★★
Eye Exam (Retinal) Performed	67.63%	★★★★
Medical Attention for Nephropathy	91.45%	★★★
Blood Pressure Control (<140/90 mm Hg)	65.65%	★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	72.33%	★★★★★
Medication Compliance 75%—Total	51.35%	★★★★★
Asthma Medication Ratio		
Total	61.92%	★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	67.15%	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	81.16%	★★★★
Discussing Cessation Medications	54.30%	★★★★
Discussing Cessation Strategies	44.68%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	50.92%	★★
Effective Continuation Phase Treatment	31.77%	★
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	83.11%	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	66.04%	★★

Measure	HEDIS 2017	2017 Performance Level
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	55.88%	★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	63.52%	★★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	86.53%	★★
Digoxin	51.44%	★★
Diuretics	86.88%	★★
Total	86.47%	★★
Health Plan Diversity‡		
Race/Ethnicity Diversity of Membership		
Total—White	61.97%	—
Total—Black or African American	21.51%	—
Total—American-Indian and Alaska Native	0.49%	—
Total—Asian	0.73%	—
Total—Native Hawaiian and Other Pacific Islander	0.06%	—
Total—Some Other Race	<0.01%	—
Total—Two or More Races	0.00%	—
Total—Unknown	5.76%	—
Total—Declined	9.48%	—
Total—Hispanic or Latino rates	5.75%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	98.69%	—
Spoken Language Preferred for Health Care—Non-English	1.29%	—
Spoken Language Preferred for Health Care—Unknown	0.02%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—
Preferred Language for Written Materials—English	98.69%	—
Preferred Language for Written Materials—Non-English	1.29%	—
Preferred Language for Written Materials—Unknown	0.02%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	98.69%	—
Other Language Needs—Non-English	1.29%	—
Other Language Needs—Unknown	0.02%	—
Other Language Needs—Declined	0.00%	—

Measure	HEDIS 2017	2017 Performance Level
Utilization‡		
Ambulatory Care—Total (Per 1,000 Member Months)		
*Emergency Department Visits—Total**	77.48	★
Outpatient Visits—Total	398.30	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	8.10	—
Total Inpatient—Average Length of Stay—Total	3.99	—
Maternity—Discharges per 1,000 Member Months—Total	3.42	—
Maternity—Average Length of Stay—Total	2.55	—
Surgery—Discharges per 1,000 Member Months—Total	1.90	—
Surgery—Average Length of Stay—Total	6.29	—
Medicine—Discharges per 1,000 Member Months—Total	3.74	—
Medicine—Average Length of Stay—Total	3.77	—

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.

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

— Indicates that the Performance Levels for 2017 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 Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

2017 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 5-18 shows that **MER** had 31 measure rates ranked at or above the national Medicaid 75th percentile, with five rates (*Well-Child Visits in the First 15 Months of Life—Six of More Visits*; *Immunizations for Adolescents—Combination 1*; *Adult BMI Assessment*; and *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*) ranked at or above the national Medicaid 90th percentile. Ten measure rates fell below the national Medicaid 50th percentile, three of which fell below the national Medicaid 25th percentile (*Antidepressant Medication Management—Effective Continuation Phase Treatment*, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, and *Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*). Opportunities for improvement exist for **MER**, especially in the Living With Illness domain, where two measure rates fell below the national Medicaid 25th percentile.

Performance Improvement Projects

The state-mandated PIP topic addresses disparities in timeliness of prenatal care. **MER** identified, through data analysis, a disparity among its women enrollees residing in rural areas (regions 3 and 5). The goal of this PIP is to improve the timeliness of prenatal care for women residing in Region 3 and eliminate the identified disparity without a decline in performance for the women residing in Region 5.

Table 5-19 outlines the study indicators for the PIP.

Table 5-19—Study Indicators

PIP Topic	Study Indicators
Addressing Disparities in Timeliness of Prenatal Care	1. The percentage of eligible pregnant women residing in Region 3 who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan. 2. The percentage of eligible pregnant women residing in Region 5 who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan.

For the 2016–2017 validation cycle, the MHPs provided first-year submissions on PIPs. Table 5-20 displays the validation results for **MER**'s PIP. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each step 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 5-20 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 5-20—Performance Improvement Project Validation Results for MER

Stage	Step		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% (2/2)	0% (0/2)	0% (0/2)
	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% (10/10)**	**0% (0/10)**	**0% (0/10)**

Stage	Step		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Implementation	VII.	Sufficient Data Analysis and Interpretation	*Not Assessed*		
	VIII.	Appropriate Improvement Strategies	*Not Assessed*		
Implementation Total			***Not Assessed***		
Outcomes	IX.	Real Improvement Achieved	*Not Assessed*		
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**100% (10/10)**		
Overall Validation Status			***Met***		

The PIP received an overall *Met* validation status, and 100 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process.

MER designed a scientifically sound project supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. The PIP had not progressed to the Implementation and Outcomes stages during this validation cycle. HSAG recommends that **MER**'s efforts in the Implementation stage of the PIP support the development of active interventions and sound measurement results leading to improved outcomes.

Assessment of Follow-Up on Prior Recommendations

Compliance Monitoring—The 2015–2016 compliance review for **MER** identified an opportunity for improvement for the *Quality* standard and received one *Incomplete* finding in the *PMR Review* category. While **MER** received a *Pass* finding for *PMR Review* during the 2016–2017 review for submitting a CAP in a timely manner to address performance standards, **MER** did not meet or exceed the minimum performance standards for all measures that were reviewed during both the current and prior year.

Performance Measures—HSAG's assessment of **MER**'s follow-up on prior recommendations focused on the improvement observed in measure rates that were below the 25th percentile and on **MER**'s quality improvement efforts in 2016. In 2016, **MER** had one measure rate that fell below the national Medicaid 25th percentile. The measure rate for *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total* remained below the national Medicaid 25th percentile. However, since the rate reported for this measure does not take into consideration the demographic and clinical characteristics of

the MHP's members, this utilization rate in isolation does not necessarily correlate with the quality of services provided.

As discussed in its 2016 Quality Improvement Annual Evaluation, **MER** implemented quality initiatives related to its members using the following: education outreach with mailings and services for members with various conditions such as asthma, weight management, nutrition, and smoking cessation; and assistance with obtaining care such as transportation and gas reimbursement, along with reminder calls. Further, initiatives implemented for providers included educational flyers, incentives for providing preventive services, and year-round medical record review for HEDIS measures. Additional time may be needed to realize 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—2015–2016 was the fourth validation year for the PIPs wherein the MHPs reported Remeasurement 2 rates for the study indicators. MDHHS made the decision to retire last year's PIP and mandated a new PIP topic for 2016–2017. This was the first validation year for the new PIP submission; therefore, there were no prior recommendations for the MHP.

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

Compliance Monitoring—**MER** demonstrated strong performance across the areas of **quality** of, **timeliness** of, and **access** to services provided by the MHP. The 2016–2017 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, **MER** should initiate quality improvement initiatives to address the opportunities for improvement identified during the annual compliance review. **MER** should focus on the *Program Integrity* standard, the only standard that did not achieve full compliance, with three *Incomplete* findings and a compliance score of 94 percent. Additionally, **MER** should consider initiating PDSA cycles or PIPs for performance measures that fell below minimum performance standards for consecutive review periods.

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

Compared to the national HEDIS 2016 benchmarks, **MER**'s performance varied across the **quality**, **timeliness**, and **access** areas. Overall, most measure rates for **MER** ranked at or above the national Medicaid 50th percentile in each area.

In the **quality** area, five **MER** measure rates ranked at or above the national Medicaid 90th percentile, and two rates fell below the national Medicaid 25th percentile. The best rates spanned multiple domains, including Child & Adolescent Care (*Well-Child Visits in the First 15 Months of Life—Six of More Visits* and *Immunizations for Adolescents—Combination 1*), Obesity (*Adult BMI Assessment*), and Living With Illness (*Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*). Rates that fell below the national Medicaid 25th percentile were in the Living With Illness domain: (*Antidepressant Medication Management—Effective Continuation Phase Treatment* and *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*).

In the **timeliness** area, **MER** had one measure rate (*Immunizations for Adolescents—Combination 1*) rank at or above the national Medicaid 90th percentile, and five additional rates ranked at or above the national Medicaid 75th percentile. One measure rate in the Child & Adolescent Care domain (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*) fell below the national Medicaid 50th percentile.

In the **access** area, **MER** had two measure rates fall below the national Medicaid 50th percentile, with *Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total* falling below the national Medicaid 25th percentile. All remaining **access**-related measures ranked at or above the national Medicaid 50th percentile.

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

Performance Improvement Projects—The PIP has not progressed to the point of reporting results during this validation cycle. This state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of, **timeliness** of, and **access** to care and services.

HAP Midwest Health Plan (MID)

Compliance Monitoring

Table 5-21 presents **MID**'s compliance review results.

Table 5-21—Compliance Review Results for MID

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	MID	Statewide
1	*Administrative*	2	3	0	5	70%	95%
2	*Providers*	13	0	2	15	87%	88%
3	*Members*	9	0	0	9	100%	97%
4	*Quality*	7	4	0	11	82%	96%
5	*MIS*	5	0	0	5	100%	99%
6	*Program Integrity*	24	3	0	27	94%	97%
Overall		**60**	**10**	**2**	**72**	**90%**	**95%**

The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of Incomplete (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

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 2016–2017 compliance review identified opportunities for improvement for the *Administrative*, *Providers*, *Quality*, and *Program Integrity* standards. **MID** received ten *Incomplete* and two *Fail* findings in the following requirement categories:

- *Organizational Chart*—**MID** did not submit documentation showing any new staff positions within the last 12 months or the dates the changes were made.
- *Administrative Position Descriptions*—**MID** did not complete the Administrative Positions table with the effective dates of changes for new personnel since last year's submission.
- *Governing Body*—**MID**'s governing body membership did not include at least one-third representation of enrollees as required by contract.
- *MHP Provider Directory*—**MID**'s online provider directory and/or provider availability was not current based on the information obtained from calls made to primary care providers in February and August 2017 to check for accurate provider availability.
- *QIP Evaluation and Work Plan/UM Program Effectiveness Review*—**MID**'s Annual Quality Program did not include children in foster care in relation to the PCMH Expansion, did not discuss enrollees with disabilities in relation to the evaluation of access to care, or show that **MID** does not use UM policies and procedures to avoid providing medically necessary services.
- *PMR Review*—**MID** did not meet or exceed the minimum performance standards for all measures that were reviewed.
- *Addressing Health Disparities Population Health Mgmt.*—**MID** did not provide evidence of having a policy that addressed health disparities or included population health management services where telephonic and mail-based care management was not sufficient or appropriate for the following areas: adult and family shelter for enrollees who are homeless; enrollee homes, enrollee place of employment or school; foster homes; group homes; or other special placements for children who are in the care or custody of MDHHS.
- *Community Health Worker (CHW) Policy and Procedure*—**MID** did not submit documentation that explained how it establishes reimbursement methodology for outreach, engagement, education, and coordination services provided by CHWs for peer support specialists to promote behavioral health integration.
- *Provider Disenrollments*—**MID** did not report information on the Activity Report or the Disenrollments tabs of the form, and it did not report the Date of Disenrollment and Effective Date of Disenrollment correctly for a deceased provider.
- *OIG Program Integrity-Compliance Plan*—**MID** did not provide evidence that it provided employees with accurate contact information for FWA reporting. Additionally, **MID** had not addressed FWA or provided contact information for reporting in a provider newsletter since 2015. **MID** also had provided the incorrect mailing address for FWA reporting.

MID's compliance scores for the *Administrative*, *Providers*, *Quality*, and *Program Integrity* standards were lower than the statewide scores, while the MHP's scores for the *Members* and *MIS* standards were higher. **MID**'s performance resulted in an overall compliance score of 90 percent, which fell below the statewide average.

Performance Measures

Table 5-22 shows each of the measures, the rate for each measure for 2017, and the categorized performance for 2017 relative to national HEDIS 2016 Medicaid results for **MID**.[5-6]

Table 5-22—Scores for Performance Measures for MID

Measure	HEDIS 2017	2017 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	NA	NA
Combination 3	NA	NA
Combination 4	NA	NA
Combination 5	NA	NA
Combination 6	NA	NA
Combination 7	NA	NA
Combination 8	NA	NA
Combination 9	NA	NA
Combination 10	NA	NA
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	NA	NA
Lead Screening in Children		
Lead Screening in Children	NA	NA
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	56.36%	★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	24.07%	★
Immunizations for Adolescents		
Combination 1	NA	NA
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	NA	NA
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	NA	NA

[5-6] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 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 2016 benchmarks.

Measure	HEDIS 2017	2017 Performance Level
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	56.94%	★★
Cervical Cancer Screening		
Cervical Cancer Screening	52.26%	★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	NA	NA
Ages 21 to 24 Years	47.62%	★
Total	44.83%	★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	NA	NA
Ages 25 Months to 6 Years	65.71%	★
Ages 7 to 11 Years	75.76%	★
Ages 12 to 19 Years	68.00%	★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	73.02%	★
Ages 45 to 64 Years	90.16%	★★★★
Ages 65+ Years	85.05%	★★
Total	83.86%	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	NA	NA
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	87.64%	★★★★★
Counseling for Nutrition—Total	70.79%	★★★
Counseling for Physical Activity—Total	64.04%	★★★★
Adult BMI Assessment		
Adult BMI Assessment	89.95%	★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	50.00%	★
Postpartum Care	40.38%	★

Measure	HEDIS 2017	2017 Performance Level
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	13.46%	★
Living With Illness		
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	86.37%	★★★
*HbA1c Poor Control (>9.0%)**	39.90%	★★★
HbA1c Control (<8.0%)	52.31%	★★★
Eye Exam (Retinal) Performed	54.74%	★★★
Medical Attention for Nephropathy	94.89%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	57.91%	★★
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	60.58%	★★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	82.11%	★★★★★
Discussing Cessation Medications	58.30%	★★★★
Discussing Cessation Strategies	44.44%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	47.12%	★
Effective Continuation Phase Treatment	31.73%	★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	68.00%	★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	64.10%	★★
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	69.41%	★★★★

Measure	HEDIS 2017	2017 Performance Level
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	83.40%	★
Digoxin	NA	NA
Diuretics	84.75%	★
Total	83.67%	★
Health Plan Diversity‡		
Race/Ethnicity Diversity of Membership		
Total—White	46.63%	—
Total—Black or African American	35.69%	—
Total—American-Indian and Alaska Native	0.00%	—
Total—Asian	2.36%	—
Total—Native Hawaiian and Other Pacific Islander	0.29%	—
Total—Some Other Race	2.64%	—
Total—Two or More Races	0.00%	—
Total—Unknown	12.39%	—
Total—Declined	0.00%	—
Total—Hispanic or Latino rates	2.64%	—
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%	—
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**	75.28	★
Outpatient Visits—Total	539.45	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	16.85	—
Total Inpatient—Average Length of Stay—Total	—	—

Measure	HEDIS 2017	2017 Performance Level
Maternity—Discharges per 1,000 Member Months—Total	1.30	—
Maternity—Average Length of Stay—Total	—	—
Surgery—Discharges per 1,000 Member Months—Total	3.59	—
Surgery—Average Length of Stay—Total	—	—
Medicine—Discharges per 1,000 Member Months—Total	12.46	—
Medicine—Average Length of Stay—Total	—	—

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.
* For this indicator, a lower rate indicates better performance.
— Indicates that the Performance Levels for 2017 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 Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.
2017 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 5-22 shows that, due to low membership numbers, approximately 26 percent of **MID**'s measure rates (24 of 94) had denominators smaller than 30—insufficient to report a valid rate and each receiving an *NA (Not Applicable)* audit designation. Eight measure rates ranked at or above the national Medicaid 75th percentile, three of which (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*, *Comprehensive Diabetes Care—Medical Attention for Nephropathy*, and *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit*) ranked at or above the national Medicaid 90th percentile. Twenty-three measure rates fell below the national Medicaid 50th percentile, 18 of which were below the national Medicaid 25th percentile. Measure rates that fell below the national Medicaid 25th percentile spanned multiple domains, including Child & Adolescent Care (*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits*), Women—Adult Care (*Chlamydia Screening in Women—Ages 21 to 24 Years* and *Total*), Access to Care (*Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years, Ages 7 to 11 Years*, and *Ages 12 to 19 Years*; and *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years*), Pregnancy Care (*Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care*; and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*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*; and *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Diuretics*, and *Total*). These measure rates represent opportunities for improvement for **MID**.

Performance Improvement Projects

The state-mandated PIP topic addresses disparities in timeliness of prenatal care. However, due to **MID**'s small population and lack of a demonstrated disparity, the health plan determined through data analysis that its focus for the PIP needed to be improving the timeliness of prenatal care for its Black population.

Table 5-23 outlines the study indicator for the PIP.

Table 5-23—Study Indicator

PIP Topic	Study Indicator
Improving the Timeliness of Prenatal Care for Black Women	The percentage of eligible Black women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan.

For the 2016–2017 validation cycle, the MHPs provided first-year submissions on PIPs. Table 5-24 displays the validation results for **MID**'s PIP. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each step 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 5-24 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 5-24—Performance Improvement Project Validation Results for MID

Stage	Step		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% (2/2)	0% (0/2)	0% (0/2)
	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% (10/10)**	**0% (0/10)**	**0% (0/10)**

Stage	Step		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Implementation	VII.	Sufficient Data Analysis and Interpretation	*Not Assessed*		
	VIII.	Appropriate Improvement Strategies	*Not Assessed*		
Implementation Total			***Not Assessed***		
Outcomes	IX.	Real Improvement Achieved	*Not Assessed*		
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**100% (10/10)**		
Overall Validation Status			***Met***		

The PIP received an overall *Met* validation status, and 100 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process.

Assessment of Follow-Up on Prior Recommendations

Compliance Monitoring—The 2015–2016 compliance review for **MID** identified opportunities for improvement for the *Administrative*, *Providers*, *Quality*, and *Program Integrity* standards. **MID**'s 2015–2016 CAPs and 2016–2017 compliance review results indicated three of the six deficiencies in the following categories were addressed: *Provider Subcontract: Health Benefit, Administrative and/or Transportation*; *MAC Pricing;* and *QIP Evaluation and Work Plan/UM Effectiveness Review*.

During the 2015–2016 review, **MID** received an *Incomplete* finding for *Governing Body* for failing to replace enrollee board members whose terms had expired. **MID**'s governing board continued to lack enrollee representation during the 2016–2017 review period.

MID received *Incomplete* findings for *PMR Review* for both the current and prior year. **MID** did not meet or exceed the minimum performance standards for all measures that were reviewed.

Additionally, **MID** received an *Incomplete* finding during the 2015–2016 review for *OIG Program Integrity-Compliance Plan*, as evidence that its compliance officer attended FWA training outside the health plan was not provided. While not a continued finding, **MID** received an *Incomplete* finding for *OIG Program Integrity-Compliance Plan* in 2016–2017 for a related issue. **MID** did not submit evidence that employees were provided (or were provided accurate) contact information for FWA reporting.

Performance Measures—HSAG's assessment of **MID**'s follow-up on prior recommendations focused on the improvement observed in measure rates that were below the national Medicaid 25th percentile and on **MID**'s quality improvement efforts in 2016. In 2016, nine measure rates fell below the national Medicaid 25th percentile. Two of these rates (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase*) were not reported due to a denominator less than 30 in 2017. One rate, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, increased and ranked at or above the national Medicaid 25th percentile, while another rate, *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*, ranked at or above the national Medicaid 75th percentile. The remaining five reportable measure rates (*Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care*; *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*; and *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*) once again fell below the national Medicaid 25th percentile in 2017.

Several quality improvement initiatives described in **MID**'s 2016 Quality Assessment and Performance Improvement Program have been designed to improve measure rates, including incentives for child and adolescent members to obtain immunizations and well-care visits; outreach for mothers and their infants during and following pregnancy, including education and assistance with access to necessities such as proper food and transportation; and screening tools and education for members with depression risk factors. Additional time may be needed to realize 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—2015–2016 was the fourth validation year for the PIPs wherein the MHPs reported Remeasurement 2 rates for the study indicators. MDHHS made the decision to retire last year's PIP and mandated a new PIP topic for 2016–2017. This was the first validation year for the new PIP submission; therefore, there were no prior recommendations for the MHP.

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

Compliance Monitoring—**MID** demonstrated moderately strong performance across the areas of **quality** of, **timeliness** of, and **access** to services provided by the MHP. The 2016–2017 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, **MID** should initiate quality improvement initiatives to address the opportunities for improvement identified during the annual compliance review. **MID** should focus on the *Administrative* standard, its lowest-scoring standard, with three *Incomplete* findings and a compliance score of 70 percent. Attention should also be given to the *Quality* standard, with four *Incomplete* findings and a compliance score of 82 percent. Additionally, **MID** should consider initiating PDSA cycles or PIPs for performance measures that fell below standards for consecutive review periods. Lastly, enhanced efforts should be made to correct the 2015–2016 deficiencies that were not adequately addressed during the 2016–2017 review period, specifically, in the *Governing Body* and *OIG Program Integrity-Compliance Plan* categories.

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

Compared to the national HEDIS 2016 benchmarks, **MID**'s performance varied across the **quality**, **timeliness**, and **access** areas, with few rates ranked at or above the national Medicaid 75th percentile and several below the national Medicaid 25th percentile.

In the **quality** area, three of the reportable measure rates ranked at or above the national Medicaid 90th percentile (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*, *Comprehensive Diabetes Care—Medical Attention for Nephropathy*, and *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit*), and 11 rates fell below the national Medicaid 25th percentile. Rates that were below the 25th percentile were found in the Child & Adolescent Care (*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits*), Women—Adult Care (*Chlamydia Screening in Women—Ages 21 to 24 Years* and *Total*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Living With Illness (*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*; and *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Diuretics*, and *Total*) domains.

In the **timeliness** area, only two measure rates for **MID** were reportable due to a small denominator. In the Pregnancy Care domain, rates for *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* fell below the national Medicaid 25th percentile.

In the **access** area, one measure rate for **MID** (*Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years*) ranked at or above the national Medicaid 75th percentile, and eight of the 11 reportable measure rates fell below the national Medicaid 25th percentile. The rates below the national Medicaid 25th percentile were in the Access to Care, Pregnancy Care, and Utilization domains.

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

Performance Improvement Projects—**MID** designed a scientifically sound project supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. The PIP had not progressed to the Implementation and Outcomes stages during this validation cycle. HSAG recommends that **MID**'s efforts in the Implementation stage of the PIP support the development of active interventions and sound measurement results leading to improved outcomes.

The PIP has not progressed to the point of reporting results during this validation cycle. This state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth

outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of, **timeliness** of, and **access** to care and services.

Molina Healthcare of Michigan (MOL)

Compliance Monitoring

Table 5-25 presents **MOL**'s compliance review results.

Table 5-25—Compliance Review Results for MOL

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	MOL	Statewide
1	*Administrative*	5	0	0	5	100%	95%
2	*Providers*	12	1	2	15	83%	88%
3	*Members*	7	2	0	9	89%	97%
4	*Quality*	11	0	0	11	100%	96%
5	*MIS*	5	0	0	5	100%	99%
6	*Program Integrity*	26	1	0	27	98%	97%
Overall		**66**	**4**	**2**	**72**	**94%**	**95%**

The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of Incomplete (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

MOL demonstrated compliance with all requirements related to the *Administrative*, *Quality*, and *MIS* standards, which—with a compliance score of 100 percent—represented areas of strength for **MOL**. The 2016–2017 compliance review identified opportunities for improvement for the *Providers*, *Members*, and *Program Integrity* standards. **MOL** received four *Incomplete* and two *Fail* findings in the following categories:

- *Provider Subcontractor: Health Benefit, Administrative and/or Transportation*—**MOL** did not submit transportation monitoring documentation or a NEMT Evaluation Report.
- *MHP Provider Directory*—**MOL**'s online provider directory and/or provider availability was not current based on the information obtained from calls made to primary care providers in February and August 2017 to check for accurate provider availability.
- *Member Handbook*—**MOL** did not provide evidence that member handbooks were mailed within five business days of being requested.
- *Written Member Appeal Decisions Rendered*—**MOL** did not meet the 30-day time frame for all non-expedited appeal decisions.

- *OIG Program Integrity-Compliance Plan*—**MOL** did not include the correct mailing information for FWA referrals in its employee newsletter.

MOL's compliance scores for the *Providers* and *Members* standards were lower than the statewide scores, while the MHP's score for the *Administrative*, *Quality*, *MIS*, and *Program Integrity* standards were higher. **MOL**'s performance resulted in an overall compliance score of 94 percent, which fell below the statewide average.

Performance Measures

Table 5-26 shows each of the measures, the rate for each measure for 2017, and the categorized performance for 2017 relative to national HEDIS 2016 Medicaid results for **MOL**.[5-7]

Table 5-26—Scores for Performance Measures for MOL

Measure	HEDIS 2017	2017 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	71.74%	★★
Combination 3	68.65%	★★
Combination 4	67.11%	★★
Combination 5	58.28%	★★
Combination 6	35.98%	★★
Combination 7	57.17%	★★★
Combination 8	35.32%	★★
Combination 9	30.68%	★★
Combination 10	30.24%	★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	68.79%	★★★★
Lead Screening in Children		
Lead Screening in Children	78.15%	★★★
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	75.89%	★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	52.48%	★★★

[5-7] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 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 2016 benchmarks.

Measure	HEDIS 2017	2017 Performance Level
Immunizations for Adolescents		
Combination 1	90.07%	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	86.82%	★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	67.17%	★★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	48.40%	★★★
Continuation and Maintenance Phase	65.97%	★★★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	60.31%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	65.69%	★★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	63.27%	★★★★
Ages 21 to 24 Years	70.37%	★★★★
Total	66.23%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	96.02%	★★★
Ages 25 Months to 6 Years	89.57%	★★★
Ages 7 to 11 Years	92.52%	★★★
Ages 12 to 19 Years	90.88%	★★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	81.58%	★★★
Ages 45 to 64 Years	89.24%	★★★
Ages 65+ Years	91.02%	★★★★
Total	84.82%	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	30.18%	★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	80.61%	★★★★
Counseling for Nutrition—Total	71.39%	★★★★

Measure	HEDIS 2017	2017 Performance Level
Counseling for Physical Activity—Total	63.59%	★★★★
Adult BMI Assessment		
Adult BMI Assessment	97.14%	★★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	83.33%	★★★
Postpartum Care	75.80%	★★★★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	54.57%	★★
Living With Illness		
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	87.64%	★★★
*HbA1c Poor Control (>9.0%)**	32.45%	★★★★
HbA1c Control (<8.0%)	56.73%	★★★★
Eye Exam (Retinal) Performed	62.03%	★★★★
Medical Attention for Nephropathy	90.73%	★★★
Blood Pressure Control (<140/90 mm Hg)	55.19%	★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	57.76%	★★★
Medication Compliance 75%—Total	34.13%	★★★
Asthma Medication Ratio		
Total	60.91%	★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	49.04%	★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	80.93%	★★★★
Discussing Cessation Medications	57.56%	★★★★
Discussing Cessation Strategies	43.62%	★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	48.20%	★
Effective Continuation Phase Treatment	32.61%	★
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	83.10%	★★★

Measure	HEDIS 2017	2017 Performance Level
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	72.50%	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	76.32%	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	61.20%	★★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	87.44%	★★★
Digoxin	65.69%	★★★★★
Diuretics	87.29%	★★
Total	87.23%	★★★
Health Plan Diversity‡		
Race/Ethnicity Diversity of Membership		
Total—White	46.28%	—
Total—Black or African American	32.97%	—
Total—American-Indian and Alaska Native	0.28%	—
Total—Asian	0.32%	—
Total—Native Hawaiian and Other Pacific Islander	<0.01%	—
Total—Some Other Race	0.00%	—
Total—Two or More Races	<0.01%	—
Total—Unknown	20.15%	—
Total—Declined	0.00%	—
Total—Hispanic or Latino rates	6.40%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	98.76%	—
Spoken Language Preferred for Health Care—Non-English	1.12%	—
Spoken Language Preferred for Health Care—Unknown	0.12%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—
Preferred Language for Written Materials—English	98.76%	—
Preferred Language for Written Materials—Non-English	1.12%	—
Preferred Language for Written Materials—Unknown	0.12%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	98.76%	—
Other Language Needs—Non-English	1.12%	—

Measure	HEDIS 2017	2017 Performance Level
Other Language Needs—Unknown	0.12%	—
Other Language Needs—Declined	0.00%	—
Utilization‡		
Ambulatory Care—Total (Per 1,000 Member Months)		
*Emergency Department Visits—Total**	71.94	★★
Outpatient Visits—Total	424.09	—
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	4.62	—
Maternity—Discharges per 1,000 Member Months—Total	2.65	—
Maternity—Average Length of Stay—Total	2.78	—
Surgery—Discharges per 1,000 Member Months—Total	1.82	—
Surgery—Average Length of Stay—Total	7.75	—
Medicine—Discharges per 1,000 Member Months—Total	3.71	—
Medicine—Average Length of Stay—Total	4.04	—

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.
* For this indicator, a lower rate indicates better performance.
— Indicates that the Performance Levels for 2017 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 Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.
2017 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 5-26 shows that **MOL** had 19 measure rates ranked at or above the national Medicaid 75th percentile, of which four (*Immunizations for Adolescents—Combination 1*, *Adult BMI Assessment*, *Prenatal and Postpartum Care—Postpartum Care*, and *Annual Monitoring for Patients on Persistent Medications—Digoxin*) ranked at or above the national Medicaid 90th percentile. Twenty measure rates fell below the national Medicaid 50th percentile, two of which were below the national Medicaid 25th percentile. Measure rates that fell below the national Medicaid 25th percentile were in the Living With Illness domain: *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*. These measure rates represent opportunities for improvement for **MOL**.

Performance Improvement Projects

The state-mandated PIP topic addresses disparities in timeliness of prenatal care. **MOL** identified, through data analysis, a disparity among its African-American and Caucasian populations. The goal of this PIP is to improve the timeliness of prenatal care for the African-American population and eliminate the identified disparity without a decline in performance for the Caucasian population.

Table 5-27 outlines the study indicators for the PIP.

Table 5-27—Study Indicators

PIP Topic	Study Indicators
Addressing Disparities in Timeliness of Prenatal Care	1. The percentage of eligible African-American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan. 2. The percentage of eligible Caucasian women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan.

For the 2016–2017 validation cycle, the MHPs provided first-year submissions on PIPs. Table 5-28 displays the validation results for **MOL**'s PIP. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each step 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 5-28 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 5-28—Performance Improvement Project Validation Results for MOL

Stage	Step		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% (2/2)	0% (0/2)	0% (0/2)

Stage	Step		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
	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% (10/10)**	**0% (0/10)**	**0% (0/10)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	*Not Assessed*		
	VIII.	Appropriate Improvement Strategies	*Not Assessed*		
Implementation Total			***Not Assessed***		
Outcomes	IX.	Real Improvement Achieved	*Not Assessed*		
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**100% (10/10)**		
Overall Validation Status			***Met***		

The PIP received an overall *Met* validation status, and 100 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process.

Assessment of Follow-Up on Prior Recommendations

Compliance Monitoring—The 2015–2016 compliance review for **MOL** identified opportunities for improvement for the *Members*, *Quality*, *MIS*, and *Program Integrity* standards. **MOL**'s 2015–2016 CAPs and 2016–2017 compliance review results indicated that all six deficiencies in the following categories were sufficiently addressed by **MOL**: *Tobacco Cessation; PMR Review; MIS Health Plan Maintains an Information System That Collects, Analyzes, Integrates and Reports Data as Required by MDHHS; Tips and Grievances; Audits;* and *Provider Disenrollments.*

Performance Measures—HSAG's assessment of **MOL**'s follow-up on prior recommendations focused on the improvement observed in measure rates that were below the national Medicaid 25th percentile and on **MOL**'s quality improvement efforts in 2016. In 2016, five measure rates fell below the national Medicaid 25th percentile. All five of these rates (*Appropriate Testing for Children With Pharyngitis*, *Frequency of Ongoing Prenatal Care—>81 Percent of Expected Visits*, *Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg]*, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, and *Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) demonstrated improvement from 2016 and ranked at or above the national Medicaid 25th percentile in 2017.

As described in **MOL**'s 2016 Quality Improvement Program, initiatives have been implemented, including promoting health and wellness through tools to assist members with assessing risky behaviors, identifying drug interactions, and financial incentives for healthcare services; access to healthcare providers via telephone; and various incentive programs. Additional time may be needed to realize 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—2015–2016 was the fourth validation year for the PIPs wherein the MHPs reported Remeasurement 2 rates for the study indicators. MDHHS made the decision to retire last year's PIP and mandated a new PIP topic for 2016–2017. This was the first validation year for the new PIP submission; therefore, there were no prior recommendations for the MHP.

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

Compliance Monitoring—**MOL** demonstrated moderately strong performance across the areas of **quality** of, **timeliness** of, and **access** to services provided by the MHP. The 2016–2017 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, **MOL** should initiate quality improvement initiatives to address the opportunities for improvement identified during the annual compliance review. **MOL** should focus on the *Providers* standard, its lowest-scoring standard, with one *Incomplete* finding, two *Fail* findings, and a compliance score of 83 percent.

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

Compared to the national HEDIS 2016 benchmarks, **MOL**'s performance varied across the **quality**, **timeliness**, and **access** areas, with most measure rates ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile.

In the **quality** area, three measure rates ranked at or above the national Medicaid 90th percentile, and two rates fell below the national Medicaid 25th percentile. The best rates were *Immunizations for Adolescents—Combination 1*, *Adult BMI Assessment*, and *Annual Monitoring for Patients on Persistent Medications—Digoxin*. The rates that fell below the national Medicaid 25th percentile were in the Living With Illness domain: *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*.

In the **timeliness** area, **MOL** had two measure rates (*Immunizations for Adolescents—Combination 1* and *Prenatal and Postpartum Care—Postpartum Care*) ranked at or above the national Medicaid 90th percentile. No **timeliness** measure rates fell below the national Medicaid 25th percentile, but eight rates fell below the national Medicaid 50th percentile, suggesting that opportunities for improvement exist. All eight measure rates that fell below the national Medicaid 50th percentile are in the Child & Adolescent Care domain.

In the **access** area, one measure rate for **MOL** ranked at or above the national Medicaid 90th percentile (*Prenatal and Postpartum Care—Postpartum Care*), and two rates in the Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*) and Utilization (*Ambulatory Care—Total [Per 1,000 Member Months]—Emergency Department Visits—Total*) domains fell below the national Medicaid 50th percentile.

Related to all areas, **MOL** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures—specifically for those low-scoring measures with rates that fell below the national Medicaid 50th percentile.

Performance Improvement Projects—**MOL** designed a scientifically sound project supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. The PIP had not progressed to the Implementation and Outcomes stages during this validation cycle. HSAG recommends that **MOL**'s efforts in the Implementation stage of the PIP support the development of active interventions and sound measurement results leading to improved outcomes.

The PIP has not progressed to the point of reporting results during this validation cycle. This state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of, **timeliness** of, and **access** to care and services.

Priority Health Choice, Inc. (PRI)

Compliance Monitoring

Table 5-29 presents **PRI**'s compliance review results.

Table 5-29—Compliance Review Results for PRI

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	PRI	Statewide
1	*Administrative*	5	0	0	5	100%	95%
2	*Providers*	13	0	2	15	87%	88%
3	*Members*	9	0	0	9	100%	97%
4	*Quality*	11	0	0	11	100%	96%
5	*MIS*	5	0	0	5	100%	99%
6	*Program Integrity*	26	1	0	27	98%	97%
Overall		**69**	**1**	**2**	**72**	**97%**	**95%**

The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of Incomplete (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

PRI demonstrated compliance with all requirements related to the *Administrative*, *Members*, *Quality*, and *MIS* standards, which—with a compliance score of 100 percent—represented areas of strength for **PRI**. The 2016–2017 compliance review identified opportunities for improvement for the *Providers* and *Program Integrity* standards. **PRI** received one *Incomplete* and two *Fail* findings in the following categories:

- *MHP Provider Directory*—**PRI**'s online provider directory and/or provider availability was not current based on the information obtained from calls made to primary care providers in February and August 2017 to check for accurate provider availability.
- *Overpayments Collected*—**PRI** did not report information correctly on the Overpayments Collected tab of the form.

PRI's compliance score for the *Providers* standard was lower than the statewide score, while the MHP's scores for the *Administrative*, *Members*, *Quality*, *MIS*, and *Program Integrity* standards were higher. **PRI**'s performance resulted in an overall compliance score of 97 percent, which exceeded the statewide average.

Performance Measures

Table 5-30 shows each of the measures, the rate for each measure for 2017, and the categorized performance for 2017 relative to national HEDIS 2016 Medicaid results for **PRI**.[5-8]

Table 5-30—Scores for Performance Measures for PRI

Measure	HEDIS 2017	2017 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	80.29%	★★★★
Combination 3	77.13%	★★★★
Combination 4	76.16%	★★★★
Combination 5	69.34%	★★★★★
Combination 6	55.23%	★★★★★
Combination 7	68.37%	★★★★★
Combination 8	54.74%	★★★★★
Combination 9	50.36%	★★★★★
Combination 10	49.88%	★★★★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	70.06%	★★★★
Lead Screening in Children		
Lead Screening in Children	85.83%	★★★★★
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	76.34%	★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	54.63%	★★★
Immunizations for Adolescents		
Combination 1	91.24%	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	93.63%	★★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	78.49%	★★★

[5-8] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 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 2016 benchmarks.

Measure	HEDIS 2017	2017 Performance Level
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	35.03%	★★
Continuation and Maintenance Phase	33.33%	★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	62.58%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	67.45%	★★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	65.53%	★★★★
Ages 21 to 24 Years	70.08%	★★★★
Total	67.45%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	96.96%	★★★
Ages 25 Months to 6 Years	89.67%	★★★
Ages 7 to 11 Years	91.78%	★★★
Ages 12 to 19 Years	90.92%	★★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	83.72%	★★★★
Ages 45 to 64 Years	90.79%	★★★★
Ages 65+ Years	94.38%	★★★★★
Total	86.74%	★★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	37.91%	★★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	88.08%	★★★★★
Counseling for Nutrition—Total	78.10%	★★★★
Counseling for Physical Activity—Total	73.72%	★★★★★
Adult BMI Assessment		
Adult BMI Assessment	95.56%	★★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	78.59%	★★
Postpartum Care	69.34%	★★★★

Measure	HEDIS 2017	2017 Performance Level
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	46.96%	★★
Living With Illness		
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	92.15%	★★★★
*HbA1c Poor Control (>9.0%)**	31.93%	★★★★
HbA1c Control (<8.0%)	62.41%	★★★★★
Eye Exam (Retinal) Performed	71.72%	★★★★★
Medical Attention for Nephropathy	91.61%	★★★
Blood Pressure Control (<140/90 mm Hg)	75.91%	★★★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	60.00%	★★★
Medication Compliance 75%—Total	37.01%	★★★
Asthma Medication Ratio		
Total	74.90%	★★★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	67.15%	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	81.48%	★★★★
Discussing Cessation Medications	55.97%	★★★★
Discussing Cessation Strategies	46.62%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	64.29%	★★★★
Effective Continuation Phase Treatment	53.06%	★★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	84.70%	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	60.98%	★
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	62.34%	★★★

Measure	HEDIS 2017	2017 Performance Level
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	88.01%	★★★
Digoxin	43.75%	★
Diuretics	88.08%	★★★
Total	87.84%	★★★
Health Plan Diversity‡		
Race/Ethnicity Diversity of Membership		
Total—White	61.71%	—
Total—Black or African American	13.87%	—
Total—American-Indian and Alaska Native	0.55%	—
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	22.89%	—
Total—Declined	0.00%	—
Total—Hispanic or Latino rates	10.73%	—
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%	—
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**	75.21	★
Outpatient Visits—Total	378.48	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	7.00	—
Total Inpatient—Average Length of Stay—Total	3.54	—

Measure	HEDIS 2017	2017 Performance Level
Maternity—Discharges per 1,000 Member Months—Total	3.25	—
Maternity—Average Length of Stay—Total	2.60	—
Surgery—Discharges per 1,000 Member Months—Total	1.63	—
Surgery—Average Length of Stay—Total	4.35	—
Medicine—Discharges per 1,000 Member Months—Total	3.10	—
Medicine—Average Length of Stay—Total	3.80	—

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.

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

— Indicates that the Performance Levels for 2017 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 Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

2017 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 5-30 shows **PRI** had 39 measure rates that ranked at or above the national Medicaid 75th percentile, of which 16 (*Childhood Immunization Status—Combinations 5–10*; *Lead Screening in Children*; *Immunizations for Adolescents—Combination 1*; *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older*; *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total* and *Counseling for Physical Activity—Total*; *Adult BMI Assessment*; *Comprehensive Diabetes Care—HbA1c Control [<8.0%]*, *Eye Exam [Retinal] Performed*, and *Blood Pressure Control [<140/90 mm Hg]*; and *Asthma Medication Ratio—Total*) were at or above the national Medicaid 90th percentile. Seven rates fell below the national Medicaid 50th percentile, four of which (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*, *Diabetes Monitoring for People With Diabetes and Schizophrenia*, *Annual Monitoring for Patients on Persistent Medications—Digoxin*, and *Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) were below the national Medicaid 25th percentile. These measure rates represent opportunities for improvement for **PRI**.

Performance Improvement Projects

The state-mandated PIP topic addresses disparities in timeliness of prenatal care. However, **PRI** identified, through data analysis, that a disparity among its populations did not exist. It was determined that the health plan would focus on improving the timeliness of prenatal care for African-American women as this subpopulation's compliance rate demonstrated an opportunity for improvement.

Table 5-31 outlines the study indicators for the PIP.

Table 5-31—Study Indicator

PIP Topic	Study Indicator
Improving the Timeliness of Prenatal Care for African-American Women	The percentage of eligible, pregnant African-American women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan.

For the 2016–2017 validation cycle, the MHPs provided first-year submissions on PIPs. Table 5-32 displays the validation results for **PRI**'s PIP. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each step 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 5-32 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 5-32—Performance Improvement Project Validation Results for PRI

Stage	Step		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% (2/2)	0% (0/2)	0% (0/2)
	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% (10/10)**	**0% (0/10)**	**0% (0/10)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	*Not Assessed*		
	VIII.	Appropriate Improvement Strategies	*Not Assessed*		
Implementation Total			***Not Assessed***		

Stage	Step		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Outcomes	IX.	Real Improvement Achieved	*Not Assessed*		
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**100% (10/10)**		
Overall Validation Status			***Met***		

The PIP received an overall *Met* validation status, and 100 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process.

Assessment of Follow-Up on Prior Recommendations

Compliance Monitoring—The 2015–2016 compliance review for **PRI** identified opportunities for improvement for the *Quality* standard. **PRI**'s 2015–2016 CAPs and 2016–2017 compliance review results indicated that one of two deficiencies in the following category was sufficiently addressed: *QIP Evaluation and Work Plan/UM Program and Effectiveness Review*.

PRI received *Incomplete* findings for *PMR Review* during the 2015–2016 review. While **PRI** received a *Pass* finding during the 2016–2017 review for submitting a CAP in a timely manner to address performance standards, **PRI** did not meet or exceed the minimum performance standards for all measures that were reviewed during both the current and prior year.

Performance Measures—HSAG's assessment of **PRI**'s follow-up on prior recommendations focused on the improvement observed in measure rates that were below the national Medicaid 25th percentile and **PRI**'s quality improvement efforts in 2016. In 2016, five measure rates fell below the national Medicaid 25th percentile. Four of these rates (*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]*, and *Controlling High Blood Pressure*) improved and ranked at or above the national Medicaid 25th percentile in 2017. The measure rate for *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total* remained below the national Medicaid 25th percentile. However, since the rate reported for this measure does not take into consideration the demographic and clinical characteristics of the MHP's members, this utilization rate in isolation does not necessarily correlate with the quality of services.

As described in its 2016 Corporate Quality Improvement Evaluation, **PRI** implemented various initiatives including education, self-management materials, and feedback surveys for members with asthma and diabetes via mailings, calls, and/or web-based outreach. Additional time may be needed to realize 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—2015–2016 was the fourth validation year for the PIPs wherein the MHPs reported Remeasurement 2 rates for the study indicators. MDHHS made the decision to retire last year's PIP and mandated a new PIP topic for 2016–2017. This was the first validation year for the new PIP submission; therefore, there were no prior recommendations for the MHP.

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

Compliance Monitoring—**PRI** demonstrated strong performance across the areas of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2016–2017 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, the **PRI** should initiate quality improvement initiatives to address the opportunities for improvement identified during the annual compliance review. **PRI** should focus on the *Providers* standard, its lowest-scoring standard, with two *Fail* findings and a compliance score of 87 percent. Additionally, **PRI** should consider initiating PDSA cycles or PIPs for performance measures that fell below standards for consecutive review periods.

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

Compared to the national HEDIS 2016 benchmarks, **PRI** performed favorably in the **quality**, **timeliness**, and **access** areas. **PRI** also had the greatest number of measure rates that ranked at or above the national Medicaid 90th percentile across all MHPs.

In the **quality** area, 15 measure rates ranked at or above the national Medicaid 90th percentile. The best rates were found in the Child & Adolescent Care (*Childhood Immunization Status—Combinations 5–10*, *Lead Screening in Children*, and *Immunizations for Adolescents—Combination 1*), Obesity (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total* and *Counseling for Physical Activity—Total*; and *Adult BMI Assessment*), and Living With Illness (*Comprehensive Diabetes Care—HbA1c Control [<8.0%]*, *Eye Exam [Retinal] Performed*, and *Blood Pressure Control [<140/90 mm Hg]*; and *Asthma Medication Ratio—Total*) domains. Three rates (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*, *Diabetes Monitoring for People With Diabetes and Schizophrenia*, and *Annual Monitoring for Patients on Persistent Medications—Digoxin*) fell below the national Medicaid 25th percentile.

In the **timeliness** area, **PRI** had 12 measure rates that ranked at or above the national Medicaid 75th percentile, and one rate in the Child & Adolescent Care domain (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*) that fell below the 25th percentile.

In the **access** area, **PRI** had five measure rates (*Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years*, *Ages 45 to 64 Years*, *Ages 65 Years and Older*, and *Total*; and *Prenatal and Postpartum Care—Postpartum Care*) rank at or above the national Medicaid 75th percentile. Two measure rates fell below the national Medicaid 25th percentile from the Child & Adolescent Care (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*) 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—specifically for those low-scoring measures with rates that fell below the national Medicaid 25th percentile.

Performance Improvement Projects—**PRI** designed a scientifically sound project supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. The PIP had not progressed to the Implementation and Outcomes stages during this validation cycle. HSAG recommends that **PRI**'s efforts in the Implementation stage of the PIP support the development of active interventions and sound measurement results leading to improved outcomes.

The PIP has not progressed to the point of reporting results during this validation cycle. This state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of, **timeliness** of, and **access** to care and services.

Total Health Care, Inc. (THC)

Compliance Monitoring

Table 5-33 presents **THC**'s compliance review results.

Table 5-33—Compliance Review Results for THC

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	THC	Statewide
1	*Administrative*	5	0	0	5	100%	95%
2	*Providers*	14	0	1	15	93%	88%
3	*Members*	9	0	0	9	100%	97%
4	*Quality*	11	0	0	11	100%	96%
5	*MIS*	5	0	0	5	100%	99%
6	*Program Integrity*	27	0	0	27	100%	97%
Overall		**71**	**0**	**1**	**72**	**99%**	**95%**

The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of Incomplete (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

THC demonstrated compliance with all requirements related to the *Administrative, Members, Quality, MIS, and Program Integrity* standards, which—with a compliance score of 100 percent—represented areas of strength for **THC**. The 2016–2017 compliance review identified opportunities for improvement for the *Providers* standard. **THC** received one *Fail* finding in the following category:

- *MHP Provider Directory*—**THC**'s online provider directory and/or provider availability was not current based on the information obtained from calls made to primary care providers in February 2017 to check for accurate provider availability.

THC's compliance scores for all standards exceeded the statewide scores. **THC**'s performance resulted in an overall compliance score of 99 percent, which exceeded the statewide average.

Performance Measures

Table 5-34 shows each of the measures, the rate for each measure for 2017, and the categorized performance for 2017 relative to national HEDIS 2016 Medicaid results for **THC**.[5-9]

Table 5-34—Scores for Performance Measures for THC

Measure	HEDIS 2017	2017 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	71.53%	★★
Combination 3	65.28%	★★
Combination 4	63.66%	★★
Combination 5	53.70%	★★
Combination 6	27.55%	★
Combination 7	52.78%	★★
Combination 8	27.31%	★
Combination 9	22.45%	★
Combination 10	22.22%	★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	64.71%	★★★
Lead Screening in Children		
Lead Screening in Children	70.74%	★★
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	70.49%	★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	52.08%	★★★
Immunizations for Adolescents		
Combination 1	83.80%	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	89.66%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	63.11%	★

[5-9] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 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 2016 benchmarks.

Measure	HEDIS 2017	2017 Performance Level
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	50.00%	★★★★
Continuation and Maintenance Phase	62.79%	★★★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	52.51%	★★
Cervical Cancer Screening		
Cervical Cancer Screening	60.88%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	71.37%	★★★★★
Ages 21 to 24 Years	70.63%	★★★★
Total	71.09%	★★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	93.83%	★★
Ages 25 Months to 6 Years	85.89%	★★
Ages 7 to 11 Years	87.88%	★
Ages 12 to 19 Years	87.39%	★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	76.89%	★★
Ages 45 to 64 Years	86.07%	★★
Ages 65+ Years	80.24%	★★
Total	80.81%	★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	27.33%	★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	78.87%	★★★★
Counseling for Nutrition—Total	71.13%	★★★★
Counseling for Physical Activity—Total	49.06%	★★
Adult BMI Assessment		
Adult BMI Assessment	89.50%	★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	71.13%	★
Postpartum Care	48.83%	★

Measure	HEDIS 2017	2017 Performance Level
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	24.88%	★
Living With Illness		
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	82.95%	★
*HbA1c Poor Control (>9.0%)**	42.92%	★★★
HbA1c Control (<8.0%)	49.01%	★★★
Eye Exam (Retinal) Performed	46.27%	★★
Medical Attention for Nephropathy	91.32%	★★★
Blood Pressure Control (<140/90 mm Hg)	50.68%	★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	85.96%	★★★★★
Medication Compliance 75%—Total	69.98%	★★★★★
Asthma Medication Ratio		
Total	47.11%	★
Controlling High Blood Pressure		
Controlling High Blood Pressure	38.53%	★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	79.95%	★★★★
Discussing Cessation Medications	55.16%	★★★★
Discussing Cessation Strategies	47.12%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	55.59%	★★★
Effective Continuation Phase Treatment	39.92%	★★★
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	82.33%	★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	59.26%	★
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	48.47%	★

Measure	HEDIS 2017	2017 Performance Level
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	87.84%	★★★
Digoxin	33.33%	★
Diuretics	87.27%	★★
Total	87.28%	★★★
Health Plan Diversity‡		
Race/Ethnicity Diversity of Membership		
Total—White	30.70%	—
Total—Black or African American	53.90%	—
Total—American-Indian and Alaska Native	0.27%	—
Total—Asian	1.21%	—
Total—Native Hawaiian and Other Pacific Islander	0.06%	—
Total—Some Other Race	2.55%	—
Total—Two or More Races	0.00%	—
Total—Unknown	11.31%	—
Total—Declined	0.00%	—
Total—Hispanic or Latino rates	2.55%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	99.21%	—
Spoken Language Preferred for Health Care—Non-English	0.79%	—
Spoken Language Preferred for Health Care—Unknown	<0.01%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—
Preferred Language for Written Materials—English	99.21%	—
Preferred Language for Written Materials—Non-English	0.79%	—
Preferred Language for Written Materials—Unknown	<0.01%	—
Preferred Language for Written Materials—Declined	0.00%	—
Other Language Needs—English	99.21%	—
Other Language Needs—Non-English	0.79%	—
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**	73.95	★
Outpatient Visits—Total	333.36	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	10.15	—
Total Inpatient—Average Length of Stay—Total	4.01	—

Measure	HEDIS 2017	2017 Performance Level
Maternity—Discharges per 1,000 Member Months—Total	2.37	—
Maternity—Average Length of Stay—Total	2.63	—
Surgery—Discharges per 1,000 Member Months—Total	2.30	—
Surgery—Average Length of Stay—Total	6.54	—
Medicine—Discharges per 1,000 Member Months—Total	6.07	—
Medicine—Average Length of Stay—Total	3.45	—

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.
* For this indicator, a lower rate indicates better performance.
— Indicates that the Performance Levels for 2017 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 Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.
2017 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 5-34 shows **THC** had 13 measure rates that ranked at or above the national Medicaid 75th percentile, of which four rates (*Chlamydia Screening in Women—Ages 16 to 20 Years* and *Total*; and *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*) were at or above the national Medicaid 90th percentile. Thirty-five measure rates fell below the national Medicaid 50th percentile, 17 of which were below the national Medicaid 25th percentile. Measure rates that fell below the national Medicaid 25th percentile spanned multiple domains. Opportunities for improvement exist for **THC**, especially in the Child & Adolescent Care, Access to Care, Pregnancy Care, and Living With Illness domains, where at least one rate in each domain fell below the national Medicaid 25th percentile.

Performance Improvement Projects

The state-mandated PIP topic addresses disparities in timeliness of prenatal care. However, after conducting a thorough analysis of its data, **THC** identified no disparities and determined that the focus of the PIP should be to improve timeliness of prenatal care for women ages 23 to 28.

Table 5-35 outlines the study indicator for the PIP.

Table 5-35—Study Indicator

PIP Topic	Study Indicator
Improving Timeliness of Prenatal Care for Women Ages 23 to 28	The percentage of eligible women ages 23 to 28 who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan.

For the 2016–2017 validation cycle, the MHPs provided first-year submissions on PIPs. Table 5-36 displays the validation results for **THC**'s PIP. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each step 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 5-36 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 5-36—Performance Improvement Project Validation Results for THC

Stage	Step		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% (2/2)	0% (0/2)	0% (0/2)
	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% (10/10)**	**0% (0/10)**	**0% (0/10)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	*Not Assessed*		
	VIII.	Appropriate Improvement Strategies	*Not Assessed*		
Implementation Total			***Not Assessed***		
Outcomes	IX.	Real Improvement Achieved	*Not Assessed*		
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**100% (10/10)**		
Overall Validation Status			***Met***		

The PIP received an overall *Met* validation status, and 100 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process.

Assessment of Follow-Up on Prior Recommendations

Compliance Monitoring—The 2015–2016 compliance review for **THC** identified opportunities for improvement for the *Quality* standard. **THC**'s 2015–2016 CAPs and 2016–2017 compliance review results indicated that one deficiency in the following category was sufficiently addressed: *PMR Review*.

Performance Measures— HSAG's assessment of **THC**'s follow-up on prior recommendations focused on the improvement observed in measure rates that were below the national Medicaid 25th percentile and on **THC**'s quality improvement efforts in 2016. In 2016, 28 measure rates fell below the national Medicaid 25th percentile. Fifteen of these measure rates remained below the national Medicaid 25th percentile in 2017. Of note, two of the rates that demonstrated improvement from 2016, *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *HbA1c Control (<8.0%)*, ranked at or above the national Medicaid 50th percentile in 2017.

Improvement observed in these measures could be related to **THC**'s quality initiatives as described in its 2016 Quality Improvement Program Evaluation. These activities included (1) increasing incentive programs for members to obtain immunizations; well-care visits; and screenings for breast, cervical, and colorectal cancer; and (2) outreach calls to provide education and transportation to members to increase access to care. Additional time may be needed to realize 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—2015–2016 was the fourth validation year for the PIPs wherein the MHPs reported Remeasurement 2 rates for the study indicators. MDHHS made the decision to retire last year's PIP and mandated a new PIP topic for 2016–2017. This was the first validation year for the new PIP submission; therefore, there were no prior recommendations for the MHP.

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

Compliance Monitoring—**THC** demonstrated strong performance across the areas of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2016–2017 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, **THC** should initiate quality improvement initiatives to address the opportunity for improvement identified during the annual compliance review for the *Providers* standard, with one *Fail* finding and a compliance score of 93 percent.

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

Compared to the national HEDIS 2016 benchmarks, **THC**'s performance varied across the **quality**, **timeliness**, and **access** areas.

In the **quality** area, four measure rates ranked at or above the national Medicaid 90th percentile, and 13 rates fell below the national Medicaid 25th percentile. The best rates were found in the Women—Adult Care (*Chlamydia Screening in Women—Ages 16 to 20 Years* and *Total*) and Living With Illness (*Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*) domains. The worst rates were in the Child & Adolescent Care (*Childhood Immunization Status—Combinations 6, 8, 9,* and *10*; and *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—HbA1c Testing* and *Blood Pressure Control [<140/90 mm Hg]*; *Asthma Medication Ratio—Total*; *Controlling High Blood Pressure*; *Diabetes Monitoring for People With Diabetes and Schizophrenia*; *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*; and *Annual Monitoring for Patients on Persistent Medications—Digoxin*) domains.

In the **timeliness** area, **THC** had three measure rates that ranked at or above the national Medicaid 75th percentile (*Immunizations for Adolescents—Combination 1*; and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase*). The remaining 12 measure rates fell below the national Medicaid 50th percentile, indicating opportunities for improvement in this area.

Only two rates in the **access** area ranked at or above the national Medicaid 75th percentile, with the remaining 12 rates below the national Medicaid 50th percentile, five of which fell below the national Medicaid 25th percentile. The rates that fell below the national Medicaid 25th percentile were in the Access to Care (*Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years*), Pregnancy Care (*Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care*; and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*), and Utilization (*Ambulatory Care—Total [Per 1,000 Member Months]—Emergency Department Visits—Total*) domains.

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

Performance Improvement Projects—**THC** designed a scientifically sound project supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. The PIP had not progressed to the Implementation and Outcomes stages during this validation cycle. HSAG recommends that **THC**'s efforts in the Implementation stage of the PIP support the development of active interventions and sound measurement results leading to improved outcomes.

The PIP has not progressed to the point of reporting results during this validation cycle. This state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of, **timeliness** of, and **access** to care and services.

UnitedHealthcare Community Plan (UNI)

Compliance Monitoring

Table 5-37 presents **UNI**'s compliance review results.

Table 5-37—Compliance Review Results for UNI

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	UNI	Statewide
1	*Administrative*	5	0	0	5	100%	95%
2	*Providers*	14	0	1	15	93%	88%
3	*Members*	9	0	0	9	100%	97%
4	*Quality*	11	0	0	11	100%	96%
5	*MIS*	5	0	0	5	100%	99%
6	*Program Integrity*	25	2	0	27	96%	97%
Overall		**69**	**2**	**1**	**72**	**97%**	**95%**

The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of Incomplete (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

UNI demonstrated compliance with all requirements related to the *Administrative*, *Members*, *Quality*, and *MIS* standards, which—with a compliance score of 100 percent—represented areas of strength for **UNI**. The 2016–2017 compliance review identified opportunities for improvement for the *Providers* and *Program Integrity* standards. **UNI** received one *Fail* and two *Incomplete* findings in the following categories:

- *MHP Provider Directory*—**UNI**'s online provider directory and/or provider availability was not current based on the information obtained from calls made to primary care providers in February 2017 to check for accurate provider availability.
- *Audits*—**UNI** did not update the Audits section of the Activity Report.
- *Provider Disenrollments*—**UNI** reported information incorrectly for three providers on the Provider Disenrollments Form.

UNI's compliance scores for the *Program Integrity* standard were lower than the statewide scores, while the MHP's scores for the *Administrative*, *Providers*, *Members*, *Quality*, and *MIS* standards were higher than the statewide scores. **UNI**'s performance resulted in an overall compliance score of 97 percent, which exceeded the statewide average.

Performance Measures

Table 5-38 shows each of the measures, the rate for each measure for 2017, and the categorized performance for 2017 relative to national HEDIS 2016 Medicaid results for **UNI**.[5-10]

Table 5-38—Scores for Performance Measures for UNI

Measure	HEDIS 2017	2017 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	78.35%	★★★
Combination 3	72.51%	★★★
Combination 4	70.07%	★★★
Combination 5	57.66%	★★
Combination 6	38.93%	★★
Combination 7	55.96%	★★
Combination 8	38.20%	★★★
Combination 9	31.63%	★★
Combination 10	30.90%	★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	66.67%	★★★
Lead Screening in Children		
Lead Screening in Children	77.13%	★★★
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	79.08%	★★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	58.88%	★★★★
Immunizations for Adolescents		
Combination 1	85.40%	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	89.46%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	71.07%	★★

[5-10] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 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 2016 benchmarks.

Measure	HEDIS 2017	2017 Performance Level
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	41.48%	★★
Continuation and Maintenance Phase	53.85%	★★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	64.83%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	69.10%	★★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	66.04%	★★★★
Ages 21 to 24 Years	71.37%	★★★★
Total	68.21%	★★★★
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	96.20%	★★★
Ages 25 Months to 6 Years	89.27%	★★★
Ages 7 to 11 Years	91.77%	★★★
Ages 12 to 19 Years	91.88%	★★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	81.34%	★★★
Ages 45 to 64 Years	89.97%	★★★★
Ages 65+ Years	94.79%	★★★★★
Total	84.82%	★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	32.40%	★★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	81.02%	★★★★
Counseling for Nutrition—Total	76.64%	★★★★
Counseling for Physical Activity—Total	62.53%	★★★
Adult BMI Assessment		
Adult BMI Assessment	85.40%	★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	80.54%	★★
Postpartum Care	67.40%	★★★

Measure	HEDIS 2017	2017 Performance Level
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	52.07%	★★
Living With Illness		
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	88.61%	★★★
*HbA1c Poor Control (>9.0%)**	32.50%	★★★★
HbA1c Control (<8.0%)	56.11%	★★★★
Eye Exam (Retinal) Performed	65.14%	★★★★
Medical Attention for Nephropathy	92.36%	★★★★
Blood Pressure Control (<140/90 mm Hg)	62.08%	★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	67.42%	★★★★
Medication Compliance 75%—Total	41.51%	★★★★
Asthma Medication Ratio		
Total	66.80%	★★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	56.93%	★★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	82.17%	★★★★★
Discussing Cessation Medications	60.80%	★★★★★
Discussing Cessation Strategies	50.56%	★★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	59.84%	★★★★
Effective Continuation Phase Treatment	46.87%	★★★★
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	85.99%	★★★★
Diabetes Monitoring for People With Diabetes and Schizophrenia		
Diabetes Monitoring for People With Diabetes and Schizophrenia	74.29%	★★★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	74.03%	★★
Adherence to Antipsychotic Medications for Individuals With Schizophrenia		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	60.59%	★★★

Measure	HEDIS 2017	2017 Performance Level
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	89.75%	★★★
Digoxin	49.02%	★
Diuretics	89.19%	★★★
Total	89.28%	★★★
Health Plan Diversity‡		
Race/Ethnicity Diversity of Membership		
Total—White	50.85%	—
Total—Black or African American	30.38%	—
Total—American-Indian and Alaska Native	0.26%	—
Total—Asian	2.11%	—
Total—Native Hawaiian and Other Pacific Islander	0.01%	—
Total—Some Other Race	0.00%	—
Total—Two or More Races	0.00%	—
Total—Unknown	16.40%	—
Total—Declined	0.00%	—
Total—Hispanic or Latino rates	5.61%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	95.71%	—
Spoken Language Preferred for Health Care—Non-English	4.28%	—
Spoken Language Preferred for Health Care—Unknown	<0.01%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—
Preferred Language for Written Materials—English	95.71%	—
Preferred Language for Written Materials—Non-English	4.28%	—
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**	72.58	★★
Outpatient Visits—Total	368.15	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	5.59	—
Total Inpatient—Average Length of Stay—Total	4.33	—

Measure	HEDIS 2017	2017 Performance Level
Maternity—Discharges per 1,000 Member Months—Total	2.49	—
Maternity—Average Length of Stay—Total	2.57	—
Surgery—Discharges per 1,000 Member Months—Total	1.37	—
Surgery—Average Length of Stay—Total	6.56	—
Medicine—Discharges per 1,000 Member Months—Total	2.44	—
Medicine—Average Length of Stay—Total	4.37	—

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.
* For this indicator, a lower rate indicates better performance.
— Indicates that the Performance Levels for 2017 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 Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.
2017 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 5-38 shows **UNI** had 24 measure rates that ranked at or above the national Medicaid 75th percentile, three of which (*Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older*; and *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit* and *Discussing Cessation Medications*) ranked at or above the national Medicaid 90th percentile. Twelve measure rates fell below the national Medicaid 50th percentile, one of which (in the Living With Illness domain) fell below the national Medicaid 25th percentile (*Annual Monitoring for Patients on Persistent Medications—Digoxin*). Opportunities for improvement exist for **UNI** primarily related to the measure rate 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

The state-mandated PIP topic addresses disparities in timeliness of prenatal care. **UNI** identified, through data analysis, a disparity among its African-American/Black and White populations. The goal of this PIP is to improve the timeliness of prenatal care for the African-American/Black population and eliminate the identified disparity without a decline in performance for the White population.

Table 5-39 outlines the study indicators for the PIP.

Table 5-39—Study Indicators

PIP Topic	Study Indicators
Addressing Disparities in Timeliness of Prenatal Care	1. The percentage of eligible African-American or Black women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan. 2. The percentage of eligible White women who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan.

For the 2016–2017 validation cycle, the MHPs provided first-year submissions on PIPs. Table 5-40 displays the validation results for **UNI**'s PIP. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each step 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 5-40 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 5-40—Performance Improvement Project Validation Results for UNI

Stage	Step		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% (2/2)	0% (0/2)	0% (0/2)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			100% (9/9)	0% (0/9)	0% (0/9)

Stage	Step		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Implementation	VII.	Sufficient Data Analysis and Interpretation	*Not Assessed*		
	VIII.	Appropriate Improvement Strategies	*Not Assessed*		
Implementation Total			***Not Assessed***		
Outcomes	IX.	Real Improvement Achieved	*Not Assessed*		
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**100% (9/9)**		
Overall Validation Status			***Met***		

The PIP received an overall *Met* validation status, and 100 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process.

Assessment of Follow-Up on Prior Recommendations

Compliance Monitoring—The 2015–2016 compliance review for **UNI** identified an opportunity for improvement for the *Quality* standard and received one *Incomplete* finding in the *PMR Review* category. While **UNI** received a *Pass* finding in *PMR Review* during the 2016–2017 review for submitting a CAP in a timely manner to address performance standards, **UNI** did not meet or exceed the minimum performance standards for all measures that were reviewed during both the current and prior year.

Performance Measures—HSAG's assessment of **UNI**'s follow-up on prior recommendations focused on the improvement observed in measure rates that were below the national Medicaid 25th percentile and on **UNI**'s quality improvement efforts in 2016. In 2016, five measure rates fell below the national Medicaid 25th percentile. Four rates (*Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care*; *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*; and *Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total*) demonstrated improvement and ranked at or above the national Medicaid 25th percentile for 2017. The remaining rate, *Annual Monitoring for Patients on Persistent Medications—Digoxin*, remained below the national Medicaid 25th percentile for 2017.

According to its 2016 Quality Improvement Program Evaluation, **UNI** implemented interventions including incentives for members to be compliant with various visits such as preventive services; education outreach to assist members in understanding the availability and importance of preventive

care; assistance in obtaining care such as transportation vouchers; and various education techniques to help providers improve the care provided. Additional time may be needed to realize 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—2015–2016 was the fourth validation year for the PIPs wherein the MHPs reported Remeasurement 2 rates for the study indicators. MDHHS made the decision to retire last year's PIP and mandated a new PIP topic for 2016–2017. This was the first validation year for the new PIP submission; therefore, there were no prior recommendations for the MHP.

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

Compliance Monitoring—**UNI** demonstrated strong performance across the areas of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2016–2017 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, **UNI** should initiate quality improvement initiatives to address the opportunities for improvement identified during the annual compliance review. **UNI** should focus on the *Providers* standard, its lowest-scoring standard, with one *Fail* finding and a compliance score of 93 percent. Additionally. **UNI** should consider initiating PDSA cycles or PIPs for performance measures that fell below standards for consecutive review periods.

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

Compared to the national HEDIS 2016 benchmarks, **UNI**'s performance across the **quality**, **timeliness**, and **access** areas varied. **UNI** had few high-ranking rates; in addition, relatively few low-ranking rates were noted in each of the three areas.

In the **quality** area, **UNI** had 22 measure rates that ranked at or above the national Medicaid 75th percentile, of which two rates (*Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit* and *Discussing Cessation Medications*) were at or above the national Medicaid 90th percentile. One measure rate (*Annual Monitoring for Patients on Persistent Medications—Digoxin*) fell below the national Medicaid 25th percentile.

One measure rate (*Immunizations for Adolescents—Combination 1*) in the **timeliness** area ranked at or above the national Medicaid 75th percentile. Seven measure rates in the Child & Adolescent Care (*Child Immunization Status—Combinations 5*, *6*, *7*, *9*, and *10*; and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*) and Pregnancy Care (*Prenatal and Postpartum Care—Timeliness of Prenatal Care*) domains fell below the national Medicaid 50th percentile.

In the **access** area, one measure rate for **UNI** (*Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older*) ranked at or above the national Medicaid 90th percentile, and four rates fell below the national Medicaid 50th percentile.

Related to all areas, **UNI** should continue efforts to ensure the completeness and accuracy of data used for calculating all HEDIS measures—specifically for those low-scoring measures with rates that fell below the national Medicaid 50th percentile.

Performance Improvement Projects—**UNI** designed a scientifically sound project supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. The PIP had not progressed to the Implementation and Outcomes stages during this validation cycle. HSAG recommends that **UNI**'s efforts in the Implementation stage of the PIP support the development of active interventions and sound measurement results leading to improved outcomes.

The PIP has not progressed to the point of reporting results during this validation cycle. This state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of, **timeliness** of, and **access** to care and services.

Upper Peninsula Health Plan (UPP)

Compliance Monitoring

Table 5-41 presents **UPP**'s compliance review results.

Table 5-41—Compliance Review Results for UPP

Standard		Number of Scores				Compliance Score	
		Pass	*Incomplete*	*Fail*	*Total Applicable*	UPP	Statewide
1	*Administrative*	4	1	0	5	90%	95%
2	*Providers*	14	1	0	15	97%	88%
3	*Members*	8	1	0	9	94%	97%
4	*Quality*	11	0	0	11	100%	96%
5	*MIS*	5	0	0	5	100%	99%
6	*Program Integrity*	25	2	0	27	96%	97%
Overall		**67**	**5**	**0**	**72**	**97%**	**95%**

The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of Incomplete (0.5 points), or *Fail* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

UPP demonstrated compliance with all requirements related to the *Quality* and *MIS* standards, which—with a compliance score of 100 percent—represented areas of strength for **UPP**. The 2016–2017 compliance review identified opportunities for improvement for the *Administrative*, *Providers*, *Members*, and *Program Integrity* standards. **UPP** received five *Incomplete* findings in the following categories:

- *Mandatory Administrative Meetings*—**UPP** was not represented at the Clinical Advisory Committee meeting on August 18, 2017, either in person or via telephone.
- *Provider Subcontracts: Health Benefit, Administrative and/or Transportation*—**UPP**'s Policy 4001-001 Non-emergent Medical Transportation inaccurately stated that Maternal Infant Health Program (MIHP) and Women, Infants and Children (WIC) appointments were non-covered benefits for reimbursement.
- *Member Material*—**UPP**'s initial submission did not include evidence that new member packets were mailed within 10 business days of notification of enrollment.
- *Tips and Grievances*—The Activity Report tab of the report showed three completed reviews that were related to members; however, the Tips and Grievances tab showed four completed reviews that were related to members.
- *OIG Program Integrity-Compliance Plan*—**UPP** did not provide the correct MDHHS-OIG contact information for reporting FWA in its links to the Provider Manual, Provider FWA, Provider Newsletter, Member Handbook, and Member FWA.

UPP's compliance scores for the *Administrative*, *Members*, and *Program Integrity* standards were lower than the statewide scores, while the MHP's scores for the *Providers*, *Quality*, and *MIS* standards were higher than the statewide scores. **UPP**'s performance resulted in an overall compliance score of 97 percent, which exceeded the statewide average.

Performance Measures

Table 5-42 shows each of the measures, the rate for each measure for 2017, and the categorized performance for 2017 relative to national HEDIS 2016 Medicaid results for **UPP**.[5-11]

Table 5-42—Scores for Performance Measures for UPP

Measure	HEDIS 2017	2017 Performance Level
Child & Adolescent Care		
Childhood Immunization Status		
Combination 2	73.24%	★★
Combination 3	71.53%	★★★

[5-11] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 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 2016 benchmarks.

Measure	HEDIS 2017	2017 Performance Level
Combination 4	65.21%	★★
Combination 5	54.99%	★★
Combination 6	42.09%	★★★
Combination 7	51.58%	★★
Combination 8	39.17%	★★★
Combination 9	34.55%	★★★
Combination 10	32.85%	★★★
Well-Child Visits in the First 15 Months of Life		
Six or More Visits	74.21%	★★★★★
Lead Screening in Children		
Lead Screening in Children	82.43%	★★★★
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	73.97%	★★★
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	44.50%	★★
Immunizations for Adolescents		
Combination 1	80.90%	★★★
Appropriate Treatment for Children With Upper Respiratory Infection		
Appropriate Treatment for Children With Upper Respiratory Infection	91.15%	★★★
Appropriate Testing for Children With Pharyngitis		
Appropriate Testing for Children With Pharyngitis	63.09%	★
Follow-Up Care for Children Prescribed ADHD Medication		
Initiation Phase	42.98%	★★★
Continuation and Maintenance Phase	45.36%	★★
Women—Adult Care		
Breast Cancer Screening		
Breast Cancer Screening	64.73%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	67.15%	★★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	44.93%	★★
Ages 21 to 24 Years	58.75%	★★
Total	51.13%	★★

Measure	HEDIS 2017	2017 Performance Level
Access to Care		
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	97.26%	★★★
Ages 25 Months to 6 Years	90.64%	★★★
Ages 7 to 11 Years	91.82%	★★★
Ages 12 to 19 Years	91.60%	★★★
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	84.99%	★★★★
Ages 45 to 64 Years	87.55%	★★★
Ages 65+ Years	91.18%	★★★★
Total	86.02%	★★★★
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	25.77%	★★
Obesity		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile—Total	88.81%	★★★★★
Counseling for Nutrition—Total	67.40%	★★★
Counseling for Physical Activity—Total	64.96%	★★★★
Adult BMI Assessment		
Adult BMI Assessment	95.38%	★★★★★
Pregnancy Care		
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	91.48%	★★★★★
Postpartum Care	72.75%	★★★★
Frequency of Ongoing Prenatal Care		
≥81 Percent of Expected Visits	73.24%	★★★★
Living With Illness		
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	91.04%	★★★★
*HbA1c Poor Control (>9.0%)**	24.73%	★★★★★
HbA1c Control (<8.0%)	59.14%	★★★★★
Eye Exam (Retinal) Performed	67.56%	★★★★
Medical Attention for Nephropathy	92.11%	★★★★
Blood Pressure Control (<140/90 mm Hg)	76.70%	★★★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	66.08%	★★★★
Medication Compliance 75%—Total	38.11%	★★★★

Measure	HEDIS 2017	2017 Performance Level
Asthma Medication Ratio		
Total	58.44%	★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	71.05%	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers and Tobacco Users to Quit	79.18%	★★★
Discussing Cessation Medications	56.90%	★★★★
Discussing Cessation Strategies	45.57%	★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	59.86%	★★★★
Effective Continuation Phase Treatment	42.69%	★★★
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	88.18%	★★★★★
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	82.18%	★★★★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	87.60%	★★★
Digoxin	NA	NA
Diuretics	88.64%	★★★
Total	87.70%	★★★
Health Plan Diversity‡		
Race/Ethnicity Diversity of Membership		
Total—White	87.04%	—
Total—Black or African American	1.46%	—
Total—American-Indian and Alaska Native	2.41%	—
Total—Asian	0.26%	—
Total—Native Hawaiian and Other Pacific Islander	0.05%	—
Total—Some Other Race	1.49%	—
Total—Two or More Races	0.00%	—

Measure	HEDIS 2017	2017 Performance Level
Total—Unknown	0.00%	—
Total—Declined	7.30%	—
Total—Hispanic or Latino rates	1.49%	—
Language Diversity of Membership		
Spoken Language Preferred for Health Care—English	99.94%	—
Spoken Language Preferred for Health Care—Non-English	0.03%	—
Spoken Language Preferred for Health Care—Unknown	0.03%	—
Spoken Language Preferred for Health Care—Declined	0.00%	—
Preferred Language for Written Materials—English	99.94%	—
Preferred Language for Written Materials—Non-English	0.03%	—
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**	66.21	★★
Outpatient Visits—Total	341.01	—
Inpatient Utilization—General Hospital/Acute Care—Total		
Total Inpatient—Discharges per 1,000 Member Months—Total	6.54	—
Total Inpatient—Average Length of Stay—Total	3.79	—
Maternity—Discharges per 1,000 Member Months—Total	2.61	—
Maternity—Average Length of Stay—Total	2.80	—
Surgery—Discharges per 1,000 Member Months—Total	1.95	—
Surgery—Average Length of Stay—Total	5.42	—
Medicine—Discharges per 1,000 Member Months—Total	2.66	—
Medicine—Average Length of Stay—Total	3.32	—

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.

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

— Indicates that the Performance Levels for 2017 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 Small Denominator (NA) audit designation. For HEDIS 2017 rates designated as NA, the 2017 performance level is also presented as NA.

2017 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 5-42 shows **UPP** had 25 measure rates that ranked at or above the national Medicaid 75th percentile, ten of which (*Well-Child Visits in the First 15 Months of Life—Six or More Visits*; *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*; *Adult BMI Assessment*; *Prenatal and Postpartum Care—Timeliness of Prenatal Care*; *Comprehensive Diabetes Care—HbA1c Poor Control [>9.0%]*, *HbA1c Control [<8.0%]*, and *Blood Pressure Control [<140/90 mm Hg]*; *Controlling High Blood Pressure*; *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*; and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*) ranked at or above the national Medicaid 90th percentile. Thirteen measure rates fell below the national Medicaid 50th percentile. Opportunities for improvement exist for **UPP** for the one measure rate, *Appropriate Testing for Children With Pharyngitis*, that fell below the national Medicaid 25th percentile, and could be extended to include those measures that fell below the national Medicaid 50th percentile.

Performance Improvement Projects

The state-mandated PIP topic addresses disparities in timeliness of prenatal care. **UPP** identified, through data analysis, a disparity among its counties. The goal of this PIP is to improve the timeliness of prenatal care for women residing in Marquette County and eliminate the identified disparity without a decline in performance for women residing in all other counties served by **UPP**.

Table 5-43 outlines the study indicators for the PIP.

Table 5-43—Study Indicators

PIP Topic	Study Indicators
Addressing Disparities in Timeliness of Prenatal Care	1. The percentage of eligible pregnant women residing in Marquette County who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan. 2. The percentage of eligible pregnant women residing in all other counties served by UPP who received a prenatal visit during the first trimester, on the enrollment date, or within 42 days of enrollment in the health plan.

For the 2016–2017 validation cycle, the MHPs provided first-year submissions on PIPs. Table 5-44 displays the validation results for **UPP**'s PIP evaluated during 2016–2017. This table illustrates the MHP's overall application of the PIP process and success in implementing the PIP. Each step 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 5-44 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 5-44—Performance Improvement Project Validation Results for UPP

Stage	Step		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% (2/2)	0% (0/2)	0% (0/2)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*		
	VI.	Accurate/Complete Data Collection	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			**100% (9/9)**	**0% (0/9)**	**0% (0/9)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	*Not Assessed*		
	VIII.	Appropriate Improvement Strategies	*Not Assessed*		
Implementation Total			***Not Assessed***		
Outcomes	IX.	Real Improvement Achieved	*Not Assessed*		
	X.	Sustained Improvement Achieved	*Not Assessed*		
Outcomes Total			***Not Assessed***		
Percentage Score of Applicable Evaluation Elements *Met*			**100% (9/9)**		
Overall Validation Status			***Met***		

The PIP received an overall *Met* validation status, and 100 percent of all applicable evaluation elements received a score of *Met* for the first six steps of the PIP process.

Assessment of Follow-Up on Prior Recommendations

Compliance Monitoring—The 2015–2016 compliance review for **UPP** identified opportunities for improvement for the *Quality* standard. **UPP**'s 2015–2016 CAPs and 2016–2017 compliance review results indicated that one of the two deficiencies in the following category was sufficiently addressed: *QIP Evaluation and Work Plan/UM Program Effectiveness Review*.

UPP received *Incomplete* findings for *PMR Review* during the 2015–2016 review. While **UPP** received a *Pass* finding during the 2016–2017 review for submitting a CAP in a timely manner to address performance standards, **UPP** did not meet or exceed the minimum performance standards for all measures that were reviewed during both the current and prior year.

Performance Measures—HSAG's assessment of **UPP**'s follow-up on prior recommendations focused on the improvement observed in measure rates that were below the national Medicaid 25th percentile and **UPP**'s quality improvement efforts in 2016. In 2016, one measure rate (*Medication Management for People With Asthma—Medication Compliance 75%—Total*) fell below the national Medicaid 25th percentile. For 2017, the measure rate for this indicator demonstrated an increase and ranked at or above the national Medicaid 75th percentile.

As discussed in its 2016 Quality Assessment and Improvement and Utilization Management Program Annual Evaluation summary, **UPP** implemented incentive programs for members to seek care for various services, such as chlamydia testing, smoking cessation, and asthma maintenance. Additional time may be needed to realize 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—2015–2016 was the fourth validation year for the PIPs wherein the MHPs reported Remeasurement 2 rates for the study indicators. MDHHS made the decision to retire last year's PIP and mandated a new PIP topic for 2016–2017. This was the first validation year for the new PIP submission; therefore, there were no prior recommendations for the MHP.

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

Compliance Monitoring—**UPP** demonstrated strong performance across the areas of **quality** of, **timeliness** of, and **access** to services provided by the MHP. The 2016–2017 compliance review also identified opportunities for improvement across the three areas. To improve performance in the **quality**, **timeliness**, and **access** areas, the **UPP** should initiate quality improvement initiatives to address the opportunities for improvement identified during the annual compliance review. **UPP** should focus on the *Administrative* standard, its lowest-scoring standard, with one *Incomplete* finding and a compliance score of 90 percent. Additionally. **UPP** should consider initiating PDSA cycles or PIPs for those performance measures which fell below standards for consecutive review periods.

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

Compared to the national HEDIS 2016 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, nine measure rates ranked at or above the national Medicaid 90th percentile, and one rate fell below the national Medicaid 25th percentile. Rates that ranked at or above the national Medicaid 90th percentile spanned multiple domains: Child & Adolescent Care (*Well-Child Visits in the First 15 Months of Life—Six or More Visits*), 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—HbA1c Poor Control [>9.0%]*, *HbA1c Control [<8.0%]*, and *Blood Pressure Control [<140/90 mm Hg]*; *Controlling High Blood Pressure*; *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*; and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*). The one rate that fell below the national Medicaid 25th percentile, *Appropriate Testing for Children With Pharyngitis*, was in the Child & Adolescent Care domain.

In the **timeliness** area, **UPP** had one measure rate (*Prenatal and Postpartum Care—Timeliness of Prenatal Care*) that ranked at or above the national Medicaid 90th percentile. Five rates (*Childhood Immunization Status—Combination 2*, *4*, *5*, and *7*; and *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*) fell below the national Medicaid 50th percentile, but no reported rates fell below the national Medicaid 25th percentile.

In the **access** area, **UPP** had six measure rates ranked at or above the national Medicaid 75th percentile. Although no measure rates fell below the national Medicaid 25th percentile, **UPP** had two measure rates that fell below the national Medicaid 50th percentile. These measures included *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* 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—specifically for those low-scoring measures with rates that fell below the national Medicaid 50th percentile.

Performance Improvement Projects—**UPP** designed a scientifically sound project supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. The PIP had not progressed to the Implementation and Outcomes stages during this validation cycle. HSAG recommends that **UPP**'s efforts in the Implementation stage of the PIP support the development of active interventions and sound measurement results leading to improved outcomes.

The PIP has not progressed to the point of reporting results during this validation cycle. This state-mandated PIP topic, *Addressing Disparities in Timeliness of Prenatal Care*, has the potential to improve the health of pregnant enrollees through increasing early initiation of prenatal care. Women who do not receive adequate or timely prenatal care are at an increased risk of complications and poor birth outcomes. The selected study topic addressed CMS' requirements related to quality outcomes—specifically, the **quality** of, **timeliness** of, and **access** to care and services.

6. MHP Comparative Information With Recommendations for Michigan Department of Health and Human Services

The following is a statewide summary of the MHPs' general performance and compliance, and comparative results for each of the 2016–2017 EQR activities.

Compliance Monitoring Comparative Results

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 2016–2017 state fiscal year. Due to changes to the compliance monitoring tool, as described in Section 4 of this report, results from the 2016–2017 review cycle are not fully comparable to previous results.

Table 6-1 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 2015–2016 and 2016–2017 compliance reviews.

Table 6-1—Comparison of Results From the Compliance Reviews: Previous Results for 2015–2016 (P) and Current Results for 2016–2017 (C)

		Statewide Compliance Score		Number of *Incomplete* and *Fail* Findings		MHPs in Full Compliance (Number)		MHPs in Full Compliance (Percentage)	
		P	C	P	C	P	C	P	C
1	*Administrative*	98%	95%	2	6	9	8	82%	73%
2	*Providers*	99%	88%	3	23	9	1	82%	9%
3	*Members*	95%	97%	8	6	6	7	55%	64%
4	*Quality*	91%	96%	18	9	0	7	0%	64%
5	*MIS*	89%	99%	7	1	7	10	64%	91%
6	*Program Integrity*	96%	97%	13	19	7	1	64%	9%
Overall Score/Total		**96%**	**95%**	**51**	**64**	**0**	**0**	**0%**	**0%**

Overall, the MHPs demonstrated continued strong performance related to compliance with State and federal requirements assessed during the annual compliance reviews. The current year's overall statewide compliance score across all standards and all MHPs was 95 percent, which was comparable to the previous year's statewide score of 96 percent. The total number of *Incomplete* and *Fail* findings across all standards and MHPs increased from 51 to 64. The percentages of MHPs in full compliance with all requirements in each standard varied significantly compared to the previous year.

The statewide score for the *Administrative* standard decreased slightly from 98 percent the previous year to 95 percent for the current year. No statewide trends (three or more MHPs with similar findings per category) were identified for the *Administrative* standard; however, two MHPs received one or more *Incomplete* finding related to documentation of and/or written notification of staff position changes. Eight of the 11 MHPs achieved 100 percent compliance for the *Administrative* standard compared to nine of the 11 MHPs the prior year.

The *Providers* standard demonstrated the greatest decrease in statewide scores—decreasing by 11 percentage points. The statewide score for the current year was 88 percent compared to 99 percent for the previous year. Of note, nine of the 11 MHPs received one or more *Fail* findings related to their provider directory. For the 2016–2017 review, to ensure the MHPs maintain a current directory for each county in the service regions, MDHHS conducted a random sample of calls to PCPs to check for accuracy in provider availability. More specifically, these calls were to confirm whether providers were accepting new patients and to verify whether this information (along with the providers' contact information) matched the MHP online provider directory and 4275 Provider Network File. Only two MHPs received a *Pass* finding for both samples of calls conducted in February and August 2017. Additionally, three MHPs received *Incomplete* findings for *Provider Subcontractor: Health Benefit, Administrative and/or Transportation* related to NEMT services. The MHPs did not submit appropriate documentation or had incorrect information in policy. One MHP achieved 100 percent compliance for the *Providers* standard compared to nine MHPs the prior year.

The statewide score for the *Members* standard increased slightly. The statewide score for the current year was 97 percent compared to 95 percent the previous year. No statewide trends were identified for the *Members* standard; however, two MHPs received an *Incomplete* finding for not submitting evidence that health plan ID cards were mailed within ten business days, and two MHPs received *Incomplete* findings related to appeal time frames. Seven MHPs achieved full compliance for the *Members* standard compared to six MHPs the prior year.

The *Quality* standard's statewide score increased by 5 percentage points—96 percent compared to 91 percent the previous year. As in the previous year, compliance with MDHHS-specified minimum standards for performance measures remain a statewide opportunity for improvement as the scores for *PMR Review* varied. Four MHPs submitted CAPs for the measures that did not meet or exceed the minimum performance standards (MPSs) and received *Incomplete* findings. Four other MHPs submitted CAPs for the measures that did not meet or exceed the MPSs but received *Pass* findings. While all eight of these MHPs did not meet or exceed the MPSs for all measures that were reviewed, the assignment of a *Pass* or *Incomplete* finding was determined by whether the MHPs submitted their CAPs in a timely manner for all measures that did not meet or exceed the MPS. The remaining three MHPs received *Pass* findings. No other statewide trends were identified; however, two MHPs received an *Incomplete* finding for not submitting documentation that explained how they establish reimbursement methodology for outreach, engagement, education, and coordination services provided by CHWs for peer support specialists to promote behavioral health integration. Seven of the 11 MHPs achieved 100 percent compliance for the *Quality* standard compared to none in the prior year.

The *MIS* standard demonstrated the greatest increase in statewide scores—increasing by ten percentage points. The statewide score for the current year was 99 percent compared to 89 percent for the previous year. There was only one *Incomplete* finding across all MHPs, and no statewide trends were identified. Ten MHPs achieved full compliance for the *MIS* standard compared to seven MHPs the prior year.

Performance related to the *Program Integrity* standard reflected a similar statewide score compared to the previous year. The statewide score for the current year was 97 percent compared to 96 percent the previous year. While the statewide score remained similar, the number of scoring elements increased from 16 to 27. The compliance review findings reflected continued challenges for eight MHPs to provide complete and accurate reports on their activities, specifically related to *Tips and Grievances*, *Data Mining/Algorithms*, *Audits*, *Provider Disenrollments*, and/or *Overpayments Collected*. Additionally, five MHPs did not provide, or provided outdated or incorrect contact information for FWA referrals to members, providers, and/or employees. Only one MHP achieved full compliance for the *Program Integrity* standard compared to seven MHPs the prior year.

Refer to Section 5, "Assessment of MHP Performance," for detailed, MHP-specific findings and compliance scores.

Table 6-2 displays the MHP compliance monitoring comparative results for each standard along with the MHP overall scores and statewide averages.

Table 6-2—Compliance Monitoring Comparative Results

	AET	BCC	HAR	MCL	MER	MID	MOL	PRI	THC	UNI	UPP	Statewide
Standard 1—*Administrative*	100%	100%	80%	100%	100%	70%	100%	100%	100%	100%	90%	95%
Standard 2—*Providers*	80%	87%	77%	87%	100%	87%	83%	87%	93%	93%	97%	88%
Standard 3—*Members*	89%	100%	100%	94%	100%	100%	89%	100%	100%	100%	94%	97%
Standard 4—*Quality*	95%	100%	86%	95%	100%	82%	100%	100%	100%	100%	100%	96%
Standard 5—*MIS*	100%	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%	99%
Standard 6—*Program Integrity*	98%	98%	93%	98%	94%	94%	98%	98%	100%	96%	96%	97%
Overall Totals/Score	**93%**	**97%**	**88%**	**95%**	**98%**	**90%**	**94%**	**97%**	**99%**	**97%**	**97%**	**95%**

THC was the overall highest-performing MHP with a compliance score of 99 percent, with five of the six standards achieving full compliance. **MER** also demonstrated strong performance with an overall compliance score of 98 percent, with five of the six standards also achieving full compliance. **BCC**, **PRI**, **UNI**, and **UPP** each received overall compliance scores of 97 percent, which exceeded the overall statewide score. **MCL** demonstrated the statewide average performance, while the overall compliance scores for **AET**, **HAR**, **MID**, and **MOL** fell below the statewide score. All MHPs received overall compliance scores of 90 percent or higher except **HAR**, which received an overall compliance score of 88 percent.

Performance Measure Comparative Results

Table 6-3 displays the Michigan Medicaid 2016 and 2017 HEDIS weighted averages, comparison of performance between 2016 and 2017, and the performance level for 2017. Weighted averages were calculated and compared from HEDIS 2016 to HEDIS 2017, 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, 2016–2017 comparison values are based on comparisons of the exact HEDIS 2016 and HEDIS 2017 statewide weighted averages rather than on rounded values.

The performance levels compare the 2017 Michigan Medicaid weighted average and the NCQA Quality Compass national Medicaid HMO percentiles for HEDIS 2016.[6-1] 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 (<9.0%)*, 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 they 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.

Table 6-3—Overall Statewide Averages for HEDIS 2016 and HEDIS 2017 Performance Measures

Measure	HEDIS 2016	HEDIS 2017	2016–2017 Comparison	Performance Level for 2017
Child & Adolescent Care				
Childhood Immunization Status				
Combination 2	76.15%	76.95%	+0.80	★★★
Combination 3	71.05%	72.84%	**+1.79⁺**	★★★
Combination 4	67.50%	70.43%	**+2.93⁺**	★★★

[6-1] 2017 performance levels were based on comparisons to national Medicaid HMO Quality Compass HEDIS 2016 benchmarks, except for 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 2016 benchmarks.

Measure	HEDIS 2016	HEDIS 2017	2016–2017 Comparison	Performance Level for 2017
Combination 5	58.78%	61.73%	**+2.95⁺**	★★★
Combination 6	40.45%	39.84%	-0.61	★★★
Combination 7	56.15%	60.05%	**+3.90⁺**	★★★
Combination 8	39.27%	39.20%	-0.07	★★★
Combination 9	34.97%	34.47%	-0.50	★★★
Combination 10	33.92%	33.98%	+0.06	★★★
Well-Child Visits in the First 15 Months of Life				
Six or More Visits	66.22%	69.79%	**+3.57⁺**	★★★★
Lead Screening in Children				
Lead Screening in Children	79.55%	80.98%	**+1.43⁺**	★★★★
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	75.11%	76.09%	**+0.98⁺**	★★★
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	54.74%	55.69%	**+0.95⁺**	★★★
Immunizations for Adolescents				
Combination 1	86.99%	86.73%	-0.26	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection†				
Appropriate Treatment for Children With Upper Respiratory Infection	89.09%	88.94%	-0.15	★★
Appropriate Testing for Children With Pharyngitis				
Appropriate Testing for Children With Pharyngitis	68.41%	70.91%	**+2.50⁺**	★★
Follow-Up Care for Children Prescribed ADHD Medication				
Initiation Phase	42.58%	42.54%	-0.04	★★★
Continuation and Maintenance Phase	53.96%	55.03%	+1.07	★★★
Women—Adult Care				
Breast Cancer Screening				
Breast Cancer Screening	59.58%	62.60%	**+3.02⁺**	★★★
Cervical Cancer Screening				
Cervical Cancer Screening	63.79%	64.84%	**+1.05⁺**	★★★★
Chlamydia Screening in Women				
Ages 16 to 20 Years	60.75%	62.27%	**+1.52⁺**	★★★★
Ages 21 to 24 Years	67.85%	68.89%	+1.04	★★★★
Total	63.86%	65.23%	**+1.37⁺**	★★★★

Measure	HEDIS 2016	HEDIS 2017	2016–2017 Comparison	Performance Level for 2017
Access to Care				
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	96.20%	96.06%	-0.14	★★★
Ages 25 Months to 6 Years	88.79%	89.08%	+0.29	★★★
Ages 7 to 11 Years	90.85%	91.39%	**+0.54**$^{+}$	★★★
Ages 12 to 19 Years	89.86%	90.79%	**+0.93**$^{+}$	★★★
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	82.76%	81.68%	**-1.08**$^{++}$	★★★
Ages 45 to 64 Years	89.81%	89.21%	**-0.60**$^{++}$	★★★
Ages 65+ Years	91.15%	90.26%	-0.89	★★★
Total	85.62%	84.73%	**-0.89**$^{++}$	★★★
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis†				
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	26.94%	29.23%	**+2.29**$^{+}$	★★★
Obesity				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile—Total	74.93%	82.10%	**+7.17**$^{+}$	★★★★
Counseling for Nutrition—Total	65.77%	72.21%	**+6.44**$^{+}$	★★★★
Counseling for Physical Activity—Total	57.88%	61.24%	**+3.36**$^{+}$	★★★
Adult BMI Assessment				
Adult BMI Assessment	89.92%	92.86%	**+2.94**$^{+}$	★★★★★
Pregnancy Care				
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	78.63%	81.57%	**+2.94**$^{+}$	★★
Postpartum Care	61.73%	68.96%	**+7.23**$^{+}$	★★★★
Frequency of Ongoing Prenatal Care				
≥81 Percent of Expected Visits	56.40%	56.10%	-0.30	★★
Living With Illness				
Comprehensive Diabetes Care				
Hemoglobin A1c (HbA1c) Testing	86.89%	87.79%	**+0.90**$^{+}$	★★★
*HbA1c Poor Control (>9.0%)**	39.30%	36.07%	**-3.23**$^{+}$	★★★★
HbA1c Control (<8.0%)	50.91%	53.16%	**+2.25**$^{+}$	★★★★
Eye Exam (Retinal) Performed	59.61%	62.85%	**+3.24**$^{+}$	★★★★
Medical Attention for Nephropathy	91.28%	91.14%	-0.14	★★★
Blood Pressure Control (<140/90 mm Hg)	59.38%	61.73%	**+2.35**$^{+}$	★★★
Medication Management for People With Asthma				
Medication Compliance 50%—Total	67.13%	71.33%	**+4.20**$^{+}$	★★★★
Medication Compliance 75%—Total	43.79%	49.96%	**+6.17**$^{+}$	★★★★★

Measure	HEDIS 2016	HEDIS 2017	2016–2017 Comparison	Performance Level for 2017
Asthma Medication Ratio				
Total	62.18%	62.63%	+0.45	★★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	55.54%	56.75%	**+1.21**$^{+}$	★★★
Medical Assistance with Smoking and Tobacco Use Cessation$^{\wedge}$				
Advising Smokers and Tobacco Users to Quit	79.75%	80.15%	**+0.40**$^{+}$	★★★★
Discussing Cessation Medications	55.04%	55.95%	**+0.91**$^{+}$	★★★★
Discussing Cessation Strategies	45.20%	45.89%	**+0.69**$^{+}$	★★★
Antidepressant Medication Management				
Effective Acute Phase Treatment	60.36%	52.72%	**-7.64**$^{++}$	★★
Effective Continuation Phase Treatment	42.21%	36.03%	**-6.18**$^{++}$	★★
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%	83.09%	+0.48	★★★
Diabetes Monitoring for People with Diabetes and Schizophrenia				
Diabetes Monitoring for People With Diabetes and Schizophrenia	69.98%	69.01%	-0.97	★★★
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia				
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	74.46%	69.64%	-4.82	★
Adherence to Antipsychotic Medications for Individuals with Schizophrenia				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	58.76%	61.16%	**+2.40**$^{+}$	★★★
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	87.20%	87.00%	-0.20	★★
Digoxin	52.47%	53.56%	+1.09	★★
Diuretics	86.88%	87.08%	+0.20	★★
Total	86.84%	86.84%	0.00	★★
Health Plan Diversity‡				
Race/Ethnicity Diversity of Membership				
Total—White	54.01%	53.98%	-0.03	—
Total—Black or African American	28.00%	27.55%	-0.45	—
Total—American-Indian and Alaska Native	0.49%	0.45%	-0.04	—
Total—Asian	1.09%	0.89%	-0.20	—
Total—Native Hawaiian and Other Pacific Islander	0.05%	0.12%	+0.07	—
Total—Some Other Race	1.23%	1.33%	+0.10	—
Total—Two or More Races	0.00%	0.00%	0.00	—

Measure	HEDIS 2016	HEDIS 2017	2016–2017 Comparison	Performance Level for 2017
Total—Unknown	12.23%	12.44%	+0.21	—
Total—Declined	2.89%	3.25%	+0.36	—
Total—Hispanic or Latino rates	5.64%	5.46%	-0.18	—
Language Diversity of Membership				
Spoken Language Preferred for Health Care—English	88.26%	88.52%	+0.26	—
Spoken Language Preferred for Health Care—Non-English	1.11%	1.49%	+0.38	—
Spoken Language Preferred for Health Care—Unknown	10.63%	10.00%	-0.63	—
Spoken Language Preferred for Health Care—Declined	0.00%	0.00%	0.00	—
Preferred Language for Written Materials—English	70.13%	77.72%	+7.59	—
Preferred Language for Written Materials—Non-English	1.08%	1.40%	+0.32	—
Preferred Language for Written Materials—Unknown	28.79%	20.88%	-7.91	—
Preferred Language for Written Materials—Declined	0.00%	0.00%	0.00	—
Other Language Needs—English	52.71%	54.13%	+1.42	—
Other Language Needs—Non-English	0.51%	0.64%	+0.13	—
Other Language Needs—Unknown	46.78%	45.23%	-1.55	—
Other Language Needs—Declined	0.00%	0.00%	0.00	—
Utilization‡				
Ambulatory Care—Total (Per 1,000 Member Months)				
*Emergency Department Visits—Total**	74.00	74.37	+0.37	★
Outpatient Visits—Total	373.49	389.30	+15.81	—
Inpatient Utilization—General Hospital/Acute Care—Total				
Total Inpatient—Discharges per 1,000 Member Months—Total	8.27	8.68	+0.41	—
Total Inpatient—Average Length of Stay—Total	3.98	4.02	+0.04	—
Maternity—Discharges per 1,000 Member Months—Total	2.59	2.36	-0.23	—
Maternity—Average Length of Stay—Total	2.63	2.61	-0.02	—
Surgery—Discharges per 1,000 Member Months—Total	1.83	2.30	+0.47	—

Measure	HEDIS 2016	HEDIS 2017	2016–2017 Comparison	Performance Level for 2017
Surgery—Average Length of Stay—Total	6.18	5.91	-0.27	—
Medicine—Discharges per 1,000 Member Months—Total	4.52	4.48	-0.04	—
Medicine—Average Length of Stay—Total	3.64	3.67	+0.03	—

Green Shading[+] *Indicates that the HEDIS 2017 MWA demonstrated a statistically significant improvement from the HEDIS 2016 MWA.*

Red Shading[++] *Indicates that the HEDIS 2017 MWA demonstrated a statistically significant decline from the HEDIS 2016 MWA.*

[†] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2017 and the prior year.
[‡] Significance testing was not performed for health plan characteristics measure indicator rates or utilization-based measure indicator rates. Any performance levels for 2017 or 2016–2017 comparisons provided for these measures are for informational purposes only.
[^] 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 a smoker.
* For this indicator, a lower rate indicates better performance.
— Indicates that the performance levels for 2017 were not determined because the measure did not have an applicable benchmark for performance evaluation.
Performance Levels for 2017 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, 43 statewide rates demonstrated improvement from HEDIS 2016 to HEDIS 2017. Furthermore, 34 measure rates from HEDIS 2016 to HEDIS 2017 indicated a statistically significant improvement.

Statewide performance that demonstrated a statistically significant improvement spanned multiple domains including:

- **Child & Adolescent Care** (*Childhood Immunization Status—Combination 3*, *4*, *5*, and *7*; *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*; and *Appropriate Testing for Children With Pharyngitis*).
- **Women—Adult Care** (*Breast Cancer Screening*; *Cervical Cancer Screening*; and *Chlamydia Screening in Women—Ages 16 to 20 Years* and *Total*).
- **Access to Care** (*Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years* and *Ages 12 to 19 Years*; and *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*, *Counseling for Nutrition—Total*, and *Counseling for Physical Activity—Total*; and *Adult BMI Assessment*).

- **Pregnancy Care** (*Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care*).
- **Living With Illness** (*Comprehensive Diabetes Care—HbA1c Testing*, *HbA1c Poor Control [>9.0%]*, *HbA1c Control [<8.0%]*, *Eye Exam [Retinal] Performed*, and *Blood Pressure Control [<140/90 mm Hg]*; *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—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*; and *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*).

However, due to changes in the technical specifications for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure, caution should be used when comparing HEDIS 2017 rates to benchmarks derived from the previous year's results.

One measure rate demonstrated consistent performance (*Annual Monitoring for Patients on Persistent Medications—Total)*, with no change from HEDIS 2016 to HEDIS 2017. Additionally, the measure rate for *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total* (an inverse measure) increased; however, since the rate reported for this measure does not take into consideration the demographic and clinical characteristics of the MHPs' members, this utilization rate in isolation does not necessarily correlate with the quality of services provided.

Conversely, 19 statewide rates demonstrated a decrease in performance from HEDIS 2016 to HEDIS 2017. Of note, five measure rates from HEDIS 2016 to HEDIS 2017 showed a statistically significant decrease in performance. Although still ranked at or above the national Medicaid 25th percentile, the five rates that showed a significant decrease in performance were in the Access to Care (*Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years*, *Ages 45 to 64 Years*, and *Total*) and Living With Illness (*Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*) domains.

Table 6-4 presents, by measure, the number of MHPs that performed at each performance level. The counts include only measures with a valid, reportable rate that could be compared to national Medicaid benchmarks. Therefore, not all rows will sum to 11 MHPs.

Table 6-4—Count of MHPs by Performance Level

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

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Combination 7	1	4	2	2	1
Combination 8	3	1	5	0	1
Combination 9	3	2	4	0	1
Combination 10	3	2	4	0	1
Well-Child Visits in the First 15 Months of Life					
Six or More Visits	1	0	3	3	2
Lead Screening in Children					
Lead Screening in Children	0	2	4	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	3	5	2	0
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	1	3	5	2	0
Immunizations for Adolescents					
Combination 1	0	1	1	5	3
Appropriate Treatment for Children With Upper Respiratory Infection					
Appropriate Treatment for Children With Upper Respiratory Infection	0	2	7	1	0
Appropriate Testing for Children With Pharyngitis					
Appropriate Testing for Children With Pharyngitis	4	3	3	0	0
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	1	4	2	2	0
Continuation and Maintenance Phase	2	2	3	2	0
Women—Adult Care					
Breast Cancer Screening					
Breast Cancer Screening	0	3	7	1	0
Cervical Cancer Screening					
Cervical Cancer Screening	0	1	4	6	0
Chlamydia Screening in Women					
Ages 16 to 20 Years	0	1	1	5	3
Ages 21 to 24 Years	1	2	0	7	1
Total	1	1	1	5	3
Access to Care					
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	2	3	4	1	0
Ages 25 Months to 6 Years	3	3	5	0	0
Ages 7 to 11 Years	4	2	5	0	0

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Ages 12 to 19 Years	3	3	4	1	0
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	3	2	3	3	0
Ages 45 to 64 Years	1	2	4	4	0
Ages 65+ Years	0	3	0	3	2
Total	2	2	4	3	0
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis					
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	1	1	6	2	0
Obesity					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile—Total	0	0	0	7	4
Counseling for Nutrition—Total	0	1	2	7	1
Counseling for Physical Activity—Total	0	2	4	4	1
Adult BMI Assessment					
Adult BMI Assessment	0	0	2	5	4
Pregnancy Care					
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	4	3	3	0	1
Postpartum Care	4	0	3	3	1
Frequency of Ongoing Prenatal Care					
≥81 Percent of Expected Visits	5	4	0	2	0
Living With Illness					
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	1	1	7	2	0
*HbA1c Poor Control (>9.0%)**	0	1	5	4	1
HbA1c Control (<8.0%)	0	2	3	4	2
Eye Exam (Retinal) Performed	0	3	3	4	1
Medical Attention for Nephropathy	0	3	4	3	1
Blood Pressure Control (<140/90 mm Hg)	2	4	3	0	2
Medication Management for People With Asthma					
Medication Compliance 50%—Total	0	0	2	2	5
Medication Compliance 75%—Total	0	0	2	2	5
Asthma Medication Ratio					
Total	2	4	1	2	1
Controlling High Blood Pressure					
Controlling High Blood Pressure	3	2	3	2	1

Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Medical Assistance With Smoking and Tobacco Use Cessation^					
Advising Smokers and Tobacco Users to Quit	0	1	3	5	2
Discussing Cessation Medications	0	0	1	8	2
Discussing Cessation Strategies	0	2	6	3	0
Antidepressant Medication Management					
Effective Acute Phase Treatment	3	2	1	3	1
Effective Continuation Phase Treatment	4	0	3	2	1
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	2	1	5	2	1
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	2	0	0	0
Adherence to Antipsychotic Medications for Individuals With Schizophrenia					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	1	2	5	1	1
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	3	2	6	0	0
Digoxin	4	1	1	0	1
Diuretics	1	7	3	0	0
Total	3	3	5	0	0
Utilization					
Ambulatory Care—Total (Per 1,000 Member Months)					
Emergency Department Visits—Total‡,*	6	5	0	0	0
Total	**102**	**135**	**198**	**149**	**62**

‡ Utilization-based measure rates and any performance levels for 2017 comparisons provided for these measures are for informational purposes only.

^ 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 a smoker.

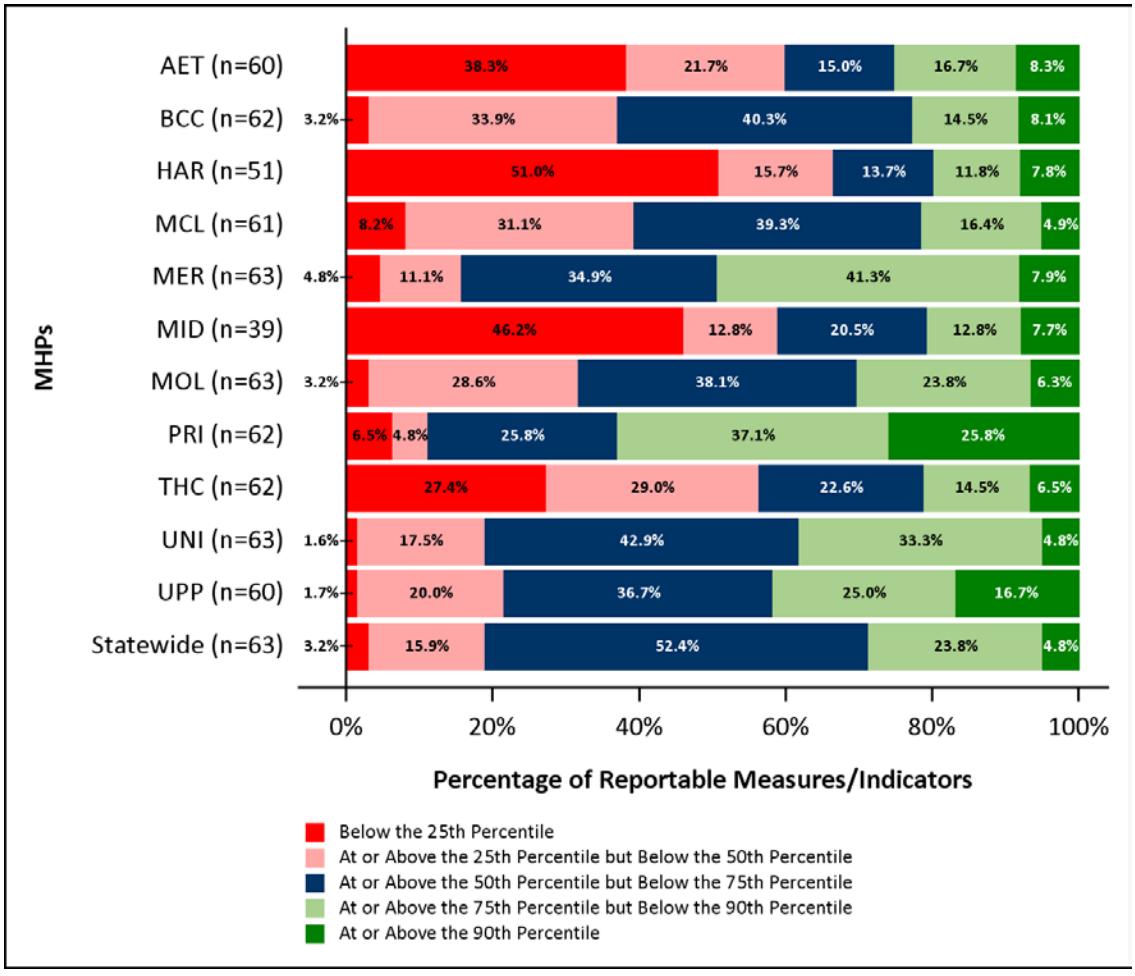
Performance levels for 2017 represent the following percentile comparisons:

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

Table 6-4 shows that 30.65 percent of all performance measure rates (198 of 646) reported by the MHPs fell into the average (★★★) range relative to national Medicaid results. While 32.66 percent of all performance measure rates (211 of 646) ranked at or above the national Medicaid 75th percentile (★★★★ or ★★★★★), 36.69 percent of all performance measure rates (237 of 646) fell below the national Medicaid 50th percentile (★★ or ★), suggesting opportunities for improvement.

Figure 6-1 displays the percentage of MHP-specific and statewide rates by percentile ranking for the performance measure rates displayed in this report. (Note: Health plan diversity and utilization measure rates, other than the *Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total* rate, were not included as these types of measures in isolation may not be indicative of quality of services received.) Since statewide averages were weighted according to each MHP's eligible population for each measure, the number of statewide averages under each star ranking category is not the sum of all the MHPs for that category.

Figure 6-1—Percentage of Reportable Measures/Indicators*



** Rates that were deemed Small Denominator (NA), Not Reported (NR), Not Required (NQ), or Biased Rate (BR) as a result of the MHP's HEDIS audit are not included in this analysis.*

"N" *Indicates the number of rates that were included in this analysis by MHP.*

Table 6-5 displays the number of MHP rates and statewide averages across each of the star ranking categories. (Note: Health plan diversity and utilization measure rates, other than the *Ambulatory Care—Total [Per 1,000 Member Months]—ED Visits—Total* rate, were not included as these types of measures in isolation may not be indicative of quality of services received.) Since statewide averages were weighted according to each MHP's eligible population for each measure, the number of statewide averages under each star ranking category is not the sum of all the MHPs for that category.

Table 6-5—Number of MHP Rates and Statewide Averages by Star Ranking Category

MHP	Below the 25th Percentile	At or Above the 25th Percentile but Below the 50th Percentile	At or Above the 50th Percentile but Below the 75th Percentile	At or Above the 75th Percentile but Below the 90th Percentile	At or Above the 90th Percentile
AET	23	13	9	10	5
BCC	2	21	25	9	5
HAR	26	8	7	6	4
MCL	5	19	24	10	3
MER	3	7	22	26	5
MID	18	5	8	5	3
MOL	2	18	24	15	4
PRI	4	3	16	23	16
THC	17	18	14	9	4
UNI	1	11	27	21	3
UPP	1	12	22	15	10
Statewide	**2**	**10**	**33**	**15**	**3**

Performance Improvement Project Comparative Results

For 2016–2017 validation, the MHPs provided first-year PIP submissions for the state-mandated new PIP topic: *Addressing Disparities in Timeliness of Prenatal Care*. For this year's validation, the MHPs included information on the PIP study Design stage (Steps I through VI) only. Once the data collection begins and improvement strategies are implemented, the PIPs will be assessed for the remaining steps. The MHPs will report baseline data in next year's annual PIP submission. Figure 6-2 below provides a comparison of the study design validation scores and overall PIP validation status, by MHP.

Figure 6-2—Comparison of MHP Validation Scores

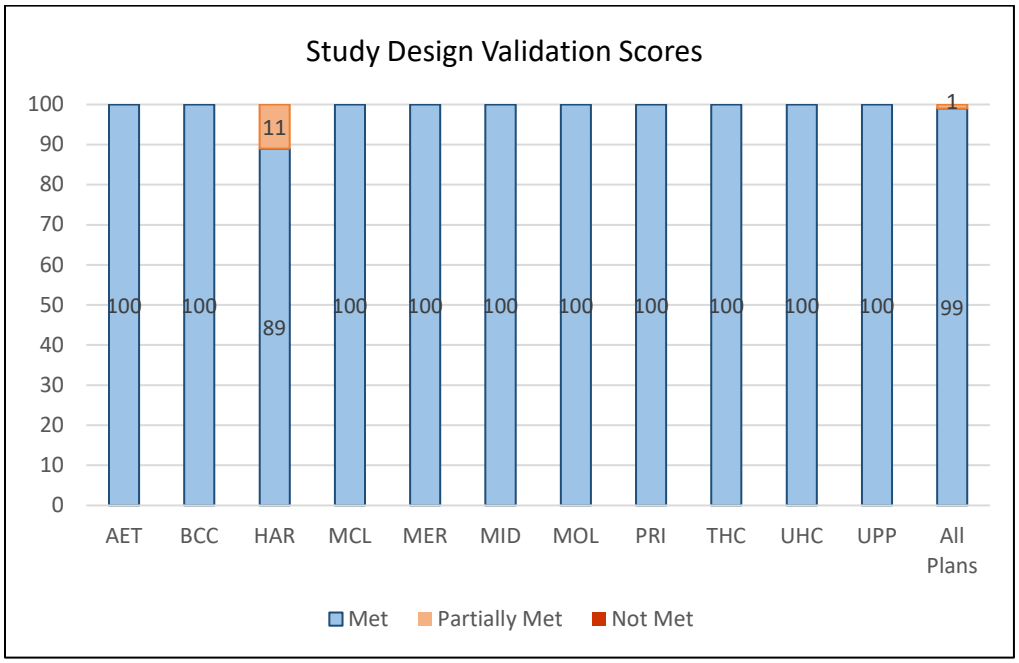


Table 6-6—Comparison of Overall PIP Validation Status, by MHP

Overall PIP Validation Status, by MHP	
AET	*Met*
BCC	*Met*
MID	*Met*
HAR	*Partially Met*
MCL	*Met*
MER	*Met*
MOL	*Met*
PRI	*Met*
THC	*Met*
UHC	*Met*
UPP	*Met*

The results from the 2016–2017 validation reflected strong performance in the Design phase (Steps I through VI) of the PIPs. Ten of the 11 MHPs received an overall *Met* validation status, with a score of 100 percent in all applicable evaluation element in Steps I through VI. **HAR** received a *Partially Met*

status wherein 89 percent of all applicable evaluation elements received a score of *Met*. The one evaluation element for which **HAR** did not receive a *Met* score was related to plan-specific data supporting the selection of the PIP topic.

In 2016–2017, the PIPs initiated in 2013–2014 were retired. For this year's 2016–2017 validation, the MHPs implemented a new PIP focused on the state-mandated topic of addressing disparities with timeliness of prenatal care. Due to the retirement of previous PIPs and the implementation of a new PIP, a year-to-year comparison of results cannot be made.

Summary and Conclusions

The Michigan Department of Health and Human Services (MDHHS) 2016–2018 Strategic Plan describes its six Strategic Priorities.[6-2] To accomplish these priorities, MDHHS has established metrics on more than 150 internal scorecards to ensure the State is meeting the needs of all Michigan residents throughout their lifetimes by addressing the root issues preventing them from achieving self-sufficiency. Table 6-7 outlines those Strategic Priorities.

Table 6-7—MDHHS Strategic Priorities

Priorities	
Children	Ensure that Michigan youth are healthy, protected, and supported on their path to adulthood.
Adults	Safeguard, respect, and encourage the wellbeing of Michigan adults in our communities and our care.
Family Support	Support families and individuals on their road to self-sufficiency through responsive, innovative, and accessible service delivery.
Health Services	Transform the healthcare system and behavioral health coordination to improve outcomes for residents.
Population Health	Promote and protect the health, wellness, and safety of all Michigan residents.
Workforce	Strengthen opportunities, promote diversity, and empower our workforce to contribute to Michigan's economic development.

[6-2] Michigan Department of Health and Human Services 2016-2018 Strategic Plan. Available at https://content.govdelivery.com/attachments/MIDHHS/2016/10/11/file_attachments/637845/MDHHS%2BStrategic%2BPlan%2B2016-2018.pdf. Accessed on: Feb 21, 2018.

To further support the State's Strategic Plan, HSAG recommends that MDHHS consider identifying one or more priorities from the recommendations below for either statewide PIPs or recommended quality initiatives to be conducted for each MHP. To improve statewide performance in the **quality** of, **timeliness** of, and **access** to care, HSAG makes the following recommendations to MDHHS:

- Most MHPs received deficient findings related to the accuracy of their online provider directory and/or provider availability identified through random calls to PCPs. Provider directories must be current so that members have access to providers. It is very important that MHPs maintain current provider directories to support members' access to care. Therefore, HSAG recommends that MDHHS focus on the completeness, accuracy, and timeliness of updates to provider directories and consider enhanced oversight or other interventions to ensure members have the information they need to access services.
- MDHHS may choose to facilitate a formalized workgroup consisting of MHP representatives focused on improving performance measure rates statewide. During the Clinical Advisory Committee meeting held in October 2017, a collaborative discussion related to barriers to improving performance measures rates and potential tactics for overcoming the barriers occurred between MHP and State representatives. To facilitate further ongoing discussions, HSAG recommends that MHPs continue to collaboratively identify and discuss barriers and potential interventions for improvement for select focus measures. Based on statewide performance and to align with MDHHS' quality strategy, HSAG recommends the following focus measures:
  - *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years*
  - *Antidepressant Medication Management*
  - *Asthma Medication Ratio*
  - *Children and Adolescents' Access to Primary Care Practitioners*
  - *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*
  - *Controlling High Blood Pressure*
  - *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*

  Performance on these focus measures varied across MHPs; however, some MHPs were successful in meeting or exceeding the national Medicaid 50th percentile for these measures. MHPs should present and share quality strategies and initiatives that have been successful in improving rates. MHPs could consider implementing similar initiatives appropriate for their specific population and geographical area. With State representatives as facilitators, discussions could be directed toward focus measures and defined priorities. Further, these targeted discussions will help MDHHS ensure that MHPs are promoting and providing appropriate care to the various populations they serve to improve health outcomes.
- MDHHS could consider establishing incremental sanctions for MHPs that do not meet the MPSs for select measures. In addition to requiring corrective action plans (CAPs), MDHHS may consider implementing incremental sanctions, including financial penalties, for poor performance. Many states elect to set MPSs based on national percentiles, such as the 25th or 50th national Medicaid percentile. Other states set MPSs based on baseline performance. In some instances, rather than

setting a performance standard, performance is compared across plans, with the plan average being held as a MPS. Plans who fail to meet the MPSs can either be sanctioned or receive a financial penalty, or both. In some states, plans receive financial sanctions on a per measure basis for failing to meet a MPS. In some instances, plans are placed on a CAP for failing to meet the MPS for one measure over three consecutive years or for failing to meet the MPS for half of the required measures within a single year. If a plan fails to improve performance, then the plan will receive a sanction in the form of a financial penalty or an auto-assignment withhold. Plans could be penalized a portion of their capitation withhold for below-average performance across all required measures. MDHHS could consider developing MPSs for a subset of required measures and financially penalize MHPs for failing to meet those performance standards, in addition to awarding financial incentives for high performance.

- To support the MDHHS Emergency Department (ED) Utilization Focus Bonus, MDHHS should continue to evaluate utilization data from ED visits to make decisions regarding new quality improvement strategies to improve performance measure rates. For the *Ambulatory Care—ED Visits—Total* indicator, the statewide average and the measure rates for all MHPs fell below the national Medicaid 50th percentile, with most rates falling below the 25th percentile, indicating that members may not be using ED services appropriately. Additionally, evaluating ED visits may provide insight into and reasons for low performance and facilitate opportunities for improvement for the *Appropriate Treatment for Children with Upper Respiratory Infection* and *Appropriate Testing for Children With Pharyngitis* measures, which are derived in part from ED visits.

  HSAG recommends that MDHHS consider conducting a comprehensive focused study to evaluate ED utilization. MDHHS could complete an ED utilization study which uses an algorithm developed by the NYU Center for Health and Public Service Research.[6-3] The NYU algorithm is designed to help classify ED utilization into the following categories: (1) non-emergent, (2) emergent/primary care treatable, (3) emergent—ED care needed—preventable/avoidable, and (4) emergent—ED care needed—not preventable/avoidable. These classifications could allow MDHHS to evaluate utilization statewide. Rates could be stratified by MHP and geographic location, where applicable. In addition, MDHHS could identify frequent ED users and determine why they may be seeking care in the ED. MDHHS and the MHPs can leverage this information to better understand members' behaviors and actively seek out these members to ensure they are receiving appropriate and necessary care.

[6-3] NYU/Wagner. Faculty & Research. Available at: https://wagner.nyu.edu/faculty/billings/nyued-background. Accessed on: Feb 28, 2018.