

*Michigan Department
of Community Health*



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**2012–2013 EXTERNAL QUALITY REVIEW
TECHNICAL REPORT**
for
Medicaid Health Plans

March 2014



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ACKNOWLEDGMENTS AND COPYRIGHTS

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Purpose of Report

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

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

- ◆ **Blue Cross Complete of Michigan (BCC)**
- ◆ **CoventryCares of Michigan, Inc. (COV)**
- ◆ **HealthPlus Partners (HPP)**
- ◆ **McLaren Health Plan (MCL)**
- ◆ **Meridian Health Plan of Michigan (MER)**
- ◆ **Midwest Health Plan (MID)**
- ◆ **Molina Healthcare of Michigan (MOL)**
- ◆ **Physicians Health Plan—FamilyCare (PHP)**
- ◆ **Priority Health Government Programs, Inc. (PRI)**
- ◆ **ProCare Health Plan (PRO)**
- ◆ **Total Health Care, Inc. (THC)**
- ◆ **UnitedHealthcare Community Plan (UNI)**
- ◆ **Upper Peninsula Health Plan (UPP)**

Scope of External Quality Review (EQR) Activities Conducted

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

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

Summary of Findings

The following is a statewide summary of the conclusions drawn regarding the MHPs' general performance in 2012–2013. Appendices A–M contain detailed, MHP-specific findings, while Section 3 presents detailed statewide findings with year-to-year comparisons.

Compliance Review

MDCH completed its assessment of the MHPs' compliance with the requirements in the six standards shown in the table below through the 2012–2013 annual compliance review process. Table 1-1 shows the statewide results for each standard.

Table 1-1—Summary of Data From the Annual Compliance Reviews			
Standard	Combined Results		
	Range of MHP Scores	Number of MHPs With 100 Percent Compliance	Statewide Average Score
Standard 1— <i>Administrative</i>	75%–100%	10	96%
Standard 2— <i>Providers</i>	89%–100%	8	97%
Standard 3— <i>Members</i>	75%–100%	8	95%
Standard 4— <i>Quality</i>	83%–100%	1	93%
Standard 5— <i>MIS</i>	83%–100%	10	96%
Standard 6— <i>Program Integrity</i>	100%–100%	13	100%
Overall Score	93%–99%	0	97%

The statewide average across all standards and all 13 MHPs was 97 percent, reflecting continued strong performance. While the *Program Integrity* standard had the highest statewide score of 100 percent, this result does not reflect actual performance of the MHPs, as all criteria on this standard were considered fully compliant for this first-year testing of the new review tool and process for this standard. Among the remaining standards, the *Providers* standard was a statewide strength with a statewide average score of 97 percent and eight of the 13 MHPs in full compliance with all requirements, followed by the *Administrative* and *MIS* standards with statewide scores of 96 percent and ten MHPs achieving 100 percent compliance. Statewide performance on the *Members* standard was slightly lower, with a statewide average score of 95 percent. The *Quality* standard continued to represent the largest opportunity for improvement, with a statewide average score of 93 percent and only one MHP meeting all requirements. However, these results do not reflect lower performance across the entire standard but were due to 12 of the 13 MHPs not demonstrating full compliance with one criterion on this standard, which addressed meeting contractually required minimum standards for key performance measures. Overall, the MHPs showed continued strong performance on the compliance monitoring reviews, demonstrating compliance with most of the contractual requirements.

Validation of Performance Measures

Table 1-2 displays the 2013 Michigan Medicaid statewide averages and performance levels. The performance levels are a comparison of the 2013 Michigan Medicaid statewide average and the NCQA national HEDIS 2012 Medicaid percentiles. For all measures except those under *Utilization*, the Michigan Medicaid weighted average rate was used to represent Michigan Medicaid statewide performance. For measures in the *Utilization* dimension, an unweighted average rate was calculated for the statewide rate. For most measures, a display of ★★★★★ indicates performance at or above the 90th percentile. Performance levels displayed as ★★★★ represent performance at or above the 75th percentile but below the 90th percentile. A ★★★ performance level indicates performance at or above the 50th percentile but below the 75th percentile. Performance levels displayed as ★★ represent performance at or above the 25th percentile but below the 50th percentile. Finally, performance levels displayed as a ★ indicate that the statewide performance was below the 25th percentile.

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

For the *Childhood Immunization Status* measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with Combinations 4, 7, 8, and 10, were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Although the performance stars were displayed for the four indicators, please use caution when interpreting them since high rates may not reflect the performance improvement from MHPs.

All 13 of the MHPs were fully compliant with the information system (IS) standards related to Medical Service data (IS 1.0), Enrollment Data (IS 2.0), Practitioner Data (IS 3.0), and Supplemental Data (IS 5.0). Although one or two MHPs were not fully compliant with IS 4.0 (Medical Record Review Process) and/or I.S. 7.0 (Data Integration) standards, the issues identified by their auditors would not pose a significant impact to their HEDIS reporting. The IS standard related to Member Call Center data (I.S. 6.0) was not applicable to the measures required to be reported by the MHPs.

Table 1-2—Overall Statewide Averages for Performance Measures

Performance Measure	2013 MI Medicaid	Performance Level for 2013
Child and Adolescent Care		
<i>Childhood Immunization—Combination 2</i>	81.48%	★★★★
<i>Childhood Immunization—Combination 3</i>	77.16%	★★★
<i>Childhood Immunization—Combination 4[^]</i>	56.14%	★★★★★
<i>Childhood Immunization—Combination 5</i>	57.57%	★★★
<i>Childhood Immunization—Combination 6</i>	37.77%	★★★
<i>Childhood Immunization—Combination 7[^]</i>	42.85%	★★★★★
<i>Childhood Immunization—Combination 8[^]</i>	30.16%	★★★★
<i>Childhood Immunization—Combination 9</i>	30.61%	★★★
<i>Childhood Immunization—Combination 10[^]</i>	24.79%	★★★★
<i>Immunizations for Adolescents—Combination 1</i>	88.85%	★★★★★
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	77.83%	★★★★★
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	78.03%	★★★
<i>Adolescent Well-Care Visits</i>	61.46%	★★★★
<i>Lead Screening in Children</i>	82.40%	★★★★
<i>Appropriate Treatment for Children With Upper Respiratory Infection (URI)</i>	85.53%	★★★
<i>Appropriate Testing for Children With Pharyngitis</i>	61.28%	★★
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase</i>	39.09%	★★
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Continuation and Maintenance Phase</i>	46.93%	★★
Women—Adult Care		
<i>Breast Cancer Screening</i>	57.41%	★★★★
<i>Cervical Cancer Screening</i>	72.60%	★★★
<i>Chlamydia Screening in Women—16 to 20 Years</i>	62.50%	★★★★
<i>Chlamydia Screening in Women—21 to 24 Years</i>	71.67%	★★★★
<i>Chlamydia Screening in Women—Total</i>	65.84%	★★★★
[^] For the <i>Childhood Immunization Status</i> measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with <i>Combinations 4, 7, 8, and 10</i> , were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when comparing with the HEDIS 2012 Medicaid 50th percentile.		
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

Table 1-2—Overall Statewide Averages for Performance Measures

Performance Measure	2013 MI Medicaid	Performance Level for 2013
Access to Care		
<i>Children's Access to Primary Care Practitioners—12 to 24 Months</i>	97.30%	★★★★
<i>Children's Access to Primary Care Practitioners—25 Months to 6 Years</i>	90.14%	★★★★
<i>Children's Access to Primary Care Practitioners—7 to 11 Years</i>	92.15%	★★★★
<i>Adolescents' Access to Primary Care Practitioners—12 to 19 Years</i>	90.89%	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years</i>	84.53%	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years</i>	90.77%	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services—65+ Years</i>	92.12%	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services—Total</i>	86.68%	★★★★
Obesity		
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI Percentile—Ages 3 to 11 Years</i>	68.90%	★★★★
<i>Weight Assessment and Counseling, BMI Percentile—Ages 12 to 17 Years</i>	70.99%	★★★★
<i>Weight Assessment and Counseling, BMI Percentile—Total</i>	69.62%	★★★★
<i>Weight Assessment and Counseling for Nutrition—Ages 3 to 11 Years</i>	59.60%	★★★★
<i>Weight Assessment and Counseling for Nutrition—Ages 12 to 17 Years</i>	59.02%	★★★★
<i>Weight Assessment and Counseling for Nutrition—Total</i>	59.39%	★★★★
<i>Weight Assessment and Counseling for Physical Activity—Ages 3 to 11 Years</i>	47.04%	★★★★
<i>Weight Assessment and Counseling for Physical Activity—Ages 12 to 17 Years</i>	52.69%	★★★★
<i>Weight Assessment and Counseling for Physical Activity—Total</i>	48.98%	★★★★
<i>Adult BMI Assessment</i>	80.39%	★★★★★
Pregnancy Care		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	89.61%	★★★★
<i>Prenatal and Postpartum Care—Postpartum Care</i>	70.56%	★★★★
<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	30.12%	—
<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	9.12%	—
<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	40.23%	—
<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	17.02%	—
<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	3.50%	—
— = The national HEDIS 2012 Medicaid percentiles are not available.		
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

Table 1-2—Overall Statewide Averages for Performance Measures

Performance Measure	2013 MI Medicaid	Performance Level for 2013
Pregnancy Care (continued)		
<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	8.67%	NC
<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	4.43%	NC
<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	6.26%	NC
<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	11.90%	NC
<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	68.74%	★★★
Living With Illness		
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	85.21%	★★★
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*</i>	36.06%	★★★
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	54.57%	★★★
<i>Comprehensive Diabetes Care—HbA1c Control (<7.0%)</i>	41.80%	★★★★
<i>Comprehensive Diabetes Care—Eye Exam</i>	59.42%	★★★
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	79.91%	★★★
<i>Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)</i>	39.16%	★★★
<i>Comprehensive Diabetes Care—Nephropathy</i>	82.41%	★★★
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	43.73%	★★★
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	66.22%	★★★
<i>Use of Appropriate Medications for People With Asthma—5 to 11 Years</i>	89.91%	★★
<i>Use of Appropriate Medications for People With Asthma—12 to 18 Years</i>	83.56%	★
<i>Use of Appropriate Medications for People With Asthma—19 to 50 Years</i>	73.11%	★★
<i>Use of Appropriate Medications for People With Asthma—51 to 64 Years</i>	64.67%	★
<i>Use of Appropriate Medications for People With Asthma—Total</i>	82.13%	★
<i>Controlling High Blood Pressure</i>	65.71%	★★★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers to Quit</i>	79.97%	—
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications</i>	52.38%	—
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies</i>	45.07%	—

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

— = The national HEDIS 2012 Medicaid percentiles are not available.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

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

Table 1-2—Overall Statewide Averages for Performance Measures






Performance Measure	2013 MI Medicaid	Performance Level for 2013
Living With Illness (continued)		
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	83.47%	—
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	64.27%	—
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	70.96%	—
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	52.71%	—
Health Plan Diversity		
<i>Race/Ethnicity Diversity of Membership—White</i>	52.64%	NC
<i>Race/Ethnicity Diversity of Membership—Black or African-American</i>	30.30%	NC
<i>Race/Ethnicity Diversity of Membership—American-Indian and Alaska Native</i>	0.17%	NC
<i>Race/Ethnicity Diversity of Membership—Asian</i>	0.69%	NC
<i>Race/Ethnicity Diversity of Membership—Native Hawaiian and Other Pacific Islanders</i>	0.04%	NC
<i>Race/Ethnicity Diversity of Membership—Some Other Race</i>	0.59%	NC
<i>Race/Ethnicity Diversity of Membership—Two or More Races</i>	0.00%	NC
<i>Race/Ethnicity Diversity of Membership—Unknown</i>	14.17%	NC
<i>Race/Ethnicity Diversity of Membership—Declined</i>	1.41%	NC
<i>Race/Ethnicity Diversity of Membership—Hispanic[£]</i>	5.45%	—
<i>Language Diversity of Membership: Spoken Language—English</i>	90.91%	NC
<i>Language Diversity of Membership: Spoken Language—Non-English</i>	1.34%	NC
<i>Language Diversity of Membership: Spoken Language—Unknown</i>	7.75%	NC
<i>Language Diversity of Membership: Spoken Language—Declined</i>	0.00%	NC
<i>Language Diversity of Membership: Written Language—English</i>	53.59%	NC
<i>Language Diversity of Membership: Written Language—Non-English</i>	0.47%	NC
<i>Language Diversity of Membership: Written Language—Unknown</i>	45.94%	NC
<i>Language Diversity of Membership: Written Language—Declined</i>	0.00%	NC
<i>Language Diversity of Membership: Other Language Needs—English</i>	47.77%	NC
<i>Language Diversity of Membership: Other Language Needs—Non-English</i>	0.47%	NC
<i>Language Diversity of Membership: Other Language Needs—Unknown</i>	51.76%	NC
<i>Language Diversity of Membership: Other Language Needs—Declined</i>	0.00%	NC
[£] The rate was calculated by HSAG; national benchmarks are not comparable. — = The national HEDIS 2012 Medicaid percentiles are not available. NC = Not Comparable (i.e., measure not comparable to national percentiles)		
 = 90th percentile and above  = 75th to 89th percentile  = 50th to 74th percentile  = 25th to 49th percentile  = Below 25th percentile		

Table 1-2—Overall Statewide Averages for Performance Measures

Performance Measure	2013 MI Medicaid	Performance Level for 2013
Utilization		
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): Outpatient—Total</i>	344.16	★★
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total*</i>	74.85	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Visits per 1,000 Member Months): Total Inpatient—Total</i>	8.14	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Medicine—Total</i>	3.96	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Surgery—Total</i>	1.24	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Maternity—Total</i>	4.86	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Total Inpatient—Total</i>	3.72	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Medicine—Total</i>	3.89	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Surgery—Total</i>	5.71	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Maternity—Total</i>	2.60	NC
* For this indicator, a lower rate indicates better performance.		
NC = Not Comparable (i.e., measure not comparable to national percentiles)		
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

Of the 62 performance measures that had national results available and appropriate for comparison, the rates for five measures (8.1 percent) including *Childhood Immunizations—Combination 4 and Combination 7*, *Immunizations for Adolescents—Combination 1*, *Well-Child Visit in the first 15 Months of Life—Six or More Visits*, and *Adult BMI Assessment*, were at or above the 90th percentile, displaying strengths. Seventeen measures (27.4 percent) had rates that fell between the 75th and 89th national HEDIS 2012 Medicaid percentile. The rates for thirty measures (48.4 percent) were at or above the 50th percentile but below the 75th percentile. Ten measures (16.1 percent) had rates that fell below the national HEDIS 2012 Medicaid 50th percentile, which included four rates below the 25th percentile, indicating opportunities for improvement: *Use of Appropriate Medications for People With Asthma—12 to 18 Years, 51 to 64 Years, and Total*, as well as *Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total*.

Performance Improvement Projects (PIPs)

For the 2012–2013 validation cycle, the MHPs continued with the MDCH-mandated PIP topic, *Childhood Obesity*, which focused on the *Weight Assessment and Counseling for Nutrition and Physical Activity* HEDIS measure. All 13 MHPs received a validation status of *Met* for their PIPs, as shown in Table 1-3.

Table 1-3—MHPs' 2012–2013 PIP Validation Status	
Validation Status	Number of MHPs
<i>Met</i>	13
<i>Partially Met</i>	0
<i>Not Met</i>	0

Table 1-4 presents a summary of the statewide 2012–2013 results for the activities of the protocol for validating PIPs. HSAG validated all 13 PIPs for Activities I through X. Six of the 13 PIPs demonstrated compliance with all evaluation elements, including critical elements, for all ten activities. The MHPs demonstrated strong performance related to the quality of their PIPs and a thorough application of the requirements for Activities I through X of the Centers for Medicare & Medicaid Services (CMS) protocol for conducting PIPs.

Table 1-4—Summary of Results From the 2012–2013 Validation of PIPs			
Review Activities		Number of PIPs Meeting All Evaluation Elements/ Number Reviewed	Number of PIPs Meeting All Critical Elements/ Number Reviewed
I.	Select the Study Topic(s)	13/13	13/13
II.	Define the Study Question(s)	13/13	13/13
III.	Select the Study Indicator(s)	13/13	13/13
IV.	Use a Representative and Generalizable Study Population	13/13	13/13
V.	Use Sound Sampling Techniques*	13/13	13/13
VI.	Use Valid and Reliable Data Collection Procedures	13/13	13/13
VII.	Data Analysis and Interpretation of Results	9/13	13/13
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	12/13	13/13
IX.	Assess for Real Improvement	8/13	No Critical Elements
X.	Assess for Sustained Improvement	12/13	No Critical Elements
* This activity is assessed only for PIPs that conduct sampling.			

For this third year of the PIP on Childhood Obesity, all MHPs progressed to the second remeasurement period. The plans demonstrated strong performance in the study design (Activities I through VI) and study implementation (Activities VII and VIII) stages, allowing the successful progression to the next stages and the implementation of targeted interventions. The MHPs

continued existing or implemented new interventions to increase documentation of body mass index (BMI), counseling for nutrition, and/or counseling for physical activity. Provider-focused interventions appeared to be most successful, since the study indicators were provider-driven. Interventions at the member or system level were less likely to impact study indicator outcomes. Twelve of the 13 MHPs achieved improvement in the study indicators as a result of the planned interventions; however, only eight (62 percent) of the PIPs achieved statistically significant improvement in one or more of their indicators. All but one of the PIPs demonstrated sustained improvement over repeated measurement periods in Activity X.

Quality, Timeliness, and Access

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

Results for the validated performance measures reflected statewide strengths across the domains of **quality**, **timeliness**, and **access**. Statewide rates for 62 of the 108 performance indicators were compared with the available national HEDIS 2012 Medicaid percentiles. Fifty-two indicators demonstrated average to above-average performance and ranked above the 50th national percentile, with 22 of these indicators ranking above the 75th percentile. The ten indicators with rates below the 50th percentile represented opportunities for improvement.

The validation of the MHPs' PIPs reflected strong performance in the **quality** domain. All projects were designed, conducted, and reported in a methodologically sound manner, giving confidence in the reported results. The MHPs selected and implemented appropriate improvement strategies. Most MHPs achieved real improvement in their study indicators and demonstrated sustained improvement over repeated measurement periods.

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

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

Table 1-5—Assignment of Activities to Performance Domains

Performance Measures (continued) ¹⁻¹	Quality	Timeliness	Access
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	✓		
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	✓		
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	✓		
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	✓		
<i>Ambulatory Care</i>			✓
PIPs	Quality	Timeliness	Access
One PIP for each MHP, <i>Childhood Obesity</i> Topic	✓		

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

2. External Quality Review Activities

Introduction

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

Compliance Monitoring

Objectives

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

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

Technical Methods of Data Collection

MDCH was responsible for the activities that assessed MHP compliance with federal Medicaid managed care regulations. This technical report presents the results of the 2012–2013 compliance reviews. MDCH completed a review of all criteria in the six standards listed below:

1. *Administrative* (4 criteria)
2. *Providers* (9 criteria)
3. *Members* (6 criteria)
4. *Quality* (9 criteria)
5. *MIS* (3 criteria)
6. *Program Integrity* (12 criteria)

Description of Data Obtained

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

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

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

For the 2012–2013 compliance reviews, MDCH revised its review tool and process. In lieu of the annual compliance review site visit, MDCH required that throughout the fiscal year, MHPs submit documentation of their compliance with a specified subset of the criteria in the review tool. The assessment of compliance with each standard was spread over multiple months or repeated at multiple points during the fiscal year. Following each month's submissions, MDCH determined the MHPs' level of compliance with the criteria that were assessed and provided feedback to each MHP about their performance. For criteria with less than complete compliance, MDCH 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 MDCH prior to implementation. MDCH conducted an annual site visit with each MHP to perform a detailed review of the 2012–2013 focus study topic—Children's Special Health Care Services (CSHCS).

Data Aggregation, Analysis, and How Conclusions Were Drawn

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

For each criterion reviewed, MDCH assigned one of the following scores:

- ◆ *Pass*—The MHP demonstrated full compliance with the requirement(s).
- ◆ *Incomplete*—The MHP demonstrated partial compliance with the requirement(s).
- ◆ *Fail*—The MHP failed to demonstrate compliance with the requirement(s).
- ◆ *Not Applicable (N/A)*—The requirement was not applicable to the MHP

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

Some sections of this report present comparisons to prior-year performance. Results of the 2012–2013 compliance reviews are not fully comparable to previous review cycles due to the changes in the review tool and methodology. The number of criteria for the standards changed from the prior version, impacting the total score when an MHP failed to demonstrate compliance with one or more of the requirements. The total number of criteria assessed decreased from 55 in the previous version to 43 for the 2012–2013 tool. The revised method for assessing MHPs' compliance with requirements related to Standard 6—*Program Integrity* (formerly *Fraud, Waste, and Abuse*) using program integrity forms and reports was considered a test phase, and MDCH assigned a score of *Pass* to all criteria for this review cycle only. The number of contracted MHPs changed from 14 in the previous review cycle to 13 in 2012–2013.

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

Validation of Performance Measures

Objectives

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

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

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

Technical Methods of Data Collection and Analysis

MDCH 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 2013 *HEDIS Compliance Audit: Standards, Policies, and Procedures*. The NCQA HEDIS Compliance Audit encompasses an in-depth examination of the health plans' processes consistent with CMS' protocols for validation of performance measures. To complete the validation of performance measures process according to the CMS protocols, HSAG performed an independent evaluation of the audit results and findings to determine the validity of each performance measure.

Each HEDIS Compliance Audit, conducted by a licensed audit organization, included the following activities:

Pre-review Activities: Each MHP was required to complete the NCQA Record of Administration, Data Management, and Processes (Roadmap), which is comparable to the Information Systems Capabilities Assessment Tool, Appendix V of the CMS protocols. Pre-on-site conference calls were held to follow up on any outstanding questions. The audit team conducted a thorough review of the Roadmap and supporting documentation, including an evaluation of processes used for collecting, storing, validating, and reporting the performance measure data.

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

- ◆ An evaluation of system compliance, focusing on the processing of claims and encounters.
- ◆ An overview of data integration and control procedures, including discussion and observation.
- ◆ A review of how all data sources were combined and the method used to produce the performance measures.
- ◆ Interviews with MHP staff members involved with any aspect of performance measure reporting.
- ◆ A closing conference at which the audit team summarized preliminary findings and recommendations.

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

Description of Data Obtained

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

Table 2-1—Description of Data Sources	
Data Obtained	Time Period to Which the Data Applied
HEDIS Compliance Audit reports were obtained for each MHP, which included a description of the audit process, the results of the information systems findings, and the final audit designations for each performance measure.	Calendar Year (CY) 2012 (HEDIS 2013)
Performance measure reports, submitted by the MHPs using NCQA's Interactive Data Submission System (IDSS), were analyzed and subsequently validated by the HSAG validation team.	CY 2012 (HEDIS 2013)
Previous performance measure reports were reviewed to assess trending patterns and the reasonability of rates.	CY 2011 (HEDIS 2012)

Data Aggregation, Analysis, and How Conclusions Were Drawn

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

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

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

While national benchmarks were available for the following measures, they were not included in the report, as it was not appropriate to use them for benchmarking the MHPs' performance: *Frequency of Ongoing Prenatal Care* (for the <21 percent, 21–40 percent, 41–60 percent, and 61–80 percent indicators), *Race/Ethnicity Diversity of Membership*, *Language Diversity of Membership*, and *Inpatient Utilization*. The *Diversity* indicators are demographic descriptors only and do not reflect health plan performance. For *Frequency of Ongoing Prenatal Care*, benchmarking is appropriate for the ≥ 81 Percent category (e.g., higher rates suggesting better performance). The *Inpatient Utilization* measures without the context of the MHP's population characteristics are not reflective of the quality of the health plan's performance. HEDIS benchmarks were not available for the NCQA's first-year measures (i.e., *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*, and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*), *Medical Assistance With Smoking and Tobacco Use Cessation*, and *Weeks of Pregnancy at Time of Enrollment* measures.

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

Several measures do not fit into these domains since they are collected and reported as health plan descriptive measures or because the measure results cannot be tied to any of the domains. These measures include *Race/Ethnicity Diversity of Membership*, *Language Diversity of Membership*, *Weeks of Pregnancy at Time of Enrollment*, and *Inpatient Utilization*. The first three measures are considered health plan descriptive measures. These measures do not have associated benchmarks, and performance cannot be directly impacted by improvement efforts. The last measure does not fit into the domains due to the inability to directly correlate performance to **quality**, **timeliness**, or **access** to care. For these reasons, these measures were not included in Table 1-5.

Validation of Performance Improvement Projects (PIPs)

Objectives

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

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

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

MDCH required that each MHP conduct one PIP subject to validation by HSAG. For the 2012–2013 validation cycle, the MHPs provided their third-year submissions of the State-mandated PIP topic, *Childhood Obesity*.

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 guidelines outlined in the CMS publication, *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, final protocol, Version 1.0, May 1, 2002. Using this protocol, HSAG, in collaboration with MDCH, 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 MDCH's input and approval, developed a PIP Validation Tool to ensure uniform validation of PIPs. Using this tool, HSAG evaluated each of the PIPs according to the CMS protocols. The CMS protocols identify ten activities that should be validated for each PIP, although in some cases the PIP may not have progressed to the point at which all of the activities can be validated.

These activities are:

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

Description of Data Obtained

HSAG obtained the data needed to conduct the PIP validations from the MHPs' PIP Summary Form. This form provided detailed information about each MHP's PIP as it related to the ten activities reviewed and evaluated for the 2012–2013 validation cycle.

Data Aggregation, Analysis, and How Conclusions Were Drawn

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

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

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

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

overall percentage score (which indicates the percentage of the PIP's compliance with CMS' protocol for conducting PIPs).

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

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

The MHPs had an opportunity to resubmit revised PIP Summary Forms and additional information in response to any Partially Met or Not Met evaluation scores, regardless of whether the evaluation element was critical or noncritical. HSAG re-reviewed the resubmitted documents and rescored the PIPs before determining a final score. With MDCH's approval, HSAG offered technical guidance to any MHP that requested an opportunity to review the scoring of the evaluation elements prior to a resubmission. Three of the 13 MHPs requested and received technical assistance from HSAG. HSAG conducted conference calls or responded to e-mails to answer questions regarding the plans' PIPs or to discuss areas of deficiency. HSAG encouraged the MHPs to use the PIP Summary Form Completion Instructions as they completed their PIPs. These instructions outlined each evaluation element and provided documentation resources to support CMS PIP protocol requirements.

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

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

The EQR activities related to PIPs were designed to evaluate the validity and reliability of the MHP's processes in conducting the PIPs and to draw conclusions about the MHP's performance in the domains of quality, timeliness, and access to care and services. The *Childhood Obesity* PIP addressed CMS' requirements related to quality outcomes—specifically, quality of care and services. The goal of the PIPs was to improve the quality of care and services by increasing the rate of body mass index (BMI) documentation for members 3–17 years of age, increasing the percentage of members 3–17 years of age referred for nutritional counseling, and/or increasing the percentage of members 3–17 years of age referred for physical activity; therefore, HSAG assigned the PIPs to the **quality** domain, as shown in Table 1-5.

3. Statewide Findings

The following section presents findings from the annual compliance reviews and the EQR activities of validation of performance measures and validation of PIPs for the two reporting periods of 2011–2012 and 2012–2013. Appendices A–M present additional details about the plan-specific results of the activities.

Annual Compliance Review

MDCH conducted annual compliance reviews of the MHPs, assessing their compliance with contractual requirements on six standards: *Administrative*, *Providers*, *Members*, *Quality*, *MIS*, and *Program Integrity*. MDCH completed the current review of all standards over the course of the 2012–2013 State fiscal year, using a revised compliance monitoring tool and process as described in Section 2 of this report, and the number of contracted MHPs declined from 14 in 2011–2012 to 13 in the current review cycle. Therefore, results from the prior review cycles are not fully comparable to the current results.

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

Table 3-1—Comparison of Results From the Compliance Reviews: Previous Results for 2010–2012 (P) and Current Results for 2012–2013 (C)									
		Compliance Scores				Number of Corrective Actions Required		MHPs in Full Compliance (Number/Percent)	
		Range		Statewide Average					
				P	C	P	C	P	C
1	<i>Administrative</i>	75%–100%	75%–100%	93%	96%	4	4	10/71%	10/77%
2	<i>Providers</i>	85%–100%	89%–100%	98%	97%	4	7	12/86%	8/62%
3	<i>Members</i>	90%–100%	75%–100%	98%	95%	4	8	10/71%	8/62%
4	<i>Quality</i>	45%–100%	83%–100%	91%	93%	18	17	3/21%	1/8%
5	<i>MIS</i>	60%–100%	83%–100%	93%	96%	7	3	9/64%	10/77%
6	<i>Program Integrity</i>	58%–100%	100%–100%	95%	100%	14	0	8/57%	13/100%
Overall Score/Total		69%–100%	93%–99%	96%	97%	51	39	1/7%	0/0%
Note: Please use caution when comparing the results from the previous review cycles to the current 2012–2013 results as the compliance review tool and process underwent significant changes.									

Overall, the MHPs demonstrated continued strong performance related to their compliance with contractual requirements assessed in the compliance reviews. The current compliance review cycle resulted in a higher statewide overall compliance score and fewer recommendations for corrective actions for some of the standards and overall. The number of MHPs with a compliance score of 100 percent decreased for three standards (*Providers*, *Members*, and *Quality*).

The statewide score across all standards and MHPs increased from 96 percent in the previous combined review cycles to 97 percent for the current review cycle. While no MHP achieved an overall score of 100 percent, for each of the standards, at least one MHP achieved full compliance. Excluding the *Program Integrity* standard, over half of the MHPs saw an increase in the number of corrective actions required, primarily for the *Providers* and *Members* standards.

Performance on the *Administrative* standard remained strong. Most MHPs maintained their 100 percent compliance scores in this area.

The *Providers* and *MIS* standards continued to represent statewide strengths, with average scores of 97 percent and 96 percent, respectively. For the *Providers* standard, the number of MHPs in full compliance with all requirements decreased from 12 to eight. Most recommendations on this standard addressed access to the provider network and provider appeals processes. Performance on the *MIS* standard reflected improvement, as the number of corrective actions declined while the average score and the number of MHPs in full compliance with all requirements increased.

The statewide average score for the *Members* standard decreased by 3 percentage points, while the number of MHPs in full compliance with all requirements declined from ten to eight. Recommendations addressed most of the criteria for this standard.

For the *Quality* standard, the statewide average score increased from 91 percent to 93 percent. The number of MHPs that demonstrated full compliance on this standard remained the lowest among all standards with only one MHP achieving a score of 100 percent. The criterion for which all but one of the MHPs failed to demonstrate full compliance addressed performance monitoring measures. Compliance with MDCH-specified minimum performance standards remains the only statewide opportunity for improvement.

Performance Measures

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

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

Table 3-2 displays the 2013 Michigan Medicaid weighted averages and performance levels. The performance levels are a comparison of the 2013 Michigan Medicaid weighted average and the NCQA national HEDIS 2012 Medicaid percentiles. For most measures, a display of ★★★★★ indicates performance at or above the 90th percentile. Performance levels displayed as ★★★★ represent performance at or above the 75th percentile but below the 90th percentile. A ★★★ performance level indicates performance at or above the 50th percentile but below the 75th percentile. Performance levels displayed as ★★ represent performance at or above the 25th percentile but below the 50th percentile. Finally, performance levels displayed as a ★ indicate that the weighted average performance was below the 25th percentile.

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

For *Ambulatory Care* measures, since high/low visit counts reported did not take into account the demographic and clinical conditions of an eligible population, performance levels do not necessarily denote better or worse performance.

Table 3-2—Overall Statewide Averages for Performance Measures

Performance Measure	2012 MI Medicaid	2013 MI Medicaid	Performance Level for 2013	2012–2013 Comparison
Child and Adolescent Care				
<i>Childhood Immunization—Combination 2</i>	79.34%	81.48%	★★★★	+2.14
<i>Childhood Immunization—Combination 3</i>	75.74%	77.16%	★★★	+1.42
<i>Childhood Immunization—Combination 4[^]</i>	35.88%	56.14%	★★★★★	+20.26
<i>Childhood Immunization—Combination 5</i>	54.84%	57.57%	★★★	+2.73
<i>Childhood Immunization—Combination 6</i>	36.42%	37.77%	★★★	+1.35
<i>Childhood Immunization—Combination 7[^]</i>	28.08%	42.85%	★★★★★	+14.77
<i>Childhood Immunization—Combination 8[^]</i>	20.54%	30.16%	★★★★	+9.62
<i>Childhood Immunization—Combination 9</i>	28.91%	30.61%	★★★	+1.70
<i>Childhood Immunization—Combination 10[^]</i>	17.11%	24.79%	★★★★	+7.68
<i>Immunizations for Adolescents—Combination 1</i>	75.15%	88.85%	★★★★★	+13.70
<i>Well-Child Visits, First 15 Months—6 or More Visits</i>	75.28%	77.83%	★★★★★	+2.55
<i>Well-Child Visits, Third Through Sixth Years of Life</i>	78.62%	78.03%	★★★	-0.59
<i>Adolescent Well-Care Visits</i>	61.66%	61.46%	★★★★	-0.20
<i>Lead Screening in Children</i>	78.14%	82.40%	★★★★	+4.26
<i>Appropriate Treatment for Children With URI</i>	83.94%	85.53%	★★★	+1.59
<i>Appropriate Testing for Children With Pharyngitis</i>	61.23%	61.28%	★★	+0.05
<i>Follow-Up Care for Children Prescribed ADHD Meds—Initiation Phase</i>	39.74%	39.09%	★★	-0.65
<i>Follow-Up Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	49.48%	46.93%	★★	-2.55
Women—Adult Care				
<i>Breast Cancer Screening</i>	57.03%	57.41%	★★★★	+0.38
<i>Cervical Cancer Screening</i>	75.50%	72.60%	★★★	-2.90
<i>Chlamydia Screening in Women—16 to 20 Years</i>	61.65%	62.50%	★★★★	+0.85
<i>Chlamydia Screening in Women—21 to 24 Years</i>	69.50%	71.67%	★★★★	+2.17
<i>Chlamydia Screening in Women—Total</i>	64.53%	65.84%	★★★★	+1.31

2012–2013 comparison note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.

[^] For the *Childhood Immunization Status* measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with *Combination 4, 7, 8, and 10*, were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when interpreting the trend for the weighted average or when comparing with the HEDIS 2012 Medicaid 50th percentile.

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

Table 3-2—Overall Statewide Averages for Performance Measures

Performance Measure	2012 MI Medicaid	2013 MI Medicaid	Performance Level for 2013	2012–2013 Comparison
Access to Care				
<i>Children's Access to Primary Care Practitioners—12 to 24 Months</i>	97.06%	97.30%	★★★	+0.24
<i>Children's Access to Primary Care Practitioners—25 Months to 6 Years</i>	90.28%	90.14%	★★★	-0.14
<i>Children's Access to Primary Care Practitioners—7 to 11 Years</i>	91.79%	92.15%	★★★	+0.36
<i>Adolescents' Access to Primary Care Practitioners—12 to 19 Years</i>	90.60%	90.89%	★★★	+0.29
<i>Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years</i>	83.57%	84.53%	★★★	+0.96
<i>Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years</i>	89.71%	90.77%	★★★★	+1.06
<i>Adults' Access to Preventive/Ambulatory Health Services—65+ Years</i>	92.54%	92.12%	★★★★	-0.42
<i>Adults' Access to Preventive/Ambulatory Health Services—Total</i>	85.46%	86.68%	★★★★	+1.22
Obesity				
<i>Children/Adolescents—BMI Assessment—Total</i>	61.63%	69.62%	★★★★	+7.99
<i>Children/Adolescents—Counseling for Nutrition—Total</i>	58.05%	59.39%	★★★	+1.34
<i>Children/Adolescents—Counseling for Physical Activity—Total</i>	47.30%	48.98%	★★★	+1.68
<i>Adult BMI Assessment</i>	72.46%	80.39%	★★★★★	+7.93
Pregnancy Care				
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	90.33%	89.61%	★★★	-0.72
<i>Prenatal and Postpartum Care—Postpartum Care</i>	70.35%	70.56%	★★★	+0.21
<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	70.66%	68.74%	★★★	-1.92
Living With Illness				
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	85.72%	85.21%	★★★	-0.51
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*</i>	35.79%	36.06%	★★★	+0.27
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	54.96%	54.57%	★★★	-0.39
<i>Comprehensive Diabetes Care—HbA1c Control (<7.0%)</i>	41.01%	41.80%	★★★★	+0.79
<i>Comprehensive Diabetes Care—Eye Exam</i>	56.57%	59.42%	★★★	+2.85
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	80.08%	79.91%	★★★	-0.17
<i>Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)</i>	42.28%	39.16%	★★★	-3.12
<i>Comprehensive Diabetes Care—Medical Attention for Diabetic Nephropathy</i>	82.98%	82.41%	★★★	-0.57
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	43.70%	43.73%	★★★	+0.03
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	66.12%	66.22%	★★★	+0.10
2012–2013 comparison note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.				
* For this indicator, a lower rate indicates better performance.				
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile				

Table 3-2—Overall Statewide Averages for Performance Measures

Performance Measure	2012 MI Medicaid	2013 MI Medicaid	Performance Level for 2013	2012–2013 Comparison
Living With Illness (continued)				
<i>Use of Appropriate Medications for People With Asthma—Total</i>	83.84%	82.13%	★	-1.71
<i>Controlling High Blood Pressure</i>	63.52%	65.71%	★★★★	+2.19
<i>Smoking and Tobacco Use Cessation—Advising Smokers to Quit</i>	79.22%	79.97%	—	+0.75
<i>Smoking and Tobacco Use Cessation—Discussing Cessation Medications</i>	50.88%	52.38%	—	+1.50
<i>Smoking and Tobacco Use Cessation—Discussing Cessation Strategies</i>	43.01%	45.07%	—	+2.06
Utilization				
<i>Ambulatory Care—Outpatient Visits per 1,000 Member Months</i>	323.50	344.16	★★	+20.66†
<i>Ambulatory Care—ED Visits per 1,000 Member Months*</i>	72.59	74.85	★	+2.26†
2012–2013 comparison note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.				
* For this indicator, a lower rate indicates better performance.				
— = The national HEDIS 2012 Medicaid percentiles are not available.				
† Statistical test across years were not performed for this indicator.				
★★★★★ = 90th percentile and above				
★★★★ = 75th to 89th percentile				
★★★ = 50th to 74th percentile				
★★ = 25th to 49th percentile				
★ = Below 25th percentile				

The HEDIS 2013 average rates for 40 of the 55 measures that could be compared to prior-year performance showed an increase, with 16 of these increases reaching statistical significance. Rates for 15 measures declined from the HEDIS 2012 results, and the decline for one of these measures was statistically significant. Increases in rates ranged from less than 1 percentage point to over 20 percentage points, while decreases were 3.12 percentage points or fewer.

The Child and Adolescent Care dimension showed more improvement than the other dimensions, with most of the 18 measures showing an increase in the rate and seven measures noting statistically significant increases from the prior year. However, while four of the *Childhood Immunization Status* indicators (*Combinations 4, 7, 8, and 10*) had significant increases in rates, the increases should be interpreted with caution as there was a change in the dosing requirements for hepatitis A, a vaccine related to *Combinations 4, 7, 8, and 10*. Other than the *Childhood Immunization Status* indicators, the *Immunizations for Adolescents—Combination 1* indicator improved the most in this dimension, showing a 13.7 percentage point increase from the prior year. The measure with the second largest improvement was found within the Obesity dimension, where the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Total and Adult BMI Assessment* measure improved by almost 8 percentage points from the prior year. The Living with Illness dimension, which had shown positive gains in HEDIS 2012, had eight measures with small gains in HEDIS 2013. None of the rate increases in this dimension were statistically significant.

One indicator, *Use of Appropriate Medications for People with Asthma—Total*, showed a statistically significant decrease compared to HEDIS 2012. The Living With Illness dimension had the most measures with decreases in performance, including the *Comprehensive Diabetes Care* indicators for *HbA1c Testing*, *HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *LDL-C Screening*, *LDL-C Control (<100mg/dL)*, and *Medical Attention for Diabetic Nephropathy*. The declines ranged from 0.17 to 3.12 percentage points. None of these declines were statistically significant.

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

Table 3-3—Count of MHPs by Performance Level					
Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Child and Adolescent Care					
<i>Childhood Immunization—Combination 2</i>	1	1	4	2	5
<i>Childhood Immunization—Combination 3</i>	1	1	3	5	3
<i>Childhood Immunization—Combination 4[^]</i>	3	1	2	1	6
<i>Childhood Immunization—Combination 5</i>	1	3	6	1	2
<i>Childhood Immunization—Combination 6</i>	4	3	3	1	2
<i>Childhood Immunization—Combination 7[^]</i>	3	2	1	0	7
<i>Childhood Immunization—Combination 8[^]</i>	4	2	0	1	6
<i>Childhood Immunization—Combination 9</i>	3	4	3	1	2
<i>Childhood Immunization—Combination 10[^]</i>	4	2	0	1	6
<i>Immunizations for Adolescents—Combination 1</i>	0	0	0	0	12
<i>Well-Child Visits, First 15 Months—6 or More Visits</i>	0	1	2	6	3
<i>Well-Child Visits, Third Through Sixth Years of Life</i>	1	2	5	5	0
<i>Adolescent Well-Care Visits</i>	2	1	2	4	4
<i>Lead Screening in Children</i>	0	1	5	6	1
<i>Appropriate Treatment for Children With URI</i>	1	3	6	2	1
<i>Appropriate Testing for Children With Pharyngitis</i>	4	6	1	2	0
<i>Follow-Up Care for Children Prescribed ADHD Meds—Initiation Phase</i>	1	3	6	1	0
<i>Follow-Up Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	1	4	4	1	0
[^] For the <i>Childhood Immunization Status</i> measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with <i>Combination 4, 7, 8, and 10</i> , were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when comparing with the HEDIS 2012 Medicaid 50th percentile.					
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile					

Table 3-3—Count of MHPs by Performance Level

Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Women—Adult Care					
Breast Cancer Screening	2	2	2	4	3
Cervical Cancer Screening	1	1	5	5	1
Chlamydia Screening in Women—16 to 20 Years	2	2	1	6	1
Chlamydia Screening in Women—21 to 24 Years	1	2	1	3	5
Chlamydia Screening in Women—Total	2	1	2	5	2
Access to Care					
Children's Access—12 to 24 Months	3	3	3	3	1
Children's Access—25 Months to 6 Years	5	1	5	1	1
Children's Access—7 to 11 Years	3	3	3	4	0
Adolescents' Access—12 to 19 Years	3	2	2	4	2
Adults' Access—20 to 44 Years	2	3	5	2	1
Adults' Access—45 to 64 Years	1	2	3	3	4
Adults' Access—65+ Years	0	3	1	2	3
Adults' Access—Total	2	2	4	4	1
Obesity					
Children/Adolescents—BMI Percentile, 3 to 11 years	0	0	7	2	4
Children/Adolescents—BMI Percentile, 12 to 17 years	0	1	4	5	3
Children/Adolescents—BMI Percentile, Total	0	0	5	4	4
Children/Adolescents—Nutrition, 3 to 11 years	0	3	7	3	0
Children/Adolescents—Nutrition, 12 to 17 years	0	1	7	4	0
Children/Adolescents—Nutrition, Total	0	2	8	3	0
Children/Adolescents—Physical Activity, 3 to 11 years	0	3	5	5	0
Children/Adolescents—Physical Activity, 12 to 17 years	0	1	7	4	0
Children/Adolescents—Physical Activity, Total	0	2	6	5	0
Adult BMI Assessment	1	0	1	4	7
Pregnancy Care					
Prenatal and Postpartum Care—Timeliness of Prenatal Care	2	2	3	2	3
Prenatal and Postpartum Care—Postpartum Care	1	1	4	4	2
Frequency of Ongoing Prenatal Care—≥ 81 Percent	5	0	2	3	2
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile					

Table 3-3—Count of MHPs by Performance Level					
Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Living With Illness					
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	3	2	2	4	2
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*</i>	1	2	4	5	1
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	1	1	5	5	1
<i>Comprehensive Diabetes Care—HbA1c Control (<7.0%)</i>	0	4	3	3	2
<i>Comprehensive Diabetes Care—Eye Exam</i>	0	2	6	3	2
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	1	3	3	5	1
<i>Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)</i>	0	3	6	4	0
<i>Comprehensive Diabetes Care—Nephropathy</i>	0	1	6	2	4
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/80)</i>	1	2	5	5	0
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90)</i>	2	1	6	3	1
<i>Use of Appropriate Medications for People With Asthma—5 to 11 Years</i>	4	1	2	3	2
<i>Use of Appropriate Medications for People With Asthma—12 to 18 Years</i>	7	2	0	1	2
<i>Use of Appropriate Medications for People With Asthma—19 to 50 Years</i>	3	4	2	1	2
<i>Use of Appropriate Medications for People With Asthma—51 to 64 Years</i>	7	1	0	0	1
<i>Use of Appropriate Medications for People With Asthma—Total</i>	5	3	1	1	2
<i>Controlling High Blood Pressure</i>	1	2	2	4	4
Utilization					
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): Outpatient—Total</i>	1	8	2	2	0
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total*</i>	9	4	0	0	0
Total	116	129	211	185	137
<p>* For this indicator, a lower rate indicates better performance (i.e., low rate of ED visits indicates better care). Therefore, the percentiles were reversed to align with performance (e.g., if the ED—Total rate was above the 75th percentile, it would be inverted to be below the 25th percentile with a one-star performance displayed).</p> <p>★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile</p>					

Table 3-3 shows that 27.1 percent of all performance measure rates (211 of 778) reported by all MHPs fell into the average (★★★) range relative to national Medicaid results. While 17.6 percent of all performance measure rates ranked in the 90th percentile and above (★★★★★), 31.5 percent of all performance measure rates fell below the national HEDIS 2012 Medicaid 50th percentile, providing opportunities for improvement.

Performance Improvement Projects (PIPs)

Table 3-4 presents a summary of the MHPs' PIP validation status results. All PIPs submitted for the 2012–2013 validation continued with the State-mandated topic, *Childhood Obesity*. For the 2012–2013 validation, all PIPs received a validation status of *Met*, reflecting continued strong performance.

Table 3-4—MHPs' PIP Validation Status		
Validation Status	Percentage of PIPs	
	2011–2012	2012–2013
<i>Met</i>	100%	100%
<i>Partially Met</i>	0%	0%
<i>Not Met</i>	0%	0%

The following presents a summary of the validation results for the MHPs for the activities from the CMS PIP protocol. For the 2012–2013 cycle, HSAG validated all third-year PIP submissions for Activity I—Select the Study Topic(s) through Activity X—Assess for Sustained Improvement.

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

Table 3-5—Summary of Data From Validation of Performance Improvement Projects			
Review Activities		Percentage Meeting All Elements/ Percentage Meeting All Critical Elements	
		2011–2012	2012–2013
I.	Select the Study Topic(s)	100%/100%	100%/100%
II.	Define the Study Question(s)	100%/100%	100%/100%
III.	Select the Study Indicator(s)	100%/100%	100%/100%
IV.	Use a Representative and Generalizable Study Population	100%/100%	100%/100%
V.	Use Sound Sampling Techniques*	100%/100%	100%/100%
VI.	Use Valid and Reliable Data Collection Procedures	100%/100%	100%/100%
VII.	Data Analysis and Interpretation of Results	79%/100%	69%/100%
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	86%/100%	92%/100%
IX.	Assess for Real Improvement	57%/NCE	62%/NCE
X.	Assess for Sustained Improvement	Not Assessed	92%/NCE
NCE = No Critical Elements * This activity is assessed only for PIPs that conduct sampling.			

The results from the 2012–2013 validation continued to reflect strong performance. All 13 MHPs received scores of *Met* for each applicable evaluation element in Activities I through VI, as well as for each applicable critical element across all activities. Six of the MHPs met all applicable

evaluation and critical elements. The remaining MHPs received scores of less than *Met* for one or up to four elements in Activities VII through X.

The MHPs demonstrated full compliance with the requirements of the CMS PIP protocol for Activities I through VI, which related to the study topic, study question, study indicators, and study population as well as sampling techniques and data collection procedures. Most MHPs met all evaluation elements in Activity VII—Data Analysis and Interpretation of Results. Opportunities for improvement identified for this activity primarily addressed identification of factors that threatened the internal or external validity of the findings or affected the ability to compare results across measurement periods. Almost all remaining opportunities for improvement addressed Activity IX—Assess for Real Improvement. While eight of the MHPs achieved statistically significant improvement in the study indicators, the remaining five MHPs did not. HSAG identified additional *Points of Clarification* in many of the PIPs.

The MHPs evaluated the success of their implemented interventions and proceeded to standardize successful interventions while revising or discontinuing those that did not demonstrate the desired effect on the study indicators. Improvement initiatives that targeted providers appeared to have been more successful than interventions at the member or system level, since the study indicators were provider-driven. Interventions to increase the rates of documentation of BMI percentiles and/or counseling for nutrition and physical activity included provider education and coaching through articles in provider newsletters; face-to-face sessions with providers to discuss BMI documentation; and ongoing provider education related to clinical guidelines and coding. Several MHPs distributed reports detailing providers' performance on the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* (WCC) HEDIS measure and information about measure documentation requirements and billing codes. Other provider-focused interventions included offering financial incentives for BMI screening compliance, furnishing BMI wheels that calculate BMI based on height and weight information to provider offices, and assisting providers with enrollee notification regarding BMI testing. Some MHPs also implemented interventions that targeted enrollees, such as conducting a Childhood Obesity Health Fair or offering enrollee education on obesity-related complications.

Conclusions/Summary

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

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

The MHPs demonstrated continued strength in their performance measure rates. Compared with the prior-year Michigan statewide rates, 40 of the 55 comparable measures reflected improved performance, with 16 indicators having statistically significant increases from the 2011–2012 rates. The Child and Adolescent Care dimension showed the largest improvement. Across all dimensions, 15 measures showed a decline from the prior year. However, most rates declined by less than 1

percentage point and only one of the decreases was statistically significant. Overall, the MHPs continued to show improvement across measures in all of the dimensions of care.

The 2012–2013 validation of the PIPs reflected high levels of compliance with the requirements for all ten activities of the CMS PIP protocol. All 13 PIPs received a validation status of *Met* for their third-year submission of the PIP on *Childhood Obesity*. The MHPs demonstrated a thorough application of the PIP Design and Implementation stages. Overall, the MHPs produced accurate study indicator rates and selected and implemented interventions that had a positive and sustained impact on the study indicator outcomes.

Overview

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

- ◆ Reports of the 2012–2013 compliance review findings for each MHP
- ◆ Michigan Medicaid HEDIS 2013 results reports
- ◆ 2013 PIP validation reports

Michigan Medicaid Health Plan Names

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

Table 4-1—List of Appendices With Michigan MHP Acronyms and Formal Names		
Appendix	Acronym	MHP Name
A	BCC	Blue Cross Complete of Michigan
B	COV	CoventryCares of Michigan, Inc.
C	HPP	HealthPlus Partners
D	MCL	McLaren Health Plan
E	MER	Meridian Health Plan of Michigan
F	MID	Midwest Health Plan
G	MOL	Molina Healthcare of Michigan
H	PHP	Physicians Health Plan—FamilyCare
I	PRI	Priority Health Government Programs, Inc.
J	PRO	ProCare Health Plan
K	THC	Total Health Care, Inc.
L	UNI	UnitedHealthcare Community Plan
M	UPP	Upper Peninsula Health Plan

Appendix A. Findings—Blue Cross Complete of Michigan

Annual Compliance Review

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

MDCH evaluated **BCC**'s compliance with federal and State requirements related to the six standards shown in Table A-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table A-1—Compliance Review Results <i>for BCC</i>							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	<i>MHP</i>	<i>Statewide</i>
1	<i>Administrative</i>	4	0	0	0	100%	96%
2	<i>Providers</i>	7	2	0	0	89%	97%
3	<i>Members</i>	6	0	0	0	100%	95%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		40	3	0	0	97%	97%

BCC demonstrated compliance with all contractual requirements related to the *Administrative*, *Members*, *MIS*, and *Program Integrity* standards. For these standards, which represented areas of strength for **BCC**, the MHP's performance exceeded or matched the statewide average scores. The 2012–2013 compliance review identified opportunities for improvement for the *Provider* and *Quality* standards. **BCC**'s compliance score for the *Quality* standard exceeded the statewide score, while the score for the *Providers* standard fell below the statewide score. **BCC**'s strong performance resulted in an overall compliance score of 97 percent, which matched the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table A-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table A-2—Scores for Performance Measures for BCC			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	Childhood Immunization—Combination 2 [^]	85.40%	★★★★★
	Childhood Immunization—Combination 3 [^]	82.73%	★★★★★
	Childhood Immunization—Combination 4 [^]	23.60%	★
	Childhood Immunization—Combination 5 [^]	68.86%	★★★★★
	Childhood Immunization—Combination 6 [^]	56.20%	★★★★★
	Childhood Immunization—Combination 7 [^]	19.95%	★
	Childhood Immunization—Combination 8 [^]	15.82%	★★
	Childhood Immunization—Combination 9 [^]	48.18%	★★★★★
	Childhood Immunization—Combination 10 [^]	13.38%	★★
	Immunizations for Adolescents—Combination 1	88.27%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	72.43%	★★★★
	Well-Child 3rd–6th Years of Life [^]	80.74%	★★★★
	Adolescent Well-Care Visits [^]	60.10%	★★★★
	Lead Screening in Children [^]	74.21%	★★★
	Appropriate Treatment of URI	94.58%	★★★★★
	Children With Pharyngitis	83.64%	★★★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	43.50%	★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	51.28%	★★★
[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> .			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table A-2—Scores for Performance Measures for BCC

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	60.32%	★★★★
	<i>Cervical Cancer Screening</i>	74.91%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	47.88%	★
	<i>Chlamydia Screening—21 to 24 Years</i>	62.14%	★★
	<i>Chlamydia Screening—Total</i>	52.21%	★
Access to Care	<i>Children's Access—12 to 24 Months</i>	97.32%	★★★
	<i>Children's Access—25 Months to 6 Years</i>	89.84%	★★★
	<i>Children's Access—7 to 11 Years</i>	94.03%	★★★★
	<i>Adolescents' Access—12 to 19 Years</i>	92.82%	★★★★
	<i>Adults' Access—20 to 44 Years</i>	84.73%	★★★
	<i>Adults' Access—45 to 64 Years</i>	88.04%	★★★
	<i>Adults' Access—65+ Years</i>	90.24%	★★★
	<i>Adults' Access—Total</i>	85.90%	★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years[^]</i>	80.74%	★★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years[^]</i>	74.47%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total[^]</i>	78.59%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years[^]</i>	70.37%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years[^]</i>	63.12%	★★★
	<i>Children/Adolescents—Nutrition, Total[^]</i>	67.88%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years[^]</i>	54.81%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years[^]</i>	58.87%	★★★
	<i>Children/Adolescents—Physical Activity, Total[^]</i>	56.20%	★★★★
	<i>Adult BMI Assessment[^]</i>	81.75%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	86.00%	★★
	<i>Postpartum Care</i>	64.86%	★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	20.98%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	5.73%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	38.74%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	24.76%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	9.79%	—

— = The national HEDIS 2012 Medicaid percentiles are not available.

[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2013 Technical Specifications for Health Plans, Volume 2*.

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

Table A-2—Scores for Performance Measures for BCC

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	12.78%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	6.88%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	11.30%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	25.31%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	43.73%	★
Living With Illness	<i>Diabetes Care—HbA1c Testing[†]</i>	91.92%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*[†]</i>	27.84%	★★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)*[†]</i>	58.38%	★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)*[†]</i>	41.70%	★★★★
	<i>Diabetes Care—Eye Exam[†]</i>	73.65%	★★★★★
	<i>Diabetes Care—LDL-C Screening[†]</i>	81.74%	★★★★
	<i>Diabetes Care—LDL-C Control (<100mg/dL)[†]</i>	46.41%	★★★★
	<i>Diabetes Care—Nephropathy[†]</i>	90.72%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg)[†]</i>	52.99%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg)[†]</i>	74.55%	★★★★
	<i>Asthma—5 to 11 Years</i>	94.59%	★★★★
	<i>Asthma—12 to 18 Years</i>	85.71%	★★
	<i>Asthma—19 to 50 Years</i>	81.05%	★★★★
	<i>Asthma—51 to 64 Years</i>	60.00%	★
	<i>Asthma—Total</i>	86.67%	★★★
	<i>Controlling High Blood Pressure</i>	64.63%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	82.20%	—
	<i>Discussing Cessation Medications</i>	57.10%	—
	<i>Discussing Cessation Strategies</i>	50.86%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	85.25%	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	65.79%	—

NC = Not Comparable (i.e., measure not comparable to national percentiles)

— = The national HEDIS 2012 Medicaid percentiles are not available.

NA = Denominator < 30, unable to report a rate.

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

[†] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2013 Technical Specifications for Health Plans, Volume 2*.

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

Table A-2—Scores for Performance Measures for BCC

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	38.28%	NC
	<i>Race/Ethnicity—Black or African-American</i>	36.93%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.21%	NC
	<i>Race/Ethnicity—Asian</i>	1.01%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.04%	NC
	<i>Race/Ethnicity—Some Other Race</i>	<0.01%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.12%	NC
	<i>Race/Ethnicity—Unknown</i>	23.41%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	3.57%	NC
	<i>Language Diversity: Spoken Language—English</i>	82.71%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	5.24%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	12.05%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.00%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	304.21	★★
	<i>Ambulatory Care: ED—Total*</i>	63.54	★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	6.76	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.08	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	0.90	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.64	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.59	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.85	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	5.90	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.56	NC

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

£ The rate was calculated by HSAG; national benchmarks are not comparable.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

ALOS = Average Length of Stay

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

Table A-2 shows that **BCC** had 14 measures ranking at or above the national HEDIS 2012 Medicaid 90th percentile and another 22 at or above the 75th percentile. Fourteen measures ranked below the 50th percentile, six of which were below the 25th percentile. Measures ranking at or above the 90th percentile were found in three dimensions: Child and Adolescent Care (*Childhood Immunization Status—Combinations 2, 3, 5, 6, and 9; Immunization for Adolescents—Combination 1; and Appropriate Treatment of URI*), Obesity (two *Children/Adolescents—BMI Percentile* measures and the *Adult BMI Assessment* measure) and Living With Illness (four *Diabetes Care* measures). Of the six measures that ranked below the 25th percentile, two were from Child and Adolescent Care (*Childhood Immunization Status—Combinations 4 and 7*) and two were from Women—Adult Care (*Chlamydia Screening—16 to 20 Years and Total*). These measures, together with *Asthma—51 to 64 Years* and *Frequency of Ongoing Prenatal Care—≥ 81 Percent*, present opportunities for improvement for **BCC**.

Performance Improvement Projects (PIPs)

Table A-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table A-3—2012–2013 PIP Validation Results for BCC						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	36	0	0	1
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2012–2013 third-year validation of **BCC**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **BCC** reported Remeasurement 2 data and received *Met* scores for all applicable evaluation elements in Activities I through X. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

BCC's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rates of counseling for nutrition and physical activity. **BCC**'s performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for **BCC** to progress to subsequent PIP stages—implementing improvement strategies and achieving real and sustained study indicator outcomes. **BCC** appeared to appropriately select and conduct the sampling and data collection activities of the Implementation stage. These activities ensured that **BCC** properly defined and collected the necessary data to produce accurate study indicator rates. **BCC** implemented several interventions that likely contributed to the success at Remeasurement 2 and included the following: The MHP conducted face-to-face educational sessions with providers about BMI documentation and counseling for nutrition and physical activity and included information about the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)* HEDIS results in the provider newsletter. **BCC**'s interventions had a positive impact on the rates. The study indicators achieved statistically significant improvement over the baseline rate as well as sustained improvement for one of the three indicators (evidence of counseling for nutrition).

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

There was one recommendation for **BCC** stemming from the 2011–2012 compliance review—to improve rates for the *Postpartum Care* and *Blood Lead Screening* measures. **BCC**'s quality management program evaluation described that **BCC** offered gift cards to members to improve lead screening and postpartum check-up rates, sent reminder postcards and educational mailings, and placed telephone reminder calls. Provider-focused activities included meetings with the physician groups and posting Web-based lists of members in need of specific preventive health screenings and testing. While **BCC** demonstrated progress in meeting most of the performance standards, it did not achieve the established performance thresholds for all measures.

Performance Measures

In 2012, the *Child Immunization—Combination 4* measure was the only **BCC** rate that fell below the national 25th percentile. Because **BCC** chose to rotate the *Childhood Immunization Status* measure for HEDIS 2013, HSAG could not evaluate change from the prior year for this measure. **BCC**'s quality management program evaluation described its continued practitioner and member interventions to promote compliance with MDCH established standards.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **BCC**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX. HSAG identified opportunities for improvement in Activity IX—Assess for Real Improvement. HSAG determined through the 2012–2013 validation process that **BCC** had successfully addressed the recommendations by performing a subgroup analysis to identify and address the barriers surrounding the lack of documented BMI percentiles and counseling for physical activity.

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

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

BCC demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. **BCC**'s strongest performance was in the **timeliness** domain, with three of the four standards in full compliance with all requirements. The 2012–2013 compliance review also identified opportunities for improvement across the three domains. For the *Quality* standard, which addressed the **quality** and **access** domains, **BCC** should continue its performance monitoring improvement efforts to increase its rates for the two performance measures that continued to fall below the MDCH standard—*Postpartum Care* and *Blood Lead Testing*—and provide updates on the status of the improvement activities through its quality improvement program documents. Recommendations for the *Providers* standard, which addressed the **quality**, **timeliness**, and **access** domains, required **BCC** to submit a policy for providing timely notification to MDCH of new subcontractors well as a procedure outlining the binding arbitration process.

Compared with the national HEDIS 2012 benchmarks, **BCC** demonstrated mixed performance in the measures for all three domains.

In the **quality** domain, 14 measures benchmarked at or above the national 90th percentile, but six fell below the 25th percentile. The top-performing measures were found in three dimensions: Child and Adolescent Care (*Childhood Immunization—Combinations 2, 3, 5, 6, and 9: Immunization for Adolescents—Combination 1*; and *Appropriate Treatment of URI*), Obesity (two *Children/Adolescent—BMI Percentile* measures and the *Adult BMI Assessment* measure), and Living With Illness (four *Diabetes Care* measures). Of the six measures that ranked below the 25th percentile, two were from Child and Adolescent Care (*Childhood Immunization—Combinations 4 and 7*), and two were from Women—Adult Care (*Chlamydia Screening—16 to 20 Years* and *Total*). The other two low-performing measures were *Asthma—51 to 64 Years* and *Frequency of Ongoing Prenatal Care—≥ 81 Percent*.

In the **timeliness** domain, **BCC** had six measures with rates at or above the 90th percentile, and another three at or above the 50th percentile. Six measures fell below the 50th percentile, two of which ranked below the 25th percentile. The two low-performing measures were *Childhood Immunization—Combinations 4 and 7*. Opportunities for improvement also existed for the *Timeliness of Prenatal Care* and *Postpartum Care* measures (both under Pregnancy Care) that reported statistically significant decline from last year.

In the **access** domain, **BCC** had no measures with rates at or above the 90th percentile. Although only one measure (*Frequency of Ongoing Prenatal Care— ≥ 81 Percent*) was below the 25th percentile, three additional measures reported statistically significant decline in rates from HEDIS 2012. These measures include *Children's Access—25 Months to 6 Years*, and all measures under the Pregnancy Care dimension, suggesting opportunities for improvement.

Related to all domains, **BCC** should continue its efforts to improve the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates of low-performing measures. Since NCQA will revise its supplemental data policies for HEDIS 2014, **BCC** should allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources can be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **BCC's** PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation did not identify any *Partially Met* or *Not Met* evaluation elements as opportunities for improvement. **BCC** should address the *Point of Clarification* to strengthen the study. Due to the noted decline in performance for Study Indicators 1 and 3 during Remeasurement 1, an additional measurement period is needed for these two indicators to determine if the recent improvement can be sustained.

Annual Compliance Review

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

MDCH evaluated **COV**'s compliance with federal and State requirements related to the six standards shown in Table B-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table B-1—Compliance Review Results <i>for COV</i>							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	4	0	0	0	100%	96%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	6	0	0	0	100%	95%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		42	1	0	0	99%	97%

COV showed strengths in the *Administrative*, *Providers*, *Members*, *MIS*, and *Program Integrity* standards, demonstrating compliance with all contractual requirements. **COV**'s performance on these standards exceeded or matched the statewide scores. The 2012–2013 compliance review identified one opportunity for improvement for the *Quality* standard, which had a compliance score that was higher than the statewide average. **COV**'s strong performance exceeded the statewide average with an overall compliance score of 99 percent.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table B-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table B-2—Scores for Performance Measures for COV			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	<i>Childhood Immunization—Combination 2[^]</i>	77.31%	★★★★
	<i>Childhood Immunization—Combination 3[^]</i>	73.38%	★★★★
	<i>Childhood Immunization—Combination 4[^]</i>	33.56%	★★
	<i>Childhood Immunization—Combination 5[^]</i>	46.99%	★★
	<i>Childhood Immunization—Combination 6[^]</i>	22.22%	★
	<i>Childhood Immunization—Combination 7[^]</i>	21.76%	★★
	<i>Childhood Immunization—Combination 8[^]</i>	11.81%	★
	<i>Childhood Immunization—Combination 9[^]</i>	16.90%	★
	<i>Childhood Immunization—Combination 10[^]</i>	7.64%	★
	<i>Immunizations for Adolescents—Combination 1</i>	81.94%	★★★★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	63.66%	★★★★
	<i>Well-Child 3rd–6th Years of Life</i>	81.31%	★★★★
	<i>Adolescent Well-Care Visits</i>	61.96%	★★★★
	<i>Lead Screening in Children</i>	84.49%	★★★★
	<i>Appropriate Treatment of URI</i>	87.34%	★★★★
	<i>Children With Pharyngitis</i>	54.63%	★
	<i>F/U Care for Children Prescribed ADHD Meds—Initiation Phase</i>	22.67%	★
	<i>F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	27.27%	★
[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> .			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table B-2—Scores for Performance Measures for COV			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	60.12%	★★★★
	<i>Cervical Cancer Screening</i>	74.05%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	72.21%	★★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	79.56%	★★★★★
	<i>Chlamydia Screening—Total</i>	74.45%	★★★★★
Access to Care	<i>Children's Access—12 to 24 Months</i>	96.54%	★★
	<i>Children's Access—25 Months to 6 Years</i>	83.56%	★
	<i>Children's Access—7 to 11 Years</i>	86.61%	★
	<i>Adolescents' Access—12 to 19 Years</i>	85.91%	★
	<i>Adults' Access—20 to 44 Years</i>	80.90%	★★
	<i>Adults' Access—45 to 64 Years</i>	87.12%	★★
	<i>Adults' Access—65+ Years</i>	NA	NA
	<i>Adults' Access—Total</i>	83.05%	★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	68.22%	★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	71.10%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	69.37%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	50.78%	★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	54.91%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	52.44%	★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	41.47%	★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	52.60%	★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	45.94%	★★★
	<i>Adult BMI Assessment</i>	81.67%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	84.35%	★★
	<i>Postpartum Care</i>	66.12%	★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	47.83%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	4.83%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	26.00%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	16.58%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	4.75%	—
— = The national HEDIS 2012 Medicaid percentiles are not available.			
NA = Denominator < 30, unable to report a rate.			
★★★★★ = 90th percentile and above			
★★★★ = 75th to 89th percentile			
★★★ = 50th to 74th percentile			
★★ = 25th to 49th percentile			
★ = Below 25th percentile			

Table B-2—Scores for Performance Measures for COV			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	20.23%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	13.95%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	12.79%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	16.28%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	36.74%	★
Living With Illness	<i>Diabetes Care—HbA1c Testing[†]</i>	82.35%	★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*[†]</i>	44.28%	★★
	<i>Diabetes Care—HbA1c Control (<8.0%)*[†]</i>	50.33%	★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)*[†]</i>	39.36%	★★★
	<i>Diabetes Care—Eye Exam[†]</i>	60.78%	★★★
	<i>Diabetes Care—LDL-C Screening[†]</i>	80.88%	★★★★
	<i>Diabetes Care—LDL-C Control (<100mg/dL) [†]</i>	38.73%	★★★
	<i>Diabetes Care—Nephropathy[†]</i>	86.93%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	34.34%	★★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	53.95%	★
	<i>Asthma—5 to 11 Years</i>	78.18%	★
	<i>Asthma—12 to 18 Years</i>	82.89%	★
	<i>Asthma—19 to 50 Years</i>	74.02%	★★
	<i>Asthma—51 to 64 Years</i>	53.75%	★
	<i>Asthma—Total</i>	76.42%	★
	<i>Controlling High Blood Pressure</i>	50.00%	★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	82.17%	—
	<i>Discussing Cessation Medications</i>	53.74%	—
	<i>Discussing Cessation Strategies</i>	48.47%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NB	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NR	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NR	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	NB	—

NC = Not Comparable (i.e., measure not comparable to national percentiles)

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

[†] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2013 Technical Specifications for Health Plans, Volume 2*.

— = The national HEDIS 2012 Medicaid percentiles are not available.

NB = No Benefit

NR = Not Report (i.e., biased, or MHP chose not to report).

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

Table B-2—Scores for Performance Measures for COV			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	10.13%	NC
	<i>Race/Ethnicity—Black or African-American</i>	82.80%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.04%	NC
	<i>Race/Ethnicity—Asian</i>	0.62%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.00%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.00%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	6.41%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	1.53%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.13%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.87%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	99.13%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.87%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	316.99	☆☆
	<i>Ambulatory Care: ED—Total*</i>	86.63	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	8.71	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.68	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.54	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	3.71	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	4.05	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.68	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	7.08	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.86	NC

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

£ The rate was calculated by HSAG; national benchmarks are not comparable.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

ALOS = Average Length of Stay

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

Table B-2 shows that **COV** had six measures ranking at or above the national HEDIS 2012 Medicaid 90th percentile, and another eight at or above the 75th percentile. An additional 13 measures were at or above the 50th percentile. Thirty-four measures ranked below the 50th percentile, half of which were below the 25th percentile. Three of the six measures ranking at or above the 90th percentile were *Chlamydia Screening* under Women—Adult Care, with the other three spread across the Child and Adolescent Care, Obesity, and Living With Illness dimensions. Measures that ranked below the 25th percentile were primarily in the Child and Adolescent Care (four *Childhood Immunization Status* measures, *Children With Pharyngitis*, and two *Follow-Up Care for Children Prescribed ADHD Medications* measures), Access to Care (one *Adults' Access* and two *Children's Access* measures), and Living With Illness (one *Diabetes Care* and four *Asthma* measures) dimensions. These measures present opportunities for improvement for **COV**.

Performance Improvement Projects (PIPs)

Table B-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table B-3—2012–2013 PIP Validation Results for COV						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	1	2	1	0
X.	Assess for Sustained Improvement	1	0	1	0	0
Totals for All Activities		37	32	3	1	1
Percentage Score of Evaluation Elements Met		89%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2012–2013 third-year validation of **COV**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 89 percent and a score of 100 percent for critical elements. **COV** reported Remeasurement 2 data and received *Met* scores for all applicable evaluation elements in Activities I through VIII. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

COV's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rates of counseling for nutrition and physical activity. **COV**'s performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for **COV** to progress to subsequent PIP stages—implementing improvement strategies. **COV** appeared to appropriately select and conduct the sampling and data collection activities. These activities ensured that **COV** properly defined and collected the necessary data to produce accurate study indicator rates. **COV** documented that the main goal of its Children's Workgroup was to motivate parents of overweight children to participate in obesity prevention interventions. These types of interventions are less likely to impact the rates for the three study indicators for this PIP. The second remeasurement results showed improvement for only one of the three study indicators. The improvement for Study Indicator 1, the percentage of enrollees who had evidence of BMI percentile documentation in the medical record or reported on a claim, was not statistically significant. **COV** should revisit its causal/barrier analysis to determine why only one of the three study indicators demonstrated improvement and focus its efforts and resources on provider-targeted interventions that will impact all study indicators.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

COV successfully addressed one of the two recommendations from the 2011–2012 compliance review. In response to the recommendation to conduct a non-clinical performance improvement project, **COV** provided MDCH with documentation for all required PIPs. **COV**'s other recommendation from the 2011–2012 compliance review was to improve efforts related to meeting the standards for the performance measures with rates below the MDCH standard. **COV** achieved the MDCH standard for six measures, but it did not achieve the established standard for all measures.

Performance Measures

In HEDIS 2012, several rates for **COV** ranked below the 25th percentile nationally, representing opportunities for improvement: *Childhood Immunizations—Combinations 6, 8, 9, and 10*; *Appropriate Testing for Children With Pharyngitis*; *Follow-Up Care for Children Prescribed ADHD Medications—Initiation Phase and Continuation and Maintenance Phase*; *Postpartum Care*; *Frequency of Ongoing Prenatal Care—≥81 Percent*; *Diabetes Care—Blood Pressure Control (<140/80)*; *Ambulatory Care: Outpatient—Total*; *Ambulatory Care: ED—Total*; and all *Access to Care* measures except for the *45 to 64 Years* and *65+ Years* categories. **COV** implemented several interventions to target the low-performing measures. These included

partnering with the large pediatric practices and holding physician office events regarding well-child visits and immunizations, providing case management for all pregnant members to coordinate access and care, offering member and provider incentives for completing diabetic screenings, assigning health coaches to non-compliant members for interactive education, monitoring wait times and member complaints, and conducting an assessment of appointment availability in high-volume practices to identify barriers to members' access to care. For the 2012 HEDIS, this produced limited results, and the 2012 report recommended continued efforts to improve measure rates.

From HEDIS 2012 to HEDIS 2013, moderate improvement was seen in some of the above measures, including four of the *Access to Care* measures: *Children's Access—12 to 24 Months*, *Adults' Access—20 to 44 Years* and *45 to 64 Years*, and *Adults' Access—Total*, which all increased from below the 25th percentile to between the 25th and 49th percentile. The rate for *Ambulatory Care: Outpatient—Total* improved as well, moving from 288.4 visits to 316.99 visits, which placed this rate between the 25th and 49th percentile for 2013. In the Child and Adolescent Care dimension, rates remained static. Efforts should continue on the other measures that continued to fall below the 25th percentile. Because **COV** chose to rotate the *Childhood Immunization Status* measures for HEDIS 2013, HSAG could not evaluate change from prior year for these measures.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **COV's** PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. There were no recommendations for follow-up.

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

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

COV demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. All standards addressing the **timeliness** domain were fully compliant with all requirements, reflecting an area of strength for **COV**. The 2012–2013 compliance review also identified an opportunity for improvement for the *Quality* standard, which addressed the **quality** and **access** domains. **COV** should continue its performance monitoring improvement efforts to meet the MDCH standards for the *Childhood Immunizations*, *Prenatal Care*, *Postpartum Care*, *Well-Child Visits in the First 15 Months of Life*, and *Blood Lead Testing* performance measures.

Compared with the national HEDIS 2012 benchmarks, **COV's** performance presented opportunities for improvement across all three domains.

In the **quality** domain, six measures benchmarked at or above the national 90th percentile but 13 fell below the 25th percentile. The top-performing measures were concentrated in the Women—Adult Care dimension (all three *Chlamydia Screening* measures); the remaining three fell under the Child and Adolescent Care, Obesity, and Living With Illness dimensions. Measures that ranked

below the 25th percentile were primarily in the Child and Adolescent Care (four *Childhood Immunization Status* measures, *Children With Pharyngitis*, and two *Follow-Up Care for Children Prescribed ADHD Medications* measures), Access to Care (one *Adults' Access* and two *Children's Access* measures), and Living With Illness (one *Diabetes Care* and four *Asthma* measures) dimensions.

In the **timeliness** domain, **COV** had five rates above the 50th percentile, of which two were above the 75th percentile and one was above the 90th percentile. Six measures ranked below the 25th percentile, suggesting opportunities for improvement.

In the **access** domain, **COV** did not have any measures with rates at or above the 90th percentile. All but one measure ranked below the 50th percentile, with seven below the 25th percentile. Most of these measures were under the Access to Care (three *Children/Adolescent's Access*) and Child and Adolescent Care (two *Follow-Up Care for Children Prescribed ADHD Medications* measures) dimensions. These measures, together with the *Frequency of Ongoing Prenatal Care ≥ 81 Percent* and *Ambulatory Care: ED Visits*, presented opportunities for improvement.

Related to all domains, **COV** should focus on improving the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates for low-performing measures. Based on a review of the final audit report, the auditors recommended that **COV** provide additional training in HEDIS reporting for its regional directors and managers and improve communication with the HEDIS information technology (IT) team. Additionally, **COV** should start its medical record abstraction process as early as possible for the next HEDIS reporting season and increase oversight of the process (e.g., conduct additional interrater reliability to ensure accuracy of the data collected). Since NCQA will provide new supplemental data guidelines for HEDIS 2014, the auditors recommended that **COV** incorporate new guidelines and required dates to the HEDIS 2014 project plan and examine the entire supplement database to ensure any numerator-compliant information be fully supported with a primary source document.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **COV's** PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VIII of the CMS protocol for conducting PIPs. The 2012–2013 validation identified opportunities for improvement for **COV**. The MHP should continue efforts to achieve real and sustained improvement in all study indicators and address the *Points of Clarification* to strengthen the study.

Annual Compliance Review

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

MDCH evaluated **HPP**'s compliance with federal and State requirements related to the six standards shown in Table C-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table C-1—Compliance Review Results <i>for</i> HPP							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	4	0	0	0	100%	96%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	6	0	0	0	100%	95%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		42	1	0	0	99%	97%

HPP showed strengths in the *Administrative*, *Providers*, *Members*, *MIS*, and *Program Integrity* standards, demonstrating compliance with all contractual requirements. **HPP**'s performance on these standards exceeded or matched the statewide scores. The 2012–2013 compliance review identified one opportunity for improvement for the *Quality* standard, which had a compliance score that was higher than the statewide average. **HPP**'s strong performance exceeded the statewide average with an overall compliance score of 99 percent.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table C-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table C-2—Scores for Performance Measures for HPP			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	Childhood Immunization—Combination 2	85.89%	★★★★★
	Childhood Immunization—Combination 3	79.08%	★★★★
	Childhood Immunization—Combination 4 [^]	69.83%	★★★★★
	Childhood Immunization—Combination 5	55.23%	★★★
	Childhood Immunization—Combination 6	30.66%	★
	Childhood Immunization—Combination 7 [^]	52.55%	★★★★★
	Childhood Immunization—Combination 8 [^]	28.95%	★★★★
	Childhood Immunization—Combination 9	24.57%	★★
	Childhood Immunization—Combination 10 [^]	23.84%	★★★★
	Immunizations for Adolescents—Combination 1	91.14%	★★★★★
	Well-Child 1st 15 Months—6+ Visits [^]	75.61%	★★★★
	Well-Child 3rd–6th Years of Life [^]	75.56%	★★★
	Adolescent Well-Care Visits [^]	56.46%	★★★
	Lead Screening in Children	83.97%	★★★★
	Appropriate Treatment of URI	81.93%	★★
	Children With Pharyngitis	68.30%	★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	42.38%	★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	51.33%	★★★
[^] Please use caution when comparing with the HEDIS 2012 Medicaid 50th percentile due to changes in this measure. [^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> .			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table C-2—Scores for Performance Measures for HPP

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	63.94%	★★★★★
	<i>Cervical Cancer Screening</i>	76.64%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	55.61%	★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	66.35%	★★★
	<i>Chlamydia Screening—Total</i>	59.35%	★★★
Access to Care	<i>Children's Access—12 to 24 Months</i>	97.05%	★★★
	<i>Children's Access—25 Months to 6 Years</i>	89.93%	★★★
	<i>Children's Access—7 to 11 Years</i>	93.20%	★★★★
	<i>Adolescents' Access—12 to 19 Years</i>	91.75%	★★★★
	<i>Adults' Access—20 to 44 Years</i>	85.41%	★★★
	<i>Adults' Access—45 to 64 Years</i>	91.14%	★★★★★
	<i>Adults' Access—65+ Years</i>	93.60%	★★★★★
	<i>Adults' Access—Total</i>	87.12%	★★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	77.99%	★★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	82.64%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	79.65%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	71.04%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	64.58%	★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	68.73%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	57.14%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	63.89%	★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	59.55%	★★★★
	<i>Adult BMI Assessment</i>	90.40%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	92.70%	★★★★
	<i>Postpartum Care</i>	71.78%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	37.76%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	7.09%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	35.42%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	13.75%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	5.98%	—
— = The national HEDIS 2012 Medicaid percentiles are not available.			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table C-2—Scores for Performance Measures for HPP

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	34.79%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	2.92%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	4.14%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	9.98%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	48.18%	★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	87.69%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	33.29%	★★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	58.18%	★★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	45.99%	★★★★★
	<i>Diabetes Care—Eye Exam</i>	72.31%	★★★★★
	<i>Diabetes Care—LDL-C Screening[†]</i>	79.79%	★★★
	<i>Diabetes Care—LDL-C Control (<100mg/dL) [†]</i>	43.07%	★★★★★
	<i>Diabetes Care—Nephropathy[†]</i>	86.28%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	43.78%	★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	68.11%	★★★
	<i>Asthma—5 to 11 Years</i>	93.30%	★★★
	<i>Asthma—12 to 18 Years</i>	83.68%	★
	<i>Asthma—19 to 50 Years</i>	77.17%	★★★
	<i>Asthma—51 to 64 Years</i>	62.16%	★
	<i>Asthma—Total</i>	85.30%	★★
	<i>Controlling High Blood Pressure</i>	58.77%	★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	79.44%	—
	<i>Discussing Cessation Medications</i>	50.55%	—
	<i>Discussing Cessation Strategies</i>	44.44%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	78.74%	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	81.13%	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	63.84%	—

[†] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2013 Technical Specifications for Health Plans, Volume 2*.
 * For this measure, a lower rate indicates better performance.
 NC = Not Comparable (i.e., measure not comparable to national percentiles)
 — = The national HEDIS 2012 Medicaid percentiles are not available.
 NA = Denominator < 30, unable to report a rate.

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

Table C-2—Scores for Performance Measures for HPP

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	59.36%	NC
	<i>Race/Ethnicity—Black or African-American</i>	30.87%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.15%	NC
	<i>Race/Ethnicity—Asian</i>	0.40%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.06%	NC
	<i>Race/Ethnicity—Some Other Race</i>	<0.01%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	9.17%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	4.61%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.90%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.09%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	<0.01%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.00%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	341.92	★★
	<i>Ambulatory Care: ED—Total*</i>	66.58	★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	6.90	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.21	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.06	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.27	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	6.90	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.21	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	1.06	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	4.27	NC

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

£ The rate was calculated by HSAG; national benchmarks are not comparable.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

ALOS = Average Length of Stay

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

Table C-2 shows that **HPP** had 13 measures ranking at or above the national HEDIS 2012 Medicaid 90th percentile, and another 22 measures at or above the 75th percentile. Seventeen other measures were at or above the 50th percentile. Ten measures ranked below the 50th percentile, four of which were below the 25th percentile. Measures ranking at or above the 90th percentile spread across several dimensions but were primarily in the Child and Adolescent Care (*Childhood Immunization—Combinations 2, 4, and 7*; and *Immunizations for Adolescents—Combination 1*) and Obesity (*Children/Adolescents—BMI Percentile* and *Adult BMI Assessment*) dimensions. Of the four measures that ranked below the 25th percentile, two were from the Living With Illness dimension (two *Asthma* measures), one from Child and Adolescent Care (*Childhood Immunization—Combination 6*), and one from Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent*). These measures present opportunities for improvement for **HPP**.

Performance Improvement Projects (PIPs)

Table C-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table C-3—2012–2013 PIP Validation Results for HPP						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	36	0	0	1
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2012–2013 third-year validation of **HPP**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **HPP** reported Remeasurement 2 data and received *Met* scores for all applicable evaluation elements in Activities I through X. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

HPP's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. In the study design (Activities I through VI) and the study implementation (Activities VII and VIII) stages, **HPP**'s strong performance indicates that the PIP was well designed and implemented appropriately to measure outcomes and improvement. The solid design allowed the successful progression to subsequent stages and the implementation of targeted interventions that had a positive impact on study indicator outcomes. **HPP** performed subgroup analyses of disparities based on age, gender, geography, and race. The findings from these analyses assisted **HPP** in implementing targeted interventions that most likely contributed to the improved study indicator outcome. **HPP** implemented several provider-focused interventions aimed at educating its providers on the HEDIS measure requirements. The second remeasurement showed statistically significant and sustained improvement for the rate of eligible enrollees who had evidence of a BMI percentile in their medical record during the measurement period.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

HPP successfully addressed one of the two recommendations from the 2011–2012 compliance review. **HPP** provided documentation that demonstrated it was in compliance with the requirement to have enrollee board members on the board of directors. **HPP** did not meet the MDCH standard for all performance indicators.

Performance Measures

In 2012, **HPP** had four rates that fell below the national 25th percentile: *Childhood Immunizations—Combinations 6 and 9*; *Appropriate Treatment of URI*; and *Frequency of Ongoing Prenatal Care—≥81 Percent*. **HPP** provided member education regarding risk factor screening: preventive care services: the importance of preventive care visits: blood lead testing: childhood immunizations: well-care visits: and appropriate use of antibiotics for pharyngitis, URI, and bronchitis. **HPP** also focused on educating and alerting physicians to their specific patients who were not receiving recommended services including immunizations, lead screening, and well visits. **HPP** continued automated telephone reminders for members eligible for or missing preventive health services and offered incentives, and conducted targeted live nurse calls with three-way physician office appointment scheduling. **HPP** also continued with an automated download from the Michigan Care Improvement Registry (MCIR), lead registry information from the State of Michigan, and a Medicaid historical claims file.

The *Appropriate Treatment of URI* rate increased slightly from 79.4 percent in HEDIS 2012 to 81.9 percent in HEDIS 2013. The *Lead Screening in Children* rate also had a statistically significant increase of 4.07 percentage points, and the *Diabetes Care—Eye Exam* rate increased from 66.5 percent in 2012 to 72.3 percent in 2013.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **HPP**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. There were no recommendations for follow-up.

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

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

HPP demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. All standards addressing the **timeliness** domain were fully compliant with all requirements. The 2012–2013 compliance review also identified opportunities for improvement for the *Quality* standard, which addressed the **quality** and **access** domains. **HPP** should continue to implement a performance improvement project for the *Prenatal Care* measure, which had a rate below the MDCH standard. For the *Pharmacy Encounter Data* measure, the MHP should take steps to ensure that all data submissions are not only timely but also complete.

Compared to the national HEDIS 2012 benchmarks, **HPP**'s performance across all domains were mixed, presenting opportunities for improvement mostly in the **quality** domain.

In the **quality** domain, 11 measures benchmarked at or above the national 90th percentile, but four fell below the 25th percentile. The top-performing measures were concentrated in the Child and Adolescent Care (*Childhood Immunization—Combinations 2, 4, and 7*; and *Immunizations for Adolescents—Combination 1*) and Obesity dimensions (*Children/Adolescents—BMI Percentile* and *Adult BMI Assessment*). Of the four **quality**-related measures that ranked below the 25th percentile, two were from the Living With Illness dimension (*Asthma* measures), one from Child and Adolescent Care (*Childhood Immunization—Combination 6*), and one from Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent*).

In the **timeliness** domain, **HPP** had four measures with rates at or above the 90th percentile, and another six above the 75th percentile. Rates for three additional measures were above the 50th percentile. One measure (*Childhood Immunization—Combination 6*) ranked below the 25th percentile, suggesting opportunities for improvement.

In the **access** domain, **HPP** had two *Adults' Access* measures (under the Access to Care domain) with rates at or above the 90th percentile and one (*Frequency of Ongoing Prenatal Care—≥81 Percent*) below the 25th percentile. Most of the remaining **access**-related measures ranked above the 50th percentile.

Related to all domains, **HPP** should continue its efforts to improve the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates of low-performing measures. Since NCQA will revise its supplemental data policies for HEDIS 2014, **HPP** should allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources could be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **HPP's** PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation did not identify any opportunities for improvement for **HPP**.

Annual Compliance Review

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

MDCH evaluated **MCL**'s compliance with federal and State requirements related to the six standards shown in Table D-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table D-1—Compliance Review Results <i>for MCL</i>							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	4	0	0	0	100%	96%
2	<i>Providers</i>	8	1	0	0	94%	97%
3	<i>Members</i>	5	1	0	0	92%	95%
4	<i>Quality</i>	9	0	0	0	100%	93%
5	<i>MIS</i>	3	0	0	0	100%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		41	2	0	0	98%	97%

MCL demonstrated full compliance with all contract requirements related to the *Administrative*, *Quality*, *MIS*, and *Program Integrity* standards. For these standards, which represented areas of strength for **MCL**, the MHP's performance exceeded or matched the statewide average scores. The 2012–2013 compliance review also resulted in recommendations for the *Providers* and *Members* standards, which represented opportunities for improvement for **MCL**. The MHP's compliance scores for these two standards were lower than the statewide scores. **MCL**'s overall compliance score of 98 percent exceeded the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table D-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table D-2—Scores for Performance Measures for MCL			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	Childhood Immunization—Combination 2	85.16%	★★★★★
	Childhood Immunization—Combination 3	84.67%	★★★★★
	Childhood Immunization—Combination 4^	72.51%	★★★★★
	Childhood Immunization—Combination 5	58.39%	★★★
	Childhood Immunization—Combination 6	39.90%	★★★
	Childhood Immunization—Combination 7^	54.74%	★★★★★
	Childhood Immunization—Combination 8^	38.93%	★★★★★
	Childhood Immunization—Combination 9	33.33%	★★★
	Childhood Immunization—Combination 10^	32.60%	★★★★★
	Immunizations for Adolescents—Combination 1	89.05%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	74.70%	★★★★
	Well-Child 3rd–6th Years of Life	68.13%	★★
	Adolescent Well-Care Visits	40.15%	★
	Lead Screening in Children	85.64%	★★★★
	Appropriate Treatment of URI	76.15%	★
	Children With Pharyngitis	60.22%	★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	41.43%	★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	45.31%	★★
^ Please use caution when comparing with the HEDIS 2012 Medicaid 50th percentile due to changes in this measure.			
<div>★★★★★ = 90th percentile and above</div> <div>★★★★ = 75th to 89th percentile</div> <div>★★★ = 50th to 74th percentile</div> <div>★★ = 25th to 49th percentile</div> <div>★ = Below 25th percentile</div>			

Table D-2—Scores for Performance Measures for MCL			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	48.02%	☆☆
	<i>Cervical Cancer Screening</i>	72.99%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	49.47%	☆☆
	<i>Chlamydia Screening—21 to 24 Years</i>	63.71%	☆☆
	<i>Chlamydia Screening—Total</i>	54.66%	☆☆
Access to Care	<i>Children's Access—12 to 24 Months</i>	95.47%	★
	<i>Children's Access—25 Months to 6 Years</i>	85.78%	★
	<i>Children's Access—7 to 11 Years</i>	88.99%	☆☆
	<i>Adolescents' Access—12 to 19 Years</i>	86.94%	☆☆
	<i>Adults' Access—20 to 44 Years</i>	81.49%	☆☆
	<i>Adults' Access—45 to 64 Years</i>	89.58%	★★★★
	<i>Adults' Access—65+ Years</i>	85.53%	☆☆
	<i>Adults' Access—Total</i>	83.97%	★★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years[^]</i>	61.15%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years[^]</i>	60.90%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total[^]</i>	61.07%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years[^]</i>	61.87%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years[^]</i>	48.87%	☆☆
	<i>Children/Adolescents—Nutrition, Total[^]</i>	57.66%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years[^]</i>	60.79%	★★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years[^]</i>	48.87%	★★★★
	<i>Children/Adolescents—Physical Activity, Total[^]</i>	56.93%	★★★★★
	<i>Adult BMI Assessment</i>	69.10%	★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	96.59%	★★★★★★
	<i>Postpartum Care</i>	81.02%	★★★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	20.55%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.19%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	43.14%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	22.25%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	5.87%	—
[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> . — = The national HEDIS 2012 Medicaid percentiles are not available.			
★★★★★★ = 90th percentile and above ★★★★★ = 75th to 89th percentile ★★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table D-2—Scores for Performance Measures for MCL

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	1.95%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	0.73%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	2.68%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	7.30%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	87.35%	★★★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	78.47%	★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	41.24%	★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	49.82%	★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	36.65%	★★
	<i>Diabetes Care—Eye Exam</i>	57.48%	★★★
	<i>Diabetes Care—LDL-C Screening</i>	69.71%	★
	<i>Diabetes Care—LDL-C Control (<100mg/dL)</i>	31.93%	★★
	<i>Diabetes Care—Nephropathy</i>	81.39%	★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	43.25%	★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	71.72%	★★★★
	<i>Asthma—5 to 11 Years</i>	89.66%	★★
	<i>Asthma—12 to 18 Years</i>	82.83%	★
	<i>Asthma—19 to 50 Years</i>	70.19%	★★
	<i>Asthma—51 to 64 Years</i>	65.75%	★
	<i>Asthma—Total</i>	81.88%	★
	<i>Controlling High Blood Pressure</i>	77.62%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	75.55%	—
	<i>Discussing Cessation Medications</i>	44.81%	—
	<i>Discussing Cessation Strategies</i>	39.10%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	82.05%	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	63.16%	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	8.80%	—

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

NC = Not Comparable (i.e., measure not comparable to national percentiles)

— = The national HEDIS 2012 Medicaid percentiles are not available.

NA = Denominator < 30, unable to report a rate.

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

Table D-2—Scores for Performance Measures for MCL

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	69.69%	NC
	<i>Race/Ethnicity—Black or African-American</i>	18.41%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.21%	NC
	<i>Race/Ethnicity—Asian</i>	0.93%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.00%	NC
	<i>Race/Ethnicity—Some Other Race</i>	<0.01%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	10.65%	NC
	<i>Race/Ethnicity—Declined</i>	0.10%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	5.03%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.41%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.58%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.00%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.01%	NC
	<i>Language Diversity: Written Language—English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.00%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	318.25	☆☆
	<i>Ambulatory Care: ED—Total*</i>	75.48	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	8.23	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.63	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.23	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.51	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.70	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	4.10	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	5.17	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.74	NC

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

£ The rate was calculated by HSAG; national benchmarks are not comparable.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

ALOS = Average Length of Stay

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

Table D-2 shows that **MCL** had 11 measures ranking at or above the national HEDIS 2012 Medicaid 90th percentile, with another five at or above the 75th percentile. Rates for 19 additional measures were at or above the 50th percentile. Twenty-seven measures ranked below the 50th percentile, 10 of which were below the 25th percentile. Measures ranking at or above the 90th percentile were primarily in the dimensions of Child and Adolescent Care (*Childhood Immunization—Combinations 2, 3, 4, 7, 8, and 10; and Immunizations for Adolescents—Combination 1*) and Pregnancy Care (*Prenatal and Postpartum Care measures and Frequency of Ongoing Prenatal Care— ≥ 81 Percent*). Of the ten measures that ranked below the 25th percentile, five were from the Living With Illness dimension (two *Diabetes Care* measures and three *Asthma* measures). The other low-performing measures were in the Child and Adolescent Care (*Adolescent Well-Care Visits* and *Appropriate Treatment of URI*), Access to Care (two *Children's Access* measures), and Utilization (*Ambulatory Care: ED—Total*) dimensions. These measures present opportunities for improvement for **MCL**.

Performance Improvement Projects (PIPs)

Table D-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table D-3—2012–2013 PIP Validation Results for MCL						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	3	0	0	1
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	35	0	0	2
Percentage Score of Evaluation Elements <i>Met</i>		100%				
Percentage Score of Critical Elements <i>Met</i>		100%				
Validation Status		<i>Met</i>				

For the 2012–2013 third-year validation of **MCL**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **MCL** reported Remeasurement 2 data and received *Met* scores for all applicable evaluation elements in Activities I through X. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

MCL's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. The performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for **MCL** to progress to subsequent PIP stages—implementing improvement strategies and achieving real and sustained study indicator outcomes. **MCL** appeared to appropriately select and conduct the sampling and data collection activities of the Implementation stage. These activities ensured that **MCL** properly defined and collected the necessary data to produce accurate study indicator rates. **MCL**'s quality improvement committee assessed all interventions for effectiveness and ensured that the appropriate subgroups were targeted for improvement strategies. One of **MCL**'s interventions, the PCP FAX Connection, received favorable feedback from the providers. This monthly fax sent to PCPs included information regarding HEDIS requirements and the provider's performance for the HEDIS measures. **MCL**'s interventions had a positive impact on the rates. The study indicator achieved statistically significant improvement over the baseline rate and sustained the improvement over repeated measurement periods.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

The only recommendations **MCL** had from the 2011–2012 compliance review were for the Fraud, Waste, and Abuse standard. Follow-up on recommendations under the Fraud, Waste, and Abuse standard could not be assessed due to significant changes that were made to the review tool and process.

Performance Measures

In 2012, two measures (*Appropriate Treatment of URI* and *Ambulatory Care: ED—Total*) ranked below the 25th percentile. The **MCL** 2012 quality improvement plan evaluation described how the health plan focused on frequent emergency department utilizers via its Emergency Room Program. The program provided member education and information for PCPs regarding members' utilization patterns. Over 2,700 Medicaid members were contacted in 2012. The **MCL** Health Services Take Action Team work plan identified interventions taken to impact specific HEDIS measures. The interventions addressing the *Appropriate Treatment for Children With URI* measure included a report identifying providers who were not compliant, newsletter articles, faxes to PCPs, and provision of targeted provider education. The rate for the *Appropriate Treatment for Children With URI* measure increased by 1.19 percentage points in 2013, and the *Ambulatory Care: ED—Total* rate rose by 2.71 percentage points. Neither increase was statistically significant, and both measures continued to fall below the 25th percentile.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **MCL**'s *Childhood Obesity* PIP, HSAG validated Activities I through IX, resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. There were no recommendations for follow-up.

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

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

MCL demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. **MCL**'s strongest performance was in the **quality** domain, with four of the six standards in full compliance with all requirements. The 2012–2013 compliance review also identified opportunities for improvement for two standards that addressed all three domains. For the *Providers* standard, **MCL** should submit documentation that the MHP's response time for prior authorizations for inpatient admissions to non-contracted facilities is one hour or less. For the *Members* standard, **MCL** should submit an updated grievance and appeal policy for review and approval.

Compared with the national HEDIS 2012 performance, **MCL** demonstrated strong performance in the **timeliness** domain but mixed performance in the **quality** and **access** domains.

In the **quality** domain, nine measures benchmarked at or above the national 90th percentile while seven fell below the 25th percentile. The top-performing measures were concentrated in the Child and Adolescent Care dimension (*Childhood Immunization—Combinations 2, 3, 4, 7, 8, and 10*; and *Immunizations for Adolescents—Combination 1*). Of the seven **quality**-related measures that ranked below the 25th percentile, five were under Living With Illness (two *Diabetes Care* measures and three *Asthma* measures) and two under Child and Adolescent Care (*Adolescent Well-Care Visits* and *Appropriate Treatment of URI*).

In the **timeliness** domain, **MCL** had nine measures with rates at or above the 90th percentile, one above the 75th percentile, and one above the 50th percentile. None of the **timeliness**-related measures ranked below the 25th percentile. Nonetheless, opportunities for improvement existed for *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*, as its rate ranked below the 50th percentile.

In the **access** domain, **MCL** had three measures (all under Pregnancy Care) with rates at or above the 90th percentile and three below the 25th percentile. Two of the low-performing measures were under Access to Care (*Children's Access: 12 to 24 Months* and *25 Months to 6 Years*) and the third under Utilization (*Ambulatory Care: ED—Total*). These measures presented opportunities for improvement.

Based on HSAG's review of **MCL**'s final audit report of HEDIS 2013, the plan experienced a significant enrollment increase of 58 percent in its Medicaid product line and acquired CareSource of MI in 2012 for HEDIS reporting. Although the auditor noted some issues with completeness of

encounter data from capitated providers during 2012, **MCL** was determined to be fully compliant with all NCQA-defined Information System Standards for HEDIS 2013 reporting. Related to all domains, **MCL** should continue its efforts to improve the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates of low-performing measures. **MCL** completed a system migration, which significantly reduced data entry requirements and, consequently, increased data accuracy for reporting. **MCL** also made extensive use of supplemental data sources to increase the accuracy of its reported HEDIS rates, including external databases for laboratory and immunization data. Since NCQA will revise its supplemental data policies for HEDIS 2014, **MCL** should allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources can be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **MCL**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation did not identify any *Partially Met* or *Not Met* evaluation elements as opportunities for improvement. **MCL** should address all *Points of Clarification* to strengthen the study.

Annual Compliance Review

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

MDCH evaluated **MER**'s compliance with federal and State requirements related to the six standards shown in Table E-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table E-1—Compliance Review Results <i>for MER</i>							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	4	0	0	0	100%	96%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	6	0	0	0	100%	95%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	2	1	0	0	83%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		41	2	0	0	98%	97%

MER showed strengths in the *Administrative*, *Providers*, *Members*, and *Program Integrity* standards, demonstrating compliance with all contractual requirements. **MER**'s performance on these standards exceeded or matched the statewide scores. The 2012–2013 compliance review identified opportunities for improvement for the *Quality* and *MIS* standards. While **MER**'s compliance score for the *Quality* standard was higher than the statewide average, its score for the *MIS* standard fell below the statewide score. **MER**'s strong performance exceeded the statewide average with an overall compliance score of 98 percent.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table E-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table E-2—Scores for Performance Measures for MER			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	Childhood Immunization—Combination 2	81.54%	★★★★
	Childhood Immunization—Combination 3	77.57%	★★★★
	Childhood Immunization—Combination 4 [^]	64.95%	★★★★★
	Childhood Immunization—Combination 5	59.11%	★★★
	Childhood Immunization—Combination 6	40.42%	★★★
	Childhood Immunization—Combination 7 [^]	49.77%	★★★★★
	Childhood Immunization—Combination 8 [^]	36.21%	★★★★★
	Childhood Immunization—Combination 9	33.18%	★★★
	Childhood Immunization—Combination 10 [^]	30.61%	★★★★★
	Immunizations for Adolescents—Combination 1	90.74%	★★★★★
	Well-Child 1st 15 Months—6+ Visits [^]	77.31%	★★★★★
	Well-Child 3rd–6th Years of Life [^]	78.24%	★★★
	Adolescent Well-Care Visits [^]	67.91%	★★★★★
	Lead Screening in Children	84.19%	★★★★
	Appropriate Treatment of URI	86.81%	★★★
	Children With Pharyngitis	64.95%	★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	39.66%	★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	44.95%	★★
[^] Please use caution when comparing with the HEDIS 2012 Medicaid 50th percentile due to changes in this measure. [^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> .			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table E-2—Scores for Performance Measures for MER			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	62.88%	★★★★★
	<i>Cervical Cancer Screening</i>	75.18%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	64.63%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	72.84%	★★★★★
	<i>Chlamydia Screening—Total</i>	67.98%	★★★★
Access to Care	<i>Children's Access—12 to 24 Months</i>	98.01%	★★★★
	<i>Children's Access—25 Months to 6 Years</i>	92.19%	★★★★
	<i>Children's Access—7 to 11 Years</i>	93.76%	★★★★
	<i>Adolescents' Access—12 to 19 Years</i>	93.53%	★★★★★
	<i>Adults' Access—20 to 44 Years</i>	86.14%	★★★★
	<i>Adults' Access—45 to 64 Years</i>	91.63%	★★★★★
	<i>Adults' Access—65+ Years</i>	93.33%	★★★★★
	<i>Adults' Access—Total</i>	87.65%	★★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years[^]</i>	71.38%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years[^]</i>	74.24%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total[^]</i>	72.26%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years[^]</i>	48.82%	★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years[^]</i>	51.52%	★★★
	<i>Children/Adolescents—Nutrition, Total[^]</i>	49.65%	★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years[^]</i>	34.01%	★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years[^]</i>	43.94%	★★
	<i>Children/Adolescents—Physical Activity, Total[^]</i>	37.06%	★★
	<i>Adult BMI Assessment</i>	82.83%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	94.13%	★★★★★
	<i>Postpartum Care</i>	72.07%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	28.17%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	10.59%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	45.10%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	16.07%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	0.06%	—

[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2013 Technical Specifications for Health Plans, Volume 2*.

— = The national HEDIS 2012 Medicaid percentiles are not available.

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

Table E-2—Scores for Performance Measures for MER

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	0.70%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	1.64%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	2.82%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	7.75%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	87.09%	★★★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing[†]</i>	90.93%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*[†]</i>	31.32%	★★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)*[†]</i>	57.83%	★★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)*[†]</i>	45.15%	★★★★★
	<i>Diabetes Care—Eye Exam[†]</i>	53.20%	★★★
	<i>Diabetes Care—LDL-C Screening[†]</i>	81.49%	★★★★★
	<i>Diabetes Care—LDL-C Control (<100mg/dL) [†]</i>	41.64%	★★★★★
	<i>Diabetes Care—Nephropathy</i>	79.89%	★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg) [†]</i>	48.58%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg) [†]</i>	68.51%	★★★
	<i>Asthma—5 to 11 Years</i>	93.37%	★★★
	<i>Asthma—12 to 18 Years</i>	86.51%	★★
	<i>Asthma—19 to 50 Years</i>	73.13%	★★
	<i>Asthma—51 to 64 Years</i>	72.66%	★★
	<i>Asthma—Total</i>	85.25%	★★
	<i>Controlling High Blood Pressure</i>	76.69%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	79.30%	—
	<i>Discussing Cessation Medications</i>	51.64%	—
	<i>Discussing Cessation Strategies</i>	44.98%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	91.22%	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	49.75%	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	57.43%	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	58.00%	—

[†] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2013 Technical Specifications for Health Plans, Volume 2*.

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

NC = Not Comparable (i.e., measure not comparable to national percentiles)

— = The national HEDIS 2012 Medicaid percentiles are not available.

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

Table E-2—Scores for Performance Measures for MER

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	65.94%	NC
	<i>Race/Ethnicity—Black or African-American</i>	21.60%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.15%	NC
	<i>Race/Ethnicity—Asian</i>	1.02%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.10%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.00%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	5.88%	NC
	<i>Race/Ethnicity—Declined</i>	5.33%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	5.88%	NC
	<i>Language Diversity: Spoken Language—English</i>	98.85%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	1.15%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.00%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	98.85%	NC
	<i>Language Diversity: Written Language—Non-English</i>	1.15%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.00%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	98.85%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	1.15%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	368.04	★★★★
	<i>Ambulatory Care: ED—Total*</i>	80.96	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	10.67	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	6.46	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	0.36	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	6.52	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.79	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	4.58	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	4.17	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.43	NC

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

£ The rate was calculated by HSAG; national benchmarks are not comparable.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

ALOS = Average Length of Stay

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

Table E-2 shows that **MER** had 17 measures ranking at or above the national HEDIS 2012 Medicaid 90th percentile and another 21 at or above the 75th percentile. Twelve measures ranked below the 50th percentile, one of which ranked below the 25th percentile, *Ambulatory Care: ED—Total*. Measures ranking at or above the 90th percentile spread across different dimensions, including Child and Adolescent Care (*Childhood Immunization—Combinations 4, 7, 8, and 10; Immunizations for Adolescents—Combination 1; Well-Child Visits in the First 15 Months of Life: Six or More Visits; and Adolescent Well-Care Visits*), Women—Adult Care (*Breast Cancer Screening and Chlamydia Screening: 21 to 24 Years*), Access to Care (*Adolescents' Access: 12 to 19 Years, Adults' Access: 45 to 64 Years and 65+ Years*), Obesity (*Adult BMI Assessment*), Pregnancy Care (*Timeliness of Prenatal Care and Frequency of Ongoing Prenatal Care—≥81 Percent*), and Living With Illness (*Diabetes Care—HbA1c Control <8.0% and Controlling High Blood Pressure*). The one measure ranking below the 25th percentile (*Ambulatory Care: ED—Total*), along with the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*, whose rate declined significantly from HEDIS 2012, present opportunities for improvement for **MER**.

Performance Improvement Projects (PIPs)

Table E-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table E-3—2012–2013 PIP Validation Results for MER						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	36	0	0	1
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2012–2013 third-year validation of **MER**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **MER** reported Remeasurement 2 data and received *Met* scores for all applicable evaluation elements in Activities I through X. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

MER's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. **MER**'s performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for **MER** to progress to subsequent PIP stages—implementing improvement strategies and achieving real and sustained study indicator outcomes. **MER** appropriately selected and conducted the sampling and data collection activities of the Implementation stage. These activities ensured that **MER** properly defined and collected the necessary data to produce accurate study indicator rates. **MER** evaluated its interventions and discussed the outcomes during its monthly HEDIS committee meetings. The study indicator was provider-driven; therefore, the interventions most likely to have had an impact on the indicator outcomes were **MER**'s provider-focused interventions. Interventions such as the quarterly HEDIS Report Cards that identify the provider's rates for HEDIS quality indicators gave providers the tools and information needed to assist them in assessing and documenting the enrollee's BMI. **MER**'s interventions had a positive impact on the rates. The study indicator achieved statistically significant improvement over the baseline rate.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

MER had no recommendations from the 2011–2012 compliance review; all criteria scored *Pass*.

Performance Measures

In 2012, **MER** had only one rate that fell below the 25th percentile, *Ambulatory Care: ED—Total*. One hospital had previously been identified among all contracted facilities as having the highest-volume ED. To reduce inappropriate utilization and increase member follow-up with primary care, **MER** continued its collaboration with that hospital's ED by implementing a case management program to reduce unnecessary visits by members. A case manager provided member education on appropriate ED usage, discharge instructions, post-ED telephonic follow-up with members, and referral to case management staff when necessary. Although the rate for *Ambulatory Care: ED—Total* rose from 79.3 percent in 2012 to 80.96 percent in 2013, the increase was not statistically significant, and the rate remained below the 25th percentile.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of the plan's PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. There were no recommendations for follow-up.

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

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

MER demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. **MER**'s strongest performance was in the **timeliness** and **access** domains, with three of the four standards in each domain achieving compliance scores of 100 percent. The 2012–2013 compliance review also identified opportunities for improvement across the three domains. For the *Quality* standard, addressing the domains of **quality** and **access**, **MER** should specify initiatives and interventions for the *Postpartum Care* measure and develop a plan for evaluation. To address the recommendation for the *MIS* standard related to the domains of **quality** and **timeliness**, **MER** should submit proof of newborn tracking and enrollment.

Compared to the national HEDIS 2012 benchmarks, **MER** demonstrated strong performance for the measures in the **quality**, **timeliness**, and **access** domains. As noted in its final audit report of HEDIS 2013, **MER** had best practices in the areas of claims process, medical record review, and the capture of data outside of the claims system. The auditor noted that the plan continued to demonstrate exceptional performance in all areas supporting HEDIS report production, which might contribute to its strong performance.

In the **quality** domain, 13 measures benchmarked at or above the national 90th percentile and none below the 25th percentile. The top-performing measures were concentrated in the Child and Adolescent Care (*Childhood Immunization—Combinations 4, 7, 8, and 10; Immunization for Adolescents—Combination 1; Well-Child Visits in the First 15 Months of Life: Six or More Visits; and Adolescent Well-Care Visits*) but could also be found in other dimensions such as Women—Adult Care (*Breast Cancer Screening and Chlamydia Screening: 21 to 24 Years*), Obesity (*Adult BMI Assessment*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥ 81 Percent*), and Living With Illness (*Diabetes Care—HbA1c Control <7.0 % and Controlling High Blood Pressure*). Although **MER** did not have any **quality**-related measures below the 25th percentile, opportunities for improvement were present for 11 measures that ranked below the 50th percentile, including one with a statistically significant rate decline from HEDIS 2012. These measures include two *Children/Adolescent—Nutrition* measures and all three *Children/Adolescent—Physical Activity* measures under the Obesity dimension, four *Asthma* measures under Living With Illness, and two Child and Adolescent Care measures (*Children With Pharyngitis* and *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*).

In the **timeliness** domain, **MER** had six measures with rates at or above the 90th percentile, and four others with rates above the 75th percentile. The plan also had four additional rates above the 50th percentile. None of the **timeliness**-related measures ranked below the 25th percentile. Nonetheless, the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* measure under the Child and Adolescent Care dimension ranked below the 50th percentile and reported statistically significant decline from last year, suggesting opportunities for improvement.

In the **access** domain, **MER** had five measures with rates at or above the 90th percentile and one (*Ambulatory Care: ED—Total*) below the 25th percentile. Most of the remaining **access**-related

measures ranked above the 75th percentile. In addition to the one measure that ranked below the 25th percentile, opportunities for improvement also existed for the *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* measure whose rate declined significantly from HEDIS 2012.

Related to all domains, **MER** should continue its efforts to improve the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates of low-performing measures. For hybrid measures, the auditors recommended that **MER** conduct a retrospective review of HEDIS 2013 actions and develop a sound HEDIS project plan that includes all of the key dates for HEDIS 2014 actions. The project plan should address starting the medical record abstraction as early as possible to ensure the medical record review validation can take place with sufficient time for any needed corrections. Since NCQA will revise its supplemental data policies for HEDIS 2014, **MER** should allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources can be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **MER**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation did not identify any *Partially Met* or *Not Met* evaluation elements as opportunities for improvement. **MER** should address all *Points of Clarification* to strengthen the study.

Annual Compliance Review

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

MDCH evaluated **MID**'s compliance with federal and State requirements related to the six standards shown in Table F-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table F-1—Compliance Review Results <i>for MID</i>							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	4	0	0	0	100%	96%
2	<i>Providers</i>	8	1	0	0	94%	97%
3	<i>Members</i>	4	2	0	0	83%	95%
4	<i>Quality</i>	7	2	0	0	89%	93%
5	<i>MIS</i>	2	1	0	0	83%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		37	6	0	0	93%	97%

MID demonstrated compliance with all contractual requirements related to the *Administrative* and *Program Integrity* standards. These two standards—with compliance scores equal to or higher than the statewide average scores—represented areas of strength for **MID**. The 2012–2013 compliance review identified opportunities for improvement for the *Providers*, *Members*, *Quality*, and *MIS* standards. **MID**'s compliance scores for these standards were lower than the statewide scores. **MID**'s performance resulted in an overall compliance score of 93 percent, which was lower than the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table F-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table F-2—Scores for Performance Measures for MID			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	Childhood Immunization—Combination 2	85.40%	★★★★★
	Childhood Immunization—Combination 3	79.08%	★★★★
	Childhood Immunization—Combination 4^	73.72%	★★★★★
	Childhood Immunization—Combination 5	64.48%	★★★★
	Childhood Immunization—Combination 6	33.82%	★★
	Childhood Immunization—Combination 7^	60.10%	★★★★★
	Childhood Immunization—Combination 8^	32.12%	★★★★★
	Childhood Immunization—Combination 9	28.95%	★★
	Childhood Immunization—Combination 10^	27.49%	★★★★★
	Immunizations for Adolescents—Combination 1	85.64%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	86.37%	★★★★★
	Well-Child 3rd–6th Years of Life	82.97%	★★★★
	Adolescent Well-Care Visits	65.94%	★★★★★
	Lead Screening in Children	77.37%	★★★
	Appropriate Treatment of URI	85.87%	★★★
	Children With Pharyngitis	62.25%	★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	38.24%	★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	50.43%	★★★
^ Please use caution when comparing with the HEDIS 2012 Medicaid 50th percentile due to changes in this measure.			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table F-2—Scores for Performance Measures for MID			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	57.55%	★★★★
	<i>Cervical Cancer Screening</i>	71.29%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	61.52%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	71.15%	★★★★
	<i>Chlamydia Screening—Total</i>	64.84%	★★★★
Access to Care	<i>Children's Access—12 to 24 Months</i>	98.56%	★★★★★
	<i>Children's Access—25 Months to 6 Years</i>	94.27%	★★★★★
	<i>Children's Access—7 to 11 Years</i>	94.18%	★★★★
	<i>Adolescents' Access—12 to 19 Years</i>	93.98%	★★★★★
	<i>Adults' Access—20 to 44 Years</i>	91.02%	★★★★★
	<i>Adults' Access—45 to 64 Years</i>	92.93%	★★★★★
	<i>Adults' Access—65+ Years</i>	NA	NA
	<i>Adults' Access—Total</i>	91.71%	★★★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	67.52%	★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	74.45%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	69.83%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	64.96%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	66.42%	★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	65.45%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	61.31%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	59.12%	★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	60.58%	★★★★
	<i>Adult BMI Assessment</i>	75.67%	★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	95.86%	★★★★★
	<i>Postpartum Care</i>	73.24%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	22.87%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	7.79%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	43.07%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	24.33%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	1.95%	—
— = The national HEDIS 2012 Medicaid percentiles are not available. NA = Denominator < 30, unable to report a rate.			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table F-2—Scores for Performance Measures for MID			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	2.43%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	2.92%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	4.87%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	9.73%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	80.05%	★★★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing[†]</i>	92.70%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*[†]</i>	35.04%	★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)*[†]</i>	54.56%	★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)*[†]</i>	41.64%	★★★★★
	<i>Diabetes Care—Eye Exam[†]</i>	61.50%	★★★
	<i>Diabetes Care—LDL-C Screening[†]</i>	84.67%	★★★★★
	<i>Diabetes Care—LDL-C Control (<100mg/dL) [†]</i>	40.51%	★★★
	<i>Diabetes Care—Nephropathy[†]</i>	97.81%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg) [†]</i>	46.72%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg) [†]</i>	67.88%	★★★
	<i>Asthma—5 to 11 Years</i>	96.98%	★★★★★
	<i>Asthma—12 to 18 Years</i>	97.89%	★★★★★
	<i>Asthma—19 to 50 Years</i>	99.05%	★★★★★
	<i>Asthma—51 to 64 Years</i>	100.00%	★★★★★
	<i>Asthma—Total</i>	97.97%	★★★★★
	<i>Controlling High Blood Pressure</i>	67.88%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	78.08%	—
	<i>Discussing Cessation Medications</i>	47.75%	—
	<i>Discussing Cessation Strategies</i>	39.76%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	79.94%	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	58.33%	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	62.00%	—

[†] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2013 Technical Specifications for Health Plans, Volume 2*.

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

NC = Not Comparable (i.e., measure not comparable to national percentiles)

— = The national HEDIS 2012 Medicaid percentiles are not available.

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

Table F-2—Scores for Performance Measures for MID

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	23.92%	NC
	<i>Race/Ethnicity—Black or African-American</i>	17.09%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.02%	NC
	<i>Race/Ethnicity—Asian</i>	0.00%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.00%	NC
	<i>Race/Ethnicity—Some Other Race</i>	1.36%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	57.61%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	2.54%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.17%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.42%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.41%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.00%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	392.62	★★★★
	<i>Ambulatory Care: ED—Total*</i>	65.14	★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	8.79	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.14	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.33	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.27	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.71	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.90	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	5.92	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.58	NC

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

£ The rate was calculated by HSAG; national benchmarks are not comparable.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

ALOS = Average Length of Stay

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

Table F-2 shows that **MID** had 23 measures ranking at or above the national HEDIS 2012 Medicaid 90th percentile and another 20 at or above the 75th percentile. An additional 13 measures ranked at or above the 50th percentile and another five at or above the 25th percentile. **MID** did not have any measures ranking below the 25th percentile. Measures ranking at or above the 90th percentile were primarily in three dimensions: Child and Adolescent Care (*Childhood Immunization—Combinations 2, 4, 7, 8, and 10; Immunizations for Adolescents—Combination 1; Well-Child Visits in the First 15 Months of Life: Six or More Visits; and Adolescent Well-Care Visits*), Access to Care (*Adolescents' Access—12 to 19 Years, and two Children's Access, and three Adults' Access* measures), and Living With Illness dimensions (*Diabetes Care—HbA1c Testing, LDL-C Screening, and Nephropathy* measures and all *Asthma* measures). Although **MID** did not have any measures below the 25th percentile, five measures were below the 50th percentile. Four were in the Child and Adolescent Care dimension (*Childhood Immunization—Combinations 6 and 9, Children With Pharyngitis, and Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*). These measures, along with *Ambulatory Care: ED—Total*, present opportunities for improvement.

Performance Improvement Projects (PIPs)

Table F-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table F-3—2012–2013 PIP Validation Results for MID						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	7	0	2	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	3	1	0	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	33	1	2	1
Percentage Score of Evaluation Elements Met		92%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2012–2013 third-year validation of **MID**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 92 percent and a score of 100 percent for critical elements. **MID** reported Remeasurement 2 data and received *Met* scores for all applicable evaluation elements in Activities I through VI, VIII, and X. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

MID's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rate of counseling for nutrition and physical activity. The performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for **MID** to progress to subsequent PIP stages—implementing improvement strategies and achieving improved study indicator outcomes. **MID** appeared to appropriately select and conduct the sampling and data collection activities of the Implementation stage. These activities ensured that **MID** properly defined and collected the necessary data to produce accurate study indicator rates. **MID** implemented several provider-focused interventions that likely had a direct impact on the study indicator outcomes. The interventions included a pay-for-performance bonus, provider education on BMI documentation, and laminated BMI charts distributed to the providers. **MID**'s interventions had a positive impact on the rates. The second remeasurement results showed improvement for all study indicators; however, the improvement was statistically significant for only one of the three indicators (Study Indicator 3, Counseling for Physical Activity). **MID** achieved sustained improvement across all study indicators.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

MID had one recommendation from the 2011–2012 compliance review, to continue improvement for the performance measures with rates below the MDCH standard. **MID** did not achieve the MDCH standard for all measures.

The recommendation **MID** had from the 2011–2012 compliance review from the *Fraud, Waste, and Abuse* standard could not be assessed due to significant changes that were made to the review tool and process.

Performance Measures

In 2012, **MID** had no measure whose rate fell below the national 25th percentile, and only two measures, *Children With Pharyngitis* and *Ambulatory Care: ED—Total*, whose rates fell below the national 50th percentile. Even though **MID** continued to reimburse providers for streptococcus testing at the time of diagnosing pharyngitis, as outlined in the Pay-for-Performance (P4P) bonus program, the HEDIS 2013 rate for *Children With Pharyngitis* measure had a statistically significant decrease. The rate for the *Ambulatory Care: ED—Total* measure showed an increase. Both measures remained below the national 50th percentile.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **MID**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX. HSAG identified opportunities for improvement in Activity VII—Data Analysis and Interpretation of Results and Activity IX—Assess for Real Improvement. HSAG determined through the 2012–2013 validation process that **MID** had successfully addressed the recommendation to include a narrative discussion about the success of quality improvement actions and how the interventions were standardized and monitored. **MID** should continue efforts to achieve statistically significant improvement in all study indicators.

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

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

MID demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2012–2013 compliance review also identified opportunities for improvement across the three domains. For the *Providers* and *Members* standards addressing all three domains, **MID** should provide evidence that it responds to providers in one hour or less for emergent treatment or prior authorizations for inpatient admissions and submit a grievance and appeals log that includes the number of days for the resolution of the grievance or appeal. For the *Quality* standard, which addressed the **quality** and **access** domains, **MID** should continue improvement efforts to increase its rate for the *Blood Lead Screening* measure and meet the MDCH minimum performance standard. **MID** should ensure that its submission of HEDIS files includes the correct workbook. To address the recommendation for the *MIS* standard—related to the **quality** and **timeliness** domains—**MID** should provide evidence of enrollment and disenrollment procedures that shows all required data elements.

Compared with the national HEDIS 2012 results, **MID** demonstrated strong performance for the measures in the **quality**, **timeliness**, and **access** domains.

In the **quality** domain, 16 measures benchmarked at or above the national 90th percentile, with no measure below the 25th percentile. The top-performing measures were concentrated in the Child and Adolescent Care (*Childhood Immunization—Combinations 2, 4, 7, 8, and 10; Immunizations for Adolescents—Combination 1; Well-Child Visits in the First 15 Months of Life: Six or More Visits; and Adolescent Well-Care Visits*) and Living With Illness (*Diabetes Care—HbA1c Testing, LDL-C Screening, and Nephropathy* measures, and all *Asthma* measures) dimensions. Although **MID** did not have any **quality**-related measures that ranked below the 25th percentile, four measures, all under Child and Adolescent Care (*Childhood Immunization—Combinations 6 and 9, Children With Pharyngitis, and Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*) ranked below the 50th percentile and presented opportunities for improvement.

In the **timeliness** domain, **MID** had seven measures with rates at or above the 90th percentile, with three others above the 75th percentile. Rates for two additional measures were above the 50th percentile. None of the **timeliness**-related measures ranked below the 25th percentile. Nonetheless, three Child and Adolescent Care measures (*Childhood Immunization—Combinations 6 and 9, and*

Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase) ranked below the 50th percentile and presented opportunities for improvement.

In the **access** domain, **MID** had seven measures with rates at or above the 90th percentile and none below the 25th percentile. All but one top-performing measure were in the Access to Care dimension. Although **MID** did not have any measures that ranked below the 25th percentile, two measures, *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Ambulatory Care: ED—Total* ranked below the 50th percentile and presented opportunities for improvement.

Related to all domains, **MID** should continue its efforts to improve the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates of low-performing measures. Since NCQA will revise its supplemental data policies for HEDIS 2014, **MID** should allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources can be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **MID**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation identified opportunities for improvement for **MID**. The MHP should ensure that future PIP submissions address factors that threatened the internal or external validity of the findings or affected the ability to compare results across measurement periods. **MID** should continue its efforts to achieve statistically significant improvement in all study indicators and address all *Points of Clarification* to strengthen the study.

Appendix G. Findings—Molina Healthcare of Michigan

Annual Compliance Review

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

MDCH evaluated **MOL**'s compliance with federal and State requirements related to the six standards shown in Table G-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table G-1—Compliance Review Results <i>for</i> MOL							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	4	0	0	0	100%	96%
2	<i>Providers</i>	8	1	0	0	94%	97%
3	<i>Members</i>	5	1	0	0	92%	95%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		40	3	0	0	97%	97%

MOL demonstrated compliance with all contractual requirements related to the *Administrative*, *MIS*, and *Program Integrity* standards. For these standards, which represented areas of strength for **MOL**, the MHP's performance matched or exceeded the statewide average scores. The 2012–2013 compliance review also identified recommendations for the *Providers*, *Members*, and *Quality* standards. **MOL**'s compliance score for the *Providers* and *Members* standards fell below the statewide scores, while the MHP's performance on the *Quality* standard exceeded the statewide score. **MOL**'s strong performance resulted in an overall compliance score of 97 percent, which equaled the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table G-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table G-2—Scores for Performance Measures for MOL			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	<i>Childhood Immunization—Combination 2</i>	82.35%	★★★★★
	<i>Childhood Immunization—Combination 3</i>	77.65%	★★★★★
	<i>Childhood Immunization—Combination 4[^]</i>	69.65%	★★★★★
	<i>Childhood Immunization—Combination 5</i>	57.88%	★★★
	<i>Childhood Immunization—Combination 6</i>	39.76%	★★★
	<i>Childhood Immunization—Combination 7[^]</i>	51.76%	★★★★★
	<i>Childhood Immunization—Combination 8[^]</i>	37.65%	★★★★★
	<i>Childhood Immunization—Combination 9</i>	30.82%	★★★
	<i>Childhood Immunization—Combination 10[^]</i>	28.94%	★★★★★
	<i>Immunizations for Adolescents—Combination 1</i>	87.05%	★★★★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	67.40%	★★★
	<i>Well-Child 3rd–6th Years of Life[^]</i>	76.39%	★★★
	<i>Adolescent Well-Care Visits[^]</i>	57.64%	★★★★★
	<i>Lead Screening in Children</i>	80.00%	★★★
	<i>Appropriate Treatment of URI</i>	85.31%	★★
	<i>Children With Pharyngitis</i>	59.27%	★★
	<i>F/U Care for Children Prescribed ADHD Meds—Initiation Phase</i>	35.95%	★★
	<i>F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	43.18%	★★
[^] Please use caution when comparing with the HEDIS 2012 Medicaid 50th percentile due to changes in this measure. [^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> .			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table G-2—Scores for Performance Measures for MOL			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	55.61%	★★★
	<i>Cervical Cancer Screening</i>	72.80%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	66.32%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	73.19%	★★★★★
	<i>Chlamydia Screening—Total</i>	68.67%	★★★★
Access to Care	<i>Children's Access—12 to 24 Months</i>	97.03%	★★★
	<i>Children's Access—25 Months to 6 Years</i>	90.56%	★★★
	<i>Children's Access—7 to 11 Years</i>	92.66%	★★★
	<i>Adolescents' Access—12 to 19 Years</i>	89.99%	★★★
	<i>Adults' Access—20 to 44 Years</i>	83.77%	★★★
	<i>Adults' Access—45 to 64 Years</i>	90.51%	★★★★
	<i>Adults' Access—65+ Years</i>	93.44%	★★★★★
	<i>Adults' Access—Total</i>	86.63%	★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	79.23%	★★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	78.72%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	79.06%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	61.27%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	63.12%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	61.88%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years[^]</i>	45.66%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years[^]</i>	49.10%	★★★
	<i>Children/Adolescents—Physical Activity, Total[^]</i>	46.99%	★★★
	<i>Adult BMI Assessment</i>	83.19%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	80.38%	★
	<i>Postpartum Care</i>	72.49%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	35.07%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.16%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	35.79%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	15.80%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	5.17%	—
[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> . — = The national HEDIS 2012 Medicaid percentiles are not available.			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table G-2—Scores for Performance Measures for MOL

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	16.51%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	11.48%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	11.48%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	16.03%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	44.50%	★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	82.84%	★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	37.47%	★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	53.72%	★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	NR	NR
	<i>Diabetes Care—Eye Exam</i>	56.66%	★★★★
	<i>Diabetes Care—LDL-C Screening</i>	81.49%	★★★★
	<i>Diabetes Care—LDL-C Control (<100mg/dL)</i>	39.95%	★★★★
	<i>Diabetes Care—Nephropathy</i>	79.23%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	47.40%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	67.27%	★★★★
	<i>Asthma—5 to 11 Years</i>	86.36%	★
	<i>Asthma—12 to 18 Years</i>	77.08%	★
	<i>Asthma—19 to 50 Years</i>	66.37%	★
	<i>Asthma—51 to 64 Years</i>	54.33%	★
	<i>Asthma—Total</i>	75.77%	★
	<i>Controlling High Blood Pressure</i>	64.86%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	81.27%	—
	<i>Discussing Cessation Medications</i>	53.91%	—
	<i>Discussing Cessation Strategies</i>	45.62%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	84.60%	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	67.61%	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	85.92%	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	65.61%	—

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

NC = Not Comparable (i.e., measure not comparable to national percentiles)

— = The national HEDIS 2012 Medicaid percentiles are not available.

NR = Not Report (i.e., biased, or MHP chose not to report).

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

Table G-2—Scores for Performance Measures for MOL

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	47.21%	NC
	<i>Race/Ethnicity—Black or African-American</i>	36.33%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.14%	NC
	<i>Race/Ethnicity—Asian</i>	0.97%	NC
	<i>Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.00%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.00%	NC
	<i>Race/Ethnicity—Two or More Races</i>	<0.01%	NC
	<i>Race/Ethnicity—Unknown</i>	15.35%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	7.25%	NC
	<i>Language Diversity: Spoken Language—English</i>	98.95%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.91%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.15%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	98.95%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.91%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.15%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	98.95%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.91%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	0.15%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	412.43	★★★★★
	<i>Ambulatory Care: ED—Total*</i>	75.53	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	7.81	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.53	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.59	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.42	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.95	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.76	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.73	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.55	NC

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

£ The rate was calculated by HSAG; national benchmarks are not comparable.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

ALOS = Average Length of Stay

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

Table G-2 shows that **MOL** had 11 measures ranking at or above the national HEDIS 2012 Medicaid 90th percentile, and another 11 at or above the 75th percentile. Rates for 27 additional measures were at or above the 50th percentile. Twelve measures ranked below the 50th percentile, eight of which were below the 25th percentile. Measures ranking at or above the 90th percentile were primarily in the Child and Adolescent Care (*Childhood Immunization—Combinations 4, 7, 8, and 10* and *Immunizations for Adolescents—Combination 1*) and Obesity (*Adult BMI Assessment* and the three *Children/Adolescent—BMI Percentile* measures) dimensions. Of the eight measures that ranked below the 25th percentile, five were *Asthma* measures from the Living With Illness dimension, two from Pregnancy Care (*Timeliness of Prenatal Care* and *Frequency of Ongoing Prenatal Care— ≥ 81 Percent*) and one from Utilization (*Ambulatory Care: ED—Total*). These measures present opportunities for improvement for **MOL**.

Performance Improvement Projects (PIPs)

Table G-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table G-3—2012–2013 PIP Validation Results <i>for MOL</i>						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	8	1	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	3	1	0	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	34	2	0	1
Percentage Score of Evaluation Elements <i>Met</i>		94%				
Percentage Score of Critical Elements <i>Met</i>		100%				
Validation Status		<i>Met</i>				

For the 2012–2013 third-year validation of **MOL**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 94 percent and a score of 100 percent for critical elements. **MOL** reported Remeasurement 2 data and received *Met* scores for all applicable evaluation elements in Activities I through VI, VIII, and X. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

MOL's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rate of counseling for nutrition and physical activity. The performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for **MOL** to progress to subsequent PIP stages—implementing improvement strategies and achieving real and sustained study indicator outcomes. **MOL** appeared to appropriately select and conduct the sampling and data collection activities of the Implementation stage. These activities ensured that **MOL** properly defined and collected the necessary data to produce accurate study indicator rates. **MOL** documented that it will be taking a more aggressive approach to working with its providers. Designated **MOL** quality improvement staff members were assigned to specific high-volume provider sites to review the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)* measure and provide education to the providers and office staff on the documentation requirements for BMI, nutritional counseling, and physical activity counseling. **MOL** also surveyed its providers asking them what educational materials and tools the plan can provide to better assist them in educating enrollees on nutrition, physical activity, and BMI. **MOL**'s interventions had a positive impact on the rates. All three study indicators demonstrated improvement, with Study Indicators 2 and 3 achieving sustained improvement. Study Indicator 1 previously demonstrated a statistically significant decline at Remeasurement 1; therefore, an additional measurement period is needed before assessing this indicator for sustained improvement.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

MOL successfully addressed one of the two recommendations from the 2011–2012 compliance review. **MOL** demonstrated that its network included available and accessible service providers in all of the counties of its service area. **MOL** did not meet the MDCH standard for all performance measures.

Performance Measures

In 2012, **MOL**'s rates for *Frequency of Ongoing Prenatal Care—< 21 Percent*, *Frequency of Ongoing Prenatal Care—≥ 81 Percent*, and *Diabetes Care—Eye Exam* fell below the national 25th percentile. The **MOL** quality work plan for 2013 identified goals of improving timeliness of prenatal and postpartum examinations through member and provider education and improving comprehensive diabetic care rates. Diabetic care interventions listed included identification and education of providers who did not adhere to the Diabetic Clinical Practice Guideline, member education regarding eye examinations, and an eyeglass program specific to diabetic members. The *Frequency of Ongoing Prenatal Care—< 21 Percent* and *Frequency of Ongoing Prenatal Care—≥ 81 Percent* rates did not show significant change. However, the *Diabetes Care—Eye Exam* rate was 9.20 percentage points higher than in 2012, which was a statistically significant change.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **MOL**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX. HSAG identified opportunities for improvement in Activity VII—Data Analysis and Interpretation of Results and Activity IX—Assess for Real Improvement. HSAG determined through the 2012–2013 validation process that **MOL** had successfully addressed three of the recommendations. The MHP conducted statistical testing and provided a comprehensive interpretation of findings. However, **MOL** should continue efforts to correctly calculate the statistical significance of rate increases between measurement periods. **MOL** demonstrated improvement in the study indicators that was consistent with the planned and implemented interventions. The MHP should continue efforts to achieve statistically significant improvement in all study indicators.

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

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

MOL demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2012–2013 compliance review also identified opportunities for improvement across the three domains. **MOL** should address the recommendations for the *Providers* and *Members* standards—addressing the **quality**, **timeliness**, and **access** domains—and provide a procedure outlining the binding arbitration process as well as a report demonstrating that member ID cards are mailed first-class within ten days of notification of enrollment. For the *Quality/Utilization* standard, which addressed the **quality** and **access** domains, **MOL** should continue its improvement efforts to increase performance on the *Prenatal Care*; *Postpartum Care*; *Well-Child Visits in the First 15 Months of Life*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; and *Blood Lead Testing* measures and provide quarterly corrective action reports with initiatives and activities designed to increase rates for these measures with rates below the MDCH standard.

Compared with the national HEDIS 2012 performance, **MOL** demonstrated mixed performance for the measures in the **quality**, **timeliness**, and **access** domains.

In the **quality** domain, ten measures benchmarked at or above the national 90th percentile, with six below the 25th percentile. The top-performing measures were concentrated in the Child and Adolescent Care (*Childhood Immunization Status—Combinations 4, 7, 8, and 10*; and *Immunizations for Adolescents—Combination 1*) and Obesity (*Adult BMI Assessment* and the three *Children/Adolescents—BMI Percentile* measures) dimensions. Of the six **quality**-related measures that ranked below the 25th percentile, five were *Asthma* measures from the Living With Illness dimension, and the other was from Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥ 81 Percent*).

In the **timeliness** domain, **MOL** had five measures with rates at or above the 90th percentile, and another three above the 75th percentile. Rates for an additional four measures were above the 50th percentile. One measure (*Timeliness of Prenatal Care*) ranked below the 25th percentile, suggesting opportunities for improvement.

In the **access** domain, **MOL** had one measure (*Adults' Access—65+ Years*) whose rate was at or above the 90th percentile, and three rates which fell below the 25th percentile. Most of the remaining **access**-related measures ranked at or above the 50th percentile. Of the three measures that ranked below the 25th percentile, two were from the Pregnancy Care dimension (*Timeliness of Prenatal Care* and *Ongoing Prenatal Care—≥ 81 Percent*) and one was from Utilization (*Ambulatory Care: ED—Total*).

Related to all domains, **MOL** should continue its efforts to improve the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates of low-performing measures. Since NCQA will revise its supplemental data policies for HEDIS 2014, **MOL** should

allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources can be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **MOL**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation identified opportunities for improvement for **MOL**. The MHP should ensure that statistical testing provides accurate results, continue efforts to achieve statistically significant improvement in all study indicators, and address all *Points of Clarification* to strengthen the study. Due to the statistically significant decline for Study Indicator 1 at Remeasurement 1, an additional measurement period is needed for this indicator to determine if the recent improvement can be sustained.

Appendix H. Findings—Physicians Health Plan—FamilyCare

Annual Compliance Review

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

MDCH evaluated **PHP**'s compliance with federal and State requirements related to the six standards shown in Table H-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table H-1—Compliance Review Results <i>for</i> PHP							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	4	0	0	0	100%	96%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	3	3	0	0	75%	95%
4	<i>Quality</i>	7	2	0	0	89%	93%
5	<i>MIS</i>	3	0	0	0	100%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		38	5	0	0	94%	97%

PHP demonstrated full compliance with all contract requirements related to the *Administrative*, *Providers*, *MIS*, and *Program Integrity* standards. For these standards, which represented areas of strength for **PHP**, the MHP's performance matched or exceeded the statewide average scores. The 2012–2013 compliance review resulted in recommendations for the *Members* and *Quality* standards. These areas reflected opportunities for improvement for **PHP**. The MHPs' compliance scores for the these standards as well as for overall compliance were lower than the statewide scores.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table H-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table H-2—Scores for Performance Measures for PHP			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	Childhood Immunization—Combination 2 [†]	73.97%	☆☆
	Childhood Immunization—Combination 3 [†]	68.13%	☆☆
	Childhood Immunization—Combination 4 [†]	24.82%	★
	Childhood Immunization—Combination 5 [†]	48.42%	☆☆
	Childhood Immunization—Combination 6 [†]	31.14%	☆☆
	Childhood Immunization—Combination 7 [†]	20.44%	★
	Childhood Immunization—Combination 8 [†]	12.41%	★
	Childhood Immunization—Combination 9 [†]	22.87%	☆☆
	Childhood Immunization—Combination 10 [†]	9.73%	★
	Immunizations for Adolescents—Combination 1	87.76%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	56.10%	☆☆
	Well-Child 3rd–6th Years of Life [†]	65.31%	★
	Adolescent Well-Care Visits	46.47%	☆☆
	Lead Screening in Children	77.20%	★★★
	Appropriate Treatment of URI	83.30%	☆☆
	Children With Pharyngitis	60.82%	☆☆
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	NB	NB
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	NB	NB
[†] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> . NB = No Benefit			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table H-2—Scores for Performance Measures for PHP			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	43.51%	★
	<i>Cervical Cancer Screening</i>	71.11%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	52.74%	★★
	<i>Chlamydia Screening—21 to 24 Years</i>	70.35%	★★★★
	<i>Chlamydia Screening—Total</i>	58.73%	★★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	95.61%	★★
	<i>Children’s Access—25 Months to 6 Years</i>	85.18%	★
	<i>Children’s Access—7 to 11 Years</i>	88.33%	★★
	<i>Adolescents’ Access—12 to 19 Years</i>	87.17%	★★
	<i>Adults’ Access—20 to 44 Years</i>	80.86%	★★
	<i>Adults’ Access—45 to 64 Years</i>	87.66%	★★★★
	<i>Adults’ Access—65+ Years</i>	86.44%	★★
	<i>Adults’ Access—Total</i>	83.03%	★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	67.40%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	63.04%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	65.94%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	64.10%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	63.77%	★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	63.99%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	46.15%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	65.22%	★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	52.55%	★★★★
	<i>Adult BMI Assessment</i>	75.47%	★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	88.98%	★★★★
	<i>Postpartum Care</i>	66.67%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	34.42%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.95%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	36.83%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	16.35%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	3.44%	—
— = The national HEDIS 2012 Medicaid percentiles are not available.			
★★★★★ = 90th percentile and above			
★★★★ = 75th to 89th percentile			
★★★ = 50th to 74th percentile			
★★ = 25th to 49th percentile			
★ = Below 25th percentile			

Table H-2—Scores for Performance Measures for PHP

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	5.65%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	2.54%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	5.37%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	8.19%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	78.25%	★★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	81.10%	★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	40.65%	★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	49.39%	★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	34.04%	★★
	<i>Diabetes Care—Eye Exam</i>	59.35%	★★★
	<i>Diabetes Care—LDL-C Screening</i>	72.76%	★★
	<i>Diabetes Care—LDL-C Control (<100mg/dL)</i>	35.98%	★★★
	<i>Diabetes Care—Nephropathy</i>	77.44%	★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	45.53%	★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	71.14%	★★★★
	<i>Asthma—5 to 11 Years</i>	94.44%	★★★★
	<i>Asthma—12 to 18 Years</i>	92.16%	★★★★
	<i>Asthma—19 to 50 Years</i>	78.13%	★★★
	<i>Asthma—51 to 64 Years</i>	NA	NA
	<i>Asthma—Total</i>	89.13%	★★★★
	<i>Controlling High Blood Pressure</i>	63.14%	★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	76.95%	—
	<i>Discussing Cessation Medications</i>	53.16%	—
	<i>Discussing Cessation Strategies</i>	47.87%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NB	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	NB	—

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

NC = Not Comparable (i.e., measure not comparable to national percentiles)

— = The national HEDIS 2012 Medicaid percentiles are not available.

NA = Denominator < 30, unable to report a rate.

NB = No Benefit

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

Table H-2—Scores for Performance Measures for PHP

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	52.46%	NC
	<i>Race/Ethnicity—Black or African-American</i>	24.91%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.21%	NC
	<i>Race/Ethnicity—Asian</i>	0.00%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.00%	NC
	<i>Race/Ethnicity—Some Other Race</i>	9.46%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	12.96%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	9.46%	NC
	<i>Language Diversity: Spoken Language—English</i>	98.49%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.85%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.66%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	98.49%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.85%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.66%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	98.49%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.85%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	0.66%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	342.01	☆☆
	<i>Ambulatory Care: ED—Total*</i>	79.83	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	8.14	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.84	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.19	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.15	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.47	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.71	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	4.37	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.77	NC

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

£ The rate was calculated by HSAG; national benchmarks are not comparable.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

ALOS = Average Length of Stay

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

Table H-2 shows that of the 59 measures with benchmarks available for comparison, **PHP** had one measure (*Immunizations for Adolescent—Combination 1*) ranking at or above the national HEDIS 2012 Medicaid 90th percentile, and nine others at or above the 75th percentile. Rates for 20 additional measures were above the 50th percentile. Twenty-nine measures ranked below the 50th percentile, eight of which were below the 25th percentile. Five of the eight low-performing measures were Child and Adolescent Care measures (*Childhood Immunization—Combinations 4, 7, 8, and 10*; and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*). The other three low performing measures were *Breast Cancer Screening*, *Children’s Access—25 Months to 6 Years*, and *Ambulatory Care: ED—Total*.

Performance Improvement Projects (PIPs)

Table H-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table H-3—2012–2013 PIP Validation Results for PHP						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	6	1	2	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	3	0	0	1
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	32	1	2	2
Percentage Score of Evaluation Elements Met		91%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2012–2013 third-year validation of **PHP**’s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 91 percent and a score of 100 percent for critical elements. **PHP** reported Remeasurement 2 data and received *Met*

scores for all applicable evaluation elements in Activities I through VI and VIII through X. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

PHP's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rate of counseling for nutrition and physical activity. The performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for **PHP** to progress to subsequent PIP stages—implementing improvement strategies and achieving real and sustained study indicator outcomes. **PHP** appeared to appropriately select and conduct the sampling and data collection activities of the Implementation stage. These activities ensured that **PHP** properly defined and collected the necessary data to produce accurate study indicator rates. **PHP** prioritized its barriers and followed the plan-do-study-act (PDSA) cycle to develop and implement its improvement strategies. The MHP developed and distributed a tool to its providers that detailed the well-child HEDIS measure documentation requirements and billing codes. **PHP's** interventions positively affected the study indicator outcomes, resulting in statistically significant and sustained improvement.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

PHP successfully addressed two of the four recommendations from the 2011–2012 compliance review. **PHP** achieved compliance with the recommendation to designate a site administrator for the Michigan Childhood Immunization Registry (MCIR) and to keep the agreement updated. **PHP** also successfully addressed a recommendation to submit timely and complete reports to MDCH. **PHP** did not satisfy the recommendation to achieve the established MDCH standard for all performance measures. **PHP** also had a continuing recommendation regarding responding to member appeals within the established time frames.

Performance Measures

In 2012, **PHP's** measures with rates that fell below the national 25th percentile included *Childhood Immunization—Combinations 4, 8, and 10; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Appropriate Treatment of URI, Appropriate Testing for Children With Pharyngitis, Breast Cancer Screening, Diabetes Care—LDL-C Screening, Ambulatory Care: ED—Total*, and all age bands for *Children's and Adolescents' Access to Primary Care Practitioners*. **PHP's** evaluation of its 2012 quality improvement program described interventions for members with asthma and/or diabetes. Members enrolled in the Asthma Watch program were assisted to understand their asthma and to learn self-management skills in keeping this condition in good control. The plan collaborated with the Mid-Michigan Asthma Coalition for “Not One More Life” activities, and providers' performance was monitored against **PHP's** Guidelines for Management of Asthmatic Patients. Similarly, diabetic members enrolled in the Living With Diabetes program were helped to learn self-care and complication prevention and how to achieve and maintain blood glucose control. Providers were monitored against the Guidelines for Assessment and Management of Diabetes. In

the Living With Illness dimension, the rate for the *Diabetes Care—LDL-C Screening* measure increased by 5.51 percentage points from 2012 to 2013 and was above the 25th percentile. The *Diabetes Care—Eye Exam* rate rose significantly, 10.98 percentage points, from 2012 to 2013. The rate for *Use of Appropriate Medications for People With Asthma* improved from 2012 to 2013 and was above the 75th percentile. Several measures that fell below the national 25th percentile in 2012 improved in 2013 and were above the 25th percentile but below the 50th percentile: *Appropriate Treatment of URI*; *Appropriate Testing for Children With Pharyngitis*; *Children’s and Adolescents’ Access to Primary Care Practitioners—12 to 24 Months and 7 to 11 Years*; and *Adolescents’ Access—12 to 19 Years*. Several measures had rates that fell below the national 25th percentile in both 2012 and 2013: *Childhood Immunization—Combinations 4, 8, and 10*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Breast Cancer Screening*; and *Ambulatory Care: ED—Total*.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **PHP**’s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. There were no recommendations for follow-up.

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

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

PHP demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. **PHP**’s strongest performance was in the **timeliness** domain, with three of the four standards in full compliance with all requirements. The 2012–2013 compliance review also identified opportunities for improvement across all three domains. For the *Members* standard, which addressed the **quality**, **timeliness**, and **access** domains, **PHP** should ensure that its Web site clearly directs members to preventive health information, health and wellness programs, updates on covered services, and newsletters. The MHP should ensure that its grievance and appeals policies and procedures state that an enrollee’s benefits continue during the appeal process and provide documentation of approval of MHP policies by the Department of Insurance and Financial Services (DIFS) and MDCH. **PHP** should ensure that it provides documentation when a member requests to extend the timeline for an appeal decision. To improve performance on the *Quality* standard addressing the domains of **quality** and **access**, **PHP** should submit quarterly corrective action reports outlining its initiatives and activities to increase rates for the *Childhood Immunizations*; *Postpartum Care*; *Well-Child Visits in the First 15 Months of Life*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; and *Blood Lead Testing* measures as these rates fell below the MDCH performance standard.

Compared with the national HEDIS 2012 performance standards, **PHP**’s performance suggests opportunities for improvement across all domains.

In the **quality** domain, **PHP** had one measure (*Immunizations for Adolescents—Combination 1*) ranking at or above the 90th percentile. Twenty-seven measures benchmarked at or above the 50th percentile, of which 10 benchmarked at or above the 75th percentile. Twenty measures ranked below the 50th percentile, with six below the 25th percentile. All but one low-performing measures were in the Child and Adolescent Care dimension (*Childhood Immunization—Combinations 4, 7, 8, and 10*; and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*).

The rate for one measure (*Immunizations for Adolescents—Combination 1*) in the **timeliness** domain was at or above the 90th percentile, and three other rates were above the 50th percentile. Four measures—all in the Child and Adolescent Care dimension (*Childhood Immunization—Combinations 4, 7, 8, and 10*) ranked below the 25th percentile.

In the **access** domain, **PHP** did not have any measures ranking at or above the 90th percentile. The rate for one measure (*Frequency of Ongoing Prenatal Care—≥ 81 Percent* under the Pregnancy Care dimension) was at or above the 75th percentile while rates for three other measures were above the 50th percentile. Two of the remaining **access**-related measures (*Children's Access—25 Months to 6 Years* and *Ambulatory Care: ED—Total*) ranked below the 25th percentile.

Related to all domains, **PHP** should continue its efforts to improve the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates of low-performing measures. Since NCQA will revise its supplemental data policies for HEDIS 2014, **UPP** should allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources could be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **PHP**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation of **PHP**'s PIP identified opportunities for improvement. The MHP should ensure that all calculations are correct and address whether or not any factors were identified that threatened the validity of the data or affected the ability to compare measurement periods.

Appendix I. Findings—Priority Health Government Programs, Inc.

Annual Compliance Review

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

MDCH evaluated **PRI**'s compliance with federal and State requirements related to the six standards shown in Table I-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table I-1—Compliance Review Results <i>for PRI</i>							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	4	0	0	0	100%	96%
2	<i>Providers</i>	7	2	0	0	89%	97%
3	<i>Members</i>	6	0	0	0	100%	95%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	2	1	0	0	83%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		39	4	0	0	95%	97%

PRI demonstrated full compliance with all contract requirements related to the *Administrative*, *Members*, and *Program Integrity* standards. For these standards, which represented areas of strength for **PRI**, the MHP's performance matched or exceeded the statewide average scores. The 2012–2013 compliance review resulted in recommendations for the *Providers*, *Quality*, and *MIS* standards. These areas reflected opportunities for improvement for **PRI**. The MHPs' compliance score for the *Quality* standard exceeded the statewide score, while **PRI**'s scores for the *Providers* and *MIS* standards were lower than the statewide scores. **PRI**'s overall compliance score of 95 percent fell below the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table I-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table I-2—Scores for Performance Measures for PRI			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	Childhood Immunization—Combination 2 [^]	88.08%	★★★★★
	Childhood Immunization—Combination 3 [^]	85.40%	★★★★★
	Childhood Immunization—Combination 4 [^]	45.01%	★★★★
	Childhood Immunization—Combination 5 [^]	70.80%	★★★★★
	Childhood Immunization—Combination 6 [^]	58.15%	★★★★★
	Childhood Immunization—Combination 7 [^]	38.93%	★★★★★
	Childhood Immunization—Combination 8 [^]	34.06%	★★★★★
	Childhood Immunization—Combination 9 [^]	51.09%	★★★★★
	Childhood Immunization—Combination 10 [^]	30.90%	★★★★★
	Immunizations for Adolescents—Combination 1	95.92%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	72.61%	★★★★
	Well-Child 3rd–6th Years of Life	76.95%	★★★
	Adolescent Well-Care Visits	61.07%	★★★★
	Lead Screening in Children	82.93%	★★★★
	Appropriate Treatment of URI	92.12%	★★★★
	Children With Pharyngitis	78.16%	★★★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	38.06%	★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	45.62%	★★
[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> .			
★★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table I-2—Scores for Performance Measures for PRI			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	65.16%	★★★★★
	<i>Cervical Cancer Screening</i>	78.65%	★★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	64.43%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	72.79%	★★★★★
	<i>Chlamydia Screening—Total</i>	67.32%	★★★★
Access to Care	<i>Children's Access—12 to 24 Months</i>	96.80%	★★
	<i>Children's Access—25 Months to 6 Years</i>	88.15%	★★
	<i>Children's Access—7 to 11 Years</i>	92.29%	★★★
	<i>Adolescents' Access—12 to 19 Years</i>	90.39%	★★★
	<i>Adults' Access—20 to 44 Years</i>	83.88%	★★★
	<i>Adults' Access—45 to 64 Years</i>	90.67%	★★★★
	<i>Adults' Access—65+ Years</i>	NA	NA
	<i>Adults' Access—Total</i>	85.58%	★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	83.70%	★★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	81.56%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	82.97%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	74.07%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	66.67%	★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	71.53%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	57.41%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	65.96%	★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	60.34%	★★★★
	<i>Adult BMI Assessment[†]</i>	85.77%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	88.81%	★★★
	<i>Postpartum Care</i>	70.07%	★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	26.03%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	12.65%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	44.77%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	16.55%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	0.00%	—
[†] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> . — = The national HEDIS 2012 Medicaid percentiles are not available. NA = Denominator < 30, unable to report a rate.			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table I-2—Scores for Performance Measures for PRI			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	6.57%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	4.38%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	8.03%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	15.82%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	65.21%	★★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	88.40%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	31.74%	★★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	57.68%	★★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	41.61%	★★★★
	<i>Diabetes Care—Eye Exam</i>	62.46%	★★★★★
	<i>Diabetes Care—LDL-C Screening</i>	77.65%	★★★★
	<i>Diabetes Care—LDL-C Control (<100mg/dL)</i>	43.00%	★★★★★
	<i>Diabetes Care—Nephropathy</i>	84.98%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	43.17%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	66.55%	★★★★
	<i>Asthma—5 to 11 Years</i>	95.74%	★★★★★★
	<i>Asthma—12 to 18 Years</i>	93.05%	★★★★★★
	<i>Asthma—19 to 50 Years</i>	89.35%	★★★★★★
	<i>Asthma—51 to 64 Years</i>	NA	NA
	<i>Asthma—Total</i>	93.40%	★★★★★★
	<i>Controlling High Blood Pressure</i>	69.83%	★★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	79.57%	—
	<i>Discussing Cessation Medications</i>	50.71%	—
	<i>Discussing Cessation Strategies</i>	42.76%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	77.52%	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	77.50%	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	59.85%	—

* For this measure, a lower rate indicates better performance.
 NC = Not Comparable (i.e., measure not comparable to national percentiles)
 — = The national HEDIS 2012 Medicaid percentiles are not available.
 NA = Denominator < 30, unable to report a rate.

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

Table I-2—Scores for Performance Measures for PRI			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	58.98%	NC
	<i>Race/Ethnicity—Black or African-American</i>	17.24%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.12%	NC
	<i>Race/Ethnicity—Asian</i>	0.53%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.03%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.00%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	23.11%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	10.60%	NC
	<i>Language Diversity: Spoken Language—English</i>	0.00%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	100.00%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.00%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	328.44	☆☆
	<i>Ambulatory Care: ED—Total*</i>	80.38	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	6.45	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	2.26	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	0.93	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.75	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.19	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.70	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	4.43	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.48	NC
<p>* For this measure, a lower rate indicates better performance.</p> <p>£ The rate was calculated by HSAG; national benchmarks are not comparable.</p> <p>NC = Not Comparable (i.e., measure not comparable to national percentiles)</p> <p>ALOS = Average Length of Stay</p> <p>★★★★★ = 90th percentile and above</p> <p>★★★★ = 75th to 89th percentile</p> <p>★★★ = 50th to 74th percentile</p> <p>★★ = 25th to 49th percentile</p> <p>★ = Below 25th percentile</p>			

Table I-2 shows that **PRI** had 21 measures ranking at or above the national HEDIS 2012 Medicaid 90th percentile and another 21 at or above the 75th percentile. Six measures ranked below the 50th percentile, only one of which (*Ambulatory Care: ED—Total*) was below the 25th percentile. Measures ranking at or above the 90th percentile were primarily in the Child and Adolescent Care dimension (all *Childhood Immunization* measures except *Combination 4* and *Immunization for Adolescents—Combination 1*) but were also found in other dimensions such as Women—Adult Care (*Breast Cancer Screening*, *Cervical Cancer Screening*, and *Chlamydia Screening: 21 to 24 Years*), Obesity (*Adult BMI Assessment* and the three *Children/Adolescents—BMI Percentile* measures), and Living With Illness (*Controlling High Blood Pressure* and four *Asthma* measures).

Performance Improvement Projects (PIPs)

Table I-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table I-3—2012–2013 PIP Validation Results for PRI						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	3	0	0	1
IX.	Assess for Real Improvement	4	3	0	1	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	34	0	1	2
Percentage Score of Evaluation Elements Met		97%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2012–2013 third-year validation of **PRI**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 97 percent and a score of 100 percent for critical elements. **PRI** reported Remeasurement 2 data and received *Met*

scores for all applicable evaluation elements in Activities I through VIII and X. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

PRI's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. The performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for **PRI** to progress to subsequent PIP stages—implementing an improvement strategy that resulted in real and sustained study indicator outcomes. **PRI** appeared to appropriately select and conduct the sampling and data collection activities of the Implementation stage. These activities ensured that **PRI** properly defined and collected the necessary data to produce accurate study indicator rates. The plan continued with its physician incentive program, which was designed to support physicians and medical practices in an effort to encourage alignment between clinical practice and known best practice and treatment. Individual attention and coaching, paired with financial incentives, fostered an increase in documentation of weight assessments. **PRI** created provider reports identifying members who needed a BMI percentile measurement, monthly monitoring reports to assist providers in charting progress toward their goal of 90 percent of members with a recorded BMI, and pediatric BMI charts. The intervention appeared to have a positive impact on the study indicator outcomes. The study indicator at Remeasurement 2 demonstrated real and sustained improvement over the baseline rate.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

PRI successfully addressed one recommendation from the 2011–2012 compliance review. **PRI** provided evidence that timely written appeal decisions were rendered. **PRI**'s quality improvement activities included partnering with Children's Healthcare Access Program (CHAP) to improve access to PCPs for Medicaid children. **PRI**'s Partners in Performance (PIP) offered incentives for providers to improve performance in the well child and adolescent well-care visits. In spite of these activities, **PRI** did not satisfy the recommendation to achieve the established MDCH standard for all performance measures.

The recommendation **PRI** had from the 2011–2012 compliance review for the *Fraud, Waste, and Abuse* standard could not be assessed due to significant changes that were made to the review tool and process.

Performance Measures

PRI only had one rate fall below the 25th percentile for HEDIS 2012—*Ambulatory Care: ED—Total*. The rate for this measure increased 3.15 percentage points from 2012 to 2013, but this was not statistically significant. The **PRI** quality improvement evaluation described **PRI**'s disease management program's case managers who served members with complex health needs. **PRI** maintained registries of members with chronic illnesses; integrated claims, pharmacy, laboratory, and wellness data for those members; and provided performance reports to PCPs via the online

Patient Profile tool. **PRI** used predictive modeling to identify and contact members with co-morbid conditions to provide case management services.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **PRI**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX. HSAG identified opportunities for improvement in Activity VIII—Improvement Strategies. HSAG determined through the 2012–2013 validation process that **PRI** successfully addressed the recommendation to include a discussion about the success of the quality improvement actions and how the interventions were standardized and monitored.

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

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

PRI demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2012–2013 compliance review also identified opportunities for improvement across all three domains. For the *Providers* standard, which addressed the **quality**, **timeliness**, and **access** domains, **PRI** should document that the MHP responds to providers in one hour or less for emergent treatment or prior authorizations for inpatient treatment and provide a procedure outlining the binding arbitration process. To improve performance on the *Quality* standard addressing the domains of **quality** and **access**, **PRI** should continue its improvement efforts for the *Prenatal Care*; *Well-Child Visits in the First 15 Months of Life*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Blood Lead Testing*; *Pharmacy Data Reporting*; and *Claims Processing* measures and provide updates on the status of the activities through the quality improvement program documents. To address the recommendation for the *MIS* standard addressing the **quality** and **timeliness** domains, **PRI** must provide documentation demonstrating that the MHP captures its members' race and ethnicity information from the enrollment files.

Compared with the national HEDIS 2012 performance, **PRI** demonstrated strong performance in the **quality** and **timeliness** domains but mixed performance in the **access** domain.

In the **quality** domain, 21 measures benchmarked at or above the national 90th percentile, and another 20 at or above the 75th percentile. Rates for an additional six measures were at or above the 50th percentile. None of the **quality**-related measures ranked below the 25th percentile. While the top-performing measures spread across different dimensions, the majority of them were in Child and Adolescent Care (all *Childhood Immunization* measures except *Combination 4*, and *Immunizations for Adolescents—Combination 1*). Top-performing measures were also found in other dimensions such as Women—Adult Care (*Breast Cancer Screening*, *Cervical Cancer Screening*, and *Chlamydia Screening—21 to 24 Years*), Obesity (*Adult BMI Assessment* and the three *Children/Adolescents—BMI Percentile* measures), and Living With Illness (*Controlling High Blood Pressure* and four *Asthma* measures). Although no measures ranked below the 25th percentile, **PRI** could focus on improving the rates of the two *Follow-Up Care for Children Prescribed ADHD Medication* measures, which ranked below the 50th percentile.

In the **timeliness** domain, **PRI** had nine measures with rates at or above the 90th percentile, and two others above the 75th percentile. Rates for an additional two measures were above the 50th percentile. None of the **timeliness**-related measures ranked below the 25th percentile. All of the top-performing measures were under the Child and Adolescent Care dimension (all *Childhood Immunization* measures except *Combination 4*, and *Immunizations for Adolescents—Combination 1*). Although no measures ranked below the 25th percentile, **PRI** could focus on improving the rates of the two *Follow-Up Care for Children Prescribed ADHD Medication* measures, which ranked below the 50th percentile.

In the **access** domain, **PRI** had one measure (*Adults' Access—45 to 64 Years*) whose rate was at or above the 75th percentile, and seven other measures with rates above the 50th percentile. Most of these measures were under the Access to Care and Pregnancy Care dimensions. Although only one measure (*Ambulatory Care: ED—Total*) ranked below the 25th percentile, five (the two *Follow-Up Care for Children Prescribed ADHD Medication* measures under Child and Adolescent Care, two of the *Children's Access* measures under Access to Care, and the *Ambulatory Care: Outpatient—Total* measure under Utilization) were below the 50th percentile, suggesting opportunities for improvement.

Related to all domains, **PRI** should continue its efforts to improve the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates of low-performing measures. To ensure a smooth medical record review validation process for the HEDIS Compliance Audit, **PRI** should ensure adequate resources are available for HEDIS 2014 to ensure high level of interrater review and oversight of the medical record review abstraction process. Since NCQA will revise its supplemental data policies for HEDIS 2014, **PRI** should allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources could be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **PRI**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation of **PRI**'s PIP identified opportunities for improvement. The MHP should continue efforts to achieve statistically significant improvement in the study indicator and address all *Points of Clarification* to strengthen the study.

Annual Compliance Review

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

MDCH evaluated **PRO**'s compliance with federal and State requirements related to the six standards shown in Table J-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table J-1—Compliance Review Results <i>for PRO</i>							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	2	2	0	0	75%	96%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	6	0	0	0	100%	95%
4	<i>Quality</i>	6	3	0	0	83%	93%
5	<i>MIS</i>	3	0	0	0	100%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		38	5	0	0	94%	97%

PRO demonstrated full compliance with all contract requirements related to the *Providers*, *Members*, *MIS*, and *Program Integrity* standards. For these standards, which represented areas of strength for **PRO**, the MHP's performance matched or exceeded the statewide average scores. The 2012–2013 compliance review resulted in recommendations for the *Administrative* and *Quality* standards. These areas with performance below the statewide average scores reflected opportunities for improvement for the MHP. **PRO**'s performance resulted in an overall compliance score of 94 percent, which was lower than the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table J-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table J-2—Scores for Performance Measures for PRO			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	Childhood Immunization—Combination 2	51.43%	★
	Childhood Immunization—Combination 3	8.57%	★
	Childhood Immunization—Combination 4^	8.57%	★
	Childhood Immunization—Combination 5	7.14%	★
	Childhood Immunization—Combination 6	1.43%	★
	Childhood Immunization—Combination 7^	7.14%	★
	Childhood Immunization—Combination 8^	1.43%	★
	Childhood Immunization—Combination 9	1.43%	★
	Childhood Immunization—Combination 10^	1.43%	★
	Immunizations for Adolescents—Combination 1	NA	NA
	Well-Child 1st 15 Months—6+ Visits	NA	NA
	Well-Child 3rd–6th Years of Life	67.01%	☆☆
	Adolescent Well-Care Visits	27.87%	★
	Lead Screening in Children	68.57%	☆☆
	Appropriate Treatment of URI	90.16%	★★★★
	Children With Pharyngitis	43.90%	★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	NA	NA
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	NA	NA
^ Please use caution when comparing with the HEDIS 2012 Medicaid 50th percentile due to changes in this measure.			
NA = Denominator <30, unable to report a rate.			
<div>★★★★★ = 90th percentile and above</div> <div>★★★★ = 75th to 89th percentile</div> <div>★★★ = 50th to 74th percentile</div> <div>★★ = 25th to 49th percentile</div> <div>★ = Below 25th percentile</div>			

Table J-2—Scores for Performance Measures for PRO			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	4.08%	★
	<i>Cervical Cancer Screening</i>	43.26%	★
	<i>Chlamydia Screening—16 to 20 Years</i>	NA	NA
	<i>Chlamydia Screening—21 to 24 Years</i>	NA	NA
	<i>Chlamydia Screening—Total</i>	NA	NA
Access to Care	<i>Children's Access—12 to 24 Months</i>	80.77%	★
	<i>Children's Access—25 Months to 6 Years</i>	73.44%	★
	<i>Children's Access—7 to 11 Years</i>	57.45%	★
	<i>Adolescents' Access—12 to 19 Years</i>	73.08%	★
	<i>Adults' Access—20 to 44 Years</i>	50.48%	★
	<i>Adults' Access—45 to 64 Years</i>	75.00%	★
	<i>Adults' Access—65+ Years</i>	NA	NA
	<i>Adults' Access—Total</i>	61.39%	★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years[^]</i>	53.08%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years[^]</i>	43.75%	★★
	<i>Children/Adolescents—BMI Percentile, Total[^]</i>	51.23%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	65.78%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	NA	NA
	<i>Children/Adolescents—Nutrition, Total</i>	63.75%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	34.67%	★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	NA	NA
	<i>Children/Adolescents—Physical Activity, Total</i>	35.06%	★★
	<i>Adult BMI Assessment</i>	16.33%	★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	NA	NA
	<i>Postpartum Care</i>	NA	NA
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	22.58%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	9.68%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	35.48%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	32.26%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	0.00%	—
[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> . — = The national HEDIS 2012 Medicaid percentiles are not available. NA = Denominator < 30, unable to report a rate.			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table J-2—Scores for Performance Measures for PRO			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	NA	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	NA	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	NA	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	NA	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	NA	NA
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	71.70%	★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	49.06%	★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	43.40%	★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	30.56%	★★
	<i>Diabetes Care—Eye Exam</i>	47.17%	★★
	<i>Diabetes Care—LDL-C Screening</i>	75.47%	★★
	<i>Diabetes Care—LDL-C Control (<100mg/dL)</i>	32.08%	★★
	<i>Diabetes Care—Nephropathy</i>	83.02%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	30.19%	★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	54.72%	★★
	<i>Asthma—5 to 11 Years</i>	NA	NA
	<i>Asthma—12 to 18 Years</i>	NA	NA
	<i>Asthma—19 to 50 Years</i>	NA	NA
	<i>Asthma—51 to 64 Years</i>	NA	NA
	<i>Asthma—Total^</i>	NA	NA
	<i>Controlling High Blood Pressure</i>	56.72%	★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	NA	—
	<i>Discussing Cessation Medications</i>	NA	—
	<i>Discussing Cessation Strategies</i>	NA	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NA	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	NA	—

* For this measure, a lower rate indicates better performance.
NC = Not Comparable (i.e., measure not comparable to national percentiles)
— = The national HEDIS 2012 Medicaid percentiles are not available.
NA = Denominator < 30, unable to report a rate.

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

Table J-2—Scores for Performance Measures for PRO

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	24.75%	NC
	<i>Race/Ethnicity—Black or African-American</i>	59.30%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.03%	NC
	<i>Race/Ethnicity—Asian</i>	0.00%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.00%	NC
	<i>Race/Ethnicity—Some Other Race</i>	4.51%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	11.41%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	4.51%	NC
	<i>Language Diversity: Spoken Language—English</i>	100.00%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.00%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.00%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	341.65	★★
	<i>Ambulatory Care: ED—Total*</i>	71.22	★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	9.07	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	5.87	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.53	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	3.50	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.91	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.67	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.18	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.65	NC

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

£ The rate was calculated by HSAG; national benchmarks are not comparable.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

ALOS = Average Length of Stay

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

Table J-2 shows that as a result of **PRO**'s small membership, 18 measures could not be reported due to small denominators, which has been an ongoing issue in comparing **PRO**'s results. These measures received a *Not Applicable* audit designation, indicating that while the health plan followed the specifications, the denominator was too small to report a valid rate. Therefore, these rates could not be compared to national percentiles.

Of **PRO**'s 44 measures with reportable rates, 38 ranked below the national HEDIS 2012 50th percentile, 23 of which were below the 25th percentile. Measures ranked below the 25th percentile were concentrated in the Child and Adolescent Care dimension (all *Childhood Immunization* measures, *Adolescent Well-Care Visits*, and *Children With Pharyngitis*) and Access to Care dimension (all *Children's/Adolescents' Access* and *Adults' Access* measures).

Performance Improvement Projects (PIPs)

Table J-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table J-3—2012–2013 PIP Validation Results for PRO						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	8	0	0	1
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	2	1	0	1
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	27	1	0	9
Percentage Score of Evaluation Elements Met		96%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2012–2013 third-year validation of **PRO**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 96 percent and

a score of 100 percent for critical elements. **PRO** reported Remeasurement 2 data and received *Met* scores for all applicable evaluation elements in Activities I through VII and Activities IX and X. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

PRO's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. The performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for **PRO** to progress to subsequent PIP stages—implementing improvement strategies and achieving real and sustained study indicator outcomes. **PRO** appeared to appropriately collect data which ensured that **PRO** produced accurate study indicator rates. The interventions and comparison data were presented to **PRO**'s Quality Improvement Committee, which recommended to continue enhancing provider office interventions and assisting with enrollee notification regarding BMI testing and the available incentive. **PRO**'s interventions had a positive impact on the rates. The study indicator achieved real and sustained improvement.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

PRO successfully addressed nine of the 14 recommendations from the 2011–2012 compliance review. Three recommendations under the *Provider* standard were successfully addressed. **PRO** provided all required subcontractor monitoring reports and adhered to requirements for standard provider contract formats, demonstrated that it had agreements with the community mental health services programs (CMHSPs), demonstrated that it had a provider appeal process in place to resolve provider claim and authorization disputes, and had a procedure for rapid dispute resolution and binding arbitration. Under the *Member* standard, **PRO** met requirements regarding policies and procedures for resolution of enrollee grievances and appeals. **PRO** provided information on the two required PIPs including outcomes, barriers, and interventions for each. As required, **PRO** provided information on utilization management policies and procedures, including retired policies, policy revisions, and new policies. **PRO** successfully addressed the recommendations regarding the requirement to submit timely and complete reports including the *Health Plan Profile* with the *Consolidated Annual Report*, audited financial statements, and the *Management Discussion and Analysis* report. **PRO** provided evidence of written procedures to electronically process enrollments and disenrollments.

PRO did not successfully address the recommendations to document that its governing body met quarterly, nor how vacancies for enrollee members on the governing body are filled. **PRO** did not demonstrate that it met all the requirements for the QAPI program surrounding clinical practice guidelines and annual evaluation of its work plan. Further, **PRO** did not meet the established performance standard for all performance measures.

Assessment of follow-up to recommendations under the *Fraud, Waste, and Abuse* standard could not be assessed due to significant changes that were made to the review tool and process.

Performance Measures

In 2012, 29 of **PRO**'s performance measure rates fell below the national 25th percentile, resulting in recommendations for improvement. The dimensions with the largest numbers of low performing measures included Child and Adolescent Care, Access to Care, and Living With Illness. **PRO**'s annual evaluation of its quality improvement program described numerous interventions targeted toward members including member education, outreach programs, and member incentives. **PRO** sent monthly reports to providers identifying members turning 0 to 15 months, 3 to 6 years, and 12 to 21 years of age who had not had a well-child visit, blood lead screening, and/or received immunizations. The parents/guardians of children were contacted and encouraged to schedule a well-child visit. Parents were offered gift card incentives of \$100 if all well-child visits were performed by 15 months and also if all immunizations were completed by the member's second birthday. **PRO** performed health risk assessments for all new members to identify special health care needs children and to educate families regarding the importance of seeking care and services. *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* showed a statistically significant increase, moving from 56.83 percent in 2012 to 67.01 percent in 2013, a gain of 10.18 percentage points, which also raised the measure's rate above the 25th percentile. In addition, three measures in the Diabetes Care dimension—*HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, and *LDL-C Control (<100 mg/dL)*—showed statistically significant increases as well. Overall, the Living With Illness dimension showed improvement, with most of the measures achieving a ranking of above the 25th percentile in 2013.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **PRO**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX. HSAG identified opportunities for improvement in Activity VII—Data Analysis and Interpretation of Results and Activity IX—Assess for Real Improvement. HSAG determined through the 2012–2013 validation process that **PRO** successfully addressed the recommendations by addressing factors that affected the ability to compare measurement periods and demonstrating statistically significant improvement in the study indicator.

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

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

PRO demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. All standards addressing the **timeliness** domain were fully compliant with all requirements, reflecting an area of strength for **PRO**. The 2012–2013 compliance review also identified opportunities for improvement for the **quality** and **access** domains. For the *Administrative* standard related to the **quality** domain, **PRO** should clarify in its policy on the election of board members and in its bylaws how enrollee board vacancies are filled and ensure that its governing body meets quarterly as required by contract. To improve performance on the *Quality* standard, which addressed the **quality** and **access** domains, **PRO** should submit its policy and procedure on clinical practice guidelines, highlighting any changes that have been made since the last review. The MHP should continue its improvement efforts to meet the established standards for the *Childhood Immunizations; Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; Blood Lead Testing; Complaints; and Claims Processing* performance measures.

Although **PRO**'s membership continued to grow, denominators for several HEDIS measures continued to be too small to report a valid rate. Compared with the national HEDIS 2012 benchmarks, **PRO**'s performance suggests several opportunities for improvement in the **quality**, **timeliness**, and **access** domain.

In the **quality** domain, **PRO** was able to report valid rates for 35 measures with only one (*Appropriate Treatment of URI*) ranking above the 75th percentile and another five above the 50th percentile. Sixteen measures benchmarked below the 25th percentile. Low-performing measures in the **quality** domain were concentrated in the Child and Adolescent Care dimension (all *Childhood Immunization* measures, *Adolescent Well-Care Visits*, and *Children With Pharyngitis*) but were also found in other dimensions such as Women—Adult Care (*Breast Cancer Screening* and *Cervical Cancer Screening*), Obesity (*Adult BMI Assessment*), and Living With Illness (two *Diabetes Care* measures).

In the **timeliness** domain, **PRO** had reportable rates for 10 measures, and all but one ranked below the 25th percentile. Low-performing measures were all related to *Childhood Immunization* measures under Child and Adolescent Care.

In the **access** domain, none of the **access**-related measures ranked above the 50th percentile. Nine measures, all under Access to Care, ranked below the 25th percentile.

Related to all domains, as its membership continues to grow, **PRO** should improve the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates of low-performing measures, starting with those in the Access to Care dimension. Since NCQA will revise its supplemental data policies for HEDIS 2014, **PRO** should allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources could be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **PRO**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation of **PRO**'s PIP identified an opportunity for improvement. The MHP should ensure that it uses appropriate methods to evaluate the efficacy of its interventions. To strengthen the study, **PRO** should address the *Point of Clarification*.

Annual Compliance Review

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

MDCH evaluated **THC**'s compliance with federal and State requirements related to the six standards shown in Table K-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table K-1—Compliance Review Results <i>for</i> THC							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	3	1	0	0	88%	96%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	6	0	0	0	100%	95%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		41	2	0	0	98%	97%

THC demonstrated full compliance with all contract requirements related to the *Providers*, *Members*, *MIS*, and *Program Integrity* standards. For these standards, which represented areas of strength for **THC**, the MHP's performance matched or exceeded the statewide average scores. The 2012–2013 compliance review resulted in recommendations for the *Administrative* and *Quality* standards. These areas reflected opportunities for improvement for **THC**. The MHP's compliance score for the *Administrative* standard was lower than the statewide score, while **THC**'s score for the *Quality* standard exceeded the statewide score. **THC**'s performance resulted in an above-average overall compliance score of 98 percent.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table K-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table K-2—Scores for Performance Measures for THC			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	<i>Childhood Immunization—Combination 2[^]</i>	80.74%	★★★★
	<i>Childhood Immunization—Combination 3[^]</i>	79.58%	★★★★
	<i>Childhood Immunization—Combination 4[^]</i>	36.66%	★★★★
	<i>Childhood Immunization—Combination 5[^]</i>	48.26%	★★
	<i>Childhood Immunization—Combination 6[^]</i>	19.03%	★
	<i>Childhood Immunization—Combination 7[^]</i>	22.04%	★★
	<i>Childhood Immunization—Combination 8[^]</i>	10.90%	★
	<i>Childhood Immunization—Combination 9[^]</i>	12.99%	★
	<i>Childhood Immunization—Combination 10[^]</i>	7.66%	★
	<i>Immunizations for Adolescents—Combination 1</i>	83.33%	★★★★★
	<i>Well-Child 1st 15 Months—6+ Visits[^]</i>	73.15%	★★★★
	<i>Well-Child 3rd–6th Years of Life[^]</i>	82.94%	★★★★
	<i>Adolescent Well-Care Visits[^]</i>	67.08%	★★★★★
	<i>Lead Screening in Children</i>	74.31%	★★★★
	<i>Appropriate Treatment of URI</i>	85.56%	★★★★
	<i>Children With Pharyngitis</i>	51.38%	★
	<i>F/U Care for Children Prescribed ADHD Meds—Initiation Phase</i>	43.21%	★★★★
	<i>F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	NA	NA
[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> . NA = Denominator < 30, unable to report a rate.			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table K-2—Scores for Performance Measures for THC			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	49.96%	☆☆
	<i>Cervical Cancer Screening</i>	63.87%	☆☆
	<i>Chlamydia Screening—16 to 20 Years</i>	67.12%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	75.89%	★★★★★
	<i>Chlamydia Screening—Total</i>	70.00%	★★★★★
Access to Care	<i>Children's Access—12 to 24 Months</i>	93.78%	★
	<i>Children's Access—25 Months to 6 Years</i>	83.47%	★
	<i>Children's Access—7 to 11 Years</i>	87.02%	★
	<i>Adolescents' Access—12 to 19 Years</i>	85.42%	★
	<i>Adults' Access—20 to 44 Years</i>	76.24%	★
	<i>Adults' Access—45 to 64 Years</i>	85.79%	☆☆
	<i>Adults' Access—65+ Years</i>	80.28%	☆☆
	<i>Adults' Access—Total</i>	79.64%	★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	58.53%	★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	62.07%	★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	59.95%	★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	63.95%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	55.17%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	60.42%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years[^]</i>	50.92%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years[^]</i>	55.35%	★★★
	<i>Children/Adolescents—Physical Activity, Total[^]</i>	52.55%	★★★
	<i>Adult BMI Assessment</i>	73.61%	★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	69.44%	★
	<i>Postpartum Care</i>	47.69%	★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	32.65%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	7.00%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	35.98%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	17.66%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	6.72%	—
[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> . — = The national HEDIS 2012 Medicaid percentiles are not available.			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table K-2—Scores for Performance Measures for THC			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	28.70%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	12.27%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	10.19%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	13.89%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	34.95%	★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	76.75%	★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	54.56%	★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	40.27%	★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	33.97%	☆☆
	<i>Diabetes Care—Eye Exam</i>	46.66%	☆☆
	<i>Diabetes Care—LDL-C Screening</i>	74.01%	☆☆
	<i>Diabetes Care—LDL-C Control (<100mg/dL)</i>	30.85%	☆☆
	<i>Diabetes Care—Nephropathy</i>	79.94%	★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	33.74%	☆☆
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	53.19%	★
	<i>Asthma—5 to 11 Years</i>	82.39%	★
	<i>Asthma—12 to 18 Years</i>	76.50%	★
	<i>Asthma—19 to 50 Years</i>	64.31%	★
	<i>Asthma—51 to 64 Years</i>	61.45%	★
	<i>Asthma—Total</i>	73.48%	★
	<i>Controlling High Blood Pressure</i>	46.28%	★
	<i>Advising Smokers and Tobacco Users to Quit</i>	79.75%	—
	<i>Discussing Cessation Medications</i>	51.38%	—
	<i>Discussing Cessation Strategies</i>	47.17%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NA	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	65.79%	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	NA	—
<p>* For this measure, a lower rate indicates better performance.</p> <p>NC = Not Comparable (i.e., measure not comparable to national percentiles)</p> <p>— = The national HEDIS 2012 Medicaid percentiles are not available.</p> <p>NA = Denominator < 30, unable to report a rate.</p>			
<p>★★★★★ = 90th percentile and above</p> <p>★★★★ = 75th to 89th percentile</p> <p>★★★ = 50th to 74th percentile</p> <p>★★ = 25th to 49th percentile</p> <p>★ = Below 25th percentile</p>			

Table K-2—Scores for Performance Measures for THC

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	29.80%	NC
	<i>Race/Ethnicity—Black or African-American</i>	61.91%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.08%	NC
	<i>Race/Ethnicity—Asian</i>	1.38%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.11%	NC
	<i>Race/Ethnicity—Some Other Race</i>	2.15%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	4.55%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	2.15%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.56%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.44%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.00%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	99.56%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.44%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.00%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	99.56%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.44%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	288.30	★
	<i>Ambulatory Care: ED—Total*</i>	74.83	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	9.84	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	5.11	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.74	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.50	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.88	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.50	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	7.23	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.58	NC

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

£ The rate was calculated by HSAG; national benchmarks are not comparable.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

ALOS = Average Length of Stay

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

Table K-2 shows that **THC** had four measures ranking at or above the national HEDIS 2012 Medicaid 90th percentile, and five others at or above the 75th percentile. Fifteen additional measures were at or above the 50th percentile. Thirty-seven measures ranked below the 50th percentile, 26 of which were below the 25th percentile. Measures ranking at or above the 90th percentile were in the Child and Adolescent Care (*Immunizations for Adolescents—Combination 1* and *Adolescent Well-Care Visits*) and Women—Adult Care dimensions (*Chlamydia Screening—21 to 24 Years* and *Chlamydia Screening—Total*).

Measures that ranked below the 25th percentile spread across multiple dimensions, including Child and Adolescent Care (four combinations of *Childhood Immunization* and *Children With Pharyngitis*), Access to Care (all *Children's/Adolescents' Access* measures and two *Adults' Access* measures), Pregnancy Care (all measures), Living With Illness (four *Diabetes Care* measures, all *Asthma* measures, and *Controlling High Blood Pressure*) and Utilization (all *Ambulatory Care* measures). Opportunities for improvement are present, especially for measures under the Access to Care, Pregnancy Care, and Living With Illness dimensions, where the low-performing measures also reported a statistically significant decline in rates from HEDIS 2012.

Performance Improvement Projects (PIPs)

Table K-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table K-3—2012–2013 PIP Validation Results for THC						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	3	0	0	1
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	35	0	0	2
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2012–2013 third-year validation of **THC**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **THC** reported Remeasurement 2 data and received *Met* scores for all applicable evaluation elements in Activities I through X. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

The performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for **THC** to progress to subsequent PIP stages—implementing improvement strategies and achieving real and sustained study indicator outcomes. **THC** appeared to appropriately select and conduct the sampling and data collection activities of the Implementation stage. These activities ensured that **THC** properly defined and collected the necessary data to produce accurate study indicator rates. Based on the plan's evaluation of its interventions, the quality committee determined that direct provider office education had the greatest impact on BMI screening and that the BMI Screening Compliance Reports distributed to provider offices also lead to a direct increase in the BMI screening rates. **THC** implemented a new intervention after identifying that some providers were performing BMI screenings but not properly documenting the screening or submitting the appropriate code with encounters and claims. This intervention consisted of one-on-one provider educational sessions with a registered nurse after the nurse completed a medical record review at the provider's office. **THC**'s interventions had a positive impact on the rate. The study indicator achieved statistically significant improvement over the baseline rate and sustained this improvement.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

THC successfully addressed one of two recommendations from the 2011–2012 compliance review. **THC** provided documentation via submission of its board of director meeting minutes and the policy, *Election of Board of Directors*, which documented that the plan maintained a board of directors that met at the required frequency and included two member enrollees. To address the recommendation to meet MDCH performance standards, **THC** instituted a variety of interventions to increase rates for *Blood Lead Testing*. Member-targeted interventions included the following: personalized letters to parents of children overdue for lead testing; a significant increase in member financial incentives; newsletter articles regarding the importance of lead screening; a “Lead Party” at a local McDonald's restaurant with cake, prizes, balloons, and free lead testing; and home visits to children who were due for lead screening testing to collect a sample for processing. Provider interventions included education regarding lead screening guidelines, a doubling of the provider financial incentive, education on the use of a tool that allowed PCPs to access their current HEDIS rates and members who were noncompliant, and the provision of capillary lead tests to providers so blood could be drawn at the primary care office. **THC**'s quality improvement interventions for the *Prenatal Care* and *Postpartum Care* measures included providing education, direct contact, and communication with members, providers, and employees through newsletters, mailings, and telephone contact. **THC** demonstrated progress in meeting most of the performance standards, but it did not achieve the established performance thresholds for all measures.

Performance Measures

In 2012, six of **THC**'s rates ranked below the national 25th percentile, including *Childhood Immunizations—Combinations 6, 8, 9, and 10*, and both *Ambulatory Care* measures. **THC**'s quality initiatives included further development of the complex case management system and continuation of case management and disease management programs for members with asthma, chronic obstructive pulmonary disease (COPD), diabetes, and hypertension. **THC** also worked directly with physician office staff regarding coding requirements for encounters/claims submissions, and educated providers on the importance of submitting complete and correct data via encounter and/or claims. Because **THC** elected to rotate the rates for *Childhood Immunizations* and *Child and Adolescent Well-Care Visits*, no trends could be observed for these measures. There was slight difference in the rates for the utilization measures, and both rates (*Ambulatory Care: Outpatient—Total* and *Ambulatory Care: ED—Total*) remained below the national HEDIS 25th percentile.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **THC**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX. HSAG identified an opportunity for improvement in Activity VII—Data Analysis and Interpretation of Results. HSAG determined through the 2012–2013 validation process that **THC** had successfully addressed the recommendation and reported that the PIP did not have any factors that affected the ability to compare results between measurement periods.

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

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

THC demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The MHP demonstrated its strongest performance in the **timeliness** domain, with full compliance on all standards. The 2012–2013 compliance review also identified opportunities for improvement for the **quality** and **access** domains. For the *Administrative* standard related to the **quality** domain, **THC** should provide monthly updates to MDCH on its progress in filling a vacant administrative position, which should include recruitment efforts, number of candidates being considered, as well as dates and numbers of interviews conducted. To improve performance on the *Quality* standard addressing the domains of **quality** and **access**, **THC** should continue quality improvement activities for the *Postpartum Care* and *Blood Lead Testing* measures, which did not meet the MDCH performance standard.

Compared with the national HEDIS 2012 performance standards, **THC**'s performance suggests several opportunities for improvement in the **quality**, **timeliness**, and **access** domains.

In the **quality** domain, four measures benchmarked at or above the national 90th percentile but 16 were below the 25th percentile. The top-performing measures were concentrated in the Child and Adolescent Care (*Immunizations for Adolescents—Combination 1* and *Adolescent Well-Care Visits*) and Women—Adult Care dimensions (*Chlamydia Screening—21 to 24 Years* and *Total*). Most of

the 16 **quality**-related measures ranking below the 25th percentile were in the Child and Adolescent Care (four combinations of *Childhood Immunization* and *Children With Pharyngitis* measures) and Living With Illness dimensions (four *Diabetes Care* measures, all *Asthma* measures, and *Controlling High Blood Pressure*).

In the **timeliness** domain, **THC** had one measure (*Immunizations for Adolescents—Combination 1*) whose rate was at or above the 90th percentile, and one other rate above the 75th percentile. Rates for an additional four measures were above the 50th percentile. Six **timeliness**-related measures ranked below the 25th percentile. These measures were *Childhood Immunization Status (Combinations 6, 8, 9, and 10)* under the Child and Adolescent Care dimension and *Timeliness of Prenatal Care and Postpartum Care* under the Pregnancy Care dimension. The two Pregnancy Care measures also reported statistically significant decline from last year, suggesting opportunities for improvement.

Eleven measures in the **access** domain ranked below the 25th percentile. Only one measure ranked at or above the 50th percentile. Most of the low-performing measures also reported a statistically significant decline in rates from HEDIS 2012 (all *Children's/Adolescents' Access* measures and two *Adults' Access* measures under Access to Care and all measures under Pregnancy Care).

Related to all domains, **THC** should work toward improving the completeness and accuracy of data used for calculating all the HEDIS measures and specifically those for the low-performing measures. Since NCQA will revise its supplemental data policies for HEDIS 2014, **THC** should allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources can be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **THC**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation did not identify any *Partially Met* or *Not Met* evaluation elements as opportunities for improvement. To strengthen the study, **THC** should address the *Points of Clarification*.

Annual Compliance Review

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

MDCH evaluated **UNI**'s compliance with federal and State requirements related to the six standards shown in Table L-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table L-1—Compliance Review Results for UNI							
Standard		Number of Scores				Compliance Score	
		Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1	<i>Administrative</i>	3	1	0	0	88%	96%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	5	1	0	0	92%	95%
4	<i>Quality</i>	7	2	0	0	89%	93%
5	<i>MIS</i>	3	0	0	0	100%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		39	4	0	0	95%	97%

UNI demonstrated full compliance with all contract requirements related to the *Providers*, *MIS*, and *Program Integrity* standards. For these standards, which represented areas of strength for **UNI**, the MHP's performance matched or exceeded the statewide average scores. The 2012–2013 compliance review resulted in recommendations for the *Administrative*, *Members*, and *Quality* standards. These areas reflected opportunities for improvement for **UNI**. The MHP's compliance scores for these standards fell below the statewide scores. **UNI**'s performance resulted in an overall compliance score of 95 percent, which was lower than the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table L-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Table L-2—Scores for Performance Measures for UNI			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	Childhood Immunization—Combination 2 [^]	77.37%	★★★★
	Childhood Immunization—Combination 3 [^]	72.26%	★★★★
	Childhood Immunization—Combination 4 [^]	35.52%	★★★★
	Childhood Immunization—Combination 5 [^]	54.50%	★★★★
	Childhood Immunization—Combination 6 [^]	33.33%	★★
	Childhood Immunization—Combination 7 [^]	27.49%	★★★★
	Childhood Immunization—Combination 8 [^]	19.71%	★★
	Childhood Immunization—Combination 9 [^]	26.52%	★★
	Childhood Immunization—Combination 10 [^]	16.06%	★★
	Immunizations for Adolescents—Combination 1	89.86%	★★★★★★
	Well-Child 1st 15 Months—6+ Visits [^]	93.19%	★★★★★★
	Well-Child 3rd–6th Years of Life [^]	82.40%	★★★★
	Adolescent Well-Care Visits	66.85%	★★★★★★
	Lead Screening in Children	82.97%	★★★★
	Appropriate Treatment of URI	85.75%	★★★★
	Children With Pharyngitis	52.88%	★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	39.62%	★★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	51.52%	★★★★
[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> .			
★★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table L-2—Scores for Performance Measures for UNI			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	57.47%	★★★★
	<i>Cervical Cancer Screening</i>	69.59%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	61.85%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	72.17%	★★★★
	<i>Chlamydia Screening—Total</i>	65.76%	★★★★
Access to Care	<i>Children's Access—12 to 24 Months</i>	97.91%	★★★★
	<i>Children's Access—25 Months to 6 Years</i>	90.93%	★★★
	<i>Children's Access—7 to 11 Years</i>	92.64%	★★★
	<i>Adolescents' Access—12 to 19 Years</i>	91.85%	★★★★
	<i>Adults' Access—20 to 44 Years</i>	85.13%	★★★
	<i>Adults' Access—45 to 64 Years</i>	92.31%	★★★★★
	<i>Adults' Access—65+ Years</i>	92.66%	★★★★
	<i>Adults' Access—Total</i>	87.83%	★★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	53.05%	★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	57.72%	★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	54.74%	★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	59.54%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	61.07%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	60.10%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	48.09%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	53.69%	★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	50.12%	★★★
	<i>Adult BMI Assessment</i>	78.42%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	89.72%	★★★
	<i>Postpartum Care</i>	66.94%	★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	NR	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	NR	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	NR	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	NR	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	NR	—
— = The national HEDIS 2012 Medicaid percentiles are not available. NR = Not Report (i.e., biased, or MHP chose not to report).			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table L-2—Scores for Performance Measures for UNI			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	7.78%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	2.78%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	7.22%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	14.44%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	67.78%	★★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	84.70%	★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	33.08%	★★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	56.59%	★★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	41.90%	★★★★★
	<i>Diabetes Care—Eye Exam</i>	63.93%	★★★★★
	<i>Diabetes Care—LDL-C Screening</i>	80.22%	★★★★
	<i>Diabetes Care—LDL-C Control (<100mg/dL)</i>	38.81%	★★★★
	<i>Diabetes Care—Nephropathy</i>	80.88%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	39.18%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	64.93%	★★★★
	<i>Asthma—5 to 11 Years</i>	87.54%	★
	<i>Asthma—12 to 18 Years</i>	78.74%	★
	<i>Asthma—19 to 50 Years</i>	68.83%	★
	<i>Asthma—51 to 64 Years</i>	62.22%	★
	<i>Asthma—Total</i>	78.04%	★
	<i>Controlling High Blood Pressure</i>	65.08%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	82.14%	—
	<i>Discussing Cessation Medications</i>	57.73%	—
	<i>Discussing Cessation Strategies</i>	48.21%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	83.58%	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	65.15%	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	83.78%	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	31.61%	—

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

NC = Not Comparable (i.e., measure not comparable to national percentiles)

— = The national HEDIS 2012 Medicaid percentiles are not available.

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

Table L-2—Scores for Performance Measures for UNI			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	49.44%	NC
	<i>Race/Ethnicity—Black or African-American</i>	36.37%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.13%	NC
	<i>Race/Ethnicity—Asian</i>	0.00%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.00%	NC
	<i>Race/Ethnicity—Some Other Race</i>	1.45%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	12.61%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	5.17%	NC
	<i>Language Diversity: Spoken Language—English</i>	85.42%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	4.33%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	10.25%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.00%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	375.09	★★★★
	<i>Ambulatory Care: ED—Total*</i>	78.04	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	7.64	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.11	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.48	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.97	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.84	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.80	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.56	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.55	NC
<p>* For this measure, a lower rate indicates better performance.</p> <p>£ The rate was calculated by HSAG; national benchmarks are not comparable.</p> <p>NC = Not Comparable (i.e., measure not comparable to national percentiles)</p> <p>ALOS = Average Length of Stay</p>			
<p>★★★★★ = 90th percentile and above</p> <p>★★★★ = 75th to 89th percentile</p> <p>★★★ = 50th to 74th percentile</p> <p>★★ = 25th to 49th percentile</p> <p>★ = Below 25th percentile</p>			

Table L-2 shows that **UNI** had five measures ranking at or above the national HEDIS 2012 Medicaid 90th percentile and another 15 at or above the 75th percentile. Eleven measures ranked below the 50th percentile, seven of which were below the 25th percentile. Three of the five measures ranking at or above the 90th percentile were in the Child and Adolescent Care dimension (*Immunizations for Adolescents—Combination 1*, *Well-Child Visits in the First 15 Months of Life—Six or More Visits*, and *Adolescent Well-Care Visits*). Of the seven measures that ranked below the 25th percentile, five were asthma-related measures (all age groups and *Total*).

Performance Improvement Projects (PIPs)

Table L-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table L-3—2012–2013 PIP Validation Results for UNI						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	8	1	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	3	0	0	1
IX.	Assess for Real Improvement	4	3	1	0	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	33	2	0	2
Percentage Score of Evaluation Elements Met		94%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2012–2013 third-year validation of **UNI**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 94 percent and a score of 100 percent for critical elements. **UNI** reported Remeasurement 2 data and received *Met* scores for all applicable evaluation elements in Activities I through VI, VIII, and X. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

UNI's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rate of counseling for nutrition and physical activity. The performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for UNI to progress to subsequent PIP stages—implementing improvement strategies and achieving real and sustained study indicator outcomes. UNI appeared to appropriately select and conduct the sampling and data collection activities of the Implementation stage. These activities ensured that UNI properly defined and collected the necessary data to produce accurate study indicator rates. The MHP distributed BMI wheels to primary care practitioner offices, provided BMI and coding information in provider newsletters, and conducted one-on-one education to the practitioners on the importance of using standardized documentation. UNI's interventions had a positive impact on the rates. While the Remeasurement 2 improvement was statistically significant for only Study Indicator 2 (evidence of counseling for nutrition), all three study indicators demonstrated improved outcomes and achieved statistically significant improvement when compared to the baseline rate.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

UNI had one recommendation from the 2011–2012 compliance review: to address improvement in rates for *Childhood Immunizations*, *Postpartum Care*, and *Blood Lead Screening* measures to meet the MDCH performance standards. UNI implemented a variety of member and provider interventions to address performance, e.g., live outreach calls to newly eligible pregnant members, assistance with making appointments, free transportation, quarterly newsletters with Healthy First Steps (HFS) articles, member incentives for timely care, member information posted on the plan's Web site, and case management provided for complex cases. Nevertheless, UNI did not meet the MDCH performance standards for all measures.

Assessment of follow-up to recommendations regarding *Fraud*, *Waste*, and *Abuse* could not be assessed due to significant changes that were made to the review tool and process.

Performance Measures

In 2012, UNI's rates for *Appropriate Testing for Children With Pharyngitis*, *Use of Appropriate Medications for People With Asthma—Total*, and *Ambulatory Care: ED—Total* measures fell below the national 25th percentile. Interventions identified in the UNI quality improvement work plan included education to PCPs on diagnosis, coding, testing, and antibiotic use via newsletters and—in some instances—written outreach by the medical director. However, there was no significant change in performance for the *Appropriate Testing for Children With Pharyngitis*, *Use of Appropriate Medications for People With Asthma—Total*, and *Ambulatory Care: ED—Total* measures, and the same three measures fell below the national 25th percentile again in 2013.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **UNI**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX. HSAG identified an opportunity for improvement in Activity IX—Assess for Real Improvement. HSAG determined through the 2012–2013 validation process that **UNI** had not yet successfully addressed the recommendation and should continue efforts to achieve statistically significant improvement in all study indicators.

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

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

UNI demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. **UNI**'s strongest performance was in the **timeliness** domain, with three of the four standards in full compliance with all requirements. The 2012–2013 compliance review also identified opportunities for improvement across all three domains. For the *Administrative* standard, addressing the **quality** domain, **UNI** should revise its policy on the election of board members to state that the board consists of one-third enrollee members. For the *Members* standard, which addressed all three domains of **quality**, **timeliness**, and **access**, **UNI** should ensure that all member ID cards are sent out within ten business days. To improve performance on the *Quality* standard addressing the domains of **quality** and **access**, **UNI** should continue its performance monitoring improvement efforts to meet the MDCH standards for the *Childhood Immunizations*, *Postpartum Care*, *Blood Lead Testing*, *Encounter Data Reporting*, and *Claims Processing* measures.

Compared to the national HEDIS 2012 benchmarks, **UNI** demonstrated mixed performance in the **quality**, **timeliness**, and **access** domains.

In the **quality** domain, **UNI** had only four measures that benchmarked at or above the national 90th percentile, but it had six below the 25th percentile. Most of the remaining measures ranked above the 50th percentile. The top-performing measures were concentrated in the Child and Adolescent Care dimension (*Immunizations for Adolescents—Combination 1*, *Well-Child Visits in the First 15 Months of Life—Six or More Visits*, and *Adolescent Well-Care Visits*). Of the six **quality**-related measures that ranked below the 25th percentile, five were related to asthma under the Living With Illness dimension. The other low-performing measure was *Children With Pharyngitis* under the Child and Adolescent Care dimension.

In the **timeliness** domain, **UNI** had only one measure (*Immunizations for Adolescents—Combination 1*) whose rate was at or above the 90th percentile, and another measure (*Lead Screening in Children*) ranked above the 75th percentile. Although none of the **timeliness**-related measure ranked below the 25th percentile, four were below the 50th percentile.

In the **access** domain, **UNI** had one measure (*Adults' Access—45 to 64 Years*) whose rate was at or above the 90th percentile and one rate (*Ambulatory Care: ED—Total*) below the 25th percentile.

Most of the remaining **access**-related measures ranked above the 50th percentile, with four above the 75th percentile.

Related to all domains, **UNI** should continue its efforts to improve the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates of low-performing measures. Since NCQA will revise its supplemental data policies for HEDIS 2014, **UNI** should allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources can be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **UNI**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation identified opportunities for improvement. **UNI** should conduct statistical testing and document the outcomes for each indicator for Remeasurement 1 to Remeasurement 2. The MHP should continue efforts to achieve statistically significant improvement in all three indicators and address the *Points of Clarification* to strengthen the study.

Annual Compliance Review

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

MDCH evaluated **UPP**'s compliance with federal and State requirements related to the six standards shown in Table M-1 over the course of the 2012–2013 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table M-1—Compliance Review Results <i>for UPP</i>							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	4	0	0	0	100%	96%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	6	0	0	0	100%	95%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	96%
6	<i>Program Integrity</i>	12	0	0	0	100%	100%
Overall		42	1	0	0	99%	97%

UPP showed strengths in the *Administrative*, *Providers*, *Members*, *MIS*, and *Program Integrity* standards, demonstrating compliance with all contractual requirements. **UPP**'s performance on these standards exceeded or matched the statewide scores. The 2012–2013 compliance review identified one opportunity for improvement for the *Quality* standard, which had a compliance score that was higher than the statewide average. **UPP**'s strong performance exceeded the statewide average with an overall compliance score of 99 percent.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's support system to report accurate HEDIS measures. The results of this assessment are presented in Table M-2. The table shows each of the performance measures, the rate for each measure for 2013, and the categorized performance for 2013 relative to national Medicaid results.

Table M-2—Scores for Performance Measures for UPP			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Child and Adolescent Care	Childhood Immunization—Combination 2	79.17%	★★★★
	Childhood Immunization—Combination 3	74.56%	★★★★
	Childhood Immunization—Combination 4 [^]	65.02%	★★★★★
	Childhood Immunization—Combination 5	55.04%	★★★★
	Childhood Immunization—Combination 6	48.57%	★★★★
	Childhood Immunization—Combination 7 [^]	50.33%	★★★★★
	Childhood Immunization—Combination 8 [^]	45.07%	★★★★★
	Childhood Immunization—Combination 9	39.69%	★★★★
	Childhood Immunization—Combination 10 [^]	37.39%	★★★★★
	Immunizations for Adolescents—Combination 1	87.29%	★★★★★
	Well-Child 1st 15 Months—6+ Visits [^]	72.35%	★★★★
	Well-Child 3rd–6th Years of Life	72.75%	★★★★
	Adolescent Well-Care Visits [^]	50.69%	★★★★
	Lead Screening in Children [^]	90.21%	★★★★★
	Appropriate Treatment of URI	87.24%	★★★★
	Children With Pharyngitis	71.30%	★★★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	50.71%	★★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	57.28%	★★★★
[^] Please use caution when comparing with the HEDIS 2012 Medicaid 50th percentile due to changes in this measure. [^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2013 Technical Specifications for Health Plans, Volume 2</i> .			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table M-2—Scores for Performance Measures for UPP			
Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Women—Adult Care	<i>Breast Cancer Screening</i>	55.54%	★★★
	<i>Cervical Cancer Screening</i>	74.77%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	47.28%	★
	<i>Chlamydia Screening—21 to 24 Years</i>	56.34%	★
	<i>Chlamydia Screening—Total</i>	50.50%	★
Access to Care	<i>Children's Access—12 to 24 Months</i>	98.00%	★★★★
	<i>Children's Access—25 Months to 6 Years</i>	90.25%	★★★
	<i>Children's Access—7 to 11 Years</i>	90.47%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	92.78%	★★★★
	<i>Adults' Access—20 to 44 Years</i>	87.00%	★★★★
	<i>Adults' Access—45 to 64 Years</i>	90.76%	★★★★
	<i>Adults' Access—65+ Years</i>	92.99%	★★★★
	<i>Adults' Access—Total</i>	88.37%	★★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	70.18%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	68.71%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	69.68%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	56.84%	★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	55.78%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	56.48%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	43.16%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	61.22%	★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	49.31%	★★★
	<i>Adult BMI Assessment</i>	77.44%	★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	91.18%	★★★★
	<i>Postpartum Care</i>	76.80%	★★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	24.61%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	16.41%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	38.20%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	13.58%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	7.20%	—
— = The national HEDIS 2012 Medicaid percentiles are not available.			
★★★★★ = 90th percentile and above			
★★★★ = 75th to 89th percentile			
★★★ = 50th to 74th percentile			
★★ = 25th to 49th percentile			
★ = Below 25th percentile			

Table M-2—Scores for Performance Measures for UPP

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	1.39%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	1.39%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	4.64%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	13.69%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	78.89%	★★★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing[^]</i>	88.95%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*[^]</i>	29.30%	★★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)*[^]</i>	62.46%	★★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)*[^]</i>	38.81%	★★★
	<i>Diabetes Care—Eye Exam[^]</i>	67.72%	★★★★★
	<i>Diabetes Care—LDL-C Screening[^]</i>	82.11%	★★★★★
	<i>Diabetes Care—LDL-C Control (<100mg/dL) [^]</i>	36.32%	★★★
	<i>Diabetes Care—Nephropathy[^]</i>	93.33%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	53.27%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	78.06%	★★★★★
	<i>Asthma—5 to 11 Years</i>	94.82%	★★★★★
	<i>Asthma—12 to 18 Years</i>	83.33%	★
	<i>Asthma—19 to 50 Years</i>	73.23%	★★
	<i>Asthma—51 to 64 Years</i>	NA	NA
	<i>Asthma—Total</i>	84.49%	★★
	<i>Controlling High Blood Pressure</i>	70.65%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	76.96%	—
	<i>Discussing Cessation Medications</i>	44.54%	—
	<i>Discussing Cessation Strategies</i>	39.06%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	89.38%	—
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	—
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	—
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	59.77%	—

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

[^] Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2013 Technical Specifications for Health Plans, Volume 2*.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

— = The national HEDIS 2012 Medicaid percentiles are not available.

NA = Denominator < 30, unable to report a rate.

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

Table M-2—Scores for Performance Measures for UPP

Dimension	Performance Measure	Rate for 2013	Performance Level for 2013
Health Plan Diversity	<i>Race/Ethnicity—White</i>	90.10%	NC
	<i>Race/Ethnicity—Black or African-American</i>	1.65%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	1.77%	NC
	<i>Race/Ethnicity—Asian</i>	0.43%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.15%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.00%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	0.92%	NC
	<i>Race/Ethnicity—Declined</i>	4.97%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	0.92%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.97%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.01%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.01%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	99.97%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.01%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.01%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	344.14	☆☆
	<i>Ambulatory Care: ED—Total*</i>	74.86	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	6.88	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	2.57	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.28	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.03	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.41	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.91	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	4.67	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.45	NC

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

£ The rate was calculated by HSAG; national benchmarks are not comparable.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

ALOS = Average Length of Stay

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

Table M-2 shows that **UPP** had 11 measures ranking at or above the national HEDIS 2012 Medicaid 90th percentile and another 25 measures at or above the 75th percentile. Ten measures ranked below the 50th percentile, five of which were below the 25th percentile. Measures ranking at or above the 90th percentile were primarily in the Child and Adolescent Care (*Childhood Immunization—Combinations 4, 7, 8, and 10; Immunizations for Adolescents—Combination 1; and Lead Screening in Children*) and in the Living With Illness dimension (three *Diabetes Care* measures: *HbA1c Control <8%, Nephropathy, and Blood Pressure Control < 140/90 mm/Hg*, as well as *Controlling High Blood Pressure*).

Of the five measures that ranked below the 25th percentile, three were from the Women—Adult Care dimension (*Chlamydia Screening—16 to 20 Years, 21 to 24 Years, and Total*). These measures, together with *Asthma—12 to 18 Years* and *Ambulatory Care: ED—Total*, present opportunities for improvement for **UPP**.

Performance Improvement Projects (PIPs)

Table M-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table M-3—2012–2013 PIP Validation Results for UPP						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Use Valid and Reliable Data Collection Procedures	6	4	0	0	2
VII.	Data Analysis and Interpretation of Results	9	8	0	0	1
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	1	0	0	0
Totals for All Activities		37	27	0	0	10
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2012–2013 third-year validation of **UPP**'s PIP on *Childhood Obesity*, HSAG validated Activities I through X, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **UPP** reported Remeasurement 2 data and received *Met* scores for all applicable evaluation elements in Activities I through X. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

UPP's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. The performance on this PIP suggests a thorough application of the PIP Design stage (Activities I through VI). The sound study design created the foundation for **UPP** to progress to subsequent PIP stages—implementing improvement strategies and achieving real and sustained study indicator outcomes. **UPP** appeared to appropriately collect data. This activity ensured that **UPP** produced accurate study indicator rates. Provider barriers were the MHP's main focus. **UPP**'s Clinical Advisory Committee reviewed the PIP data and made no new recommendations for interventions. **UPP** distributed BMI wheels, BMI charts, and billing code tips to its providers. **UPP**'s interventions had a positive impact on the rates. The study indicator achieved statistically significant and sustained improvement.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

UPP successfully addressed the three recommendations from the 2011–2012 compliance review. In response to a recommendation under the *Administrative* standard, the MHP ensured that it maintained an up-to-date organizational chart that identified staff with a functional responsibility for the MDCH contract, and their licensure information. **UPP** was also compliant with the requirements to obtain MDCH approval notification for member newsletters and to submit timely and complete reports to MDCH, specifically financial reports and grievance/appeal reports.

Performance Measures

In 2012, **UPP**'s rate for *Appropriate Treatment for URI, Ambulatory Care: ED—Total*, and all three *Chlamydia* measures fell below the national 25th percentile, indicating opportunities for improvement. **UPP** continued analysis of chlamydia data by county, provider education, and interventions in under-performing clinics, as well as member education and collaboration with regional local health departments to improve chlamydia testing for at-risk women. The rate for *Appropriate Treatment for URI* improved by 4.11 percentage points from 2012 to 2013, and the ranking improved to benchmarking at or above the 50th percentile. The other two indicators for *Chlamydia Screening in Women (Ages 21 to 24 Years and Total)* showed little change in performance and remained below the 25th percentile, indicating the need for continued improvement efforts.

Performance Improvement Projects (PIPs)

For the 2011–2012 second-year validation of **UPP**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. There were no recommendations for follow-up.

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

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

UPP demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. All standards addressing the **timeliness** domain were fully compliant with all requirements, reflecting an area of strength for **UPP**. The 2012–2013 compliance review also identified an opportunity for improvement for the *Quality* standard, which addressed the **quality** and **access** domains. **UPP** should develop performance improvement initiatives for increasing the rate for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure.

Compared with the national HEDIS 2012 benchmarks, **UPP** demonstrated strong performance in the **timeliness** domain and mixed performance in the **quality** and **access** domains.

In the **quality** domain, ten measures benchmarked at or above the national 90th percentile, but four were below the 25th percentile. The top-performing measures were concentrated in the Child and Adolescent Care (*Childhood Immunization Status—Combinations 4, 7, 8, and 10; Immunizations for Adolescents—Combination 1*; and *Lead Screening in Children*) and Living With Illness (*Diabetes Care—HbA1c Control <8%, Nephropathy, and Blood Pressure Control < 140/90 mm/Hg*; and *Controlling High Blood Pressure*) dimensions. Of the four **quality**-related measures that ranked below the 25th percentile, three were *Chlamydia Screening* measures under the Women—Adult Care dimension and one measure (*Asthma—12 to 18 Years*) fell under the Living With Illness dimension.

In the **timeliness** domain, **UPP** had seven measures with rates at or above the 90th percentile and another five above the 75th percentile. Rates for an additional three measures were above the 50th percentile. No **timeliness**-related measures ranked below the 25th percentile. Nonetheless, three *Childhood Immunization* measures (*Combinations 2, 3, and 5*) reported statistically significant decline from last year, suggesting opportunities for improvement.

In the **access** domain, **UPP** had one measure (*Postpartum Care*) whose rate was at or above the 90th percentile and one rate (for the *Ambulatory Care: ED—Total* measure) that fell below the 25th percentile. Most of the remaining **access**-related measures ranked above the 75th percentile.

Related to all domains, **UPP** should continue its efforts to improve the completeness and accuracy of data used for calculating all the HEDIS measures and specifically the rates of low-performing measures. Since NCQA will revise its supplemental data policies for HEDIS 2014, **UPP** should allocate adequate resources to carefully review each supplemental data source to determine if it meets NCQA's requirements so that these sources can be included for HEDIS 2014 reporting.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **UPP's** PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through X of the CMS protocol for conducting PIPs. The 2012–2013 validation did not identify any opportunities for improvement for **UPP**.