

*Michigan Department  
of Community Health*



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**2013–2014 EXTERNAL QUALITY REVIEW  
TECHNICAL REPORT**  
*for*  
**Medicaid Health Plans**

**February 2015**



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## ACKNOWLEDGMENTS AND COPYRIGHTS

**CAHPS®** refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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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)**
- ◆ **Harbor Health Plan (HAR)<sup>1</sup>**
- ◆ **HealthPlus Partners (HPP)**
- ◆ **McLaren Health Plan (MCL)**
- ◆ **Meridian Health Plan of Michigan (MER)**
- ◆ **HAP Midwest Health Plan, Inc. (MID)<sup>2</sup>**
- ◆ **Molina Healthcare of Michigan (MOL)**
- ◆ **Physicians Health Plan—FamilyCare (PHP)**
- ◆ **Priority Health Choice, Inc. (PRI)<sup>3</sup>**
- ◆ **Total Health Care, Inc. (THC)**
- ◆ **UnitedHealthcare Community Plan (UNI)**
- ◆ **Upper Peninsula Health Plan (UPP)**

<sup>1</sup> ProCare Health Plan became Harbor Health Plan effective January 1, 2014.

<sup>2</sup> Midwest Health Plan changed its name to HAP Midwest Health Plan, Inc. effective July 1, 2014.

<sup>3</sup> Priority Health Government Programs, Inc. changed its name to Priority Health Choice, Inc. effective December 1, 2013.

## 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 2013–2014. 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 2013–2014 annual compliance review process. Table 1-1 shows the statewide results for each standard.

Table 1-1—Summary of Data From the Annual Compliance Reviews			
Standard	Range of MHP Scores	Number of MHPs With 100 Percent Compliance	Statewide Average Score
Standard 1— <i>Administrative</i>	88%–100%	10	97%
Standard 2— <i>Providers</i>	89%–100%	8	97%
Standard 3— <i>Members</i>	92%–100%	7	96%
Standard 4— <i>Quality</i>	83%–94%	0	93%
Standard 5— <i>MIS</i>	67%–100%	10	95%
Standard 6— <i>Program Integrity</i>	100%–100%	13	100%
<b>Overall Score</b>	<b>94%–99%</b>	<b>0</b>	<b>97%</b>

The statewide average across all standards and all 13 MHPs was 97 percent, reflecting continued strong performance. The *Administrative* standard was a statewide strength with an average score of 97 percent and ten of the 13 MHPs achieving 100 percent compliance. All MHPs had organizational charts that met contractual requirements as well as final, approved policies for the election of Board members that included the required provisions for vacancies, election procedures, and Board composition. Performance on the *Providers* and *Members* standards was also strong, with statewide average scores of 97 percent and 96 percent, respectively, but with fewer MHPs in full compliance with all requirements. All MHPs met the requirements for standard provider contract provisions, pharmacy contracts, agreements with the community mental health centers, and provider directories. On the *Members* standard, all MHPs demonstrated compliance with the requirements for the member handbook, member newsletter, and the resolution of member grievances and appeals. Ten MHPs had compliance scores of 100 percent on the *MIS* (Management Information System) standard, resulting in a statewide average score of 95 percent. None of the three criteria of this standard was met by all MHPs. The *Quality* standard continued to represent the largest opportunity for improvement with a statewide average score of 93 percent and none of the MHPs meeting all requirements. Twelve of the 13 MHPs failed to demonstrate full compliance with one criterion on this standard, which addressed meeting contractually required minimum standards for key performance measures. Statewide strengths on the *Quality* standard included HEDIS submissions and final audit reports as well as policies and procedures for practice guidelines,

quality improvement, and utilization management. Performance on the *Program Integrity* standard—while resulting in the highest statewide score of 100 percent—was not comparable to the other standards due to a modified review process as described in Section 2 of this report. Overall, the MHPs showed continued strong performance on the compliance monitoring reviews, demonstrating compliance with most of the contractual requirements across the standards.

## Validation of Performance Measures

Table 1-2 displays the 2014 Michigan Medicaid statewide HEDIS averages and performance levels. The performance levels are a comparison of the 2014 Michigan Medicaid statewide average to the NCQA national HEDIS 2013 Medicaid percentiles. For all measures except those under *Utilization*, the Michigan Medicaid weighted average rate was used to represent Michigan Medicaid statewide performance. For measures in the *Utilization* dimension, an unweighted average rate was calculated for the statewide rate. For most measures, a display of ★★★★★ indicates performance at or above the 90th percentile. Performance levels displayed as ★★★★ represent performance at or above the 75th percentile but below the 90th percentile. A ★★★ performance level indicates performance at or above the 50th percentile but below the 75th percentile. Performance levels displayed as ★★ represent performance at or above the 25th percentile but below the 50th percentile. Finally, performance levels displayed as a ★ indicate that the statewide performance was below the 25th percentile.

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

Statewide and plan-specific rate changes between HEDIS 2013 and HEDIS 2014 for two measures may not accurately reflect actual performance improvement or decline. For the *Breast Cancer Screening* measure, continuous enrollment requirement, age range requirement, and numerator time frame were revised in the HEDIS 2014 specifications. These revisions were likely to increase rates. Consequently, rate changes from HEDIS 2013 may reflect both the impact of these revisions and MHPs' improvement efforts. For the *Cervical Cancer Screening* measure, additional tests with a longer look-back period were included in the HEDIS 2014 specification as evidence of screening for women between 30 and 64 years of age. Although a performance star was displayed for this measure, please use caution when interpreting the star due to the significant differences in the measure specification between HEDIS 2013 and HEDIS 2014.

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

Table 1-2—Overall Statewide Averages for Performance Measures

Performance Measure	2014 MI Medicaid	Performance Level for 2014
<b>Child and Adolescent Care</b>		
<i>Childhood Immunization—Combination 2</i>	80.90%	★★★★
<i>Childhood Immunization—Combination 3</i>	77.21%	★★★★
<i>Childhood Immunization—Combination 4</i>	70.61%	★★★★
<i>Childhood Immunization—Combination 5</i>	61.42%	★★★★
<i>Childhood Immunization—Combination 6</i>	42.17%	★★★★
<i>Childhood Immunization—Combination 7</i>	57.33%	★★★★
<i>Childhood Immunization—Combination 8</i>	40.22%	★★★★
<i>Childhood Immunization—Combination 9</i>	35.18%	★★★★
<i>Childhood Immunization—Combination 10</i>	33.87%	★★★★
<i>Immunizations for Adolescents—Combination 1</i>	88.43%	★★★★★
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	73.09%	★★★★
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	77.05%	★★★★
<i>Adolescent Well-Care Visits</i>	57.80%	★★★★
<i>Lead Screening in Children</i>	80.43%	★★★★
<i>Appropriate Treatment for Children With Upper Respiratory Infection (URI)</i>	86.53%	★★★★
<i>Appropriate Testing for Children With Pharyngitis</i>	59.19%	★
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase</i>	40.24%	★★★★
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Continuation and Maintenance Phase</i>	47.04%	★★★★
<b>Women—Adult Care</b>		
<i>Breast Cancer Screening<sup>1</sup></i>	62.56%	★★★★
<i>Cervical Cancer Screening<sup>2</sup></i>	71.34%	★★★★
<i>Chlamydia Screening in Women—16 to 20 Years</i>	60.15%	★★★★
<i>Chlamydia Screening in Women—21 to 24 Years</i>	69.44%	★★★★
<i>Chlamydia Screening in Women—Total</i>	63.40%	★★★★
<sup>1</sup> Changes made in the HEDIS 2014 specifications for this measure may have the potential to increase the HEDIS 2014 rates and consequently result in a higher percentile ranking when compared to the national HEDIS 2013 percentiles. <sup>2</sup> Due to significant changes in the measure specification, NCQA indicates that the <i>Cervical Cancer Screening</i> rate is not publicly reported. Please also use caution when comparing the HEDIS 2014 rate with the HEDIS 2013 Medicaid percentile values.		
★★★★★ = 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	2014 MI Medicaid	Performance Level for 2014
<b>Access to Care</b>		
<i>Children's Access to Primary Care Practitioners—12 to 24 Months</i>	96.73%	☆☆
<i>Children's Access to Primary Care Practitioners—25 Months to 6 Years</i>	88.91%	☆☆
<i>Children's Access to Primary Care Practitioners—7 to 11 Years</i>	91.68%	★★★
<i>Adolescents' Access to Primary Care Practitioners—12 to 19 Years</i>	90.48%	★★★
<i>Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years</i>	84.30%	★★★
<i>Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years</i>	90.93%	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services—65+ Years</i>	90.29%	★★★
<i>Adults' Access to Preventive/Ambulatory Health Services—Total</i>	86.75%	★★★★
<b>Obesity</b>		
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI Percentile—Ages 3 to 11 Years</i>	68.76%	★★★
<i>Weight Assessment and Counseling, BMI Percentile—Ages 12 to 17 Years</i>	72.49%	★★★★
<i>Weight Assessment and Counseling, BMI Percentile—Total</i>	70.07%	★★★★
<i>Weight Assessment and Counseling for Nutrition—Ages 3 to 11 Years</i>	66.15%	★★★
<i>Weight Assessment and Counseling for Nutrition—Ages 12 to 17 Years</i>	62.09%	★★★
<i>Weight Assessment and Counseling for Nutrition—Total</i>	64.72%	★★★
<i>Weight Assessment and Counseling for Physical Activity—Ages 3 to 11 Years</i>	50.27%	★★★
<i>Weight Assessment and Counseling for Physical Activity—Ages 12 to 17 Years</i>	58.17%	★★★
<i>Weight Assessment and Counseling for Physical Activity—Total</i>	52.99%	★★★
<i>Adult BMI Assessment</i>	86.05%	★★★★★
<b>Pregnancy Care</b>		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	88.92%	★★★
<i>Prenatal and Postpartum Care—Postpartum Care</i>	70.84%	★★★★
<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	29.72%	—
<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	9.27%	—
<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	40.51%	—
<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	17.12%	—
<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	3.38%	—
— = The national HEDIS 2013 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	2014 MI Medicaid	Performance Level for 2014
<b>Pregnancy Care (continued)</b>		
Frequency of Ongoing Prenatal Care—< 21 Percent*	6.59%	NC
Frequency of Ongoing Prenatal Care—21 to 40 Percent	6.28%	NC
Frequency of Ongoing Prenatal Care—41 to 60 Percent	7.29%	NC
Frequency of Ongoing Prenatal Care—61 to 80 Percent	13.49%	NC
Frequency of Ongoing Prenatal Care—≥ 81 Percent	66.36%	★★★★
<b>Living With Illness</b>		
Comprehensive Diabetes Care—HbA1c Testing	85.45%	★★★★
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*	37.23%	★★★★
Comprehensive Diabetes Care—HbA1c Control (<8.0%)	53.74%	★★★★
Comprehensive Diabetes Care—Eye Exam	63.01%	★★★★
Comprehensive Diabetes Care—LDL-C Screening	78.67%	★★★★
Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)	40.83%	★★★★
Comprehensive Diabetes Care—Nephropathy	82.00%	★★★★
Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg)	41.41%	★★★★
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	63.56%	★★★★
Use of Appropriate Medications for People With Asthma—5 to 11 Years	89.18%	★★
Use of Appropriate Medications for People With Asthma—12 to 18 Years	84.94%	★★
Use of Appropriate Medications for People With Asthma—19 to 50 Years	73.24%	★★
Use of Appropriate Medications for People With Asthma—51 to 64 Years	64.40%	★
Use of Appropriate Medications for People With Asthma—Total	81.19%	★★
Controlling High Blood Pressure	63.58%	★★★★
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers to Quit	80.35%	—
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications	53.75%	—
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies	46.12%	—
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	83.54%	★★★★
<p>* For this indicator, a lower rate indicates better performance.</p> <p>— = The national HEDIS 2013 Medicaid percentiles are not available.</p> <p>NC = Not Comparable (i.e., measure not comparable to national percentiles)</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 1-2—Overall Statewide Averages for Performance Measures

Performance Measure	2014 MI Medicaid	Performance Level for 2014
<b>Living With Illness (continued)</b>		
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	72.60%	★★★★
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	60.14%	★
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	60.49%	★★
<b>Health Plan Diversity</b>		
<i>Race/Ethnicity Diversity of Membership—White</i>	52.18%	NC
<i>Race/Ethnicity Diversity of Membership—Black or African-American</i>	29.18%	NC
<i>Race/Ethnicity Diversity of Membership—American-Indian and Alaska Native</i>	0.18%	NC
<i>Race/Ethnicity Diversity of Membership—Asian</i>	0.89%	NC
<i>Race/Ethnicity Diversity of Membership—Native Hawaiian and Other Pacific Islanders</i>	0.05%	NC
<i>Race/Ethnicity Diversity of Membership—Some Other Race</i>	0.44%	NC
<i>Race/Ethnicity Diversity of Membership—Two or More Races</i>	<0.01%	NC
<i>Race/Ethnicity Diversity of Membership—Unknown</i>	15.54%	NC
<i>Race/Ethnicity Diversity of Membership—Declined</i>	1.55%	NC
<i>Race/Ethnicity Diversity of Membership—Hispanic<sup>£</sup></i>	5.52%	—
<i>Language Diversity of Membership: Spoken Language—English</i>	90.43%	NC
<i>Language Diversity of Membership: Spoken Language—Non-English</i>	1.55%	NC
<i>Language Diversity of Membership: Spoken Language—Unknown</i>	8.01%	NC
<i>Language Diversity of Membership: Spoken Language—Declined</i>	<0.01%	NC
<i>Language Diversity of Membership: Written Language—English</i>	55.36%	NC
<i>Language Diversity of Membership: Written Language—Non-English</i>	0.77%	NC
<i>Language Diversity of Membership: Written Language—Unknown</i>	43.87%	NC
<i>Language Diversity of Membership: Written Language—Declined</i>	0.00%	NC
<i>Language Diversity of Membership: Other Language Needs—English</i>	45.84%	NC
<i>Language Diversity of Membership: Other Language Needs—Non-English</i>	0.75%	NC
<i>Language Diversity of Membership: Other Language Needs—Unknown</i>	53.40%	NC
<i>Language Diversity of Membership: Other Language Needs—Declined</i>	0.00%	NC
<sup>£</sup> The rate was calculated by HSAG; national benchmarks are not comparable. — = The national HEDIS 2013 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	2014 MI Medicaid	Performance Level for 2014
<b>Utilization</b>		
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): Outpatient—Total</i>	325.25	★★
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total*</i>	73.41	★★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Visits per 1,000 Member Months): Total Inpatient—Total</i>	8.38	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Medicine—Total</i>	4.03	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Surgery—Total</i>	1.45	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Maternity—Total</i>	4.80	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Total Inpatient—Total</i>	3.89	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Medicine—Total</i>	3.87	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Surgery—Total</i>	6.51	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Maternity—Total</i>	2.57	NC
* For this indicator, a lower rate indicates better performance.		
NC = Not Comparable (i.e., measure not comparable to national percentiles)		
<span style="color: green;">★★★★★</span> = 90th percentile and above <span style="color: blue;">★★★★</span> = 75th to 89th percentile <span style="color: yellow;">★★★</span> = 50th to 74th percentile <span style="color: purple;">★★</span> = 25th to 49th percentile <span style="color: red;">★</span> = Below 25th percentile		

Of the 65 performance measures that had national results available and were appropriate for comparison, two rates (*Immunizations for Adolescents—Combination 1* and *Adult BMI Assessment*) indicated statewide strength by ranking at or above the national HEDIS 2013 Medicaid 90th percentile. Fourteen rates (21.5 percent) fell between the 75th and 89th percentile and an additional 37 rates (56.9 percent) were at or above the 50th percentile but below the 75th percentile. Twelve measures (18.5 percent) had rates that fell below the 50th percentile, three of which were below the 25th percentile. These three indicators (*Appropriate Testing for Children With Pharyngitis*, *Use of Appropriate Medications for People With Asthma—51 to 64 Years*, and *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*) presented opportunities for improvement.

## Performance Improvement Projects (PIPs)

For the 2013–2014 validation cycle, MDCH directed the MHPs to select a new study topic that focused on a special group or unique subpopulation of enrollees. All 13 MHPs received a validation status of *Met* for their PIPs, as shown in Table 1-3.

Table 1-3—MHPs' 2013–2014 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 2013–2014 results for the activities of the protocol for validating PIPs.

Table 1-4—Summary of Results From the 2013–2014 Validation of PIPs			
Review Activities		Number of PIPs Meeting All Evaluation Elements/ Number Reviewed	Number of PIPs Meeting All Critical Elements/ Number Reviewed
I.	Select the Study Topic	13/13	13/13
II.	Define the Study Question(s)	13/13	13/13
III.	Use a Representative and Generalizable Study Population	13/13	13/13
IV.	Select the Study Indicator(s)	13/13	13/13
V.	Use Sound Sampling Techniques*	13/13	13/13
VI.	Reliably Collect Data	11/13	13/13
VII.	Analyze Data and Interpret Study Results	13/13	13/13
VIII.	Implement Interventions and Improvement Strategies	5/7	7/7
IX.	Assess for Real Improvement	Not Assessed	
X.	Assess for Sustained Improvement	Not Assessed	
* This activity is assessed only for PIPs that conduct sampling.			

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

HSAG validated all 13 PIPs for Activities I through VII. All 13 PIPs completed the design phase of the study, and 11 PIPs demonstrated compliance with all evaluation elements, including critical elements, for Activities I–VI. All 13 PIPs advanced to the implementation and evaluation phase of the study and completed Activity VII, demonstrating compliance with all evaluation elements. Seven MHPs progressed to Activity VIII—Implement Interventions and Improvement Strategies, and HSAG identified opportunities for improvement for two of the PIPs. All 13 MHPs reported

baseline data, but only seven of them progressed to the point of developing and implementing interventions.

The PIPs submitted for the 2013–2014 validation were a statewide strength. Each MHP selected an appropriate topic and designed a scientifically sound project supported by the use of key research principles. The technical design of the PIPs was sufficient to measure outcomes and advance to the subsequent stages of the studies. As the PIPs progress, the MHPs should evaluate the effectiveness of each implemented intervention to make decisions regarding continuing, revising, or abandoning interventions; use quality improvement tools (e.g., key driver diagrams or Failure Mode Analysis) to determine barriers and weaknesses in processes that may prevent the MHP from achieving its desired outcomes; and use quality improvement science techniques such as the plan-do-study-act (PDSA) cycle as part of their improvement strategies.

### **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. The compliance reviews identified opportunities for improvement 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 65 of the 107 performance indicators were compared with the available national HEDIS 2013 Medicaid percentiles. Fifty-three indicators demonstrated average to above-average performance and ranked above the 50th percentile, with 16 of these indicators ranking above the 75th percentile. The 12 indicators with rates below the 50th percentile represented opportunities for improvement.

The validation of the MHPs' PIPs reflected strong performance in the studies that addressed the **quality**, **timeliness**, and **access** domains. All projects were designed in a methodologically sound manner with a foundation on which to progress to subsequent PIP stages.

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) <sup>1-4</sup>	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	✓	✓	✓

<sup>1-4</sup> *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 2013–2014 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* (16 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 2013–2014 compliance reviews, MDCH continued to use the review tool and process from the previous review cycle. Standards, criteria, and number of MHPs remained unchanged from the 2012–2013 review cycle. Due to the MHPs experiencing continued difficulties with submissions of documentation for Standard 6—*Program Integrity*, MDCH provided technical assistance through conference calls with MHP representatives, updated the submission template, and created a guidance document and list of frequently asked questions to assist the MHPs in properly completing the submission template. Throughout the fiscal year, MHPs submitted documentation of their compliance with a specified subset of the criteria in the review tool. The assessment of compliance with 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’ levels of compliance with the criteria assessed and provided feedback to the MHPs 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 2013–2014 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.

This report presents some comparisons to prior-year performance. Results of the 2013–2014 compliance reviews for Standard 6—*Program Integrity* and the overall compliance scores across all standards are not fully comparable to previous review cycles because of changes in the review methodology. Due to continued difficulties with submissions of required documentation for Standard 6—*Program Integrity*, MDCH allowed MHPs to provide additional or corrected documentation to support compliance with any requirements that received a score of less than “Pass” before assigning a percentage score to the standard. Scores of less than 100 percent on this standard would not necessarily reflect lack of compliance with the requirements but rather indicate a lack of understanding of how to submit the expected information. Final corrective action plan submissions reflected full compliance with the requirements of Standard 6—*Program Integrity*<sup>1</sup>. For all other standards, the scores reflect the MHPs’ performance on the original submission per MDCH’s established practice.

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.

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<sup>1</sup> At the time of this report, one final corrective action plan was still pending.

## 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 2014 *HEDIS Compliance Audit: Standards, Policies, and Procedures*. The NCQA HEDIS Compliance Audit encompasses an in-depth examination of the health plans' processes consistent with CMS' protocols for validation of performance measures. To complete the validation of performance measures process according to the CMS protocols, HSAG performed an independent evaluation of the audit results and findings to determine the validity of each performance measure.

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

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

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

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

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

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

### Description of Data Obtained

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

Table 2-1—Description of Data Sources	
Data Obtained	Time Period to Which the Data Applied
HEDIS Compliance Audit reports were obtained for each MHP, which included a description of the audit process, the results of the information systems findings, and the final audit designations for each performance measure.	Calendar Year (CY) 2013 (HEDIS 2014)
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 2013 (HEDIS 2014)
Previous performance measure reports were reviewed to assess trending patterns and the reasonability of rates.	CY 2012 (HEDIS 2013)

### 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 to 40 Percent, 41 to 60 Percent, and 61 to 80 Percent indicators), *Race/Ethnicity Diversity of Membership*, *Language Diversity of Membership*, and *Inpatient Utilization*. However, for *Frequency of Ongoing Prenatal Care*, benchmarking is appropriate for the  $\geq 81$  Percent category (i.e., higher rates suggesting better performance). The *Diversity* indicators are demographic descriptors only and do not reflect health plan 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 *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 2013–2014 validation cycle, MDCH directed the MHPs to select a new study topic that focused on a special group or unique subpopulation of enrollees.

### 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 guidelines as outlined in *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.<sup>2-2</sup> 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.

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<sup>2-2</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

These activities are:

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

### **Description of Data Obtained**

HSAG obtained the data needed to conduct the PIP validations from the MHPs' PIP Summary Form. This form provided detailed information about each MHP's PIP as it related to the ten activities reviewed and evaluated for the 2013–2014 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 validation score and status. 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. Four 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. With the new MDCH requirement that each MHP's new PIP topic be targeted to a special group or unique subpopulation of enrollees, the topics varied across the MHPs, covering all three domains of **quality** and **timeliness** of—and **access** to—care, as illustrated in Table 1-5 (page 1-12).

### 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 2012–2013 and 2013–2014. Appendices A–M present additional details about the 2013–2014 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 full review of all standards over the course of the 2013–2014 State fiscal year. Due to a modified compliance monitoring process as described in Section 2 of this report, results from the 2013–2014 review cycle are not fully comparable to previous results.

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

Table 3-1—Comparison of Results From the Compliance Reviews: Previous Results for 2012–2013 (P) and Current Results for 2013–2014 (C)									
		Compliance Scores				Number of Corrective Actions Required		MHPs in Full Compliance (Number/Percent)	
		Range		Statewide Average					
		P	C	P	C	P	C	P	C
1	<i>Administrative</i>	75%–100%	88%–100%	96%	97%	4	3	10/77%	10/77%
2	<i>Providers</i>	89%–100%	89%–100%	97%	97%	7	6	8/62%	8/62%
3	<i>Members</i>	75%–100%	92%–100%	95%	96%	8	6	8/62%	7/54%
4	<i>Quality</i>	83%–100%	83%–94%	93%	93%	17	17	1/8%	0/0%
5	<i>MIS</i>	83%–100%	67%–100%	96%	95%	3	4	10/77%	10/77%
6	<i>Program Integrity</i>	100%–100%	100%–100%	100%	100%	0	0	13/100%	13/100%
Overall Score/Total		93%–100%	94%–99%	97%	97%	39	36	0/0%	0/0%

Overall, the MHPs demonstrated continued strong performance related to their compliance with contractual requirements assessed in the compliance reviews. The statewide overall compliance score across all standards and MHPs remained at 97 percent. The number of corrective actions required decreased for the *Administrative*, *Providers*, and *Members* standards as well as overall, but increased for the *MIS* standard. The number of MHPs with a compliance score of 100 percent decreased for the *Members* and *Quality* standards.

Performance on the *Administrative* standard remained strong, with ten of the 13 MHPs demonstrating full compliance with all requirements in this area.

The *Providers* and *Members* 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 remained at eight, while the *Members* standard had a slight decrease from eight MHPs in 2012–2013 to seven MHPs in the current review cycle. On the *Members* standard, several MHPs received recommendations related to timely mailing of member materials. Recommendations on the *Providers* standard addressed various requirements, including provider subcontract requirements and accessibility of covered services. Performance on the *MIS* standard was lower than in the previous cycle, as the number of corrective actions increased and the statewide average score declined. The number of MHPs in full compliance with all MIS requirements remained unchanged at ten.

For the *Quality* standard, the statewide average score remained unchanged at 93 percent. The number of MHPs that demonstrated full compliance on this standard remained the lowest among all standards, with no 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 Michigan Medicaid 2014 HEDIS weighted averages and performance levels. The performance levels are a comparison of the 2014 Michigan Medicaid weighted average and the NCQA national HEDIS 2013 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. Nonetheless, percentile ranking is provided for information only.

Table 3-2—Overall Statewide Averages for Performance Measures

Performance Measure	2013 MI Medicaid	2014 MI Medicaid	Performance Level for 2014	2013–2014 Comparison
<b>Child and Adolescent Care</b>				
<i>Childhood Immunization—Combination 2</i>	81.48%	80.90%	★★★★	-0.58
<i>Childhood Immunization—Combination 3</i>	77.16%	77.21%	★★★★	+0.05
<i>Childhood Immunization—Combination 4</i>	56.14%	70.61%	★★★★	+14.47
<i>Childhood Immunization—Combination 5</i>	57.57%	61.42%	★★★★	+3.85
<i>Childhood Immunization—Combination 6</i>	37.77%	42.17%	★★★★	+4.40
<i>Childhood Immunization—Combination 7</i>	42.85%	57.33%	★★★★	+14.48
<i>Childhood Immunization—Combination 8</i>	30.16%	40.22%	★★★★	+10.06
<i>Childhood Immunization—Combination 9</i>	30.61%	35.18%	★★★★	+4.57
<i>Childhood Immunization—Combination 10</i>	24.79%	33.87%	★★★★	+9.08
<i>Immunizations for Adolescents—Combination 1</i>	88.85%	88.43%	★★★★★★	-0.42
<i>Well-Child Visits, First 15 Months—6 or More Visits</i>	77.83%	73.09%	★★★★	-4.74
<i>Well-Child Visits, Third Through Sixth Years of Life</i>	78.03%	77.05%	★★★★	-0.98
<i>Adolescent Well-Care Visits</i>	61.46%	57.80%	★★★★	-3.66
<i>Lead Screening in Children</i>	82.40%	80.43%	★★★★	-1.97
<i>Appropriate Treatment for Children With URI</i>	85.53%	86.53%	★★★★	+1.00
<i>Appropriate Testing for Children With Pharyngitis</i>	61.28%	59.19%	★	-2.09
<i>Follow-Up Care for Children Prescribed ADHD Meds—Initiation Phase</i>	39.09%	40.24%	★★★★	+1.15
<i>Follow-Up Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	46.93%	47.04%	★★★★	+0.11
<b>Women—Adult Care</b>				
<i>Breast Cancer Screening<sup>1</sup></i>	57.41%	62.56%	★★★★	+5.15
<i>Cervical Cancer Screening<sup>2</sup></i>	72.60%	71.34%	★★★★	-1.26

2013–2014 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.

<sup>1</sup> There were several changes in the HEDIS 2014 specifications for this measure, including updated age ranges from 40–69 years to 50–74 years and an extended numerator time frame from 24 months to 27 months. These changes have the potential to increase the HEDIS 2014 rates. Consequently, the observed significant increase in the statewide rate may be due to both measure specification changes and the MHPs' efforts to improve breast cancer screening. Additionally, when compared to the national HEDIS 2013 percentiles, the statewide average may achieve a higher percentile ranking due not solely to the MHPs' intervention efforts.

<sup>2</sup> It should be noted that, due to significant measure specification changes, any rate change for the *Cervical Cancer Screening* measure may not accurately reflect performance improvement or decline. HSAG suggests that the HEDIS 2014 rates be treated as baseline rates for future trending. Performance ranking based on HEDIS 2013 percentiles should be used for information only.

★★★★★★	=	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	2013 MI Medicaid	2014 MI Medicaid	Performance Level for 2014	2013–2014 Comparison
<b>Women—Adult Care (continued)</b>				
<i>Chlamydia Screening in Women—16 to 20 Years</i>	62.50%	60.15%	★★★★	-2.35
<i>Chlamydia Screening in Women—21 to 24 Years</i>	71.67%	69.44%	★★★	-2.23
<i>Chlamydia Screening in Women—Total</i>	65.84%	63.40%	★★★	-2.44
<b>Access to Care</b>				
<i>Children's Access to Primary Care Practitioners—12 to 24 Months</i>	97.30%	96.73%	★★	-0.57
<i>Children's Access to Primary Care Practitioners—25 Months to 6 Years</i>	90.14%	88.91%	★★	-1.23
<i>Children's Access to Primary Care Practitioners—7 to 11 Years</i>	92.15%	91.68%	★★★	-0.47
<i>Adolescents' Access to Primary Care Practitioners—12 to 19 Years</i>	90.89%	90.48%	★★★	-0.41
<i>Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years</i>	84.53%	84.30%	★★★	-0.23
<i>Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years</i>	90.77%	90.93%	★★★★	+0.16
<i>Adults' Access to Preventive/Ambulatory Health Services—65+ Years</i>	92.12%	90.29%	★★★	-1.83
<i>Adults' Access to Preventive/Ambulatory Health Services—Total</i>	86.68%	86.75%	★★★★	+0.07
<b>Obesity</b>				
<i>Children/Adolescents—BMI Assessment—Total</i>	69.62%	70.07%	★★★★	+0.45
<i>Children/Adolescents—Counseling for Nutrition—Total</i>	59.39%	64.72%	★★★	+5.33
<i>Children/Adolescents—Counseling for Physical Activity—Total</i>	48.98%	52.99%	★★★	+4.01
<i>Adult BMI Assessment</i>	80.39%	86.05%	★★★★★	+5.66
<b>Pregnancy Care</b>				
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	89.61%	88.92%	★★★	-0.69
<i>Prenatal and Postpartum Care—Postpartum Care</i>	70.56%	70.84%	★★★★	+0.28
<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	68.74%	66.36%	★★★	-2.38
<b>Living With Illness</b>				
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	85.21%	85.45%	★★★	+0.24
<i>Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.0%)*</i>	36.06%	37.23%	★★★	+1.17
<i>Comprehensive Diabetes Care—HbA1c Control (&lt;8.0%)</i>	54.57%	53.74%	★★★	-0.83
<i>Comprehensive Diabetes Care—Eye Exam</i>	59.42%	63.01%	★★★★	+3.59
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	79.91%	78.67%	★★★	-1.24
2013–2014 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	2013 MI Medicaid	2014 MI Medicaid	Performance Level for 2014	2013–2014 Comparison
<b>Living With Illness (continued)</b>				
<i>Comprehensive Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	39.16%	40.83%	★★★★	+1.67
<i>Comprehensive Diabetes Care—Medical Attention for Diabetic Nephropathy</i>	82.41%	82.00%	★★★	-0.41
<i>Comprehensive Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	43.73%	41.41%	★★★	-2.32
<i>Comprehensive Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	66.22%	63.56%	★★★	-2.66
<i>Use of Appropriate Medications for People With Asthma—Total</i>	82.13%	81.19%	★★	-0.94
<i>Controlling High Blood Pressure</i>	65.71%	63.58%	★★★★	-2.13
<i>Smoking and Tobacco Use Cessation—Advising Smokers to Quit</i>	79.97%	80.35%	—	+0.38
<i>Smoking and Tobacco Use Cessation—Discussing Cessation Medications</i>	52.38%	53.75%	—	+1.37
<i>Smoking and Tobacco Use Cessation—Discussing Cessation Strategies</i>	45.07%	46.12%	—	+1.05
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	83.47%	83.54%	★★★★	+0.07
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	64.27%	72.60%	★★★★	+8.33
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	70.96%	60.14%	★	-10.82
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	52.71%	60.49%	★★	+7.78
<b>Utilization</b>				
<i>Ambulatory Care—Outpatient Visits per 1,000 Member Months</i>	344.16	325.25	★★	-18.91†
<i>Ambulatory Care—ED Visits per 1,000 Member Months*</i>	74.85	73.41	★★	-1.44†
2013–2014 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 2013 Medicaid percentiles are not available. † Statistical tests across years were not performed for this indicator. Additionally, values displayed are number of visits, not percentage points as with other measures.				
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile				

The HEDIS 2014 average rates for 29 of the 58 measures showed an increase from the prior year, with 15 of these rate increases reaching statistical significance. Rates for 29 measures declined from the HEDIS 2013 results, 12 of which were statistically significant declines. Three rates, all under *Childhood Immunization Status*, had a significant increase of more than 10 percentage points. The *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* measure showed a significant rate decline of close to 11 percentage points from 2013.

Measure rate changes from 2013 to 2014 within three of the seven dimensions (Pregnancy Care, Living With Illness, and Utilization) were minimal. Most of the significant rate changes (increases and declines) were in the Child and Adolescent Care dimension (eight of 15 significant increases

and three of the 12 significant declines). In terms of the magnitude of significant increases, Child and Adolescent Care also had the largest improvement. The second largest performance improvement was in the Obesity dimension, where all but one measure had a significant increase from 2013, with the magnitude of increases between 4 and 5 percentage points. Both Women—Adult Care and Access to Care dimensions showed more measures with significant declines than improvements. For Women—Adult Care, three of the five rates reported significant declines close to 2.5 percentage points, although it had one rate showing significant increase of slightly over 5 percentage points. In the Access to Care dimension, five of the eight rates reported significant declines, though none of them exceeded 2 percentage points.

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

Table 3-3—Count of MHPs by Performance Level					
Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization—Combination 2</i>	2	3	5	1	2
<i>Childhood Immunization—Combination 3</i>	2	4	3	2	2
<i>Childhood Immunization—Combination 4</i>	1	1	8	2	1
<i>Childhood Immunization—Combination 5</i>	1	3	5	3	1
<i>Childhood Immunization—Combination 6</i>	3	4	5	0	1
<i>Childhood Immunization—Combination 7</i>	1	2	6	3	1
<i>Childhood Immunization—Combination 8</i>	3	4	3	2	1
<i>Childhood Immunization—Combination 9</i>	3	3	4	2	1
<i>Childhood Immunization—Combination 10</i>	3	3	3	3	1
<i>Immunizations for Adolescents—Combination 1</i>	0	0	0	1	11
<i>Well-Child Visits, First 15 Months—6 or More Visits</i>	2	4	0	3	3
<i>Well-Child Visits, Third Through Sixth Years of Life</i>	2	3	6	1	1
<i>Adolescent Well-Care Visits</i>	1	1	6	4	1
<i>Lead Screening in Children</i>	0	2	5	6	0
<i>Appropriate Treatment for Children With URI</i>	1	3	6	0	3
<i>Appropriate Testing for Children With Pharyngitis</i>	7	2	3	0	0
<i>Follow-Up Care for Children Prescribed ADHD Meds—Initiation Phase</i>	1	5	4	0	0
<i>Follow-Up Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	2	2	5	0	0
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile					

Table 3-3—Count of MHPs by Performance Level

Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
<b>Women—Adult Care</b>					
<i>Breast Cancer Screening</i> <sup>1</sup>	1	1	2	4	5
<i>Cervical Cancer Screening</i> <sup>2</sup>	1	2	6	2	2
<i>Chlamydia Screening in Women—16 to 20 Years</i>	1	2	2	5	2
<i>Chlamydia Screening in Women—21 to 24 Years</i>	1	1	5	3	2
<i>Chlamydia Screening in Women—Total</i>	1	1	4	4	2
<b>Access to Care</b>					
<i>Children's Access—12 to 24 Months</i>	4	3	5	1	0
<i>Children's Access—25 Months to 6 Years</i>	7	2	3	1	0
<i>Children's Access—7 to 11 Years</i>	2	5	4	2	0
<i>Adolescents' Access—12 to 19 Years</i>	3	4	2	4	0
<i>Adults' Access—20 to 44 Years</i>	1	6	2	4	0
<i>Adults' Access—45 to 64 Years</i>	1	2	4	1	5
<i>Adults' Access—65+ Years</i>	1	3	0	5	1
<i>Adults' Access—Total</i>	1	6	0	6	0
<b>Obesity</b>					
<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	0	0	5	6	2
<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	0	0	2	5	5
<i>Children/Adolescents—BMI Percentile, Total</i>	0	0	5	6	2
<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	0	2	9	1	1
<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	0	3	3	4	2
<i>Children/Adolescents—Nutrition, Total</i>	0	2	9	1	1
<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	0	1	8	3	1
<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	0	2	4	4	2
<i>Children/Adolescents—Physical Activity, Total</i>	0	1	6	5	1
<i>Adult BMI Assessment</i>	0	0	0	3	10
<sup>1</sup> Changes in the HEDIS 2014 specifications for this measure may have the potential to increase the HEDIS 2014 plan rates. Consequently, when compared to the national HEDIS 2013 percentiles, each MHP may also achieve a higher percentile ranking due not solely to its intervention efforts. <sup>2</sup> Due to significant measure specification changes, NCQA indicates that the <i>Cervical Cancer Screening</i> rate is not publicly reported. Since the stars are generated based on a comparison of each MHP's rate against the HEDIS 2013 Medicaid percentile values, please use caution when interpreting these results.					
★★★★★ = 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				
	★	★★	★★★	★★★★	★★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	3	2	2	4	2
<i>Prenatal and Postpartum Care—Postpartum Care</i>	2	1	4	3	3
<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	5	2	2	2	2
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	0	3	6	3	1
<i>Comprehensive Diabetes Care—HbA1c Poor Control (&gt;9.0%)*</i>	1	2	5	1	4
<i>Comprehensive Diabetes Care—HbA1c Control (&lt;8.0%)</i>	1	3	3	2	4
<i>Comprehensive Diabetes Care—Eye Exam</i>	2	0	3	7	1
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	0	2	10	0	1
<i>Comprehensive Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	2	0	3	5	3
<i>Comprehensive Diabetes Care—Nephropathy</i>	0	1	5	5	2
<i>Comprehensive Diabetes Care—Blood Pressure Control (&lt;140/80)</i>	2	2	4	3	2
<i>Comprehensive Diabetes Care—Blood Pressure Control (&lt;140/90)</i>	3	2	4	3	1
<i>Use of Appropriate Medications for People With Asthma—5 to 11 Years</i>	4	2	2	3	1
<i>Use of Appropriate Medications for People With Asthma—12 to 18 Years</i>	3	2	5	0	2
<i>Use of Appropriate Medications for People With Asthma—19 to 50 Years</i>	3	2	5	1	1
<i>Use of Appropriate Medications for People With Asthma—51 to 64 Years</i>	5	4	1	0	0
<i>Use of Appropriate Medications for People With Asthma—Total</i>	4	4	2	1	1
<i>Controlling High Blood Pressure</i>	2	2	3	3	3
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	0	1	1	5	1
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	3	2	1	0	2
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	1	0	1	1	0
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	1	1	2	4	0
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile					

Table 3-3—Count of MHPs by Performance Level					
Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
<b>Utilization</b>					
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): Outpatient—Total</i>	5	4	4	0	0
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total*</i>	6	3	4	0	0
<b>Total</b>	<b>118</b>	<b>145</b>	<b>249</b>	<b>169</b>	<b>113</b>
* 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 <i>ED—Total</i> rate was above the 75th percentile, it would be inverted to be below the 25th percentile with a one-star performance displayed).					
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile					

Table 3-3 shows that 31.4 percent of all performance measure rates (249 of 794) reported by all MHPs fell into the average (★★★) range relative to national Medicaid results. While 14.2 percent of all performance measure rates ranked in the 90th percentile and above (★★★★★), 33.1 percent of all performance measure rates fell below the national HEDIS 2013 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 third year of the State-mandated topic, *Childhood Obesity*. For the 2013–2014 validation, the MHPs provided their first-year submissions on a new PIP topic they selected to address a specific targeted subpopulation. All PIPs received a validation status of *Met*, reflecting continued strong performance.

Table 3-4—MHPs' PIP Validation Status		
Validation Status	Percentage of PIPs	
	2012–2013	2013–2014
<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 2013–2014 cycle, HSAG validated all first-year PIP submissions for Activity I—Select the Study Topic through Activity VII—Analyze Data and Interpret Study Results. Seven PIPs progressed to Activity VIII—Implement Interventions and Improvement Strategies.

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	
		2012–2013	2013–2014
I.	Select the Study Topic	100%/100%	100%/100%
II.	Define the Study Question(s)	100%/100%	100%/100%
III.	Use a Representative and Generalizable Study Population	100%/100%	100%/100%
IV.	Select the Study Indicator(s)	100%/100%	100%/100%
V.	Use Sound Sampling Techniques*	100%/100%	100%/100%
VI.	Reliably Collect Data	100%/100%	85%/100%
VII.	Analyze Data and Interpret Study Results	69%/100%	100%/100%
VIII.	Implement Interventions and Improvement Strategies	92%/100%	71%/100%
IX.	Assess for Real Improvement	62%/NCE	Not Assessed
X.	Assess for Sustained Improvement	92%/NCE	Not Assessed

NCE = No Critical Elements \* This activity is assessed only for PIPs that conduct sampling.

The results from the 2013–2014 validation continued to reflect strong performance. The PIP validation evaluated the technical methods of the PIP (i.e., the study design and implementation/evaluation) associated with the baseline data reported. Based on its technical review, HSAG determined the overall methodological validity of the PIPs, all of which received a validation status of *Met*. All 13 MHPs received scores of *Met* for each applicable evaluation element in Activities I through V as well as for each applicable critical element across all activities assessed. Nine of the MHPs met all applicable evaluation and critical elements across all activities completed. The remaining MHPs received scores of less than *Met* for one element in Activity VI—Reliably Collect Data or Activity VIII—Implement Interventions and Improvement Strategies. The recommendations addressed the needs to outline the MHP’s process to determine the percentage of its administrative data completeness, to present consistent and accurate documentation regarding the data collection process, and to have an independent process to evaluate the effectiveness of each intervention. HSAG did not identify any statewide opportunities for improvement.

The new PIP topics selected by the MHPs targeted specific groups of enrollees defined by age, race, county of residence, or diagnosis. Several PIPs were designed to improve timeliness of prenatal and/or postpartum care, rates of well-care visits or immunizations for children, access to care for adults and adolescents, and prevention or management of chronic health conditions. Among the MHPs that progressed to Activity VIII—Implement Interventions and Improvement Strategies, several MHPs identified barriers to performance. Barriers included lack of parental knowledge about the importance of well-child visits, lack of current data or tracking processes for noncompliant enrollees, and lack of incentives both for providers to get members in for an appointment and for enrollees to obtain tests and screenings. To overcome these barriers, MHPs implemented interventions including educational and reminder messages, materials tailored to the targeted population, provider education and dissemination of practice guidelines, and incentive programs for enrollees and providers. As the PIPs progress, the MHPs should evaluate the effectiveness of each implemented intervention to determine which interventions to continue, revise, or abandon.

## Conclusions/Summary

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

Results of the 2013–2014 annual compliance reviews reflected continued strong performance by the MHPs, demonstrating high levels of compliance with contractual requirements in all areas assessed. The *Administrative*, *Providers*, *Members*, 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.

Michigan’s statewide HEDIS 2014 performance showed both strengths and opportunities for improvement. Fifty percent of the 58 comparable measures reflected improved performance from 2012–2013, with 15 indicators having statistically significant increases. Significant improvements were concentrated in the Child and Adolescent Care and Obesity dimensions. Three rates—all in the Child and Adolescent Care dimension—showed significant improvement of more than 10 percentage points. Despite these strengths, more rates experienced declines than last year. Overall, 29 rates showed a decline from the prior year, 12 of which were statistically significant declines.

Most significant declines concentrated in the Women—Adult Care and Access to Care dimensions. Nonetheless, only one measure had a significant decline of more than 10 percentage points.

The 2013–2014 validation of the PIPs reflected high levels of compliance with the requirements for Activities I–VIII of the CMS PIP protocol. All 13 PIPs received a validation status of *Met* for their first-year submission of a PIP on improving quality outcomes—specifically, the quality, timeliness, and accessibility of care and services for a selected subpopulation of enrollees. The MHPs designed methodologically sound studies with a foundation on which to progress to subsequent PIP stages.

### 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 2013–2014 compliance review findings for each MHP
- ◆ Michigan Medicaid HEDIS 2014 results reports
- ◆ 2014 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	HAR	Harbor Health Plan
D	HPP	HealthPlus Partners
E	MCL	McLaren Health Plan
F	MER	Meridian Health Plan of Michigan
G	MID	HAP Midwest Health Plan, Inc.
H	MOL	Molina Healthcare of Michigan
I	PHP	Physicians Health Plan—FamilyCare
J	PRI	Priority Health Choice, Inc.
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 2013–2014 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>	<b>MHP</b>	<b>Statewide</b>
1	<i>Administrative</i>	3	1	0	0	88%	97%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	6	0	0	0	100%	96%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>45</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>98%</b>	<b>97%</b>

**BCC** demonstrated compliance with all contractual requirements related to the *Providers*, *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 2013–2014 compliance review identified opportunities for improvement in the *Administrative* and *Quality* standards. **BCC**'s compliance score for the *Quality* standard exceeded the statewide score, while the score for the *Administrative* standard fell below the statewide score. **BCC**'s strong performance resulted in an overall compliance score of 98 percent, which exceeded the statewide average.

## Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's 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 2014, and the categorized performance for 2014 relative to national HEDIS 2013 Medicaid results.

Table A-2—Scores for Performance Measures for BCC			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	77.13%	★★★★
	Childhood Immunization—Combination 3	74.94%	★★★★
	Childhood Immunization—Combination 4	68.37%	★★★★
	Childhood Immunization—Combination 5	62.04%	★★★★★
	Childhood Immunization—Combination 6	49.39%	★★★★
	Childhood Immunization—Combination 7	58.39%	★★★★★
	Childhood Immunization—Combination 8	45.74%	★★★★★
	Childhood Immunization—Combination 9	41.61%	★★★★★
	Childhood Immunization—Combination 10	39.17%	★★★★★
	Immunizations for Adolescents—Combination 1	88.32%	★★★★★★
	Well-Child 1st 15 Months—6+ Visits	64.97%	★★
	Well-Child 3rd–6th Years of Life	72.45%	★★★★
	Adolescent Well-Care Visits	45.99%	★★
	Lead Screening in Children	77.61%	★★★★
	Appropriate Treatment of URI	95.51%	★★★★★★
	Children With Pharyngitis	74.41%	★★★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	NR	NR
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	NR	NR
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 A-2—Scores for Performance Measures for BCC

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening<sup>1</sup></i>	59.88%	★★★★
	<i>Cervical Cancer Screening<sup>2</sup></i>	68.86%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	58.04%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	69.21%	★★★★
	<i>Chlamydia Screening—Total</i>	62.11%	★★★★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	94.71%	★
	<i>Children's Access—25 Months to 6 Years</i>	84.16%	★
	<i>Children's Access—7 to 11 Years</i>	93.13%	★★★★
	<i>Adolescents' Access—12 to 19 Years</i>	92.20%	★★★★
	<i>Adults' Access—20 to 44 Years</i>	79.05%	★★
	<i>Adults' Access—45 to 64 Years</i>	84.90%	★★
	<i>Adults' Access—65+ Years</i>	76.98%	★
	<i>Adults' Access—Total</i>	80.67%	★★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	77.61%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	81.82%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	79.08%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	67.16%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	67.83%	★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	67.40%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	50.37%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	65.03%	★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	55.47%	★★★★
	<i>Adult BMI Assessment</i>	87.10%	★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care<sup>^</sup></i>	86.00%	★★★★
	<i>Postpartum Care<sup>^</sup></i>	64.86%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	21.41%	—

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

— = The national HEDIS 2013 Medicaid percentiles are not available.

<sup>^</sup> 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 2014 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 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	15.09%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	39.90%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	20.92%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	2.68%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*<sup>†</sup></i>	12.78%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent<sup>†</sup></i>	6.88%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent<sup>†</sup></i>	11.30%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent<sup>†</sup></i>	25.31%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent<sup>†</sup></i>	43.73%	★
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	87.41%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	41.42%	★★★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	48.36%	★★
	<i>Diabetes Care—Eye Exam</i>	64.05%	★★★★★
	<i>Diabetes Care—LDL-C Screening</i>	76.64%	★★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	38.50%	★★★
	<i>Diabetes Care—Nephropathy</i>	84.85%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	46.35%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	65.33%	★★★
	<i>Asthma—5 to 11 Years</i>	92.49%	★★★
	<i>Asthma—12 to 18 Years</i>	88.19%	★★★
	<i>Asthma—19 to 50 Years</i>	83.72%	★★★★★
	<i>Asthma—51 to 64 Years</i>	68.42%	★★
	<i>Asthma—Total</i>	87.26%	★★★
	<i>Controlling High Blood Pressure</i>	64.63%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	78.01%	—
	<i>Discussing Cessation Medications</i>	50.91%	—
	<i>Discussing Cessation Strategies</i>	42.51%	—

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

— = The national HEDIS 2013 Medicaid percentiles are not available.

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

<sup>†</sup> The 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 2014 Technical Specifications for Health Plans, Volume 2*.

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 A-2—Scores for Performance Measures for BCC

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Living With Illness</b>	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NR	NR
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NR	NR
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NR	NR
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	NR	NR
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	0.00%	NC
	<i>Race/Ethnicity—Black or African-American</i>	0.00%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.00%	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>	0.00%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	100.00%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	0.00%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.01%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.39%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.60%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	99.01%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.39%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.60%	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

\* 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)

★★★★★	= 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 2014	Performance Level for 2014
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	256.20	★
	<i>Ambulatory Care: ED—Total*</i>	63.82	★★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	10.07	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.66	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.95	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.59	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.67	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.41	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	5.88	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.79	NC
<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>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 A-2 shows that **BCC** had four measures ranking at or above the national HEDIS 2013 Medicaid 90th percentile and another 18 at or above the 75th percentile. Twelve measures ranked below the 50th percentile, five of which were below the 25th percentile. Measures ranking at or above the 90th percentile were found in two dimensions: Child and Adolescent Care (*Immunization for Adolescents—Combination 1* and *Appropriate Treatment of Children With URI*) and Obesity (*Children/Adolescents: BMI Percentile—12 to 17 Years* and *Adult BMI Assessment*). Of the five measures ranking below the 25th percentile, three were from Access to Care (*Children’s Access to Primary Care Practitioners—12 to 24 Months* and *25 Months to 6 Years*, and *Adults’ Access to Preventive/Ambulatory Health Services—65+ Years*). These measures, together with *Frequency of Ongoing Prenatal Care—≥ 81 Percent* and *Ambulatory Care: Outpatient Visits—Total*, presented 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—2013–2014 PIP Validation Results for BCC						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Reliably Collect Data	6	3	1	0	2
VII.	Analyze Data and Interpret Study Results	9	4	0	0	5
VIII.	Implement Intervention and Improvement Strategies	4	Not Assessed			
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
<b>Totals for All Activities</b>		<b>37</b>	<b>14</b>	<b>1</b>	<b>0</b>	<b>13</b>
<b>Percentage Score of Evaluation Elements Met</b>		<b>93%</b>				
<b>Percentage Score of Critical Elements Met</b>		<b>100%</b>				
<b>Validation Status</b>		<b>Met</b>				

For the 2013–2014 first-year validation of BCC’s PIP on *Increasing Postpartum Visits in Wayne County*, HSAG validated Activities I through VII, resulting in a validation status of *Met*, with an overall score of 93 percent and a score of 100 percent for critical elements. BCC received *Met* scores for all applicable evaluation elements in Activities I through V and Activity VII. Based on the validation of this PIP, HSAG’s assessment determined confidence in the reported results.

BCC’s PIP on *Increasing Postpartum Visits in Wayne County* was designed to increase the percentage of women residing in Wayne County who receive appropriate postpartum care. BCC determined through data analysis that women in Wayne County were less compliant with postpartum visits than women in other counties. Proper postpartum care reduces complications following delivery, lowers health care costs, and improves overall health outcomes for mother and child. BCC’s goal is to increase the percentage of enrollees in Wayne County who receive timely postpartum care from 45.7 percent at baseline to the Quality Compass 25th percentile at Remeasurement 1.

The performance of this PIP suggests a thorough application of the PIP design. **BCC**'s documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. **BCC** reported and interpreted its baseline data accurately. The MHP had not progressed to the point of developing and implementing interventions. **BCC** developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

**BCC** successfully addressed two of the three recommendations stemming from the 2012–2013 compliance review—to ensure both that it notified MDCH of any new subcontractor in a timely manner and that it had policy and procedures for arranging binding arbitration along with rapid dispute resolution. The third recommendation, to achieve the established MDCH standard for all performance measures, was not met. While **BCC** demonstrated progress in meeting many of the performance standards, it did not achieve the established performance thresholds for *Blood Lead Testing* or *Postpartum Care*.

### Performance Measures

Of the six measures that ranked below the national 25th percentile in 2013, five ranked above the 25th percentile in 2014 and four of those demonstrated significant performance improvement (*Childhood Immunization Status—Combinations 4 and 7*, *Chlamydia Screening—16 to 20 Years* and *Total*). **BCC**'s 2013 Quality & Utilization Management Annual Evaluation described the plan's quality improvement interventions. **BCC** sent telephone reminders to members for preventive screenings and other clinical care measures and mailed approximately 11,000 reminders to noncompliant members. The plan sent gift cards to members identified as compliant for the following measures: diabetes care, adherence to ADHD medications, lead screening, well-child visits, breast cancer screening, and postpartum visits. The member newsletter, *Good Health*, included articles on topics intended to improve the health and well-being, and members who were on hold with customer service listened to messaging about preventive screenings and other clinical care messages. **BCC** continued the pay-for-performance provider incentive program and displayed member gaps in care via the online provider portal.

## Performance Improvement Projects (PIPs)

For the 2013–2014 PIP validation, **BCC** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## 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 all four standards related to this domain in full compliance with all requirements. The 2013–2014 compliance review also identified opportunities for improvement across the three domains. For the *Administrative* standard, which addressed the **quality** domains, **BCC** should submit additional documentation such as clinical license information to supplement the descriptions of administrative positions. 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 performance measures that fell below the MDCH standard (i.e., *Prenatal Care*, *Postpartum Care*, *Complaints*, *Blood Lead Testing*, and *Encounter Data Reporting*).

Compared with the national HEDIS 2013 benchmarks, **BCC**'s performance across the three domains varied. Although the **quality** domain included more high-performing measures, it also had more diverse performance. Performance in the **access** domain was the weakest of all three domains.

In the **quality** domain, four **BCC** measures benchmarked at or above the national 90th percentile and one fell below the 25th percentile. The top-performing measures were found in two dimensions: Child and Adolescent Care (*Immunization for Adolescents—Combination 1* and *Appropriate Treatment for Children With URI*) and Obesity (*Children/Adolescents: BMI Percentile—12 to 17 Years* and *Adult BMI Assessment* measure). The one measure ranking below the 25th percentile was *Frequency of Ongoing Prenatal Care—≥ 81 Percent*.

In the **timeliness** domain, all **BCC** measures were at or above the 50th percentile, five of which were above the 75th but below the 90th percentile, and one was at or above the 90th percentile. Although none of the measures fell below the 50th percentile, opportunities for improvement existed for the three *Childhood Immunization Status* indicators that reported statistically significant declines from last year.

In the **access** domain, **BCC** had no measures with rates at or above the 90th percentile, and only one measure ranked at or above the 75th percentile. Eight measures ranked below the 50th percentile, five of which below the 25th percentile. Six of these eight measures were in the Access to Care dimensions and showed significant rate decline from 2013. These measures, together with *Frequency of Ongoing Prenatal Care-- ≥ 81% Percent*, represent opportunities for improvement.

Related to all domains, **BCC** should continue efforts to improve the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures.

**BCC**'s PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VII of the CMS protocol for conducting PIPs. The 2013–2014 validation identified an opportunity for improvement in Activity VI—Reliably Collect Data. **BCC** should present consistent and accurate documentation regarding the data collection process. To strengthen the PIP, the MHP should address all *Points of Clarification*.

## Annual Compliance Review

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

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 2013–2014 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>	<b>MHP</b>	<b>Statewide</b>
1	<i>Administrative</i>	3	1	0	0	88%	97%
2	<i>Providers</i>	8	1	0	0	94%	97%
3	<i>Members</i>	5	1	0	0	92%	96%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>43</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>96%</b>	<b>97%</b>

**COV** showed strengths in the *MIS* and *Program Integrity* standards, demonstrating compliance with all contractual requirements. **COV**'s performance on these standards exceeded or matched the statewide scores. The 2013–2014 compliance review identified opportunities for improvement for the *Administrative*, *Providers*, *Members*, and *Quality* standards, resulting in compliance scores lower than the statewide average scores for most of these areas. **COV**'s performance fell below the statewide average with an overall compliance score of 96 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 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table B-2—Scores for Performance Measures for COV			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	73.61%	☆☆
	Childhood Immunization—Combination 3	68.29%	☆☆
	Childhood Immunization—Combination 4	65.05%	★★★★
	Childhood Immunization—Combination 5	53.01%	☆☆
	Childhood Immunization—Combination 6	27.78%	★
	Childhood Immunization—Combination 7	51.16%	★★★★
	Childhood Immunization—Combination 8	27.31%	★
	Childhood Immunization—Combination 9	23.61%	★
	Childhood Immunization—Combination 10	23.38%	★
	Immunizations for Adolescents—Combination 1	84.98%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	49.75%	★
	Well-Child 3rd–6th Years of Life	74.73%	★★★★
	Adolescent Well-Care Visits	57.52%	★★★★★
	Lead Screening in Children	82.41%	★★★★★
	Appropriate Treatment of URI	88.45%	★★★★
	Children With Pharyngitis	50.62%	★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	25.25%	★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	27.91%	★
<div> <div>★★★★★</div> <div>★★★★</div> <div>★★★</div> <div>★★</div> <div>★</div> </div> <div> <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> </div>			

Table B-2—Scores for Performance Measures for COV

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening<sup>1</sup></i>	66.81%	★★★★★
	<i>Cervical Cancer Screening<sup>2</sup></i>	70.92%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	68.26%	★★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	77.30%	★★★★★
	<i>Chlamydia Screening—Total</i>	70.99%	★★★★★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	94.60%	★
	<i>Children's Access—25 Months to 6 Years</i>	82.98%	★
	<i>Children's Access—7 to 11 Years</i>	88.05%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	85.79%	★
	<i>Adults' Access—20 to 44 Years</i>	80.06%	★★
	<i>Adults' Access—45 to 64 Years</i>	87.53%	★★★
	<i>Adults' Access—65+ Years</i>	NA	NA
	<i>Adults' Access—Total</i>	82.82%	★★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	70.72%	★★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	72.78%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	71.53%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	61.22%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	64.50%	★★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	62.50%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	47.91%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	48.52%	★★
	<i>Children/Adolescents—Physical Activity, Total</i>	48.15%	★★★
	<i>Adult BMI Assessment</i>	84.62%	★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care<sup>^</sup></i>	84.35%	★★
	<i>Postpartum Care<sup>^</sup></i>	66.12%	★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks<sup>^</sup></i>	47.83%	—

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

<sup>^</sup> 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 2014 Technical Specifications for Health Plans, Volume 2*.

— = The national HEDIS 2013 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 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks<sup>↑</sup></i>	4.83%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks<sup>↑</sup></i>	26.00%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks<sup>↑</sup></i>	16.58%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown<sup>↑</sup></i>	4.75%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*<sup>↑</sup></i>	20.23%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent<sup>↑</sup></i>	13.95%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent<sup>↑</sup></i>	12.79%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent<sup>↑</sup></i>	16.28%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent<sup>↑</sup></i>	36.74%	★
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	84.33%	★★★★
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	38.47%	★★★★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	52.59%	★★★★
	<i>Diabetes Care—Eye Exam</i>	62.82%	★★★★
	<i>Diabetes Care—LDL-C Screening</i>	79.40%	★★★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	40.80%	★★★★
	<i>Diabetes Care—Nephropathy</i>	82.90%	★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	31.61%	★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	50.13%	★
	<i>Asthma—5 to 11 Years</i>	84.31%	★
	<i>Asthma—12 to 18 Years</i>	83.66%	★★
	<i>Asthma—19 to 50 Years</i>	68.32%	★★
	<i>Asthma—51 to 64 Years</i>	64.29%	★
	<i>Asthma—Total</i>	77.02%	★
	<i>Controlling High Blood Pressure<sup>↑</sup></i>	50.00%	★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	82.72%	—
	<i>Discussing Cessation Medications</i>	57.92%	—
	<i>Discussing Cessation Strategies</i>	47.95%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NB	NB
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NR	NR

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

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

<sup>↑</sup> 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 2014 Technical Specifications for Health Plans, Volume 2*.

— = The national HEDIS 2013 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 2014	Performance Level for 2014
<b>Living With Illness (continued)</b>	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NR	<b>NR</b>
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	NB	<b>NB</b>
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	14.64%	NC
	<i>Race/Ethnicity—Black or African-American</i>	76.62%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.09%	NC
	<i>Race/Ethnicity—Asian</i>	0.77%	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>	7.88%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	2.06%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.20%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.80%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	99.20%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.00%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.80%	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
<b>Utilization</b>	<i>Ambulatory Care: Outpatient—Total</i>	308.37	★
	<i>Ambulatory Care: ED—Total*</i>	87.58	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	8.90	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.86	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.68	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	3.55	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 B-2—Scores for Performance Measures for COV			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Utilization (continued)</b>	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	4.19	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.73	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	7.68	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.63	NC
NC = Not Comparable (i.e., measure not comparable to national percentiles)			
ALOS = Average Length of Stay			
<div> <div>★★★★★</div> <div>★★★★</div> <div>★★★</div> <div>★★</div> <div>★</div> </div> <div> <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> </div>			

Table B-2 shows that **COV** had five measures ranking at or above the national HEDIS 2013 Medicaid 90th percentile and another 10 at or above the 75th percentile. Thirty measures ranked below the 50th percentile, 18 of which were below the 25th percentile. Four of the five measures ranking at or above the 90th percentile were in the Women—Adult Care dimension (*Breast Cancer Screening* and all three *Chlamydia Screening* indicators). Measures ranking below the 25th percentile spanned multiple dimensions, including Child and Adolescent Care (four *Childhood Immunization Status* indicators, *Well-Child Visits in the First 15 Months of Life—Six or More Visits*, *Appropriate Testing for Children With Pharyngitis*, and two *Follow-Up Care for Children Prescribed ADHD Medications* indicators), Access to Care (three *Children’s* and *Adolescents’ Access to Primary Care Practitioners* indicators), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥ 81 Percent*), Living With Illness (one *Comprehensive Diabetes Care* and three *Use of Appropriate Medication for People With Asthma* measures), and Utilization (both *Ambulatory Care* indicators). These measures presented 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—2013–2014 PIP Validation Results for COV						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Reliably Collect Data	6	4	0	0	2
VII.	Analyze Data and Interpret Study Results	9	4	0	0	5
VIII.	Implement Intervention and Improvement Strategies	4	Not Assessed			
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	15	0	0	13
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2013–2014 first-year validation of **COV**'s PIP on *Well-Child Visits in the First 15 Months of Life for the Detroit Population*, HSAG validated Activities I through VII, resulting in a validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

**COV**'s PIP on *Well-Child Visits in the First 15 Months of Life for the Detroit Population* was designed to address poor compliance with well-child visits in the first 15 months of life for children living in Detroit. **COV** identified, through data analysis, that the rate of well-child visits in the first 15 months of life for these children was significantly lower than the MHP's overall performance for this measure. Well-child visits provide practitioners opportunities to monitor children's health and ensure that all immunizations are current. These visits also allow for the physical exam to assess growth and development and give practitioners the opportunity to provide anticipatory guidance to the parents or caregivers. **COV**'s goal is to increase from 16.1 percent at baseline to 18.9 percent at Remeasurement 1 the percentage of children 15 months of age and residing in

Detroit who have six or more well-child visits with a primary care provider during the measurement year.

The performance of this PIP suggests a thorough application of the PIP design. COV's documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. COV reported and interpreted its baseline data accurately. The MHP had not progressed to the point of developing and implementing interventions. COV developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

COV had only one recommendation from the 2012–2013 compliance review—to achieve the established MDCH standards for all performance measures. COV achieved the MDCH standard for some measures, but did not achieve the established standards for *Childhood Immunizations*, *Postpartum Care*, *Prenatal Care*, *Well-Child in the First 15 Months of Life*, or *Blood Lead Testing*.

### Performance Measures

Of the 17 measures that ranked below the national 25th percentile in 2013, three immunization measures demonstrated significant performance improvement in 2014 (*Childhood Immunization Status—Combinations 8, 9, and 10*); however, these measures continued to fall below the national 25th percentile. Performance improved for the measure, *Use of Appropriate Medications for People With Asthma—12 to 18 Years*. The rate increased from below the 25th percentile to above the 25th percentile but below the 50th percentile. Another measure with significant performance improvement was *Children's Access to Primary Care Practitioners—7 to 11 Years*, which performed above the 25th percentile but below the 50th percentile. The COV 2013 Quality Improvement Program Evaluation listed a number of interventions the plan used to improve rates for children's health measures. COV continued monthly mailings to noncompliant members encouraging them to visit their primary care provider for services such as immunizations and lead screening. The plan also continued providing member incentives for such visits. COV partnered with its largest pediatric practice to identify and provide outreach to families of children needing screenings and immunizations. The plan hosted "Community Days" to promote immunizations, lead screenings, and well-child visits in areas identified as noncompliant population centers. COV initiated a targeted outreach program to new mothers to encourage them to bring their children in for vaccination, lead screening, and well-child visits. Additionally, the plan collaborated with the following community partners: Women, Infants, and Children (WIC); Vaccines for Children (VFC); Michigan Childhood Immunization Registry (MCIR); and Alliance for Immunization in Michigan (AIM).

The other measures that ranked below the national 25th percentile in 2013 continued to fall below the 25th percentile in 2014. One measure (*Children's Access to Primary Care Practitioners—12 to 24 Months*) showed a significant decline from 2013.

### **Performance Improvement Projects (PIPs)**

For the 2013–2014 PIP validation, **COV** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## **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. The 2013–2014 compliance review also identified opportunities for improvement across the three domains. To improve performance on the *Administrative* standard, which addressed the **quality** domain, **COV** should clarify which of its board members are enrollees. For the *Member* and *Provider* standards related to the **quality**, **timeliness**, and **access** domains, **COV** should submit a monthly report to show that member identification cards and new member packets were mailed within ten days of notification of enrollment and ensure that it lists all contracted providers in its submissions. The recommendation for the *Quality* standard related to the **quality** and **access** domains addressed the MHP's rates for the performance monitoring measures. **COV** should continue 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 2013 benchmarks, **COV's** performance presented opportunities for improvement across all three domains.

In the **quality** domain, five measures benchmarked at or above the national 90th percentile and 13 fell below the 25th percentile. The top-performing measures were concentrated in the Women—Adult Care dimension (*Breast Cancer Screening* and all three *Chlamydia Screening* indicators); the fifth top-performing measure (*Adult BMI Assessment*) was in the Obesity dimension. Measures that ranked below the 25th percentile spanned multiple dimensions including Child and Adolescent Care (four *Childhood Immunization Status* indicators, *Well-Child Visits in the First 15 Months*, *Appropriate Testing for Children With Pharyngitis*, and two *Follow-Up Care for Children Prescribed ADHD Medications* indicators), Access to Care (three *Children's or Adolescents' Access to Primary Care Practitioners* indicators), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥ 81 Percent*), Living With Illness (one *Diabetes Care* and three *Use of Appropriate Medications for People With Asthma* measures), and Utilization (both *Ambulatory Care* indicators).

In the **timeliness** domain, **COV** had no measures ranked above the 90th percentile. Although **COV** reported significant improvement in five of the 15 measures in this domain, ten measures performed below the 50th percentile, six of which were in the Child and Adolescent Care dimension

(*Childhood Immunization Status—Combinations 6, 8, 9, and 10*; and two *Follow-Up Care for Children Prescribed ADHD Medications* indicators). These measures represent opportunities for improvement.

In the **access** domain, **COV** had no measures ranked at or above the 75th percentile. All but two measures were ranked below the 50th percentile, with eight falling below the 25th percentile. These measures were found in the Child and Adolescent Care (two *Follow-Up Care for Children Prescribed ADHD Medications* indicators) and Access to Care (three *Children's and Adolescent's Access to Primary Care Practitioners*) dimensions. These measures, together with *Frequency of Ongoing Prenatal Care ≥ 81 Percent* and both *Ambulatory Care* indicators, represent opportunities for improvement.

Related to all domains, **COV** should focus on improving the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures.

**COV's** PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VII of the CMS protocol for conducting PIPs. The 2013–2014 validation did not identify any *Partially Met* or *Not Met* scores as opportunities for improvement; however, to strengthen the PIP, the MHP 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 **HAR**'s compliance with federal and State requirements related to the six standards shown in Table C-1 over the course of the 2013–2014 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table C-1—Compliance Review Results <i>for HAR</i>							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	<b>MHP</b>	<b>Statewide</b>
1	<i>Administrative</i>	4	0	0	0	100%	97%
2	<i>Providers</i>	8	1	0	0	94%	97%
3	<i>Members</i>	6	0	0	0	100%	96%
4	<i>Quality</i>	6	3	0	0	83%	93%
5	<i>MIS</i>	1	2	0	0	67%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>41</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>94%</b>	<b>97%</b>

**HAR** showed strengths in the *Administrative*, *Members*, and *Program Integrity* standards, demonstrating compliance with all contractual requirements. **HAR**'s performance on these standards exceeded or matched the statewide scores. The 2013–2014 compliance review identified opportunities for improvement for the *Providers*, *Quality*, and *MIS* standards. The MHP's resulting compliance scores were lower than the statewide scores for two of these areas (*Providers* and *MIS*). **HAR**'s performance resulted in a lower than statewide average overall compliance score of 94 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 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table C-2—Scores for Performance Measures for HAR			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	58.82%	★
	Childhood Immunization—Combination 3	50.59%	★
	Childhood Immunization—Combination 4	50.59%	★
	Childhood Immunization—Combination 5	41.18%	★
	Childhood Immunization—Combination 6	21.18%	★
	Childhood Immunization—Combination 7	41.18%	★
	Childhood Immunization—Combination 8	21.18%	★
	Childhood Immunization—Combination 9	18.82%	★
	Childhood Immunization—Combination 10	18.82%	★
	Immunizations for Adolescents—Combination 1	NA	NA
	Well-Child 1st 15 Months—6+ Visits	NA	NA
	Well-Child 3rd–6th Years of Life	58.84%	★
	Adolescent Well-Care Visits	33.00%	★
	Lead Screening in Children	61.18%	★★
	Appropriate Treatment of URI	93.28%	★★★★★
	Children With Pharyngitis	NA	NA
	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
<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 C-2—Scores for Performance Measures for HAR

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening<sup>1</sup></i>	32.35%	★
	<i>Cervical Cancer Screening<sup>2</sup></i>	50.61%	★
	<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
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	70.42%	★
	<i>Children's Access—25 Months to 6 Years</i>	63.56%	★
	<i>Children's Access—7 to 11 Years</i>	55.17%	★
	<i>Adolescents' Access—12 to 19 Years</i>	67.50%	★
	<i>Adults' Access—20 to 44 Years</i>	48.24%	★
	<i>Adults' Access—45 to 64 Years</i>	68.58%	★
	<i>Adults' Access—65+ Years</i>	NA	NA
	<i>Adults' Access—Total</i>	58.43%	★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	66.91%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	NA	NA
	<i>Children/Adolescents—BMI Percentile, Total</i>	67.89%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	63.27%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	NA	NA
	<i>Children/Adolescents—Nutrition, Total</i>	63.55%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	47.27%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	NA	NA
	<i>Children/Adolescents—Physical Activity, Total</i>	48.49%	★★★★
	<i>Adult BMI Assessment</i>	81.67%	★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care</i>	68.42%	★
	<i>Postpartum Care</i>	36.84%	★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	51.92%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	19.23%	—

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

— = The national HEDIS 2013 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 HAR

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	17.31%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	11.54%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	0.00%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*</i>	18.42%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	15.79%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	13.16%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	7.89%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	44.74%	★
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	84.00%	★★★★
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	46.00%	★★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	52.00%	★★★★
	<i>Diabetes Care—Eye Exam</i>	38.00%	★
	<i>Diabetes Care—LDL-C Screening<sup>†</sup></i>	74.00%	★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL) <sup>†</sup></i>	26.00%	★
	<i>Diabetes Care—Nephropathy<sup>†</sup></i>	88.00%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	20.00%	★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	36.00%	★
	<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>	43.37%	★
	<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	NA
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	NA

<sup>†</sup> 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 2014 Technical Specifications for Health Plans, Volume 2*.

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

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

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

— = The national HEDIS 2013 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 HAR

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Living With Illness (continued)</b>	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	NA	NA
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	13.41%	NC
	<i>Race/Ethnicity—Black or African-American</i>	35.36%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.04%	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>	2.32%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	48.86%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	2.32%	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
<b>Utilization</b>	<i>Ambulatory Care: Outpatient—Total</i>	166.78	★
	<i>Ambulatory Care: ED—Total*</i>	60.06	★★★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	7.81	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.59	NC

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

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

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

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—Scores for Performance Measures for HAR			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Utilization (continued)</b>	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.30	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	3.99	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	4.32	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.87	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	8.95	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.27	NC
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, due to its small membership, one-third of **HAR**'s measures (21 of 65) had a denominator smaller than 30—which is not sufficient to report a valid rate—and received a *NA (Not Applicable)* audit designation. Two measures (*Appropriate Treatment for Children With URI* and *Comprehensive Diabetes Care—Nephropathy*) ranked at or above the national HEDIS 2013 Medicaid 90th percentile. One measure (*Adult BMI Assessment*) performed at or above the 75th percentile and nine other measures were at or above the 50th percentile. Thirty-two measures ranked below the 50th percentile, 29 of which were below the 25th percentile. Measures ranking below the 25th percentile were found in all dimensions except the Obesity dimension, where all valid rates were at or above the national 50th percentile. **HAR**'s 2014 performance suggested opportunities for improvement across most dimensions.

## 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—2013–2014 PIP Validation Results for HAR						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Reliably Collect Data	6	4	0	0	2
VII.	Analyze Data and Interpret Study Results	9	4	0	0	5
VIII.	Implement Intervention and Improvement Strategies	4	Not Assessed			
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	15	0	0	13
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2013–2014 first-year validation of **HAR**'s PIP on *Improving Access to Care for Enrollees 45 to 64 Years of Age Who Identify Themselves of the Black Race*, HSAG validated Activities I through VII, resulting in a validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. **HAR** received *Met* scores for all applicable evaluation elements in Activities I through VII. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

**HAR**'s PIP on *Improving Access to Care for Enrollees 45 to 64 Years of Age Who Identify Themselves of the Black Race* was designed to increase the rate of African-American enrollees 45 to 64 years of age who access ambulatory and preventive care. **HAR** identified, through drill-down analysis, that this unique subpopulation and age stratification had the lowest percentage of preventive care visits with a primary care practitioner. The prevention and/or management of chronic conditions have the potential to greatly affect the short- and long-term health of enrollees. **HAR**'s goal is to increase from 67.1 percent at baseline to 89.9 percent at Remeasurement 1 the

percentage of black enrollees for this age stratification who have one or more ambulatory or preventive care visits.

The performance of this PIP suggests a thorough application of the PIP design. HAR's documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. HAR reported and interpreted its baseline data accurately. The MHP had not progressed to the point of developing and implementing interventions. HAR developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

HAR successfully addressed three of five recommendations from the 2012–2013 compliance review. The plan changed ownership, and HAR provided documentation that the new governing body had met at least quarterly. HAR also provided documentation describing how enrollee board vacancies were filled and satisfied the requirement to highlight policy or procedure changes that had been made since the last compliance review. HAR did not demonstrate that it met all requirements for the Quality Assessment and Improvement (QAPI) program regarding an annual evaluation of its work plan. Further, HAR did not meet the established performance standards for *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*; or *Claims Processing*.

### Performance Measures

Of the 23 rates that fell below the national 25th percentile in 2013, all but two of these measures (*Adult BMI Assessment* and *Comprehensive Diabetes Care—HbA1c Testing*) continued to rank below the 25th percentile. However, 10 measures reported a significant improvement in rate. These improvements occurred in the *Childhood Immunization Status*, *Breast Cancer Screening*, and *Adult BMI Assessment* measures.

Some interventions that may have contributed to improved immunization rates included:

- ◆ Quarterly mailings encouraging parents/guardians to take their child in for preventive care visits, lead screening, and immunizations.
- ◆ Monthly reports to providers identifying children due for well-child visits, blood lead screening, and immunizations.
- ◆ Incentive gift cards (advertised in the plan's newsletter) provided for completing well-child visits, blood lead screening, and all immunizations.

Incentives that may have impacted the breast cancer screening rate included:

- ◆ Including breast exam and mammogram screening as part of the Health Risk Assessments.
- ◆ Assisting PCPs in identifying members who had not had a breast exam and/or a mammogram screening.
- ◆ Publishing member newsletter articles to educate members about the importance of breast exams and mammogram screenings. Members were encouraged to contact their PCP to request a mammogram screening and to have breast exams performed as ordered by their PCP/GYN. **HAR** also offered incentive gift cards for women 40 to 70 years old who completed the breast examination and mammogram screening.

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

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

**HAR** demonstrated strong performance across the domains of **quality** and **timeliness** of and **access** to services provided by the MHP. The 2013–2014 compliance review also identified opportunities for improvement across the three domains. For the *Providers* standard, which addressed the **quality**, **timeliness**, and **access** domains, **HAR** should submit documentation to substantiate that the MHP responds to providers in one hour or less for emergent treatment or prior authorization of inpatient admissions. To improve performance on the *MIS* standard related to the domains of **quality** and **timeliness**, **HAR** should submit proof that the MHP has an information system that collects, analyzes, integrates, and reports data as required and demonstrate that there is an electronic process in place for enrollment and disenrollment of members. For the *Quality* standard addressing the **quality** and **access** domains, **HAR** should provide information about the clinical practice guidelines it adopted and submit the previous year's utilization management program effectiveness review and evaluation along with the approval dates for the quality improvement plan. The MHP should continue efforts to increase rates for the *Childhood Immunizations*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Complaints*; and *Blood Lead Testing* measures, which fell below the applicable MDCH standards.

Compared to the national HEDIS 2013 benchmarks, **HAR**'s performance across all three domains was primarily below the 25th percentile. **HAR** has numerous opportunities for improvement in all three domains.

In the **quality** domain, two measures (*Appropriate Treatment of Children With URI* and *Comprehensive Diabetes Care—Nephropathy*) benchmarked at or above the national 90th percentile, but 19 measures fell below the 25th percentile. The low-performing measures spanned multiple dimensions, including Child and Adolescent Care (all *Childhood Immunization* indicators; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; and *Adolescent Well-Care Visits*), Women—Adult Care (*Breast Cancer Screening* and *Cervical Cancer Screening*), Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥81 Percent*), and Living with Illness (*Comprehensive Diabetes Care—Eye Exam*; *LDL-C Level*, and two *Controlling High Blood Pressure* indicators).

In the **timeliness** domain, all twelve measures with valid rates were below the national 50th percentile. Eleven of these measures (all *Childhood Immunization* indicators and the two *Prenatal and Postpartum Care* indicators) ranked below the 25th percentile. These measures represent opportunities for improvement.

In the **access** domain, **HAR** had one measure (*Ambulatory Care: ED Visits—Total*) with a rate at or above the 50th percentile. All remaining **access**-related measures ranked below the 25th percentile. These measures were in the Access to Care and Pregnancy Care dimensions.

Related to all domains, **HAR** should continue efforts to improve the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures.

**HAR**'s PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VII of the CMS protocol for conducting PIPs. The 2013–2014 validation did not identify any *Partially Met* or *Not Met* scores as opportunities for improvement; however, to strengthen the PIP, **HAR** 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.

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 D-1 over the course of the 2013–2014 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table D-1—Compliance Review Results <i>for HPP</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%	97%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	5	1	0	0	92%	96%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>45</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>98%</b>	<b>97%</b>

**HPP** showed strengths in the *Administrative*, *Providers*, *MIS*, and *Program Integrity* standards, demonstrating compliance with all contractual requirements. **HPP**'s performance on these standards exceeded or matched the statewide scores. The 2013–2014 compliance review identified opportunities for improvement for the *Members* and *Quality* standards. **HPP**'s compliance score on the *Members* standard fell below the statewide score, while the MHP's score for the *Quality* standard was higher than the statewide average. **HPP**'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 D-2. The table shows each of the performance measures, the rate for each measure for 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table D-2—Scores for Performance Measures for HPP			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	81.06%	★★★★
	Childhood Immunization—Combination 3	75.46%	★★★★
	Childhood Immunization—Combination 4	67.97%	★★★★
	Childhood Immunization—Combination 5	56.51%	★★★★
	Childhood Immunization—Combination 6	36.25%	★★
	Childhood Immunization—Combination 7	53.62%	★★★★
	Childhood Immunization—Combination 8	34.74%	★★
	Childhood Immunization—Combination 9	29.20%	★★
	Childhood Immunization—Combination 10	28.38%	★★
	Immunizations for Adolescents—Combination 1	90.75%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	72.20%	★★★★
	Well-Child 3rd–6th Years of Life	73.80%	★★★★
	Adolescent Well-Care Visits	50.08%	★★★★
	Lead Screening in Children	83.91%	★★★★
	Appropriate Treatment of URI	82.50%	★★
	Children With Pharyngitis	71.04%	★★★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	39.63%	★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	47.98%	★★★★
★★★★★ = 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 HPP

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening</i> <sup>1</sup>	66.43%	★★★★★
	<i>Cervical Cancer Screening</i> <sup>2</sup>	77.01%	★★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	54.72%	★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	64.56%	★★★
	<i>Chlamydia Screening—Total</i>	58.10%	★★★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	96.91%	★★★
	<i>Children's Access—25 Months to 6 Years</i>	89.89%	★★★
	<i>Children's Access—7 to 11 Years</i>	93.26%	★★★★
	<i>Adolescents' Access—12 to 19 Years</i>	91.70%	★★★
	<i>Adults' Access—20 to 44 Years</i>	86.21%	★★★★
	<i>Adults' Access—45 to 64 Years</i>	91.75%	★★★★★
	<i>Adults' Access—65+ Years</i>	92.61%	★★★★
	<i>Adults' Access—Total</i>	88.02%	★★★★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	84.30%	★★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	88.46%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	85.93%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	68.18%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	60.90%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	65.33%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	58.68%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	64.74%	★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	61.06%	★★★★
	<i>Adult BMI Assessment</i>	93.71%	★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care</i> <sup>^</sup>	92.70%	★★★★
	<i>Postpartum Care</i> <sup>^</sup>	71.78%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	35.61%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.47%	—

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

— = The national HEDIS 2013 Medicaid percentiles are not available.

<sup>^</sup> 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 2014 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 D-2—Scores for Performance Measures for HPP

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	35.66%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	14.95%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	5.31%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*</i>	2.92%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	2.68%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	8.52%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	20.92%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	64.96%	★★★★
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	89.05%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	27.90%	★★★★★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	61.93%	★★★★★
	<i>Diabetes Care—Eye Exam</i>	71.84%	★★★★★
	<i>Diabetes Care—LDL-C Screening</i>	80.18%	★★★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	43.81%	★★★★★
	<i>Diabetes Care—Nephropathy</i>	84.62%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	43.02%	★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	67.01%	★★★★
	<i>Asthma—5 to 11 Years</i>	93.77%	★★★★★
	<i>Asthma—12 to 18 Years</i>	88.24%	★★★★
	<i>Asthma—19 to 50 Years</i>	78.24%	★★★★
	<i>Asthma—51 to 64 Years</i>	69.77%	★★
	<i>Asthma—Total</i>	86.99%	★★★★
	<i>Controlling High Blood Pressure</i>	60.10%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	80.40%	—
	<i>Discussing Cessation Medications</i>	53.69%	—
	<i>Discussing Cessation Strategies</i>	49.58%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	84.00%	★★★★★
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	78.26%	★★★★★
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	64.97%	★★★★

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

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

— = The national HEDIS 2013 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 HPP

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	58.86%	NC
	<i>Race/Ethnicity—Black or African-American</i>	30.41%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.17%	NC
	<i>Race/Ethnicity—Asian</i>	0.41%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.01%	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>	10.14%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	4.69%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.88%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.11%	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
<b>Utilization</b>	<i>Ambulatory Care: Outpatient—Total</i>	339.07	☆☆
	<i>Ambulatory Care: ED—Total*</i>	64.88	★★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	6.95	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	2.88	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.50	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.17	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	4.32	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	4.08	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	7.58	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.67	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 **HPP** had 13 measures ranking at or above the national HEDIS 2013 Medicaid 90th percentile and another 15 measures at or above the 75th percentile. Twenty-eight additional measures were at or above the 50th percentile. Eight measures ranked below the 50th percentile, none of which were below the 25th percentile. Measures ranking at or above the 90th percentile spanned several dimensions but were primarily in the Pregnancy Care (*Breast Cancer Screening* and *Cervical Cancer Screening*), Obesity (all three *Children/Adolescents—BMI Percentile* indicators and *Adult BMI Assessment*), and Living with Illness dimensions (four *Comprehensive Diabetes Care* indicators and *Diabetes Monitoring for People With Diabetes and Schizophrenia*). Of the eight measures that ranked below the 50th percentile, six were from the Child and Adolescent Care dimension (*Childhood Immunization—Combinations 6, 8, 9, and 10; Appropriate Treatment of Children With URI; and Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*). These measures represent opportunities for improvement for **HPP**.

## 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—2013–2014 PIP Validation Results for HPP						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Reliably Collect Data	6	4	0	0	2
VII.	Analyze Data and Interpret Study Results	9	4	0	0	5
VIII.	Implement Intervention and Improvement Strategies	4	1	1	0	2
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	16	1	0	15
Percentage Score of Evaluation Elements Met		94%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2013–2014 first-year validation of **HPP**'s PIP on *Improving Adolescent Well-Care Visits for Members 12 to 17 Years of Age*, HSAG validated Activities I through VIII, resulting in a validation

status of *Met*, with an overall score of 94 percent and a score of 100 percent for critical elements. **HPP** received *Met* scores for all applicable evaluation elements in Activities I through VII. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

**HPP's** PIP on *Improving Adolescent Well-Care Visits for Members 12 to 17 Years of Age* was designed to increase compliance with adolescent well-care visits. **HPP** determined through its data analysis that the subpopulation of 12-to-17-year-olds represented an opportunity for improvement. Well-care visits for this age group allow practitioners to provide anticipatory guidance, address identified poor eating habits, discuss the importance of exercise and avoidance of tobacco and drug use, and identify any risk for chronic disease. **HPP's** goal is to increase the percentage of adolescent well-care visits for enrollees 12 to 17 years of age from 55.1 percent at baseline to 56.3 percent at Remeasurement 1.

The performance of this PIP suggests a thorough application of the PIP design and implementation of initial interventions. **HPP's** documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. **HPP** reported and interpreted its baseline data accurately. Initial interventions developed and implemented were based on identified and prioritized barriers. **HPP** developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

**HPP** had only one recommendation from the 2012–2013 compliance review: to achieve the established MDCH standard for all performance measures. Although **HPP** met most performance standards, it did not meet the MDCH standards for *Prenatal Care* or *Pharmacy Encounter Data Reporting*.

### Performance Measures

Of the four **HPP** rates that fell below the national 25th percentile in 2013, two (*Childhood Immunizations—Combination 6* and *Frequency of Ongoing Prenatal Care—≥81 Percent*) reported a significant improvement in 2014. Although the remaining measures did not achieve significant improvement, their 2014 performance level improved, and the rates were no longer below the national 25th percentile. The **HPP** 2013 Quality Improvement Program Evaluation described plan interventions that could have positively impacted the immunization rates. These included posting on the provider portal monthly exception reports identifying children due for immunizations, faxing PCPs regarding members aged 19 months and 22 to 23 months and due for immunization, monthly downloads of Michigan Care Improvement Registry (MCIR) for integration with claims data, automated telephone reminder calls and postcards sent to parents of children behind on

immunizations, and maintenance of a database for corrections of date of birth and name spelling. The **HPP** 2013 Quality Improvement Program Evaluation described activities that could have led to improved prenatal care rates. These included automatic calls to newly pregnant women to encourage prenatal care and record review of provider files to supplement existing data.

### **Performance Improvement Projects (PIPs)**

For the 2013–2014 PIP validation, **HPP** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## **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. **HPP**'s strongest performance was in the **timeliness** domain, with three of the four standards in full compliance with all requirements. The 2013–2014 compliance review also identified opportunities for improvement across the three domains. **HPP** should follow the recommendation for the *Members* standard related to all three domains and provide documentation that member identification cards were mailed first class. For the *Quality* standard, which addressed the **quality** and **access** domains, **HPP** should submit an attestation explaining the reason for the MHP's failure to achieve the MDCH standard for pharmacy encounter data reporting during the period of January through March 2013 and describe the corrective actions taken to ensure future compliance with the standard.

Using the national HEDIS 2013 benchmarks for health plan comparison, **HPP** was the only MHP with no measure performing below the national 25th percentile. Most 2014 rates were favorably compared to national performance. Improvement interventions could focus on measures ranked below the 50th percentile or those that experienced a significant decline from 2013 performance.

In the **quality** domain, 12 **HPP** measures benchmarked at or above the national 90th percentile and none fell below the 25th percentile. The top-performing measures were primarily in the Women—Adult Care (*Breast Cancer Screening* and *Cervical Cancer Screening*), Obesity (all three *Children/Adolescents—BMI Percentile* indicators and *Adult BMI Assessment*), and Living with Illness (four *Comprehensive Diabetes Care* indicators and *Diabetes Monitoring for People With Diabetes and Schizophrenia*) dimensions. Of the eight measures that ranked below the 50th percentile, six were from the Child and Adolescent Care dimension (*Childhood Immunization—Combinations 6, 8, 9, and 10*; *Appropriate Treatment of Children With URI*; and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*). Nonetheless, two measures (*Childhood Immunization—Combination 2* and *Adolescent Well-Care Visits*) reported significant declines from 2013.

In the **timeliness** domain, **HPP** had one measure (*Immunizations for Adolescents—Combination 1*) with a rate at or above the 90th percentile. None of the measures performed below the 25th percentile. Five measures (three *Childhood Immunization* indicators and *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*) ranked below the 50th percentile. Nonetheless, one measure (*Childhood Immunization—Combination 2*) reported a significant decline from 2013.

In the **access** domain, **HPP** had 13 of the 15 measures performing at or above the 50th percentile, with one measure (*Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years*) at or above the 90th percentile. None of the measures performed below the 25th percentile. Two measures (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Ambulatory Care: Outpatient Visits*) ranked below the 50th percentile.

Related to all domains, **HPP** should continue efforts to improve the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures.

**HPP's** PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VII of the CMS protocol for conducting PIPs. The 2013–2014 validation identified an opportunity for improvement in Activity VIII—Implement Intervention and Improvement Strategies. **HPP** should implement active interventions directly linked to identified and prioritized barriers and which have the potential to affect study indicator outcomes. To strengthen the PIP, the MHP 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 **MCL**'s compliance with federal and State requirements related to the six standards shown in Table E-1 over the course of the 2013–2014 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table E-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>	<b>MHP</b>	<b>Statewide</b>
1	<i>Administrative</i>	4	0	0	0	100%	97%
2	<i>Providers</i>	7	2	0	0	89%	97%
3	<i>Members</i>	6	0	0	0	100%	96%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>44</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>97%</b>	<b>97%</b>

**MCL** demonstrated full compliance with all contract requirements related to the *Administrative*, *Members*, *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 2013–2014 compliance review also resulted in recommendations for the *Providers* and *Quality* standards, which represented opportunities for improvement for **MCL**. The MHP's compliance score for the *Providers* standard was lower than the statewide score, while the MHP's compliance score for the *Quality* standard was higher. **MCL**'s overall compliance score of 97 percent matched the statewide average score.

## Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's 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 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table E-2—Scores for Performance Measures for MCL			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	83.70%	★★★★★
	Childhood Immunization—Combination 3	83.45%	★★★★★
	Childhood Immunization—Combination 4	72.99%	★★★★★
	Childhood Immunization—Combination 5	61.56%	★★★★
	Childhood Immunization—Combination 6	44.04%	★★★★
	Childhood Immunization—Combination 7	55.47%	★★★★
	Childhood Immunization—Combination 8	41.36%	★★★★
	Childhood Immunization—Combination 9	35.77%	★★★★
	Childhood Immunization—Combination 10	33.33%	★★★★
	Immunizations for Adolescents—Combination 1	86.13%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	78.10%	★★★★★
	Well-Child 3rd–6th Years of Life	67.64%	★★
	Adolescent Well-Care Visits	52.80%	★★★★
	Lead Screening in Children	83.21%	★★★★★
	Appropriate Treatment of URI	80.67%	★
	Children With Pharyngitis	59.15%	★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	42.14%	★★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	44.79%	★★
<div> <div>★★★★★</div> <div>★★★★★</div> <div>★★★★</div> <div>★★</div> <div>★</div> </div> <div> <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> </div>			

Table E-2—Scores for Performance Measures for MCL

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening<sup>1</sup></i>	53.36%	★★★
	<i>Cervical Cancer Screening<sup>2</sup></i>	65.21%	★★
	<i>Chlamydia Screening—16 to 20 Years</i>	48.47%	★★
	<i>Chlamydia Screening—21 to 24 Years</i>	59.66%	★★
	<i>Chlamydia Screening—Total</i>	52.34%	★★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	96.11%	★★
	<i>Children's Access—25 Months to 6 Years</i>	85.40%	★
	<i>Children's Access—7 to 11 Years</i>	87.78%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	86.97%	★★
	<i>Adults' Access—20 to 44 Years</i>	81.02%	★★
	<i>Adults' Access—45 to 64 Years</i>	89.40%	★★★★
	<i>Adults' Access—65+ Years</i>	86.47%	★★
	<i>Adults' Access—Total</i>	83.97%	★★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	71.89%	★★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	66.15%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	70.07%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	57.30%	★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	47.69%	★★
	<i>Children/Adolescents—Nutrition, Total</i>	54.26%	★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	36.30%	★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	43.85%	★★
	<i>Children/Adolescents—Physical Activity, Total</i>	38.69%	★★
	<i>Adult BMI Assessment</i>	84.67%	★★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care</i>	95.13%	★★★★★★
	<i>Postpartum Care</i>	77.37%	★★★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	23.01%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	10.18%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	43.85%	—

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

— = The national HEDIS 2013 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 MCL

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	17.95%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	4.99%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*</i>	1.22%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	0.97%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	3.65%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	9.98%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	84.18%	★★★★★
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	83.94%	★★★
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	41.06%	★★★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	48.36%	★★
	<i>Diabetes Care—Eye Exam</i>	56.75%	★★★
	<i>Diabetes Care—LDL-C Screening</i>	72.99%	★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	35.40%	★★★
	<i>Diabetes Care—Nephropathy</i>	86.86%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	37.77%	★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	59.31%	★★
	<i>Asthma—5 to 11 Years</i>	94.04%	★★★★
	<i>Asthma—12 to 18 Years</i>	86.72%	★★★
	<i>Asthma—19 to 50 Years</i>	75.83%	★★★
	<i>Asthma—51 to 64 Years</i>	62.99%	★
	<i>Asthma—Total</i>	84.46%	★★
	<i>Controlling High Blood Pressure<sup>†</sup></i>	77.62%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	73.51%	—
	<i>Discussing Cessation Medications</i>	45.85%	—
	<i>Discussing Cessation Strategies</i>	42.23%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	82.37%	★★★★
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	56.45%	★
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	66.96%	★★★★

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

<sup>†</sup> 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 2014 Technical Specifications for Health Plans, Volume 2*.

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

— = The national HEDIS 2013 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 E-2—Scores for Performance Measures for MCL

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	68.59%	NC
	<i>Race/Ethnicity—Black or African-American</i>	17.92%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.21%	NC
	<i>Race/Ethnicity—Asian</i>	1.05%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.07%	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>	12.13%	NC
	<i>Race/Ethnicity—Declined</i>	0.03%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	5.22%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.25%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.73%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.02%	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
<b>Utilization</b>	<i>Ambulatory Care: Outpatient—Total</i>	312.85	★
	<i>Ambulatory Care: ED—Total*</i>	79.75	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	9.29	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.43	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.49	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.48	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.86	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	4.17	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	5.80	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.60	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 **MCL** had nine measures ranking at or above the national HEDIS 2013 Medicaid 90th percentile, with another eight at or above the 75th percentile. Rates for 17 additional measures were at or above the 50th percentile. Thirty measures ranked below the 50th percentile, seven of which were below the 25th percentile. Measures ranking at or above the 90th percentile were in the dimensions of Child and Adolescent Care (*Childhood Immunization—Combination 3*, *Immunizations for Adolescents—Combination 1*, and the two *Well-Child Visits* measures), Obesity (*Adult BMI Assessment*), Pregnancy Care (*Prenatal and Postpartum Care* measures and *Frequency of Ongoing Prenatal Care—≥ 81 Percent*), and Living with Illness (*Comprehensive Diabetes Care—Nephropathy* and *Controlling High Blood Pressure*). Of the seven measures ranking below the 25th percentile, two were from Child and Adolescent Care (*Appropriate Treatment of Children With URI* and *Appropriate Testing for Children With Pharyngitis*), two from Living With Illness (*Use of Appropriate Medications for People with Asthma—51 to 64 Years* and *Diabetes Monitoring for People With Diabetes and Schizophrenia*), and two from Utilization (both *Ambulatory Care* indicators). These measures, along with *Children’s Access to Primary Care Practitioners—25 Months to 6 Years*, represent opportunities for improvement for **MCL**.

## 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—2013–2014 PIP Validation Results for MCL						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Reliably Collect Data	6	4	0	0	2
VII.	Analyze Data and Interpret Study Results	9	4	0	0	5
VIII.	Implement Intervention and Improvement Strategies	4	2	0	0	2
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	17	0	0	15
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2013–2014 first-year validation of **MCL**'s PIP on *Improving the Rate of Diabetic Eye Exams for Members 20 to 44 Years of Age with Diabetes*, HSAG validated Activities I through VIII, resulting in a validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

**MCL**'s PIP on *Improving the Rate of Diabetic Eye Exams for Members 20 to 44 Years of Age with Diabetes* was designed to increase compliance with diabetic retinal exams for enrollees 20 to 44 years of age. **MCL** determined through data analysis that this subpopulation comprises one-fourth of the diabetic population for the MHP and had a lower percentage of eye exams completed. Eye care is especially important for people with diabetes because they are at increased risk of developing eye complications from the disease. Glaucoma, retinopathy, and cataracts occur more frequently in people with diabetes. Diabetes can cause vision problems and is the leading cause of blindness in adults aged 20 to 74. Through annual eye exams, providers can diagnose vision problems sooner and begin treatment earlier, thus improving enrollee health. **MCL**'s goal is to increase the percentage of diabetic eye exams for enrollees 20 to 44 years of age from 40.8 percent at baseline to the NCQA 75th percentile at Remeasurement 1.

The performance of this PIP suggests a thorough application of the PIP design and implementation of initial interventions. **MCL**'s documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. **MCL** reported and interpreted its baseline data accurately. Initial interventions developed and implemented were based on identified and prioritized barriers. **MCL** developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

**MCL** successfully addressed two recommendations from the 2012–2013 compliance review. **MCL** submitted its policy documenting that the plan requires a response to providers in one hour or less for emergent treatment or prior authorizations for inpatient admission. **MCL** also submitted a corrective action plan with an updated version of its grievance and appeal policy for review and approval by MDCH and the Michigan Department of Insurance and Financial Services (DIFS).

### Performance Measures

Of the ten measures that ranked below the national 25th percentile in 2013, three (*Adolescent Well-Care Visits*, *Appropriate Treatment of Children With URI*, and *Comprehensive Diabetes Care—HbA1c Testing*) demonstrated significant improvement. Four of the seven remaining measures were ranked above the national 25th percentile in 2014. These findings suggest that **MCL** had some success in its efforts to improve care during 2013. The **MCL** 2013 Quality Performance Improvement Evaluation described collaboration between **MCL** and the McLaren Medical Group

(MMG) to provide incentives to increase the number of well-child visits and diabetic screenings. Each MMG office was provided with a list of pediatric and adolescent members assigned to their office and who had not had a well-visit in 2013. The offices were also given lists of diabetic members assigned to their practice who had not had their diabetic core measures completed in 2013 (i.e., HbA1c testing, LDL screening, and eye exams). Practitioner incentives were tied to completing the required visits and testing within a specified time period.

### **Performance Improvement Projects (PIPs)**

For the 2013–2014 PIP validation, **MCL** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## **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 **timeliness** domain, with three of the four standards in full compliance with all requirements. The 2013–2014 compliance review also identified opportunities for improvement across all three domains. For the *Providers* standard related to all three domains, **MCL** should submit monitoring documentation, a prior authorization policy and procedure, and an attestation or GEO access maps showing that affiliated primary care providers and contracted hospitals are available within 30 minutes or 30 miles. The MHP should follow the recommendation for the *Quality* standard, which addressed the domains of **quality** and **access**, and submit its current performance improvement project for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure.

Compared with the national HEDIS 2013 performance, **MCL**'s performance varied across the three domains. Because several high- and low-performing measures existed within the **quality** and **access** domains, diverse performance was noted. **MCL**'s performance in the **timeliness** domain was relatively better than in the other two domains.

In the **quality** domain, seven measures benchmarked at or above the national 90th percentile while four fell below the 25th percentile. The top-performing measures were primarily in the Child and Adolescent Care (*Childhood Immunization—Combination 3*; *Immunizations for Adolescents—Combination 1*; and *Well-Child Visits in the First 15 Months of Life*) and Living with Illness (*Comprehensive Diabetes Care—Nephropathy* and *Controlling High Blood Pressure*) dimensions. Of the four measures ranking below the 25th percentile, two were under Child and Adolescent Care (*Appropriate Treatment of Children With URI* and *Appropriate Testing for Children with Pharyngitis*), and two were under Living With Illness (*Use of Appropriate Medications for People with Asthma—51 to 64 Years* and *Diabetes Monitoring for People With Diabetes and Schizophrenia*).

In the **timeliness** domain, **MCL** had four measures with rates at or above the 90th percentile, three above the 75th percentile, and seven additional measures above the 50th percentile. No **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 both 2013 and 2014.

In the **access** domain, **MCL** had three measures (all under Pregnancy Care) with rates at or above the 90th percentile and three with rates below the 25th percentile. One of the low-performing measures was under Access to Care (*Children's Access to Primary Care Practitioners—25 Months to 6 Years*), and two were under the Utilization (both *Ambulatory Care* indicators) domain. These measures represent opportunities for improvement.

Related to all domains, **MCL** should continue efforts to improve the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures.

**MCL's** PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VIII of the CMS protocol for conducting PIPs. The 2013–2014 validation did not identify any *Partially Met* or *Not Met* evaluation elements as opportunities for improvement; however, to strengthen the PIP, the MHP 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 **MER**'s compliance with federal and State requirements related to the six standards shown in Table F-1 over the course of the 2013–2014 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table F-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>	<b>MHP</b>	<b>Statewide</b>
1	<i>Administrative</i>	3	1	0	0	88%	97%
2	<i>Providers</i>	8	1	0	0	94%	97%
3	<i>Members</i>	5	1	0	0	92%	96%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>43</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>96%</b>	<b>97%</b>

**MER** showed strengths in the *MIS* and *Program Integrity* standards, demonstrating compliance with all contractual requirements. **MER**'s performance on these standards exceeded or matched the statewide scores. The 2013–2014 compliance review identified opportunities for improvement for the *Administrative*, *Providers*, *Members*, and *Quality* standards. While **MER**'s compliance score for the *Quality* standard was higher than the statewide average, its scores for the *Administrative*, *Providers*, and *Members* standards fell below the statewide scores. **MER**'s strong performance fell below the statewide average, with an overall compliance score of 96 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 F-2. The table shows each of the performance measures, the rate for each measure for 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table F-2—Scores for Performance Measures for MER			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	85.42%	★★★★★
	Childhood Immunization—Combination 3	80.79%	★★★★
	Childhood Immunization—Combination 4	72.92%	★★★★
	Childhood Immunization—Combination 5	65.51%	★★★★
	Childhood Immunization—Combination 6	47.69%	★★★
	Childhood Immunization—Combination 7	60.65%	★★★★
	Childhood Immunization—Combination 8	44.91%	★★★
	Childhood Immunization—Combination 9	40.28%	★★★
	Childhood Immunization—Combination 10	38.66%	★★★★
	Immunizations for Adolescents—Combination 1	89.73%	★★★★★
	Well-Child 1st 15 Months—6+ Visits <sup>^</sup>	78.24%	★★★★★
	Well-Child 3rd–6th Years of Life <sup>^</sup>	82.52%	★★★★★
	Adolescent Well-Care Visits <sup>^</sup>	62.33%	★★★★
	Lead Screening in Children	83.33%	★★★★
	Appropriate Treatment of URI	86.55%	★★★
	Children With Pharyngitis	65.56%	★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	43.97%	★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	51.04%	★★★
<sup>^</sup> 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 2014 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 F-2—Scores for Performance Measures for MER

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening</i> <sup>1</sup>	68.69%	★★★★★
	<i>Cervical Cancer Screening</i> <sup>2</sup>	74.71%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	60.19%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	70.32%	★★★
	<i>Chlamydia Screening—Total</i>	64.11%	★★★★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	97.74%	★★★
	<i>Children's Access—25 Months to 6 Years</i>	91.85%	★★★★
	<i>Children's Access—7 to 11 Years</i>	93.84%	★★★★
	<i>Adolescents' Access—12 to 19 Years</i>	93.65%	★★★★
	<i>Adults' Access—20 to 44 Years</i>	87.08%	★★★★
	<i>Adults' Access—45 to 64 Years</i>	92.41%	★★★★★
	<i>Adults' Access—65+ Years</i>	92.31%	★★★★
	<i>Adults' Access—Total</i>	88.65%	★★★★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	57.89%	★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	60.96%	★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	58.93%	★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	65.26%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	56.85%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	62.41%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	46.32%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	53.42%	★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	48.72%	★★★
	<i>Adult BMI Assessment</i>	87.50%	★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care</i> <sup>^</sup>	94.13%	★★★★★
	<i>Postpartum Care</i>	76.35%	★★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	26.74%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	9.88%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	45.50%	—

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

<sup>^</sup> 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 2014 Technical Specifications for Health Plans, Volume 2*.

— = The national HEDIS 2013 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 MER

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	17.72%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	0.15%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*</i> <sup>^</sup>	0.70%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i> <sup>^</sup>	1.64%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i> <sup>^</sup>	2.82%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i> <sup>^</sup>	7.75%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i> <sup>^</sup>	87.09%	★★★★★
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	90.31%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	30.21%	★★★★★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	60.26%	★★★★★
	<i>Diabetes Care—Eye Exam</i>	62.84%	★★★★★
	<i>Diabetes Care—LDL-C Screening</i>	77.71%	★★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	40.06%	★★★★★
	<i>Diabetes Care—Nephropathy</i>	78.03%	★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	51.53%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	77.06%	★★★★★
	<i>Asthma—5 to 11 Years</i>	91.27%	★★★
	<i>Asthma—12 to 18 Years</i>	86.32%	★★★
	<i>Asthma—19 to 50 Years</i>	75.03%	★★★
	<i>Asthma—51 to 64 Years</i>	70.44%	★★
	<i>Asthma—Total</i>	84.00%	★★
	<i>Controlling High Blood Pressure</i> <sup>^</sup>	76.69%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	80.81%	—
	<i>Discussing Cessation Medications</i>	55.28%	—
	<i>Discussing Cessation Strategies</i>	47.80%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	85.85%	★★★★★
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	90.91%	★★★★★
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	57.54%	★
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	53.69%	★

<sup>^</sup> 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 2014 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 2013 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 MER

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	64.87%	NC
	<i>Race/Ethnicity—Black or African-American</i>	21.47%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.15%	NC
	<i>Race/Ethnicity—Asian</i>	1.03%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.07%	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>	5.92%	NC
	<i>Race/Ethnicity—Declined</i>	6.49%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	5.92%	NC
	<i>Language Diversity: Spoken Language—English</i>	97.73%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	2.27%	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>	97.73%	NC
	<i>Language Diversity: Written Language—Non-English</i>	2.27%	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>	97.73%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	2.27%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
<b>Utilization</b>	<i>Ambulatory Care: Outpatient—Total</i>	368.55	★★★★
	<i>Ambulatory Care: ED—Total*</i>	78.89	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	7.40	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.15	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	0.92	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.71	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.62	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	4.16	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.04	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.44	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 **MER** had 16 measures ranking at or above the national HEDIS 2013 Medicaid 90th percentile and another 20 at or above the 75th percentile. Seven measures ranked below the 50th percentile, three of which ranked below the 25th percentile. Measures ranking at or above the 90th percentile spanned multiple dimensions, including Child and Adolescent Care (*Childhood Immunization—Combination 2*, *Immunizations for Adolescents—Combination 1*, and both measures for *Well-Child Visits*), Women—Adult Care (*Breast Cancer Screening*), Access to Care (*Adults’ Access to Primary Care Practitioners: 45 to 64 Years*), Obesity (*Adult BMI Assessment*), Pregnancy Care (both measures), and Living With Illness (*Comprehensive Diabetes Care—HbA1c Poor Control*, *HbA1c Control <8.0%*, and two *Blood Pressure Control* indicators—*Controlling High Blood Pressure* and *Diabetes Monitoring for People With Diabetes and Schizophrenia*). Two of the three measures ranking below the 25th percentile were in Living with Illness (*Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*). These measures, along with *Ambulatory Care: ED Visits—Total*, represent opportunities for improvement for **MER**.

## 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—2013–2014 PIP Validation Results for MER						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Reliably Collect Data	6	4	0	0	2
VII.	Analyze Data and Interpret Study Results	9	4	0	0	5
VIII.	Implement Intervention and Improvement Strategies	4	2	0	0	2
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	17	0	0	15
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2013–2014 first-year validation of **MER**'s PIP on *Improving Diabetic Screening Among African Americans*, HSAG validated Activities I through VIII, resulting in a validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

**MER**'s PIP on *Improving Diabetic Screening Among African Americans* was designed to increase compliance with diabetic screenings for **MER**'s African American enrollees 18 to 75 years of age who have a diagnosis of diabetes. **MER** determined through data analysis that this subpopulation posed an area of improvement for the MHP. Diabetic enrollees who do not receive proper screenings are at a higher risk for poor disease management and further complications related to diabetes. **MER**'s goal is to increase the percentage of African American enrollees 18 to 75 years of age and diagnosed with diabetes who have an HbA1c test and Diabetic eye exam completed from 82.1 percent and 50 percent, respectively, at baseline, to the NCQA 50th percentile at Remeasurement 1.

The performance of this PIP suggests a thorough application of the PIP design and implementation of initial interventions. **MER**'s documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. **MER** reported and interpreted its baseline data accurately. Initial interventions developed and implemented were based on identified and prioritized barriers. **MER** developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

**MER** successfully addressed two recommendations from the 2012–2013 compliance review. **MER** met the established standards for all performance measures. Additionally, **MER** demonstrated having, as required, a tracking and enrollment process for newborns.

### Performance Measures

In 2013, **MER** had only one rate that fell below the 25th percentile, *Ambulatory Care: ED Visits—Total*. This measure continued to fall below the 25th percentile for 2014. The *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* indicator (which reported significant decline from 2012 to 2013) reported significant improvement in 2014. The **MER** 2013 Quality Improvement Annual Evaluation noted that, while the rates for both ADHD measures increased, the internal goal was not met. **MER** identified that providers may be unfamiliar with ADHD treatment guidelines or may not have a follow-up recall system. The plan developed a provider education piece with treatment guidelines for children 6 through 12 years of age.

## Performance Improvement Projects (PIPs)

For the 2013–2014 PIP validation, **MER** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## 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. The 2013–2014 compliance review also identified opportunities for improvement across the three domains. For the *Administrative* standard, addressing the **quality** domain, **MER** should provide information about the administrative positions, including proof of notification of changes and copies of clinical licenses or certifications. To improve performance on the *Providers* and *Members* standards—related to all three domains—**MER** should provide the required information about subcontractors and submit monitoring documentation, the prior authorization policy and procedure for each subcontractor, and a report indicating that member identification cards were mailed within the ten-day requirement. For the *Quality* standard, addressing the domains of **quality** and **access**, **MER** should submit documentation of its plans for future accreditation by the Utilization Review Accreditation Commission (URAC).

Compared to the national HEDIS 2013 benchmarks, **MER**'s performance varied across all three domains. Nonetheless, very few low-performing measures were noted. **MER** also had many high-performing measures in each domain, especially in the **timeliness** domain, where all measures ranked at or above the 50th percentile.

In the **quality** domain, 13 measures benchmarked at or above the national 90th percentile, and two were below the 25th percentile. The top-performing measures spanned multiple dimensions, including Child and Adolescent Care (*Childhood Immunization—Combination 2, Immunizations for Adolescents—Combination 1, Well-Child Visits in the First 15 Months of Life*), Women—Adult Care (*Breast Cancer Screening*), Access to Care (*Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years*), Obesity (*Adult BMI Assessment*), Pregnancy Care (all measures), and Living With Illness (*Comprehensive Diabetes Care—HbA1c Poor Control, HbA1c Control <8.0%*, and two *Blood Pressure Control* indicators; *Controlling High Blood Pressure and Diabetes Monitoring for People With Diabetes and Schizophrenia*). The measures ranking below the 25th percentile were in the Living with Illness dimension (*Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*).

In the **timeliness** domain, **MER** had four measures with rates at or above the 90th percentile and six others with rates above the 75th percentile. The plan had five additional rates above the 50th percentile. None of the **timeliness**-related measures ranked below the 25th percentile. Eight measures in this domain reported significant improvement from 2013.

In the **access** domain, **MER** had four measures with rates at or above the 90th percentile and one (*Ambulatory Care: ED Visits—Total*) below the 25th percentile. Three of the top-performing measures were in the Pregnancy Care dimension. All remaining **access**-related measures ranked above the 50th percentile.

Related to all domains, **MER** should continue efforts to improve the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures.

**MER**'s PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VIII of the CMS protocol for conducting PIPs. The 2013–2014 validation did not identify any *Partially Met* or *Not Met* evaluation elements as opportunities for improvement; however, to strengthen the PIP, the MHP 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 **MID**'s compliance with federal and State requirements related to the six standards shown in Table G-1 over the course of the 2013–2014 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table G-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>	<b>MHP</b>	<b>Statewide</b>
1	<i>Administrative</i>	4	0	0	0	100%	97%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	5	1	0	0	92%	96%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>45</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>98%</b>	<b>97%</b>

**MID** demonstrated compliance with all contractual requirements related to the *Administrative*, *Providers*, *MIS*, and *Program Integrity* standards. These standards—with compliance scores equal to or higher than the statewide average scores—represented areas of strength for **MID**. The 2013–2014 compliance review identified opportunities for improvement for the *Members* and *Quality* standards. **MID**'s compliance scores for the *Members* standard was lower than the statewide score, while the MHP's score for the *Quality* standard was higher. **MID**'s performance resulted in an overall compliance score of 98 percent, which exceeded the statewide average.

## Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's 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 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table G-2—Scores for Performance Measures for MID			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	77.62%	★★★★
	Childhood Immunization—Combination 3	74.70%	★★★★
	Childhood Immunization—Combination 4	70.56%	★★★★
	Childhood Immunization—Combination 5	68.61%	★★★★
	Childhood Immunization—Combination 6	39.66%	★★
	Childhood Immunization—Combination 7	64.96%	★★★★
	Childhood Immunization—Combination 8	38.20%	★★
	Childhood Immunization—Combination 9	37.71%	★★★★
	Childhood Immunization—Combination 10	36.74%	★★★★
	Immunizations for Adolescents—Combination 1	88.69%	★★★★★★
	Well-Child 1st 15 Months—6+ Visits	64.25%	★★
	Well-Child 3rd–6th Years of Life	72.80%	★★★★
	Adolescent Well-Care Visits	61.17%	★★★★
	Lead Screening in Children	74.70%	★★★★
	Appropriate Treatment of URI	88.29%	★★★★
	Children With Pharyngitis	50.20%	★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	33.74%	★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	36.88%	★★
<div> <div>★★★★★★</div> <div>★★★★</div> <div>★★★★</div> <div>★★</div> <div>★</div> </div> <div> <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> </div>			

Table G-2—Scores for Performance Measures for MID

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening<sup>1</sup></i>	58.95%	★★★★★
	<i>Cervical Cancer Screening<sup>2</sup></i>	66.42%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	59.48%	★★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	69.71%	★★★★
	<i>Chlamydia Screening—Total</i>	63.17%	★★★★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	96.08%	★★
	<i>Children's Access—25 Months to 6 Years</i>	86.07%	★
	<i>Children's Access—7 to 11 Years</i>	90.73%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	88.27%	★★
	<i>Adults' Access—20 to 44 Years</i>	81.66%	★★
	<i>Adults' Access—45 to 64 Years</i>	88.91%	★★★★
	<i>Adults' Access—65+ Years</i>	82.36%	★★
	<i>Adults' Access—Total</i>	84.30%	★★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	63.60%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	71.09%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	65.94%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	64.31%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	65.63%	★★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	64.72%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	59.01%	★★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	66.41%	★★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	61.31%	★★★★★
	<i>Adult BMI Assessment</i>	81.27%	★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care</i>	78.83%	★
	<i>Postpartum Care</i>	58.88%	★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	27.84%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.37%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	40.38%	—

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

— = The national HEDIS 2013 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 MID

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	18.55%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	4.86%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*</i>	10.22%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	7.30%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	11.19%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	15.57%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	55.72%	☆☆
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	81.33%	☆☆
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	44.59%	☆☆
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	47.56%	☆☆
	<i>Diabetes Care—Eye Exam</i>	62.37%	★★★★
	<i>Diabetes Care—LDL-C Screening</i>	76.59%	★★★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	36.89%	★★★★
	<i>Diabetes Care—Nephropathy</i>	84.00%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	40.00%	★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	62.96%	★★★★
	<i>Asthma—5 to 11 Years</i>	82.82%	★
	<i>Asthma—12 to 18 Years</i>	76.08%	★
	<i>Asthma—19 to 50 Years</i>	67.06%	★
	<i>Asthma—51 to 64 Years</i>	49.62%	★
	<i>Asthma—Total</i>	71.53%	★
	<i>Controlling High Blood Pressure</i>	55.72%	☆☆
	<i>Advising Smokers and Tobacco Users to Quit</i>	80.24%	—
	<i>Discussing Cessation Medications</i>	50.30%	—
	<i>Discussing Cessation Strategies</i>	44.48%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	77.30%	☆☆
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	58.95%	★
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	66.02%	★★★★

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

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

— = The national HEDIS 2013 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 G-2—Scores for Performance Measures for MID

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	43.49%	NC
	<i>Race/Ethnicity—Black or African-American</i>	36.09%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.06%	NC
	<i>Race/Ethnicity—Asian</i>	2.32%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.22%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.09%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	17.73%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	4.73%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.76%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.09%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.14%	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
<b>Utilization</b>	<i>Ambulatory Care: Outpatient—Total</i>	391.56	★★★★
	<i>Ambulatory Care: ED—Total*</i>	64.86	★★★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	9.03	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.68	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.33	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.83	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.92	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.98	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.51	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.68	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 **MID**'s 2014 performance was in great contrast to its 2013 performance. Close to half of the measures had a significant decline in performance in 2014, resulting in only one measure (*Immunizations for Adolescents—Combination 1*) ranked at or above the national HEDIS 2013 Medicaid 90th percentile. Twelve other measures were at or above the 75th percentile. An additional 24 measures ranked at or above the 50th percentile. Twenty-seven measures performed below the 50th percentile, nine of which were below the 25th percentile. Five of the nine measures ranking below the 25th percentile were *Use of Appropriate Medications for People With Asthma* measures in the Living With Illness dimension. These measures, along with *Appropriate Testing for Children with Pharyngitis*, *Children's Access to Primary Care Practitioners—25 Months to 6 Years*, *Timeliness of Prenatal Care*, and *Diabetes Monitoring for People With Diabetes and Schizophrenia* represent opportunities for improvement.

## 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—2013–2014 PIP Validation Results for MID						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Reliably Collect Data	6	6	0	0	0
VII.	Analyze Data and Interpret Study Results	9	5	0	0	4
VIII.	Implement Intervention and Improvement Strategies	4	2	0	0	2
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	26	0	0	6
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2013–2014 first-year validation of **MID**'s PIP on *Management of Blood Pressure in Adults with a Diagnosis of Diabetes and Critical Co-morbid Condition of Hypertension*, HSAG validated Activities I through VIII, resulting in a validation status of *Met*, with an overall score of 100 percent

and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

**MID**'s PIP on *Management of Blood Pressure in Adults with a Diagnosis of Diabetes and Critical Co-morbid Condition of Hypertension* was designed to improve comprehensive diabetes care for enrollees—ultimately improving enrollee health care and quality of life. **MID** determined through data analysis that nearly 4 percent of its total population had a diagnosis of diabetes and that the top two diagnoses for outpatient claims were for treatment of hypertension and diabetes. **MID**'s goal is to increase the percentage of enrollees with controlled blood pressure, as evidenced by readings of less than 140/90mmHg and less than 140/80mmHg.

The performance of this PIP suggests a thorough application of the PIP design and implementation of initial interventions. **MID**'s documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. **MID** reported and interpreted its baseline data accurately. Initial interventions developed and implemented were based on identified and prioritized barriers. **MID** developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

**MID** successfully addressed five of six recommendation from the 2012–2013 compliance review. **MID** provided evidence that it responded to providers within one hour for emergent treatment or prior authorizations for inpatient admissions. **MID** submitted a policy and the grievance and appeal logs that detailed the number of days for grievance and appeal resolutions. **MID** submitted HEDIS IDSS files timely. **MID** met the requirement regarding electronic data submission with screen shots displaying all required data elements. **MID** achieved the MDCH standards for most measures, but did not meet the standard for *Blood Lead Testing*.

### Performance Measures

**MID** had no measure with a rate that fell below the national 25th percentile in 2013. Of the five measures that performed below the 50th percentile in 2013, one (*Childhood Immunization—Combination 9*) reported significant improvement in 2014. Three of the four remaining measures, when compared to national benchmarks, showed better performance levels in 2014 than in 2013. *Appropriate Testing for Children With Pharyngitis*, however, had a significant decline and fell below the 25th percentile in 2014.

The **MID** 2013 Continuous Quality Improvement Program Annual Evaluation described **MID**'s incentive program for members who completed all recommended immunizations. The incentive was offered to parents or guardians of eligible children whose immunizations were completed on or

before the child's second birthday and for adolescents between 10 and 13 years of age. Each time **MID** received a copy of a member's immunization record with proof that the immunizations were completed by the recommended age, the parent or guardian of the child was sent a gift card. **MID** continued its practice of sending monthly reminder letters, and quality improvement staff members telephoned parents or guardians of members due for immunizations.

The 2013 Continuous Quality Improvement Program Annual Evaluation described **MID**'s Pay for Performance (P4P) bonus for contracted PCPs. Financial incentives were offered for provision of certain preventive health care services such as immunizations, mammogram screening, chlamydia screening, nephropathy screening, and diabetic eye exams.

### **Performance Improvement Projects (PIPs)**

For the 2013–2014 PIP validation, **MID** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## **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. **MID**'s strongest performance was in the **timeliness** domain, with three of the four standards in full compliance with all requirements. The 2013–2014 compliance review also identified opportunities for improvement across the three domains. For the *Members* standard addressing all three domains, **MID** should provide evidence that identification cards were mailed first class and that the member handbook was included in the new member packets. 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.

Compared with the national HEDIS 2013 benchmarks, **MID**'s performance varied across all three domains. Performance was diverse in each of the domains, with more low-performing measures than high-performing measures. This finding suggested opportunities for improvement in all three domains.

In the **quality** domain, one measure (*Immunizations for Adolescents—Combination 1*) benchmarked at or above the national 90th percentile, and seven ranked below the 25th percentile. The low-performing measures included the five *Use of Appropriate Medications for People With Asthma* indicators in the Living with Illness dimension, *Appropriate Testing for Children with Pharyngitis*, *Children's Access to Primary Care Practitioners—25 Months to 6 Years*, *Timeliness of Prenatal Care*, and *Diabetes Monitoring for People With Diabetes and Schizophrenia*. These measures presented opportunities for improvement.

In the **timeliness** domain, **MID** had one measure (*Immunizations for Adolescents—Combination 1*) with a rate at or above the 90th percentile and two additional measures ranking above the 75th percentile. Rates for six additional measures were above the 50th percentile. One measure (*Timeliness of Prenatal Care*) ranked below the 25th percentile and presented an opportunity for improvement.

In the **access** domain, none of **MID**'s measures had rates ranked at or above the 75th percentile. Twelve measures performed below the 50th percentile, two of which (*Children's Access to Primary Care Practitioners—25 Months to 6 Years* and *Timeliness of Prenatal Care*) were below the 25th percentile. These measures presented opportunities for improvement.

Related to all domains, **MID** should continue efforts to improve the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates of low-performing measures.

**MID**'s PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VIII of the CMS protocol for conducting PIPs. The 2013–2014 validation did not identify any *Partially Met* or *Not Met* evaluation elements as opportunities for improvement; however, to strengthen the PIP, **MID** should address the *Points of Clarification*.

## Appendix H. 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 H-1 over the course of the 2013–2014 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table H-1—Compliance Review Results <i>for MOL</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%	97%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	5	1	0	0	92%	96%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	2	1	0	0	83%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>44</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>97%</b>	<b>97%</b>

**MOL** demonstrated compliance with all contractual requirements related to the *Administrative*, *Providers*, 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 2013–2014 compliance review also identified recommendations for the *Members*, *Quality*, and *MIS* standards. **MOL**'s compliance score for the *Members* and *MIS* 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 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 H-2. The table shows each of the performance measures, the rate for each measure for 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table H-2—Scores for Performance Measures for MOL			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	81.46%	★★★★
	Childhood Immunization—Combination 3	78.81%	★★★★★
	Childhood Immunization—Combination 4	70.86%	★★★★
	Childhood Immunization—Combination 5	60.71%	★★★★
	Childhood Immunization—Combination 6	39.07%	★★
	Childhood Immunization—Combination 7	54.53%	★★★★
	Childhood Immunization—Combination 8	37.31%	★★
	Childhood Immunization—Combination 9	30.68%	★★
	Childhood Immunization—Combination 10	28.92%	★★
	Immunizations for Adolescents—Combination 1	87.76%	★★★★★★
	Well-Child 1st 15 Months—6+ Visits	61.79%	★★
	Well-Child 3rd–6th Years of Life <sup>^</sup>	77.08%	★★★★
	Adolescent Well-Care Visits <sup>^</sup>	54.73%	★★★★
	Lead Screening in Children	76.32%	★★★★
	Appropriate Treatment of URI	87.22%	★★★★
	Children With Pharyngitis	55.53%	★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	38.16%	★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	47.19%	★★★★
<sup>^</sup> 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 H-2—Scores for Performance Measures for MOL

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening<sup>1</sup></i>	61.07%	★★★★
	<i>Cervical Cancer Screening<sup>2</sup></i>	70.00%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	62.42%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	71.31%	★★★★
	<i>Chlamydia Screening—Total</i>	65.34%	★★★★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	95.92%	★★
	<i>Children's Access—25 Months to 6 Years</i>	88.23%	★★
	<i>Children's Access—7 to 11 Years</i>	91.59%	★★★
	<i>Adolescents' Access—12 to 19 Years</i>	89.37%	★★
	<i>Adults' Access—20 to 44 Years</i>	85.21%	★★★
	<i>Adults' Access—45 to 64 Years</i>	91.68%	★★★★★
	<i>Adults' Access—65+ Years</i>	92.51%	★★★★
	<i>Adults' Access—Total</i>	88.07%	★★★★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	73.56%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	81.41%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	76.27%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	66.78%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	69.87%	★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	67.85%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	51.86%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	63.46%	★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	55.88%	★★★★
	<i>Adult BMI Assessment</i>	85.23%	★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care</i>	83.63%	★★
	<i>Postpartum Care</i>	72.79%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	34.20%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.37%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	37.18%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	16.56%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	3.70%	—

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

— = The national HEDIS 2013 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 MOL

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*</i>	12.61%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	15.27%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	13.27%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	17.70%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	41.15%	★
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	81.86%	★★
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	41.81%	★★★★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	50.22%	★★★★
	<i>Diabetes Care—Eye Exam</i>	65.27%	★★★★★
	<i>Diabetes Care—LDL-C Screening</i>	76.99%	★★★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	42.26%	★★★★★
	<i>Diabetes Care—Nephropathy</i>	80.97%	★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	39.38%	★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	58.63%	★★
	<i>Asthma—5 to 11 Years</i>	86.46%	★
	<i>Asthma—12 to 18 Years</i>	79.43%	★
	<i>Asthma—19 to 50 Years</i>	67.47%	★
	<i>Asthma—51 to 64 Years</i>	57.69%	★
	<i>Asthma—Total</i>	75.45%	★
	<i>Controlling High Blood Pressure<sup>†</sup></i>	64.86%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	82.54%	—
	<i>Discussing Cessation Medications</i>	53.54%	—
	<i>Discussing Cessation Strategies</i>	48.22%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	84.63%	★★★★★
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	70.80%	★★★★
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	80.26%	★★★★
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	68.80%	★★★★★

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

<sup>†</sup> 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 2014 Technical Specifications for Health Plans, Volume 2*.

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

— = The national HEDIS 2013 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 MOL

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	45.86%	NC
	<i>Race/Ethnicity—Black or African-American</i>	35.17%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.14%	NC
	<i>Race/Ethnicity—Asian</i>	0.81%	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>	18.02%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	7.32%	NC
	<i>Language Diversity: Spoken Language—English</i>	98.69%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	1.10%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.20%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	98.69%	NC
	<i>Language Diversity: Written Language—Non-English</i>	1.10%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.20%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	98.69%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	1.10%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	0.20%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
<b>Utilization</b>	<i>Ambulatory Care: Outpatient—Total</i>	394.93	★★★★
	<i>Ambulatory Care: ED—Total*</i>	77.49	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	7.91	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.77	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.70	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.01	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	4.33	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	4.08	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	7.38	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.57	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 **MOL** had four measures ranking at or above the national HEDIS 2013 Medicaid 90th percentile and another 18 at or above the 75th percentile. Rates for 23 additional measures were at or above the 50th percentile. Twenty measures ranked below the 50th percentile, eight of which were below the 25th percentile. Measures ranking at or above the 90th percentile included *Immunizations for Adolescents—Combination 1*, *Adults’ Access to Preventive/Ambulatory Health Services—45 to 64 Years*, and two measures in the Obesity dimension (*Children/Adolescents: BMI Percentile—Ages 12 to 17 Years* and *Adult BMI Assessment*). Of the eight measures ranking below the 25th percentile, five were *Use of Appropriate Medications for People With Asthma* measures from the Living With Illness dimension, one from Child and Adolescent Care (*Appropriate Testing for Children With Pharyngitis*), one from Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥ 81 Percent*) and one from Utilization (*Ambulatory Care: ED Visits—Total*). These measures represent opportunities for improvement for **MOL**.

## 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—2013–2014 PIP Validation Results <i>for MOL</i>						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Reliably Collect Data	6	5	1	0	0
VII.	Analyze Data and Interpret Study Results	9	5	0	0	4
VIII.	Implement Intervention and Improvement Strategies	4	Not Assessed			
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	23	1	0	4
Percentage Score of Evaluation Elements <i>Met</i>		96%				
Percentage Score of Critical Elements <i>Met</i>		100%				
Validation Status		<i>Met</i>				

For the 2013–2014 first-year validation of **MOL**'s PIP on *Improving Timeliness of Prenatal Care in Wayne County*, HSAG validated Activities I through VII, resulting in a validation status of *Met*, with an overall score of 96 percent and a score of 100 percent for critical elements. **MOL** received *Met* scores for all applicable evaluation elements in Activities I through V and Activity VII. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

**MOL**'s PIP on *Improving Timeliness of Prenatal Care in Wayne County* was designed to address the lack of prenatal care in Wayne County. **MOL** determined through data analysis that Wayne County rates for prenatal and postpartum care visits were much lower than rates in the other service areas. Proper prenatal and postpartum care reduces infant mortality rates, complications related to pregnancy, and health care costs; and improves overall health outcomes for mother and child. **MOL**'s goal is to increase the baseline percentage of enrollees in Wayne County who receive timely prenatal and postpartum care (79.3 percent and 71.2 percent, respectively) by 5 percent at Remeasurement 1.

The performance of this PIP suggests a thorough application of the PIP design. **MOL**'s documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. **MOL** reported and interpreted its baseline data accurately. The MHP had not progressed to the point of developing and implementing interventions. **MOL** developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

**MOL** successfully addressed two of the three recommendations from the 2012–2013 compliance review. **MOL** demonstrated that it had a procedure in place for arranging rapid dispute resolution and binding arbitration. **MOL** also documented that it mailed enrollee identification cards via first class mail within ten business days of notification of enrollment. **MOL** did not meet the MDCH standards for *Postpartum Care*, *Prenatal Care*, *Well-Child in the First 15 Months of Life*, *Well-Child Visits in the Third, Fourth, Fifth, and Sixths Years of Life*, or *Blood Lead Testing*.

### Performance Measures

Of the eight measures that ranked below the national 25th percentile in 2013, none reported significant improvement in 2014. Nonetheless, with slight increase in rate, the *Timeliness of Prenatal Care* measure ranked at or above the 25th percentile and below the 50th percentile in 2014.

## Performance Improvement Projects (PIPs)

For the 2013–2014 PIP validation, **MOL** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## 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 2013–2014 compliance review also identified opportunities for improvement across the three domains. **MOL** should address the recommendation for the *Members* standard—addressing the **quality**, **timeliness**, and **access** domains—and ensure that information about binding arbitration and rapid dispute resolution are included in the provider manual or the MHP’s Web site. For the *Quality* standard, which addressed the **quality** and **access** domains, **MOL** should continue its performance improvement projects to increase performance on the *Prenatal Care; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; and Blood Lead Testing* measures. To address the recommendation for the *MIS* standard related to the **quality** and **timeliness** domains, **MOL** should ensure timely submission of all required documentation for the consolidated annual report, including the Revenue and Expense Report and the Health Maintenance Organization (HMO) Inpatient Discharge and Benefit Payouts Report.

Compared with the national HEDIS 2013 benchmarks, **MOL**’s performance varied across all three domains. Both **quality** and **access** domains had more diverse performance because both high- and low-performing measures were found in these domains. There were also more measures with lower performance ranking than with higher ranking, suggesting opportunities for improvement.

In the **quality** domain, three measures benchmarked at or above the national 90th percentile, with seven below the 25th percentile. The top-performing measures were *Immunizations for Adolescents—Combination 1* and two measures in the Obesity dimension (*Children/Adolescents: BMI Percentile—12 to 17 years* and *Adult BMI Assessment*). Of the seven measures ranking below the 25th percentile, five were *Use of Appropriate Medications for People With Asthma* measures from the Living With Illness dimension, one from Child and Adolescent Care (*Appropriate Testing for Children With Pharyngitis*), and one from Pregnancy Care (*Frequency of Ongoing Prenatal Care—≥ 81 Percent*). These measures represent opportunities for improvement for **MOL**.

In the **timeliness** domain, **MOL** had one measure (*Immunizations for Adolescents—Combination 1*) with a rate at or above the 90th percentile and another two with rates above the 75th percentile. Rates for an additional six measures were above the 50th percentile. None of the timeliness measures ranked below the 25th percentile. However, opportunities for improvement existed for the six measures that performed below the 50th percentile (four *Childhood Immunization* indicators, *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*, and *Timeliness of Prenatal Care*).

In the **access** domain, **MOL** had one measure (*Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years*) with a rate at or above the 90th percentile and two rates which fell below the 25th percentile. Slightly more than half of the remaining **access**-related measures ranked at or above the 50th percentile. The two low-performing measures were *Ongoing Prenatal Care— $\geq 81$  Percent* and *Ambulatory Care: ED Visits—Total*).

Related to all domains, **MOL** should continue efforts to improve the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates of low-performing measures.

**MOL**'s PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VII of the CMS protocol for conducting PIPs. The 2013–2014 validation identified an opportunity for improvement in Activity VI—Reliably Collect Data. **MOL** should document its process to determine the estimated degree of administrative data completeness. The MHP should also address the *Point of Clarification* to strengthen the PIP.

## Appendix I. 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 I-1 over the course of the 2013–2014 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table I-1—Compliance Review Results <i>for PHP</i>							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	<b>MHP</b>	<b>Statewide</b>
1	<i>Administrative</i>	4	0	0	0	100%	97%
2	<i>Providers</i>	8	1	0	0	94%	97%
3	<i>Members</i>	6	0	0	0	100%	96%
4	<i>Quality</i>	7	2	0	0	89%	93%
5	<i>MIS</i>	3	0	0	0	100%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>44</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>97%</b>	<b>97%</b>

**PHP** demonstrated full compliance with all contract requirements related to the *Administrative*, *Members*, *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 2013–2014 compliance review resulted in recommendations for the *Providers* and *Quality* standards. These areas reflected opportunities for improvement for **PHP**. The MHPs' compliance score for the *Providers* and *Quality* standards were lower than the statewide scores. **PHP**'s strong performance resulted in an overall compliance score of 97 percent, which matched the statewide overall score.

## Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's 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 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table I-2—Scores for Performance Measures for PHP			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	77.62%	★★★★
	Childhood Immunization—Combination 3	71.78%	★★
	Childhood Immunization—Combination 4	65.21%	★★★★
	Childhood Immunization—Combination 5	59.37%	★★★★
	Childhood Immunization—Combination 6	48.66%	★★★★
	Childhood Immunization—Combination 7	55.96%	★★★★
	Childhood Immunization—Combination 8	46.96%	★★★★
	Childhood Immunization—Combination 9	42.09%	★★★★
	Childhood Immunization—Combination 10	41.36%	★★★★
	Immunizations for Adolescents—Combination 1	91.53%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	63.54%	★★
	Well-Child 3rd–6th Years of Life	64.36%	★
	Adolescent Well-Care Visits	51.09%	★★★★
	Lead Screening in Children	81.04%	★★★★
	Appropriate Treatment of URI	84.20%	★★
	Children With Pharyngitis	60.26%	★
	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
NB = No Benefit			
★★★★★ = 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 PHP

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening<sup>1</sup></i>	51.21%	☆☆
	<i>Cervical Cancer Screening<sup>2</sup></i>	68.81%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	53.65%	☆☆
	<i>Chlamydia Screening—21 to 24 Years</i>	70.74%	★★★★
	<i>Chlamydia Screening—Total</i>	59.27%	★★★★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	97.49%	★★★★
	<i>Children's Access—25 Months to 6 Years</i>	85.23%	★
	<i>Children's Access—7 to 11 Years</i>	88.02%	☆☆
	<i>Adolescents' Access—12 to 19 Years</i>	88.34%	☆☆
	<i>Adults' Access—20 to 44 Years</i>	81.92%	☆☆
	<i>Adults' Access—45 to 64 Years</i>	87.65%	★★★★
	<i>Adults' Access—65+ Years</i>	92.44%	★★★★
	<i>Adults' Access—Total</i>	84.04%	☆☆
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	74.22%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	80.52%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	76.59%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	71.48%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	74.68%	★★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	72.68%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	59.38%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	68.18%	★★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	62.68%	★★★★
	<i>Adult BMI Assessment</i>	87.22%	★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care</i>	91.91%	★★★★
	<i>Postpartum Care</i>	67.39%	★★★★

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

— = The national HEDIS 2013 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 I-2—Scores for Performance Measures for PHP

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	35.17%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.75%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	38.40%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	15.59%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	2.09%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*</i>	0.81%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	2.16%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	8.09%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	14.02%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	74.93%	★★★★
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	84.57%	★★★
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	32.46%	★★★★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	56.11%	★★★★
	<i>Diabetes Care—Eye Exam</i>	60.12%	★★★
	<i>Diabetes Care—LDL-C Screening</i>	76.55%	★★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	40.48%	★★★★
	<i>Diabetes Care—Nephropathy</i>	80.16%	★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	49.10%	★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	70.54%	★★★★
	<i>Asthma—5 to 11 Years</i>	94.08%	★★★★
	<i>Asthma—12 to 18 Years</i>	93.69%	★★★★★
	<i>Asthma—19 to 50 Years</i>	77.03%	★★★
	<i>Asthma—51 to 64 Years</i>	NA	NA
	<i>Asthma—Total</i>	89.59%	★★★★
	<i>Controlling High Blood Pressure</i>	64.06%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	77.29%	—
	<i>Discussing Cessation Medications</i>	54.61%	—
	<i>Discussing Cessation Strategies</i>	49.32%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NB	NB

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

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

— = The national HEDIS 2013 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 I-2—Scores for Performance Measures for PHP

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Living With Illness (continued)</b>	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	NA
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	NB	NB
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	51.34%	NC
	<i>Race/Ethnicity—Black or African-American</i>	23.98%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.18%	NC
	<i>Race/Ethnicity—Asian</i>	4.92%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.04%	NC
	<i>Race/Ethnicity—Some Other Race</i>	9.49%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	10.05%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	9.49%	NC
	<i>Language Diversity: Spoken Language—English</i>	97.84%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.63%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	1.53%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Written Language—English</i>	97.84%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.63%	NC
	<i>Language Diversity: Written Language—Unknown</i>	1.53%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—English</i>	97.84%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.63%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	1.53%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
<b>Utilization</b>	<i>Ambulatory Care: Outpatient—Total</i>	335.61	★★
	<i>Ambulatory Care: ED—Total*</i>	75.56	★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	9.33	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	5.06	NC

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

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

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

NB = No Benefit

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 I-2—Scores for Performance Measures for PHP			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.29	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.05	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.71	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.71	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.19	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.64	NC
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 I-2 shows that, of the 58 measures with benchmarks available for comparison, **PHP** had six measures ranking at or above the national HEDIS 2013 Medicaid 90th percentile and an additional 21 at or above the 75th percentile. Rates for 17 additional measures were above the 50th percentile. Fourteen measures ranked below the 50th percentile, three of which were below the 25th percentile. The six top-performing measures were *Immunizations for Adolescents—Combination 1*, *Use of Appropriate Medications for People With Asthma—12 to 18 Years*, and four measures in the Obesity dimension. Of the three measures that performed below the 25th percentile, two measures (*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Appropriate Testing for Children With Pharyngitis*) were in the Child and Adolescent Care dimension and one measure (*Children’s Access to Primary Care Practitioners—25 Months to 6 Years*) was in the Access to Care dimension. These three measures represent opportunities for improvement.

## 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—2013–2014 PIP Validation Results for PHP						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Reliably Collect Data	6	4	0	0	2
VII.	Analyze Data and Interpret Study Results	9	4	0	0	5
VIII.	Implement Intervention and Improvement Strategies	4	4	0	0	0
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	19	0	0	13
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2013–2014 first-year validation of **PHP**'s PIP on *Pediatric Access to Primary Care in Ingham County*, HSAG validated Activities I through VIII, resulting in a validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

**PHP**'s PIP on *Pediatric Access to Primary Care in Ingham County* was designed to increase access to care for children 25 months to 6 years of age residing in Ingham County. **PHP** determined through data analysis that the access to care rate for this subpopulation was in the national HEDIS Medicaid 10th percentile, indicating a great opportunity for improvement. Access to health care impacts the child's overall physical, social, and mental health status and overall quality of life. **PHP**'s goal is to increase from 84.7 percent at baseline to 86.9 percent at Remeasurement 1 the percentage of children 25 months to 6 years of age residing in Ingham County who have an ambulatory or preventive care visit.

The performance of this PIP suggests a thorough application of the PIP design and implementation of initial interventions. **PHP**'s documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. **PHP** reported and interpreted its baseline data accurately. Initial interventions developed and implemented were based on identified and prioritized barriers. **PHP** developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

**PHP** successfully addressed four of the five recommendations from the 2012–2013 compliance review. **PHP** achieved compliance with the recommendation to ensure that the **PHP** Web site directed members to preventive health information and that the links worked appropriately. **PHP** successfully addressed two recommendations regarding the appeals process to ensure that its policies and procedures stated that beneficiaries' benefits would continue pending appeal resolutions and to respond to member appeals within the established time frame. **PHP** provided evidence that an appeal resolved outside the allowable time period was at the member's request. **PHP** also successfully addressed the recommendation to ensure that its policies and procedures clearly reflected that the **PHP** executive medical director had management authority over the quality improvement and utilization management programs. **PHP** did not satisfy the recommendation to achieve the established MDCH standards for *Childhood Immunizations, Postpartum Care, 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; or Blood Lead Testing*.

### Performance Measures

Of the eight measures ranked below the national 25th percentile in 2013, five reported a significant improvement in 2014 (*Childhood Immunizations Status—Combinations 4, 7, 8, and 10, and Well-Child Visits in the First 15 Months of Life*). *Ambulatory Care—ED Visits* also showed a better percentile ranking in 2014 (between 25th percentile and 50th percentile). The two remaining measures that did not report a significant improvement in rate or achieve a better ranking were *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Children's Access to Primary Care Practitioners—25 Months to 6 Years*. The **PHP** Quality Improvement Annual Evaluation 2013 stated that the health plan sent reminder letters and placed telephone calls to members deficient in well-child visits. The evaluation also noted that the plan had developed supplemental data source files to increase administrative rates.

## Performance Improvement Projects (PIPs)

For the 2013–2014 PIP validation, **PHP** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## 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 2013–2014 compliance review also identified opportunities for improvement across all three domains. For the *Providers* standard, which addressed the **quality**, **timeliness**, and **access** domains, **PHP** should ensure timely submission of the provider appeal log. To improve performance on the *Quality* standard addressing the domains of **quality** and **access**, **PHP** should provide additional information on its ongoing performance improvement projects beyond the EQRO PIP. The MHP should continue its quality improvement initiatives to increase rates for the *Childhood Immunizations*; *Prenatal Care*; *Postpartum Care*; *Well-Child Visits in the First 15 Months of Life*; and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measures, as these rates fell below the MDCH performance standards.

Compared with the national HEDIS 2013 performance benchmarks, **PHP**'s performance varied across all three domains. The **quality** and **access** domains had more diverse performance, because they had both high- and low-performing measures. Overall, in all domains, there were more measures with higher percentile ranking than lower ranking.

In the **quality** domain, **PHP** had six measures ranking at or above the 90th percentile. Thirty-three measures benchmarked at or above the 50th percentile, of which 19 benchmarked at or above the 75th percentile. Seven measures ranked below the 50th percentile, with two below the 25th percentile. The six top-performing measures were *Immunizations for Adolescents—Combination 1*, *Use of Appropriate Medications for People With Asthma—12 to 18 Years*, and four measures in the Obesity dimension. Both measures (*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Appropriate Treatment for Children With Pharyngitis*) that performed below the 25th percentile were in the Child and Adolescent Care dimension.

The rate for one measure (*Immunizations for Adolescents—Combination 1*) in the **timeliness** domain was at or above the 90th percentile, and eleven other rates were above the 50th percentile. Although none of the measures performed below the 25th percentile, **PHP** could focus on the one measure (*Childhood Immunization—Combination 3*) that ranked below the 50th percentile for potential improvement.

In the **access** domain, **PHP** had no measures ranked at or above the 90th percentile. Seven measures performed below the 50th percentile, one of which (*Children's Access to Primary Care Practitioners—25 Months to 6 Years*) ranked below the 25th percentile.

Related to all domains, **PHP** should continue efforts to improve the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures.

**PHP**'s PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VIII of the CMS protocol for conducting PIPs. The 2013–2014 validation did not identify any *Partially Met* or *Not Met* evaluation elements as opportunities for improvement. **PHP** should address the *Points of Clarification* to strengthen the PIP.

## Annual Compliance Review

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

MDCH evaluated **PRI**'s compliance with federal and State requirements related to the six standards shown in Table J-1 over the course of the 2013–2014 State fiscal year. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

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

Table J-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>	<b>MHP</b>	<b>Statewide</b>
1	<i>Administrative</i>	4	0	0	0	100%	97%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	6	0	0	0	100%	96%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>46</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>99%</b>	<b>97%</b>

**PRI** demonstrated full compliance with all contract requirements related to the *Administrative*, *Providers*, *Members*, *MIS*, 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 2013–2014 compliance review resulted in a recommendation for the *Quality* standard, which reflected an opportunity for improvement for **PRI**. The MHPs' compliance score for the *Quality* standard was higher than the statewide score. **PRI**'s overall compliance score of 99 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 J-2. The table shows each of the performance measures, the rate for each measure for 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table J-2—Scores for Performance Measures for PRI			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	86.00%	★★★★★
	Childhood Immunization—Combination 3	83.54%	★★★★★
	Childhood Immunization—Combination 4	81.57%	★★★★★
	Childhood Immunization—Combination 5	70.02%	★★★★★
	Childhood Immunization—Combination 6	66.09%	★★★★★
	Childhood Immunization—Combination 7	69.04%	★★★★★
	Childhood Immunization—Combination 8	64.86%	★★★★★
	Childhood Immunization—Combination 9	56.27%	★★★★★
	Childhood Immunization—Combination 10	55.77%	★★★★★
	Immunizations for Adolescents—Combination 1	95.00%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	74.39%	★★★★
	Well-Child 3rd–6th Years of Life	76.69%	★★★
	Adolescent Well-Care Visits	65.56%	★★★★★
	Lead Screening in Children	84.28%	★★★★
	Appropriate Treatment of URI	94.39%	★★★★★
	Children With Pharyngitis	75.52%	★★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	33.09%	★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	29.73%	★
<div> <div>★★★★★</div> <div>★★★★</div> <div>★★★</div> <div>★★</div> <div>★</div> </div> <div> <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> </div>			

Table J-2—Scores for Performance Measures for PRI

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening</i> <sup>1</sup>	67.56%	★★★★★
	<i>Cervical Cancer Screening</i> <sup>2</sup>	77.32%	★★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	65.40%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	73.25%	★★★★
	<i>Chlamydia Screening—Total</i>	67.91%	★★★★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	96.96%	★★★
	<i>Children's Access—25 Months to 6 Years</i>	88.74%	★★
	<i>Children's Access—7 to 11 Years</i>	92.22%	★★★
	<i>Adolescents' Access—12 to 19 Years</i>	90.69%	★★★
	<i>Adults' Access—20 to 44 Years</i>	85.27%	★★★★
	<i>Adults' Access—45 to 64 Years</i>	91.39%	★★★★★
	<i>Adults' Access—65+ Years</i>	95.50%	★★★★★
	<i>Adults' Access—Total</i>	87.55%	★★★★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	83.82%	★★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	86.99%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	84.81%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	77.21%	★★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	78.05%	★★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	77.47%	★★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	67.65%	★★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	80.49%	★★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	71.65%	★★★★★
	<i>Adult BMI Assessment</i>	90.82%	★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care</i>	90.23%	★★★★
	<i>Postpartum Care</i>	71.55%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i> <sup>^</sup>	26.03%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i> <sup>^</sup>	12.65%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i> <sup>^</sup>	44.77%	—

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

<sup>^</sup> 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 2014 Technical Specifications for Health Plans, Volume 2*.

— = The national HEDIS 2013 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 J-2—Scores for Performance Measures for PRI

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks<sup>^</sup></i>	16.55%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown<sup>^</sup></i>	0.00%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*<sup>^</sup></i>	6.57%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent<sup>^</sup></i>	4.38%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent<sup>^</sup></i>	8.03%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent<sup>^</sup></i>	15.82%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent<sup>^</sup></i>	65.21%	★★★★
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	91.85%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	23.75%	★★★★★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	64.09%	★★★★★
	<i>Diabetes Care—Eye Exam</i>	66.67%	★★★★
	<i>Diabetes Care—LDL-C Screening</i>	78.22%	★★★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	46.42%	★★★★★
	<i>Diabetes Care—Nephropathy</i>	83.12%	★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	46.35%	★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	68.38%	★★★★
	<i>Asthma—5 to 11 Years</i>	95.42%	★★★★★
	<i>Asthma—12 to 18 Years</i>	94.92%	★★★★★
	<i>Asthma—19 to 50 Years</i>	85.20%	★★★★★
	<i>Asthma—51 to 64 Years</i>	70.73%	★★
	<i>Asthma—Total</i>	91.87%	★★★★★
	<i>Controlling High Blood Pressure</i>	62.93%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	84.49%	—
	<i>Discussing Cessation Medications</i>	53.85%	—
	<i>Discussing Cessation Strategies</i>	43.44%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	79.84%	★★★★
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	65.57%	★★

<sup>^</sup> 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 2014 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 2013 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 J-2—Scores for Performance Measures for PRI

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Living With Illness (continued)</b>	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	66.67%	★★★★
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	57.80%	NC
	<i>Race/Ethnicity—Black or African-American</i>	16.09%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.13%	NC
	<i>Race/Ethnicity—Asian</i>	0.75%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.01%	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>	25.22%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	10.24%	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
<b>Utilization</b>	<i>Ambulatory Care: Outpatient—Total</i>	340.92	★★
	<i>Ambulatory Care: ED—Total*</i>	79.95	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	7.25	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	2.93	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.10	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.69	NC

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

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

NA = Denominator < 30; unable to report a rate

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 J-2—Scores for Performance Measures for PRI			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Utilization (continued)</b>	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.37	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.77	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	4.71	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.54	NC
NC = Not Comparable (i.e., measure not comparable to national percentiles)			
ALOS = Average Length of Stay			
<div> <div>★★★★★</div> <div>★★★★</div> <div>★★★</div> <div>★★</div> <div>★</div> </div> <div> <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> </div>			

Table J-2 shows that **PRI** had 34 measures ranking at or above the national HEDIS 2013 Medicaid 90th percentile and another 14 at or above the 75th percentile. Seven measures ranked below the 50th percentile, two of which (*Ambulatory Care: ED Visits—Total* and *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*) were below the 25th percentile. Measures ranking at or above the 90th percentile spanned all dimensions except Pregnancy Care and Utilization.

## 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—2013–2014 PIP Validation Results <i>for PRI</i>						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Reliably Collect Data	6	4	0	0	2
VII.	Analyze Data and Interpret Study Results	9	4	0	0	5
VIII.	Implement Intervention and Improvement Strategies	4	Not Assessed			
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	15	0	0	13
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 2013–2014 first-year validation of **PRI**'s PIP on *Improving the Rate of Well-Child Visits in the African American Population*, HSAG validated Activities I through VII, resulting in a validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

**PRI**'s PIP on *Improving the Rate of Well-Child Visits in the African American Population* was designed to increase the rate of well-child visits for African American children 3 to 6 years of age. **PRI** determined through data analysis that a disparity existed between the African American children and Caucasian children. Well-child visits for children 3 to 6 years of age present opportunities for practitioners to conduct appropriate screenings, administer immunizations, perform developmental assessments, identify health issues and concerns, and provide anticipatory guidance and education to parents. These activities can result in improved health outcomes for the children. **PRI**'s goal is to increase from its baseline rate of 68.9 percent to 72 percent at

Remeasurement 1 the percentage of African American children 3 to 6 years of age who have at least one well-child visit with a primary care provider during the measurement year.

The performance of this PIP suggests a thorough application of the PIP design. **PRI**'s documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. **PRI** reported and interpreted its baseline data accurately. The MHP had not progressed to the point of developing and implementing interventions. **PRI** developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

**PRI** successfully addressed three of four recommendation from the 2012–2013 compliance review. **PRI** provided evidence of timely response to providers within one hour for emergent treatment or prior authorizations for inpatient admissions. **PRI** demonstrated having a procedure in place for arranging rapid dispute resolution and binding arbitration. **PRI** also demonstrated that beneficiaries' race and ethnicity were captured in enrollment files. **PRI** did not satisfy the recommendation to achieve the established MDCH performance standards for *Prenatal Care; Well-Child 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; or Claims Processing*.

### Performance Measures

**PRI**'s *Ambulatory Care: ED Visits—Total* measure was the only measure that fell below the 25th percentile in 2013. In 2014, the rate associated with this measure remained relatively stable and continued to fall below the 25th percentile. The **PRI** Corporate Quality Improvement Evaluation for 2013 described the **PRI** Partners in Performance (PIP) program which offered financial incentives to primary care physicians for excellent performance in wellness, prevention, and chronic illness measures.

### Performance Improvement Projects (PIPs)

For the 2013–2014 PIP validation, **PRI** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## 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. **PRI**'s strongest performance was in the **timeliness** domain, with all four standards related to this domain in full compliance with all requirements. The 2013–2014 compliance review also identified an opportunity for improvement for the *Quality* standard, which addressed the domains of **quality** and **access**. **PRI** should continue its improvement efforts for the *Prenatal Care* and *Postpartum Care* measures and meet the applicable MDCH standards.

Compared with the national HEDIS 2013 benchmarks, **PRI**'s performance varied across all three domains. Nonetheless, very few low-performing measures were noted in any of the domains. There were many high-performing measures in the **quality** and **timeliness** domain. The MHP's performance in all domains compared favorably to national performance. **PRI** also had the largest number of measures ranking at or above the 90th percentile across all MHPs.

In the **quality** domain, 32 measures benchmarked at or above the national 90th percentile, and another ten were at or above the 75th percentile. Rates for an additional six measures were at or above the 50th percentile. One measure (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*) ranked below the 25th percentile. While the top-performing measures were found in different dimensions, the majority were in Child and Adolescent Care (all *Childhood Immunization* measures, *Immunizations for Adolescents—Combination 1*, and *Adolescent Well-Care Visits*). Top-performing measures were also found in other dimensions such as Women—Adult Care (*Breast Cancer Screening* and *Cervical Cancer Screening*), Obesity (all measures), and Living With Illness (two *Comprehensive Diabetes Care* measures and four *Use of Appropriate Medications for People With Asthma* measures).

In the **timeliness** domain, **PRI** had ten measures with rates at or above the 90th percentile and three others above the 75th percentile. Two measures ranked below the 50th percentile, one of which was below the 25th percentile (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*). All top-performing measures were under the Child and Adolescent Care dimension (all *Childhood Immunization* measures and *Immunizations for Adolescents—Combination 1*).

In the **access** domain, **PRI** had two measures (*Adults' Access to Preventive/Ambulatory Health Care Services—45 to 64 Years* and *65+ Years*) with rates at or above the 90th percentile and eight other measures with rates above the 50th percentile. Five measures performed below the 50th percentile, two of which fell below the 25th percentile. These two measures (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase* and *Ambulatory Care: ED Visits—Total*) represent opportunities for improvement.

Related to all domains, **PRI** should continue efforts to improve the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures.

**PRI**'s PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VII of the CMS protocol for conducting PIPs. The 2013–2014 validation did not identify any *Partially Met* or *Not Met* scores as an opportunity for improvement; however, to strengthen the PIP, the MHP 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 2013–2014 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>	<b>MHP</b>	<b>Statewide</b>
1	<i>Administrative</i>	4	0	0	0	100%	97%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	6	0	0	0	100%	96%
4	<i>Quality</i>	7	2	0	0	89%	93%
5	<i>MIS</i>	3	0	0	0	100%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>45</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>98%</b>	<b>97%</b>

**THC** demonstrated full compliance with all contract requirements related to the *Administrative*, *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 2013–2014 compliance review resulted in recommendations for the *Quality* standard, which represented an opportunity for improvement for **THC**. The MHP's compliance score for the *Quality* standard was lower than 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 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table K-2—Scores for Performance Measures for THC			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	70.07%	★
	Childhood Immunization—Combination 3	64.27%	★
	Childhood Immunization—Combination 4	60.56%	★★
	Childhood Immunization—Combination 5	51.74%	★★
	Childhood Immunization—Combination 6	22.97%	★
	Childhood Immunization—Combination 7	49.65%	★★
	Childhood Immunization—Combination 8	22.27%	★
	Childhood Immunization—Combination 9	18.10%	★
	Childhood Immunization—Combination 10	17.87%	★
	Immunizations for Adolescents—Combination 1	87.70%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	49.28%	★
	Well-Child 3rd–6th Years of Life	72.24%	★★
	Adolescent Well-Care Visits	52.21%	★★★
	Lead Screening in Children	69.14%	★★
	Appropriate Treatment of URI	85.71%	★★
	Children With Pharyngitis	52.90%	★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	40.85%	★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	NA	NA
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 K-2—Scores for Performance Measures for THC

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening</i> <sup>1</sup>	54.65%	★★★
	<i>Cervical Cancer Screening</i> <sup>2</sup>	64.65%	★★
	<i>Chlamydia Screening—16 to 20 Years</i>	69.64%	★★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	74.33%	★★★★★
	<i>Chlamydia Screening—Total</i>	71.25%	★★★★★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	93.34%	★
	<i>Children's Access—25 Months to 6 Years</i>	81.98%	★
	<i>Children's Access—7 to 11 Years</i>	86.77%	★
	<i>Adolescents' Access—12 to 19 Years</i>	85.40%	★
	<i>Adults' Access—20 to 44 Years</i>	77.68%	★★
	<i>Adults' Access—45 to 64 Years</i>	86.53%	★★
	<i>Adults' Access—65+ Years</i>	NA	NA
	<i>Adults' Access—Total</i>	80.84%	★★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	69.55%	★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	69.28%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	69.44%	★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	63.53%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	54.22%	★★
	<i>Children/Adolescents—Nutrition, Total</i>	59.95%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i> <sup>^</sup>	49.62%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i> <sup>^</sup>	51.81%	★★★
	<i>Children/Adolescents—Physical Activity, Total</i> <sup>^</sup>	50.46%	★★★
	<i>Adult BMI Assessment</i>	79.13%	★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care</i>	72.62%	★
	<i>Postpartum Care</i>	52.20%	★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	30.29%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.70%	—

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

<sup>^</sup> 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 2013 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 K-2—Scores for Performance Measures for THC

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	38.02%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	16.86%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	6.14%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*</i>	22.74%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	17.40%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	11.14%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	15.31%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	33.41%	★
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	81.16%	☆☆
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	56.08%	★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	38.75%	★
	<i>Diabetes Care—Eye Exam</i>	34.19%	★
	<i>Diabetes Care—LDL-C Screening</i>	76.60%	★★★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	27.51%	★
	<i>Diabetes Care—Nephropathy</i>	82.07%	★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	29.79%	★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	51.06%	★
	<i>Asthma—5 to 11 Years</i>	75.27%	★
	<i>Asthma—12 to 18 Years</i>	79.33%	★
	<i>Asthma—19 to 50 Years</i>	65.57%	★
	<i>Asthma—51 to 64 Years</i>	58.06%	★
	<i>Asthma—Total</i>	70.66%	★
	<i>Controlling High Blood Pressure</i>	39.91%	★
	<i>Advising Smokers and Tobacco Users to Quit</i>	80.47%	—
	<i>Discussing Cessation Medications</i>	53.91%	—
	<i>Discussing Cessation Strategies</i>	47.24%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	NA	NA
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	62.69%	★

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

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

— = The national HEDIS 2013 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 K-2—Scores for Performance Measures for THC

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Living With Illness (continued)</b>	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	NA	NA
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	28.94%	NC
	<i>Race/Ethnicity—Black or African-American</i>	61.86%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.08%	NC
	<i>Race/Ethnicity—Asian</i>	1.36%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.10%	NC
	<i>Race/Ethnicity—Some Other Race</i>	2.39%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.00%	NC
	<i>Race/Ethnicity—Unknown</i>	5.27%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	2.39%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.51%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.49%	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>	99.51%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.49%	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>	99.51%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.49%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	0.00%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.00%	NC
<b>Utilization</b>	<i>Ambulatory Care: Outpatient—Total</i>	289.31	★
	<i>Ambulatory Care: ED—Total*</i>	73.94	★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	10.18	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.99	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.77	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.16	NC

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

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

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

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 K-2—Scores for Performance Measures for THC			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Utilization (continued)</b>	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.72	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.44	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.84	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.53	NC
ALOS = Average Length of Stay NC = Not Comparable (i.e., measure not comparable to national percentiles)			

Table K-2 shows that **THC** had four measures ranking at or above the national HEDIS 2013 Medicaid 90th percentile, and two others at or above the 75th percentile. Twelve additional measures were at or above the 50th percentile. Forty-two measures ranked below the 50th percentile, 29 of which were below the 25th percentile. Measures ranking at or above the 90th percentile included one (*Immunizations for Adolescents—Combination 1*) in the Child and Adolescent Care dimension and three (all *Chlamydia Screening* indicators) in the Women—Adult Care dimensions.

Measures ranking below the 25th percentile spanned all dimensions except Women—Adult Care and Obesity. Opportunities for improvement existed for **THC** in *Childhood Immunization* (six combinations), *Well-Child Visits in the First 15 Months of Life*, *Appropriate Testing for Children With Pharyngitis*, *Children’s/Adolescents’ Access to Primary Care Practitioners*, *Timeliness of Prenatal Care*, *Postpartum Care*, *Frequency of Ongoing Prenatal Care ≥ 81 percent*, *Comprehensive Diabetes Care* (six indicators), *Use of Appropriate Medications for People With Asthma*, *Controlling High Blood Pressure*, and *Diabetes Monitoring for People With Diabetes and Schizophrenia*.

## 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—2013–2014 PIP Validation Results <i>for</i> THC						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Reliably Collect Data	6	6	0	0	0
VII.	Analyze Data and Interpret Study Results	9	5	0	0	4
VIII.	Implement Intervention and Improvement Strategies	4	Not Assessed			
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	24	0	0	4
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 2013–2014 first-year validation of **THC**'s PIP on *Improving Prenatal and Postpartum Care in Wayne County*, HSAG validated Activities I through VII, resulting in a validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

**THC**'s PIP on *Improving Prenatal and Postpartum Care in Wayne County* was designed to address the lack of prenatal and postpartum care in Wayne County. Wayne County has the highest **THC** membership and the lowest prenatal care rate amongst all MHPs, and **THC** is ranked ninth of the ten MHPs for prenatal and postpartum care visit performance. Proper prenatal and postpartum care reduce infant mortality rates, complications related to pregnancy, and health care costs; and improve overall health outcomes for mother and child. **THC**'s goal is to increase the baseline rates of enrollees in Wayne County who receive timely prenatal and postpartum care (71.6 percent and 48.6 percent, respectively) by 5 percent at Remeasurement 1.

The performance of this PIP suggests a thorough application of the PIP design. **THC**'s documentation provided evidence that the MHP appropriately selected a study topic both driven by

data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. **THC** reported and interpreted its baseline data accurately. The MHP had not progressed to the point of developing and implementing interventions. **THC** developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

**THC** successfully addressed one of two recommendations from the 2012–2013 compliance review. **THC** provided documentation of its recruitment efforts and the clinical license and qualifications of the individual selected as the quality improvement director. **THC** demonstrated progress in meeting most of the MDCH-established performance standards, but it did not achieve the thresholds for *Postpartum Care* or *Blood Lead Testing*.

### Performance Measures

Of the 26 measures that performed below the national 25th percentile in 2013, six (including three immunization measures) reported significant improvement. The **THC** 2013 Quality Improvement Program Annual Evaluation mentioned the use of member incentive gift cards and ongoing quarterly reminder mailings to noncompliant members. The evaluation noted that one new intervention would be to review the automatic telephone call reminder system for immunizations. One measure (*Children's Access to Primary Care Practitioners—25 Months to 6 Years*) showed a significant decline in 2014. Among the remaining measures, only one (*Ambulatory Care: ED Visits—Total*) achieved a better percentile ranking (between 25th and 50th percentile) in 2014.

### Performance Improvement Projects (PIPs)

For the 2013–2014 PIP validation, **THC** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## 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 all four standards related to this domain in full compliance with all

requirements. The 2013–2014 compliance review also identified opportunities for improvement for the *Quality* standard addressing the **quality** and **access** domains. For topics related to measurements specific to the MDCH performance bonus for 2014 and for projects related to performance measures with scores in the 10th percentile, **THC** should submit documentation of all performance improvement projects in a recognized PIP format (identifying goals, interventions, and outcomes). **THC** should continue quality improvement activities for the *Prenatal Care*, *Postpartum Care*, and *Blood Lead Testing* measures, which did not meet the applicable MDCH performance standard.

Compared with the national HEDIS 2013 benchmarks, **THC**'s performance varied across all three domains. In general, there were more measures with lower percentile ranking than higher percentile ranking in each of the domains. This finding suggested opportunities for improvement.

In the **quality** domain, four measures benchmarked at or above the national 90th percentile, but 22 were below the 25th percentile. The top-performing measures included one (*Immunizations for Adolescents—Combination 1*) in the Child and Adolescent Care dimension and three (all *Chlamydia Screening* measures) in the Women—Adult Care dimensions. The low-performing measures were primarily in the Child and Adolescent Care (six combinations of *Childhood Immunization*, *Well-Child Visits in the First 15 Months of Life*, *Appropriate Testing for Children With Pharyngitis*) and Living With Illness dimensions (six *Comprehensive Diabetes Care* measures, five *Use of Appropriate Medications for People With Asthma* measures, *Controlling High Blood Pressure*, and *Diabetes Monitoring for People With Diabetes and Schizophrenia*).

In the **timeliness** domain, **THC** had one measure (*Immunizations for Adolescents—Combination 1*) with a rate at or above the 90th percentile and one other rate above the 50th percentile. Twelve measures ranked below the 50th percentile, eight of which were below the 25th percentile. These measures were *Childhood Immunization Status* (Combinations 2, 3, 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.

Eight measures in the **access** domain ranked below the 25th percentile. Only one measure ranked at or above the 50th percentile. Most low-performing measures were associated with *Children's Access to Primary Care Practitioners* and the Pregnancy Care dimension.

Related to all domains, **THC** should work toward improving the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, those for the low-performing measures.

**THC**'s PIP addressed the **quality**, **timeliness**, and **access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VII of the CMS protocol for conducting PIPs. The 2013–2014 validation did not identify any *Partially Met* or *Not Met* scores as an opportunity for improvement; however, to strengthen the PIP, the MHP 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 **UNI**'s compliance with federal and State requirements related to the six standards shown in Table L-1 over the course of the 2013–2014 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 <i>for UNI</i>							
Standard		Number of Scores				Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	<b>MHP</b>	<b>Statewide</b>
1	<i>Administrative</i>	4	0	0	0	100%	97%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	5	1	0	0	92%	96%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	3	0	0	0	100%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>45</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>98%</b>	<b>97%</b>

**UNI** 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 **UNI**, the MHP's performance matched or exceeded the statewide average scores. The 2013–2014 compliance review resulted in recommendations for the *Members* and *Quality* standards. These areas reflected opportunities for improvement for **UNI**. The MHP's compliance scores for the *Members* standard fell below the statewide score, while the MHP's score for the *Quality* standard exceeded the statewide score. **UNI**'s performance resulted in an overall compliance score of 98 percent, which exceeded the statewide average.

## Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess the ability of each MHP's 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 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table L-2—Scores for Performance Measures for UNI			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	76.73%	☆☆
	Childhood Immunization—Combination 3	72.34%	☆☆
	Childhood Immunization—Combination 4	67.82%	★★★
	Childhood Immunization—Combination 5	57.32%	★★★
	Childhood Immunization—Combination 6	35.30%	☆☆
	Childhood Immunization—Combination 7	54.74%	★★★
	Childhood Immunization—Combination 8	34.19%	☆☆
	Childhood Immunization—Combination 9	29.47%	☆☆
	Childhood Immunization—Combination 10	28.80%	☆☆
	Immunizations for Adolescents—Combination 1	86.63%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	84.18%	★★★★★
	Well-Child 3rd–6th Years of Life	80.80%	★★★★
	Adolescent Well-Care Visits	61.46%	★★★★
	Lead Screening in Children	79.56%	★★★
	Appropriate Treatment of URI	86.63%	★★★
	Children With Pharyngitis	49.65%	★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	39.69%	☆☆
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	47.89%	★★★
<div> <div>★★★★★</div> <div>★★★★</div> <div>★★★</div> <div>☆☆</div> <div>★</div> </div> <div> <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> </div>			

Table L-2—Scores for Performance Measures for UNI

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening<sup>1</sup></i>	64.85%	★★★★★
	<i>Cervical Cancer Screening<sup>2</sup></i>	73.16%	★★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	62.73%	★★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	70.54%	★★★★★
	<i>Chlamydia Screening—Total</i>	65.46%	★★★★★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	97.74%	★★★★★
	<i>Children's Access—25 Months to 6 Years</i>	91.15%	★★★★★
	<i>Children's Access—7 to 11 Years</i>	92.79%	★★★★★
	<i>Adolescents' Access—12 to 19 Years</i>	92.17%	★★★★★
	<i>Adults' Access—20 to 44 Years</i>	85.15%	★★★★★
	<i>Adults' Access—45 to 64 Years</i>	92.69%	★★★★★
	<i>Adults' Access—65+ Years</i>	90.93%	★★★★★
	<i>Adults' Access—Total</i>	88.19%	★★★★★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	66.79%	★★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	70.47%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	68.13%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	68.70%	★★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	63.09%	★★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	66.67%	★★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	49.24%	★★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	55.70%	★★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	51.58%	★★★★★
	<i>Adult BMI Assessment</i>	86.11%	★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care</i>	87.87%	★★★★★
	<i>Postpartum Care</i>	66.31%	★★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	32.20%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.07%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	37.76%	—

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

— = The national HEDIS 2013 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 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	16.92%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	5.06%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*</i>	8.36%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	7.82%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	8.09%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	16.17%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	59.57%	☆☆
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	86.03%	★★★★
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	35.77%	★★★★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	55.13%	★★★★★
	<i>Diabetes Care—Eye Exam</i>	66.41%	★★★★★
	<i>Diabetes Care—LDL-C Screening</i>	83.85%	★★★★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	44.23%	★★★★★
	<i>Diabetes Care—Nephropathy</i>	82.18%	★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	38.85%	★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	62.31%	★★★★
	<i>Asthma—5 to 11 Years</i>	87.51%	☆☆
	<i>Asthma—12 to 18 Years</i>	86.45%	★★★★
	<i>Asthma—19 to 50 Years</i>	77.74%	★★★★
	<i>Asthma—51 to 64 Years</i>	73.52%	★★★★
	<i>Asthma—Total</i>	82.86%	☆☆
	<i>Controlling High Blood Pressure</i>	62.50%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	80.56%	—
	<i>Discussing Cessation Medications</i>	57.11%	—
	<i>Discussing Cessation Strategies</i>	44.64%	—
	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	83.61%	★★★★★
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	67.51%	☆☆
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	85.33%	★★★★★
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	59.14%	☆☆

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

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

— = The national HEDIS 2013 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 2014	Performance Level for 2014
Health Plan Diversity	Race/Ethnicity—White	49.94%	NC
	Race/Ethnicity—Black or African-American	36.00%	NC
	Race/Ethnicity—American-Indian and Alaska Native	0.13%	NC
	Race/Ethnicity—Asian	0.00%	NC
	Race/Ethnicity—Native Hawaiian and Other Pacific Islanders	0.00%	NC
	Race/Ethnicity—Some Other Race	1.17%	NC
	Race/Ethnicity—Two or More Races	0.00%	NC
	Race/Ethnicity—Unknown	12.76%	NC
	Race/Ethnicity—Declined	0.00%	NC
	Race/Ethnicity—Hispanic <sup>£</sup>	5.45%	NC
	Language Diversity: Spoken Language—English	82.65%	NC
	Language Diversity: Spoken Language—Non-English	4.81%	NC
	Language Diversity: Spoken Language—Unknown	12.55%	NC
	Language Diversity: Spoken Language—Declined	0.00%	NC
	Language Diversity: Written Language—English	0.00%	NC
	Language Diversity: Written Language—Non-English	0.00%	NC
	Language Diversity: Written Language—Unknown	100.00%	NC
	Language Diversity: Written Language—Declined	0.00%	NC
	Language Diversity: Other Language Needs—English	0.00%	NC
	Language Diversity: Other Language Needs—Non-English	0.00%	NC
	Language Diversity: Other Language Needs—Unknown	100.00%	NC
	Language Diversity: Other Language Needs—Declined	0.00%	NC
Utilization	Ambulatory Care: Outpatient—Total	381.96	★★★★
	Ambulatory Care: ED—Total*	76.22	★
	Inpatient Utilization: Discharges, Total Inpatient—Total	7.92	NC
	Inpatient Utilization: Discharges, Medicine—Total	3.60	NC
	Inpatient Utilization: Discharges, Surgery—Total	1.64	NC
	Inpatient Utilization: Discharges, Maternity—Total	4.40	NC
	Inpatient Utilization: ALOS, Total Inpatient—Total	3.91	NC
	Inpatient Utilization: ALOS, Medicine—Total	3.73	NC
	Inpatient Utilization: ALOS, Surgery—Total	6.66	NC
	Inpatient Utilization: ALOS, Maternity—Total	2.46	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 L-2 shows that **UNI** had seven measures ranking at or above the national HEDIS 2013 Medicaid 90th percentile and another 13 at or above the 75th percentile. Fourteen measures ranked below the 50th percentile, two of which were below the 25th percentile. Measures ranking at or above the 90th percentile spanned several dimensions, including Child and Adolescent Care (*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*), Access to Care (*Adults’ Access to Preventive/Ambulatory Health Service—45 to 64 Years*), Obesity (*Adult BMI Assessment*), and Living With Illness (*Comprehensive Diabetes Care—LDL-C Screening* and *LDL-C Control*). The two measures ranking below the 25th percentile were *Appropriate Testing for Children With Pharyngitis* and *Ambulatory Care: ED Visits—Total*. These two measures represent opportunities for improvement.

## 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—2013–2014 PIP Validation Results for UNI						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Reliably Collect Data	6	4	0	0	2
VII.	Analyze Data and Interpret Study Results	9	4	0	0	5
VIII.	Implement Intervention and Improvement Strategies	4	2	1	0	1
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	17	1	0	14
Percentage Score of Evaluation Elements Met		94%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2013–2014 first-year validation of **UNI**’s PIP on *Childhood Immunizations Racial Disparity* HSAG validated Activities I through VIII, resulting in a validation status of *Met*, with an overall score of 94 percent and a score of 100 percent for critical elements. **UNI** received *Met* scores for all

applicable evaluation elements in Activities I through VII. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

UNI's PIP on *Childhood Immunizations Racial Disparity* was designed to increase the rate of Combination 3 immunization rates for African American children 2 years of age. UNI determined through data analysis that this subpopulation of African American children had a lower rate of immunizations compared to other races. Proper vaccinations reduce or eliminate many infectious diseases that can harm or kill children. UNI's goal is to increase from 65.4 percent at baseline to 76 percent at Remeasurement 1 the percentage of African American children who receive the Combination 3 vaccines by their second birthday.

The performance of this PIP suggests a thorough application of the PIP design and implementation of initial interventions. UNI's documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. UNI reported and interpreted its baseline data accurately. Initial interventions developed and implemented were based on identified and prioritized barriers. UNI developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

UNI successfully addressed three of four recommendations from the 2012–2013 compliance review. UNI submitted a revised policy regarding the election of board members that specified the board composition must include one-third enrolled members. UNI improved processes so that new enrollee identification cards would be mailed consistently within ten business days. Additionally, UNI submitted a copy of their certificate of accreditation letter indicating “commendable” status with NCQA until January 2017. UNI did not meet the MDCH performance standards for *Childhood Immunizations*, *Postpartum Care*, *Blood Lead Testing*, *Encounter Data Reporting*, or *Claims Processing*.

### Performance Measures

Of the seven measures/indicators that ranked below the national 25th percentile in 2013, four reported significant improvement, and one additional rate achieved better percentile ranking in 2014. These improvements (either in rate or in percentile ranking) were also related to the asthma measures. The UNI 2013 Quality Improvement Program Evaluation described interventions that included member outreach and education by nursing staff to assess and increase members' awareness of their asthma status and the use of rescue inhalers, one-on-one PCP education and the provision of individual member asthma profiles and treatment guidelines, and forwarding clinicians' asthma formulary concerns to the UNI Pharmacy and Therapeutics Committee. There

were no significant changes in performance or improvement in percentile ranking for the *Appropriate Testing for Children With Pharyngitis* or *Ambulatory Care: ED—Total* measures.

### Performance Improvement Projects (PIPs)

For the 2013–2014 PIP validation, **UNI** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## 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 2013–2014 compliance review also identified opportunities for improvement across all three domains. For the *Members* standard, which addressed all three domains of **quality**, **timeliness**, and **access**, **UNI** should revise in its appeal logs, policies and procedures, and other applicable documents language about ten-day extensions of appeal decisions when the delay benefits the member. The MHP should provide an explanation for exceeding the 35-day timeline for one appeal decision. To improve performance on the *Quality* standard addressing the domains of **quality** and **access**, **UNI** should continue its performance improvement efforts to meet the MDCH standards for the *Childhood Immunizations*, *Postpartum Care*, *Blood Lead Testing*, *Provider File Reporting*, and *Claims Processing* measures.

Compared to the national HEDIS 2013 benchmarks, **UNI**'s performance across the domains varied. Although **UNI** did not have many high-performing measures, it also had relatively few low-performing measures noted in each of the domains.

In the **quality** domain, **UNI** had six measures that benchmarked at or above the national 90th percentile and one (*Appropriate Testing for Children With Pharyngitis*) below the 25th percentile. Thirty-four of the remaining measures ranked above the 50th percentile. The top-performing measures spanned several dimensions, including Child and Adolescent Care (*Immunizations for Adolescents—Combination 1*, *Well-Child Visits in the First 15 Months of Life*, and *Adolescent Well-Care Visits*), Women—Adult Care (*Breast Cancer Screening*), Obesity (*Adult BMI Assessment*), and Living With Illness (*Comprehensive Diabetes Care—LDL-C Screening* and *LDL-C Control*).

In the **timeliness** domain, **UNI** had only one measure (*Immunizations for Adolescents—Combination 1*) with a rate at or above the 90th percentile. Although none of the **timeliness**-related measures ranked below the 25th percentile, seven were below the 50th percentile, six of which belong to the *Childhood Immunization* measure.

In the **access** domain, **UNI** had one measure (*Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years*) with a rate at or above the 90th percentile and one rate (*Ambulatory*

Care: ED—Total) below the 25th percentile. Eleven of the remaining 13 **access**-related measures ranked above the 50th percentile, with three above the 75th percentile.

Related to all domains, **UNI** should continue efforts to improve the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures.

**UNI**'s PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VII of the CMS protocol for conducting PIPs. The 2013–2014 validation identified an opportunity for improvement in Activity VIII—Implement Intervention and Improvement Strategies. **UNI** should put a process in place to evaluate the effectiveness of each intervention implemented and provide analysis findings in its PIP that support whether an intervention continues, is revised, or is abandoned. The MHP should address the *Points of Clarification* to strengthen the PIP.

### Annual Compliance Review

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

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 2013–2014 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>	<b>MHP</b>	<b>Statewide</b>
1	<i>Administrative</i>	4	0	0	0	100%	97%
2	<i>Providers</i>	9	0	0	0	100%	97%
3	<i>Members</i>	6	0	0	0	100%	96%
4	<i>Quality</i>	8	1	0	0	94%	93%
5	<i>MIS</i>	2	1	0	0	83%	95%
6	<i>Program Integrity</i>	16	0	0	0	100%	100%
<b>Overall</b>		<b>45</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>98%</b>	<b>97%</b>

**UPP** showed strengths in the *Administrative*, *Providers*, *Members*, and *Program Integrity* standards, demonstrating compliance with all contractual requirements. **UPP**'s performance on these standards exceeded or matched the statewide scores. The 2013–2014 compliance review identified opportunities for improvement for the *Quality* and *MIS* standards. The MHP's compliance score for the *Quality* standard exceeded the statewide average, while its score for the *MIS* standard was lower than the statewide score. **UPP**'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 M-2. The table shows each of the performance measures, the rate for each measure for 2014, and the categorized performance for 2014 relative to national Medicaid results.

Table M-2—Scores for Performance Measures for UPP			
Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
Child and Adolescent Care	Childhood Immunization—Combination 2	75.18%	☆☆
	Childhood Immunization—Combination 3	72.51%	☆☆
	Childhood Immunization—Combination 4	63.50%	★★★
	Childhood Immunization—Combination 5	52.07%	☆☆
	Childhood Immunization—Combination 6	45.01%	★★★
	Childhood Immunization—Combination 7	48.42%	☆☆
	Childhood Immunization—Combination 8	40.88%	★★★
	Childhood Immunization—Combination 9	36.50%	★★★
	Childhood Immunization—Combination 10	34.79%	★★★
	Immunizations for Adolescents—Combination 1	86.62%	★★★★★
	Well-Child 1st 15 Months—6+ Visits	76.89%	★★★★
	Well-Child 3rd–6th Years of Life	70.07%	☆☆
	Adolescent Well-Care Visits	51.82%	★★★
	Lead Screening in Children	85.47%	★★★★
	Appropriate Treatment of URI	87.49%	★★★
	Children With Pharyngitis	68.05%	☆☆
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	44.08%	★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	47.29%	★★★
<div> <div>★★★★★</div> <div>★★★★</div> <div>★★★</div> <div>☆☆</div> <div>★</div> </div> <div> <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> </div>			

Table M-2—Scores for Performance Measures for UPP

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Women—Adult Care</b>	<i>Breast Cancer Screening</i> <sup>1</sup>	61.00%	★★★★
	<i>Cervical Cancer Screening</i> <sup>2</sup>	71.53%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	42.97%	★
	<i>Chlamydia Screening—21 to 24 Years</i>	57.19%	★
	<i>Chlamydia Screening—Total</i>	47.42%	★
<b>Access to Care</b>	<i>Children's Access—12 to 24 Months</i>	97.86%	★★★★
	<i>Children's Access—25 Months to 6 Years</i>	90.21%	★★★
	<i>Children's Access—7 to 11 Years</i>	90.12%	★★
	<i>Adolescents' Access—12 to 19 Years</i>	92.73%	★★★★
	<i>Adults' Access—20 to 44 Years</i>	87.25%	★★★★
	<i>Adults' Access—45 to 64 Years</i>	90.89%	★★★★
	<i>Adults' Access—65+ Years</i>	84.96%	★★
	<i>Adults' Access—Total</i>	88.38%	★★★★
<b>Obesity</b>	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	72.32%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	75.00%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	73.24%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	59.04%	★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	54.29%	★★
	<i>Children/Adolescents—Nutrition, Total</i>	57.42%	★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	50.55%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	55.71%	★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	52.31%	★★★
	<i>Adult BMI Assessment</i>	87.10%	★★★★★
<b>Pregnancy Care</b>	<i>Timeliness of Prenatal Care</i> <sup>^</sup>	91.18%	★★★★
	<i>Postpartum Care</i> <sup>^</sup>	76.80%	★★★★★

<sup>1</sup> Since several changes in the HEDIS 2014 specifications for this measure have the potential to increase the HEDIS 2014 rate, the observed percentile ranking may be a result of both the specification changes and the MHP's efforts to improve breast cancer screening.

<sup>2</sup> Due to significant measure specification changes noted by NCQA, the observed percentile ranking based on HEDIS 2013 percentiles may be a result of both the specification changes and the MHP's efforts to improve cervical cancer screening. The ranking should be used for information only.

— = The national HEDIS 2013 Medicaid percentiles are not available.

<sup>^</sup> 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 2014 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 M-2—Scores for Performance Measures for UPP

Dimension	Performance Measure	Rate for 2014	Performance Level for 2014
<b>Pregnancy Care (continued)</b>	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	21.68%	—
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	18.19%	—
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	42.32%	—
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	13.10%	—
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	4.71%	—
	<i>Frequency of Ongoing Prenatal Care—&lt; 21 Percent*<sup>†</sup></i>	1.39%	NC
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent<sup>†</sup></i>	1.39%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent<sup>†</sup></i>	4.64%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent<sup>†</sup></i>	13.69%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent<sup>†</sup></i>	78.89%	★★★★
<b>Living With Illness</b>	<i>Diabetes Care—HbA1c Testing</i>	87.04%	★★★
	<i>Diabetes Care—Poor HbA1c Control (&gt;9.0%)*</i>	27.01%	★★★★★
	<i>Diabetes Care—HbA1c Control (&lt;8.0%)</i>	63.69%	★★★★★
	<i>Diabetes Care—Eye Exam</i>	64.60%	★★★★
	<i>Diabetes Care—LDL-C Screening</i>	79.20%	★★★
	<i>Diabetes Care—LDL-C Control (&lt;100mg/dL)</i>	41.42%	★★★★
	<i>Diabetes Care—Nephropathy</i>	81.20%	★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/80 mm Hg)</i>	55.47%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (&lt;140/90 mm Hg)</i>	73.72%	★★★★
	<i>Asthma—5 to 11 Years</i>	88.20%	★★
	<i>Asthma—12 to 18 Years</i>	83.33%	★★
	<i>Asthma—19 to 50 Years</i>	73.02%	★★
	<i>Asthma—51 to 64 Years</i>	NA	NA
	<i>Asthma—Total</i>	81.99%	★★
	<i>Controlling High Blood Pressure<sup>†</sup></i>	70.65%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	77.91%	—
	<i>Discussing Cessation Medications</i>	48.53%	—
	<i>Discussing Cessation Strategies</i>	42.58%	—

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

<sup>†</sup> 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 2014 Technical Specifications for Health Plans, Volume 2*.

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

— = The national HEDIS 2013 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 2014	Performance Level for 2014
<b>Living With Illness (continued)</b>	<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	96.61%	★★★★★
	<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	NA	NA
	<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	NA	NA
	<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	68.49%	★★★★
<b>Health Plan Diversity</b>	<i>Race/Ethnicity—White</i>	88.82%	NC
	<i>Race/Ethnicity—Black or African-American</i>	1.57%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	1.82%	NC
	<i>Race/Ethnicity—Asian</i>	0.45%	NC
	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.06%	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>	7.27%	NC
	<i>Race/Ethnicity—Declined</i>	0.00%	NC
	<i>Race/Ethnicity—Hispanic<sup>£</sup></i>	1.07%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.96%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.03%	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>	99.96%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.03%	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
<b>Utilization</b>	<i>Ambulatory Care: Outpatient—Total</i>	342.08	★★
	<i>Ambulatory Care: ED—Total*</i>	71.39	★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	6.90	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	2.84	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)

★★★★★	= 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 2014	Performance Level for 2014
<b>Utilization (continued)</b>	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.18	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.81	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.57	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	4.23	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	4.46	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.56	NC
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 eight measures ranking at or above the national HEDIS 2013 Medicaid 90th percentile and another 17 measures at or above the 75th percentile. Twenty measures ranked below the 50th percentile, three of which were below the 25th percentile. Measures ranking at or above the 90th percentile were primarily in the Living With Illness dimension (three *Comprehensive Diabetes Care* indicators, *Controlling High Blood Pressure*, and *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*). The three measures that ranked below the 25th percentile and presented opportunities for improvement for **UPP** were all *Chlamydia Screening* measures.

## 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—2013–2014 PIP Validation Results for UPP						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Use a Representative and Generalizable Study Population	1	1	0	0	0
IV.	Select the Study Indicator(s)	3	3	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Reliably Collect Data	6	4	0	0	2
VII.	Analyze Data and Interpret Study Results	9	4	0	0	5
VIII.	Implement Intervention and Improvement Strategies	4	2	0	0	2
IX.	Assess for Real Improvement	4	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	17	0	0	15
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2013–2014 first-year validation of UPP’s PIP on *Increasing the Calculated Adult BMI Administrative Rates for Medicaid Members with a Co-Morbidity of Hypertension*, HSAG validated Activities I through VIII, resulting in a validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG’s assessment determined high confidence in the reported results.

UPP’s PIP on *Increasing the Calculated Adult BMI Administrative Rates for Medicaid Members with a Co-Morbidity of Hypertension* was designed to increase the rate of provider compliance for calculating and documenting the enrollee’s body mass index (BMI). UPP determined through data analysis that the prevalence of obesity and hypertension in the State of Michigan were high—with Michigan ranking 10th highest in the nation for obesity and 11th for hypertension. As an individual’s BMI increases, so do number of medical claims and health care costs. UPP expects that by bringing this awareness to providers and educating them concerning the importance of calculating and documenting BMI, complications related to obesity and hypertension will be reduced, resulting in improved health outcomes for enrollees. UPP’s goal is to increase by 5 percent

at Remeasurement 1 the baseline rate of 35.4 percent for enrollees with a co-morbidity of hypertension who have evidence of a BMI documented through administrative data claims.

The performance of this PIP suggests a thorough application of the PIP design and implementation of initial interventions. **UPP**'s documentation provided evidence that the MHP appropriately selected a study topic both driven by data and which demonstrated an area for improvement. The study question set the framework for the PIP, and the study population and study indicators were completely and accurately defined. The MHP collected baseline data using a systematic data collection process that can be used to collect remeasurement data in a consistent manner. **UPP** reported and interpreted its baseline data accurately. Initial interventions developed and implemented were based on identified and prioritized barriers. **UPP** developed a methodologically sound project and has set the foundation from which to move forward.

## Assessment of Follow-Up on Prior Recommendations

### Annual Compliance Reviews

**UPP** had only one recommendation from the 2012–2013 compliance review: to achieve the established MDCH standards for all performance measures. **UPP** met all performance measure standards except one, *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. The **UPP** 2013 Clinical Quality Assessment and Improvement and Utilization Management Program Evaluation Summary identified barriers (i.e., parents not realizing the importance of preventive care, specialty providers' lack of attentiveness to preventive care, and lack of coordination between care systems and provider types). The plan's clinical advisory committee accepted recommendations to provide ongoing education to providers and members on the importance of preventive care and continuity of care and to implement targeted interventions to high-volume specialists and members with well-care gaps in those practices.

### Performance Measures

Of the five measures that ranked below the 25th percentile in 2013, two achieved a higher percentile ranking in 2014. These measures were *Use of Appropriate Medications for People With Asthma—12 to 18 Years* and *Ambulatory Care: ED Visits—Total*. To address the asthma measure, the **UPP** clinical advisory committee accepted recommendations to educate providers regarding coding rules that apply to asthma and to promote accurate documentation in medical records regarding the diagnosis and severity of asthma. Additionally, **UPP** identified the need to review the disease management population throughout the year and to send targeted intervention letters to providers of members identified as having persistent asthma who had not been prescribed an appropriate medication. All three *Chlamydia* measures continued to fall below the national 25th percentile.

## Performance Improvement Projects (PIPs)

For the 2013–2014 PIP validation, **UPP** submitted a study on a new PIP topic focused on a unique subpopulation of enrollees. The next technical report will address follow-up on recommendations identified in this validation cycle.

## 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. **UPP**'s strongest performance was in the **timeliness** and **access** domains, with three of the four standards in each domain in full compliance with all requirements, reflecting an area of strength for **UPP**. The 2013–2014 compliance review also identified opportunities for improvement across the three domains. For the *Quality* standard, which addressed the **quality** and **access** domains, **UPP** should continue performance improvement initiatives for increasing the rate for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure. **UPP** should address the recommendation for the *MIS* standard—related to the **quality** and **timeliness** domains—and ensure timely submission of all documentation for the consolidated annual report, including the required PIP Analysis Form.

Compared with the national HEDIS 2013 benchmarks, **UPP**'s performance across the three domains varied. Performance in the **quality** domain appeared more diverse than in the **timeliness** and **access** domains.

In the **quality** domain, seven measures benchmarked at or above the national 90th percentile, but four were below the 25th percentile. Rates for an additional 27 measures performed above the 50th percentile. The top-performing measures were primarily in the Living With Illness dimension (three *Comprehensive Diabetes Care* indicators, *Controlling High Blood Pressure*, and *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*). All three *Chlamydia Screening* measures ranked below the 25th percentile and presented opportunities for improvement for **UPP**.

In the **timeliness** domain, **UPP** had two measures (*Immunizations for Adolescents—Combination 1* and *Postpartum Care*) performing at or above the 90th percentile and another two above the 75th percentile. Four measures (all *Childhood Immunization* measures) performed below the 50th percentile, but none below the 25th percentile. **UPP** could focus on these four measures as opportunities for improvement.

In the **access** domain, **UPP** had one measure (*Postpartum Care*) with a rate at or above the 90th percentile. Seven of the remaining 14 **access**-related measures ranked above the 75th percentile. Although no measure fell below the 25th percentile, **UPP** could focus on improving the measures with rates performing below the 50th percentile. These measures included two Access to Care measures and both indicators for *Ambulatory Care*.

Related to all domains, **UPP** should continue efforts to improve the completeness and accuracy of data used for calculating all HEDIS measures and, specifically, the rates for low-performing measures.

**UPP**'s PIP addressed the **quality, timeliness, and access** domains. The MHP demonstrated both strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VIII of the CMS protocol for conducting PIPs. The 2013–2014 validation did not identify any *Partially Met* or *Not Met* evaluation elements as opportunities for improvement. **UPP** should address the *Points of Clarification* to strengthen the PIP.