

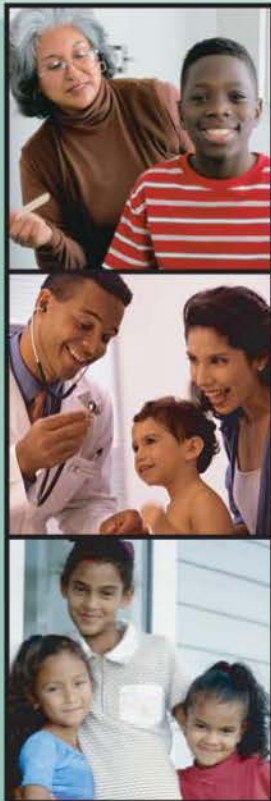


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Improving Health in the Communities We Serve

EXTERNAL QUALITY
REVIEW ORGANIZATION



West Virginia Department of Health and Human Resources Bureau for Medical Services

Mountain Health Trust

Annual Technical Report

Final Report

Measurement Year 2014

Submitted by
Delmarva Foundation
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Commonly Used Acronyms in EQRO Reporting

Acronyms	
BBA	Balanced Budget Act of 1997
BMS	Bureau for Medical Services
CAHPS® Survey	Consumer Assessment of Healthcare Providers and Systems Survey
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
EQR	External Quality Review
EQRO	External Quality Review Organization
ED	Emergency Department
ER Standard	Enrollee Rights Standard
FA Standard	Fraud and Abuse Standard
FFS	Fee-for-Service
GS Standard	Grievance System Standard
HEDIS®	Healthcare Effectiveness Data and Information Set
HIPAA	Healthcare Insurance Portability and Accountability Act of 1996
IDSS	Interactive Data Submission System
IRR	Inter-rater Reliability
ISCA	Information Systems Capabilities Assessment
MCO	Managed Care Organization
MHT	Mountain Health Trust
MHT-A	Mountain Health Trust Average
MHT-WA	Mountain Health Trust Weighted Average
MRRV	Medical Record Review Validation
MY	Measurement Year
NCQA	National Committee for Quality Assurance
PCP	Primary Care Provider
PIP	Performance Improvement Project
PMV	Performance Measure Validation
QA Standard	Quality Assurance and Performance Improvement Standard
QAPI	Quality Assessment and Performance Improvement
QI	Quality Improvement
ROADMAP	HEDIS Record of Administration Data Management and Processes
SFY	State Fiscal Year
UM	Utilization Management
WVSIIS	West Virginia Statewide Immunization Information System

Annual Technical Report Executive Summary MY 2014

Background and Purpose

The Bureau for Medical Services (BMS) operates West Virginia's Medicaid Managed Care Program, Mountain Health Trust (MHT). For measurement year (MY) 2014, there were approximately 200,271 members enrolled in the four MHT Managed Care Organizations (MCOs). The four MCOs contracted with BMS to provide care to these enrollees are CoventryCares, Inc. (CoventryCares), The Health Plan of the Upper Ohio Valley (The Health Plan), UniCare Health Plan of West Virginia, Inc. (UniCare), and West Virginia Family Health. West Virginia Family Health began accepting enrollment in the last quarter of 2014, and therefore was not subject to the External Quality Review (EQR) audit for MY 2014.

BMS evaluates and monitors the care provided by the MCOs to the MHT enrollees. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, BMS contracts with Delmarva Foundation for Medical Care, Inc. (Delmarva) to perform EQR services. On an annual basis, Delmarva assesses each MHT MCO's performance with data and information gained through the three mandatory activities that follow:

- Systems Performance Review (SPR)
- Performance Improvement Project (PIP) Validation
- Performance Measure Validation (PMV)

The SPR process is designed to assess MCO compliance with structural and operational standards in the areas Enrollee Rights, Grievance Systems, Quality Assessment and Performance Improvement, and Fraud and Abuse. Standards are derived from the Code of Federal Regulations (CFR) and the MHT MCO contractual requirements. To determine MCO compliance, Delmarva obtains information from document reviews, interviews with MCO staff, observation of processes, and chart reviews. Combined, these methods of data collection provide an accurate depiction of an organization's compliance with regulatory provisions.

PIPs are designed to provide a systematic approach to quality improvement and can assist MCOs in identifying issues and implementing targeted interventions to obtain and sustain improvement in clinical or administrative processes. The validation process consists of determining whether or not PIPs were conducted correctly by assessing key components of the process. Areas validated include selection of study topic, development of the study question, selection of indicators, sampling methodology, data collection procedures, improvement strategies, findings, and whether or not improvement was achieved.

Results of performance measures offer a snapshot of MCO quality, timeliness, and accessibility of care provided during a given time period. PMV assures that MCOs produce reliable and accurate measures in accordance with required specifications. The validation process includes an assessment of the MCO's information systems, procedures, and algorithms used to calculate the performance measures.

These assessments are conducted using the required EQR Protocols (Centers for Medicare and Medicaid Services, EQR Protocols). MCO specific SPR, PIP and PMV reports are prepared by Delmarva and submitted to BMS for each activity on an annual basis.

In accordance with 42 C.F.R. §438.364, the EQRO must provide a detailed technical report that describes the manner in which the data from all activities conducted were aggregated and analyzed and the way in which conclusions were drawn as to the timeliness, quality, and access to the care furnished by MCOs contracting with the State. This Executive Summary describes the SPR, PIP, and PMV activities that were conducted for measurement year (MY) 2014 according to the dimensions of quality, access, and timeliness to meet this federal reporting requirement.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, as stated in the federal regulations as it pertains to external quality review, is “the degree to which a Managed Care Organization (MCO)... increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge” (Centers for Medicare & Medicaid Services [CMS], Final Rule: External Quality Review, 2003).
- **Access** (or accessibility), as defined by the National Committee for Quality Assurance (NCQA), is “the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of scheduling an appointment, if applicable. The intent is that each organization provides and maintains appropriate access to primary care, behavioral health care, and member services” (*NCQA 2013 Health Plan Standards and Guidelines*).
- **Timeliness**, as it relates to utilization management decisions and as defined by NCQA, is whether “the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care” (*2013 Standards and Guidelines for the Accreditation of Managed Care Organizations*). An additional definition of timeliness given in the Institute of Medicine National Health Care Quality Report refers to “obtaining needed care and minimizing unnecessary delays in getting that care” (*Envisioning the National Health Care Quality Report, 2001*).

Summary of Quality

The structural and operational characteristics are evaluated through the Systems Performance Review in the Quality Assessment and Performance Improvement (QA) standard. This standard is important because it assesses each MCO's internal Quality Improvement (QI) structure and its ability to improve the quality of care and services for its enrollees.

The MY 2014 SPR compliance rates for the QA standard for all three MHT MCOs are presented below.

Table 1. MCO SPR Compliance Rates for MY 2014- Quality Assessment and Performance Improvement.

SPR Standard	MY 2014 Compliance Rate		
	CoventryCares	The Health Plan	UniCare
Quality Assessment and Performance Improvement	100%	99%	98%

All MCOs performed well in the area of quality. CoventryCares achieved full compliance (100%) while The Health Plan and UniCare had compliance rates of 99% and 98% respectively.

The MCOs have well documented Quality Assessment and Performance Improvement (QAPI) program plans that describe the organizational structure and include goals, objectives, and a detailed work plan. All QAPI plans note that the ultimate authority of the QAPI Program rests with the MCO's governing body, the Board of Directors (BOD). All MCOs carry out their QAPI functions using committees (e.g. credentialing, quality improvement, utilization management). Committee descriptions in the QAPI documents include all of the required components including committee responsibilities, a designated chairperson and responsibilities for each committee. The QAPI documents include organizational charts, describe the relationship between the committees, and how information is communicated among the committees and up to the BOD.

The MY 2014 SPR demonstrated the following MCO accomplishments related to quality. All three MCOs have:

- Well documented QAPI plans that describe the organizational structure and include goals, objectives, and a schedule of planned activities (work plan).
- Detailed committee meeting minutes that describe actions taken, problem identification and resolution, as well as coordination and communication among committees.
- Demonstrated that appropriate staff and committees are involved in the decision making process for Utilization Management (UM) and QI activities.
- UM procedures in place for making authorization decisions.
- UM procedures in place to identify over- and underutilization.
- Clinical practice guidelines (CPGs) in place, and update them at least every two years.

- CPGs and other industry acceptable criteria (e.g. InterQual and Milliman and Robertson) are used to make UM decisions (e.g. pre-authorization of procedures).
- Procedures in place to monitor delegated credentialing entities. Delegates are held to same standards as MCOs as demonstrated by the delegated credentialing audits and monitoring conducted by the MCOs.
- On-site pre-delegation audits are conducted prior to contracting with any delegate.
- Disease management programs in place for enrollees with special health care needs.
- Health education programs in place that are based on enrollee characteristics and needs.
- The appropriate policies and procedures in place to cover and pay for emergency and post-stabilization care services.
- Processes in place to collect and report the required performance data (HEDIS measures, CAHPS measures, and Adult and Child Core Measures).
- Policies and procedures in place to report valid and reliable performance measures.
- Analyzed data collected in the QI and UM programs and use it for problem identification and resolution (e.g. interventions), and program planning (e.g. selection of areas for focused studies and PIPs).
- Conducted the most recent version of the CAHPS survey and used the results to identify areas to target for improvement. Corrective action plans are developed and implemented to address areas where improvement is required.
- Have access and availability standards in place that are consistent with the BMS/MCO contract. Compliance to these standards is assessed at least annually as required.

MCOs have the appropriate structures and processes in place to monitor, evaluate, and improve the quality of services to the MHT enrollees using Performance Improvement Projects (PIPs). All MCOs have the required PIPs in place, including two mandatory Collaborative PIPs: Diabetes Collaborative PIP and Emergency Department (ED) Collaborative PIP.

There were two MCO PIP topics related to quality in MY 2014. They are Childhood Immunization Status – Combination 3 PIP conducted by UniCare, and the Diabetes Collaborative (all three MCOs).

In UniCare's Childhood Immunization Status - Combination 3 PIP, the MCO aims to meet or exceed the previous year's NCQA Quality Compass National Medicaid Average for the percentage of children 2 years of age who had 4 diphtheria, tetanus, and acellular pertussis (DTaP); 3 polio (IPV); 1 measles, mumps, and rubella (MMR); 3 H influenza type B (HiB); 3 hepatitis B (Hep B); 1 chicken pox (VZV); and 4 pneumococcal conjugate (PCV) vaccines by their second birthday. For HEDIS 2012 (MY 2011), the National Medicaid Average was 70.64%. The MCO's performance improved from the MY 2012 baseline rate of 62.04% to 67.13% for Remeasurement 2 (MY 2014). Improvement has been achieved over the baseline rate for both remeasurements. Delmarva recommended that the MCO conduct this project for at least one more year to try and achieve sustained improvement.

The other PIP topic related to quality is the mandated Diabetes Collaborative in which all three MCOs are required to participate. The mandatory indicator for the collaborative project is *Comprehensive Diabetes Care (CDC)-Hemoglobin A1c (HbA1c) Control (<8%)* with the goal to meet or exceed the HEDIS 2014 National Medicaid Average (45.4%) by HEDIS 2016 (MY 2015). All MCOs have selected at least one additional HEDIS indicator for their projects to include *Retinal Eye Exam Performed* (UniCare), and *HbA1c Testing* (CoventryCares, The Health Plan and UniCare). The results for the mandatory indicator, *HbA1c Control <8%*, are found in the table below.

Diabetes PIP - Mandatory Indicator Results HbA1c <8%			
CoventryCares			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (2015)	41.32%
MY 2014	Remeasurement 1	45.52%	43.27%
The Health Plan			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (2015)	45.34%
MY 2014	Remeasurement 1	46%	41.24%
UniCare			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (2015)	28.73%
MY 2014	Remeasurement 1	45.52%	38.19%

CoventryCares and UniCare achieved improvement from Baseline to Remeasurement 1. Best practices for interventions for the Diabetes Collaborative that were implemented in 2014 are described below.

CoventryCares produces a Practitioner Report annually to high-volume practices including data about diabetes and other diseases. In addition, Practitioner Gaps in Care Lists were produced and distributed monthly to encourage providers to contact members and get them in for needed services and tests. The Gaps in Care Lists provide member-level detail of missing screenings, tests, and services. The MCO encourages providers to follow-up with enrollees who appear on these lists. Delmarva recommended that the MCO put a mechanism in place to ensure that the providers follow-up to get members with missing services in for an appointment.

The Health Plan's Wellness and Health Promotion (W&HP) Call Center provides one-on-one personalized contact with diabetic members who are missing important services and/or testing. Claims histories are used to identify gaps in care that trigger members being placed in an outbound call queue that is updated weekly. Following the phone call from the nurse, a letter is sent to the member with a checklist of all missing services that were discussed on the call. A similar letter is sent to the member's PCP urging the PCP to assist the member in obtaining any services the member chooses to pursue. This intervention is not just for diabetes, but is in place for multiple conditions.

UniCare also generates Provider Gaps in Care Reports that include member-level detail of gaps in care and distributes them to providers in hopes that they will follow-up with enrollees on the lists. As with the other MCOs that produce these types of reports, Delmarva recommended that the MCO put a mechanism in place to ensure that the providers follow-up to get members with missing services in for an appointment. In addition, the MCO has a Member Incentive Program which provides a \$25 incentive for completing recommended diabetic screenings and a dilated eye exam.

Two measures from the performance measure validation (PMV) set assessed quality for the MHT MCOs: *Immunization for Adolescents- Combination 1* and *Medication Management for People With Asthma- Total 75% Compliance*. The MHT-WA compared favorably the 75th NMP for both measures. *Immunization for Adolescents- Combination 1* improved between MY 2012 and MY 2014. *Medication Management for People With Asthma- Total 75% Compliance* improved between MY 2013 and MY 2014.

Summary of Access

Access (or accessibility), as defined by the National Committee for Quality Assurance (NCQA), is "the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of scheduling an appointment, if applicable. The intent is that each organization provides and maintains appropriate access to primary care, behavioral health care, and member services" (*NCQA 2013 Standards and Guidelines for the Accreditation of Health Plans*).

Access to care and services has historically been a challenge for Medicaid enrollees in rural areas. Access is an essential component of a quality-driven system of care. The findings with regard to access are discussed in this section.

The SPR standards evaluate enrollee access to informational materials and services. All MCOs provided comprehensive member materials at or below the 6th grade reading level as required by the BMS/MCO contract. Telephone numbers to access Member/Customer Services lines, hours of operation, and the MCO address are provided in Member Handbooks. Member Handbooks describe the covered services, how to access those services, and any other special requirements (e.g. referrals and preauthorizations). Member

materials also include a statement of enrollee rights, instructions on how to file complaints, grievances, and appeals and describe how to access a State Fair Hearing.

The MCOs are required to assess compliance with appointment access standards in the MCO contract.

Current BMS standards state that:

- Emergency cases must be seen immediately or referred to an emergency facility;
- Urgent cases must be seen within 48 hours;
- Routine cases other than clinical preventive services must be seen within 21 days (exceptions are permitted at specific times when PCP capacity is temporarily limited);
- An initial prenatal care visit must be scheduled within 14 days of the date on which the woman is found to be pregnant.
- Qualified medical personnel to be accessible 24 hours each day, seven days a week (24/7), to provide direction to patients in need of urgent or emergency care. Such medical personnel include, but are not limited to, physicians, physicians on call, licensed practical nurses, and registered nurses.

CoventryCares met all of the access standards. The Health Plan did not meet the access standards for Emergency Care and 24/7 access. UniCare did not meet the 90% threshold for Urgent Care, Routine Care, Initial Prenatal Care Visit, and 24/7 access.

Delmarva noted in the 2013 Annual Technical Report that the MCOs were not consistently meeting the threshold for the 24/7 access standard. A review of data for the four year period from MY 2011- MY 2014 shows that CoventryCares met the standard three times, The Health Plan met the standard one time, and UniCare did not meet this standard in any of these four years. Delmarva recommends that BMS work with the MCOs to focus on meeting this important standard.

In regards to access, the MCOs have undertaken a mandatory PIP focusing on reducing the number of ED visits for patients with asthma. The mandatory indicator is *Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Department (ED) Visits (ages 2-20)*.

Each MCO selected its own goal for the project based on the variation in baseline rates among the MCOs. The robust interventions that were in place throughout MY 2014 include Gaps in Care Reports (CoventryCares and UniCare), Pharmacy Profile Reports which are used to identify asthmatic members with no prescription for a controller medication (UniCare), and Emergency Department (ED) Usage Lists used to identify asthmatic members who frequently utilize the ED to manage their asthma (CoventryCares and UniCare). A Wellness and Health Promotion Call Center (W&HP) allows for one-on-one personalized contact with members who are Phone calls are placed to members by an outbound specialist who completes an initial assessment of the member's health and asthma control and engages them in the MCO's Asthma Wellness program.

Emergency Department Collaborative PIP - Mandatory Indicator Results			
Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Department Visits Ages 2 – 20			
CoventryCares			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To be determined with PIP Collaborative Team	8.86%
MY 2014	Remeasurement 1	7.974%	8.67%
The Health Plan			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To be determined with PIP Collaborative Team	6.58%
MY 2014	Remeasurement 1	1% total decrease	7.09%
UniCare			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To be determined with PIP Collaborative Team	8.29%
MY 2014	Remeasurement 1	7.89%	8.38%

The indicator results show that the mandatory indicator rate improved for CoventryCares. The Health Plan and UniCare did not achieve improvement for the first remeasurement period.

The robust interventions that were in place in MY 2014 were:

- Gaps in Care Reports (CoventryCares and UniCare)
- Pharmacy Profile Reports which are used to identify asthmatic members with no prescription for a controller medication (UniCare)
- Emergency Department (ED) Usage Lists used to identify asthmatic members who frequently utilize the ED to manage their asthma (CoventryCares and UniCare).
- A Wellness and Health Promotion (W&HP) Call Center at The Health Plan allows for one-on-one personalized contact with members who are identified as having asthma. Phone calls are placed to members by an outbound specialist who completes an initial assessment of the member’s health and asthma control and engages them in the MCO’s Asthma Wellness program.

Four performance measures were validated and used to assess MCO performance for Access.

- Prenatal and Postpartum Care - Postpartum Care
- Percentage of Eligibles That Received Preventive Dental Services
- Percentage of Eligibles That Received Dental Treatment Services
- Annual Percentage of Asthma Patients 2 Through 20 Years of Age with One or More Asthma-Related Emergency Room Visits

In regards to PMV, the HEDIS indicator, *Prenatal Postpartum Care- Postpartum Care*, provides an opportunity for improvement. The MHT-WA for this indicator did not meet the 50th NMP and declined between MY 2013 and MY 2014. The other three access measures are first year measures and do not have enough data to determine opportunities for improvement.

Summary of Timeliness

Timeliness, as it relates to utilization management decisions and as defined by NCQA, is whether “the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care” (*2013 Standards and Guidelines for the Accreditation of Health Plans*). An additional definition of timeliness given in the Institute of Medicine National Health Care Quality Report refers to “obtaining needed care and minimizing unnecessary delays in getting that care” (*Envisioning the National Health Care Quality Report, 2001*).

Timeliness is an important factor for evaluating MCO performance because organizations must have procedures in place to make decisions timely in order not to disrupt or delay the provision of care or services to their members. The SPR standards in place evaluate timeliness as it relates to both the provision of services and timely access to customer services. The findings for the MHT MCOs related to timeliness are described below.

During the SPR on-site review, cases, files, and logs are reviewed to assess the timeliness of MCO activities. For MY 2014, Delmarva reviewed cases, files, and logs to assess timeliness of:

- Credentialing and recredentialing of providers,
- Resolution of complaints, grievances and appeals, and
- Authorization, pre-authorization and continuing authorization activities.

Delmarva sampled 10 credentialing and 10 recredentialing files for each MCO. All initial credentialing applications in the sample were processed according to the MCOs policies and procedures. All provider recredentialing files in the sample were recredentialed within the three-year time requirement. All delegated credentialing providers are held to the same timeliness standards. All three MCOs complete annual audits of the delegates and no issues were identified with timely completion of credentialing and recredentialing activities. A pre-delegation audit is conducted prior to contracting with any delegate.

Delmarva reviewed each MCO’s grievance log and selected a sample of 10 formal appeals cases from each MCO for review. In cases where an MCO did not have 10 appeals for MY 2014, all cases were reviewed. The BMS/MCO contract requires MCOs to process and provide notice to affected parties regarding grievances and appeals in a reasonable length of time not to exceed 45 days from the day the MCO receives the grievance or appeal, unless the enrollee requests an extension or the MCO shows that a delay is necessary and

in the interest of the enrollee. All grievances reviewed were resolved timely. All appeals cases sampled were resolved and affected parties notified in less than 45 days. None of the cases included a request for an extension.

Each MCO has a UM program in place which includes policies and procedures to monitor the timeliness of utilization management decisions. According to the BMS/MCO contract, the MCOs must make authorization decisions and provide notice as expeditiously as required by the enrollee's health condition and within 14 measurement days of receiving the request for service for the purposes of standard authorization decisions. All MCOs monitor the time to completion for authorizations against this timeliness standard. Results are compiled at least monthly by all MCOs and reported through the QAPI channels at least quarterly.

In addition, the MCOs must provide an expedited authorization decision for services when the provider indicates that the standard time frame could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function. The MCO must make the expedited authorization decision and provide notice to the enrollee as expeditiously as the enrollee's health condition requires, and no later than 3 working days after receipt of the request for service. This three working-day period may be extended up to 14 additional days upon request of the enrollee or provider, or if the MCO justifies to BMS the need for additional information and how the enrollee might benefit from the extension.

All authorization decisions are monitored for timeliness. Turn-around time is measured and documented. These results are usually summarized quarterly and reported through the QAPI channels by the UM department. There were no cases on file for expedited authorizations in MY 2014.

For MY 2014, there were two PIPs that addressed timeliness. They are CoventryCares's Adolescent Well-Care Visits PIP and The Health Plan's Member Establishment with Primary Care Provider of Record PIP.

CoventryCares's PIP measures the percentage of enrollees 12-21 years of age who had at least one comprehensive well-care visit with a PCP or Obstetrician/Gynecologist during the measurement year. CoventryCares achieved an increase in the indicator rate each year from Baseline (MY 2011) to Remeasurement 3 (MY 2014). The rate increased from 42.13% in the Baseline to 50.47% in Remeasurement 3. Interventions such as face-to-face education of providers about medical record documentation, outreach calls to non-compliant members, provider report cards, and EPSDT reminder systems, target identified barriers.

Interventions identified as best practices in the review of CoventryCares's Adolescent Well-Care Visits PIP are listed below:

- Disease and case managers conduct targeted calls to members identified as non-compliant to educate them about the need for routine well-visits and assist with appointment scheduling if needed.
- Provider report cards are mailed monthly which contain all members that are non-compliant with the required services. The MCO encourages providers to follow-up with the non-compliant members. Delmarva recommended that the MCO put a mechanism in place to ensure that providers follow-up with members and attempt to get them up to date with the required services.
- Provider/office staff education, including appropriate medical documentation, was offered when HEDIS medical record reviews were being conducted on-site by the MCO.

The Health Plan's Member Establishment with PCP of Record was implemented in the last quarter of 2015. The MCO aims to improve the *Adolescent Well-Care Visits* (as in CoventryCares's PIP) and the *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* rates. By encouraging members to establish with their PCP of record, the MCO believes that enrollees will be more likely to obtain routine well exams and preventive services, and may use the ED and walk-in clinics less frequently. Baseline data were provided for this PIP as it was implemented in the second half of 2015.

The following six measures validated for MY 2014 assess performance for Timeliness.

- Adolescent Well-Care Visits
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate

The MHT-WA for *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* exceeded the 50th NMP and improved each year between MY 2012 and MY 2014. The MHT-WA for *Adolescent Well-Care Visits* also improved between MY 2013 and MY 2014 but did not meet the 50th NMP. The four PQI admission measures are first year measures and do not have national benchmarks. There were no opportunities for improvement identified for timeliness measures.

MHT Program Strengths, Requirements, and Recommendations

MHT Program: 2014 Strengths, Requirements and Recommendations	
Systems Performance Review	<p>Strengths</p> <ul style="list-style-type: none"> ➤ The MCOs have performed well for all standards from achieving above the 90% threshold established by BMS for all four standards (ER, GS, QA, and FA). ➤ BMS mandated that the MCOs become NCQA accredited by January 14, 2014. All MCOs are on track to complete the survey process. ➤ Beginning MY 2012, all MCOs had CAHPS data available since BMS has mandated MCOs to use the most recent version of the CAHPS survey. This allows comparison of member satisfaction results among all three MCOs and program-wide against national benchmarks.
	<p>Recommendations</p> <ul style="list-style-type: none"> ➤ <i>The MCOs must focus efforts on consistently meeting the 24/7 access standard.</i> In the last three measurement years, CoventryCares met the threshold two years, The Health Plan met the standard in one year, and UniCare did not meet the standard in any of the three years. BMS should consider an MHT-wide approach to addressing this issue, such as a statewide provider educational initiative. ➤ <i>Continue to require the MCOs to achieve a 100% for each of the four standards (ER, GS, QA, FA).</i> This is the first full review where BMS required the MCOs to achieve 100% compliance for each standard. The MCOs were required to submit an internal improvement plan for each standard, element, and/or component that was not fully met. The value of improvement plans will only be able to be assessed at the time of the next annual audit. It is expected that SPR results will improve based on the MCOs targeting areas for improvement.
Performance Improvement Projects	<p>Strengths</p> <ul style="list-style-type: none"> ➤ All three MCOs successfully implemented two collaborative PIPs: Diabetes and Emergency Department. ➤ The MCOs worked together to develop collaborative interventions for the two collaborative PIPs. ➤ A collaboratively written letter was developed and will be sent to providers state-wide advising them that the MCO's have chosen to focus on reducing emergency department usage for members with asthma. ➤ A second collaboratively written letter will be sent to providers state-wide advising them that the MCO's have chosen to focus on proper care and testing for diabetic members. Both letters provide information for providers to get resources and help for these specific populations. ➤ The MCO have other interventions including face-to-face contact with providers, incentive programs, outreach calls, and preparing and distributing Gaps in Care Reports and Provider Profiles.
	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The PIP Collaborative Team must meet to determine the collaborative indicator goal for the Emergency Department Collaborative.
Performance Measure Validation	<p>Strengths</p> <ul style="list-style-type: none"> ➤ All three MCOs have experienced staff, established data systems, and well-defined processes to calculate and report HEDIS performance measures. ➤ The MCOs successfully reported all HEDIS measures that required pharmacy data for HEDIS 2015 (MY 2014). ➤ All the MCOs were timely in submitting performance measures to BMS for HEDIS, CAHPS, PMV, and Adult and Child Core Sets.

MHT Program: 2014 Strengths, Requirements and Recommendations

Requirements

- The MCOs should adhere to the new HEDIS guidelines for reporting numerator events attributed to supplemental data. Supplemental data used to report Withhold Measures may be subject to additional review activities such as primary source validation during the next PMV.
- The MCOs should be fully prepared to report behavioral health measures in the next reporting period.

Recommendation

- **Data Quality** – MCOs are encouraged to continue to work with BMS for the implementation of the MOU with Vital Statistics and identify a process to access data. Once Vital Statistics data becomes available, each MCO should be prepared to report the Adult and Child Core measures that rely on that data.

Mountain Health Trust Annual Technical Report MY 2014

Background and Purpose

The Bureau for Medical Services (BMS) operates West Virginia's Medicaid Managed Care Program, Mountain Health Trust (MHT). Initiated in 1996, conceptually the program was based on each Medicaid beneficiary having a medical home—a primary care provider (PCP) knowing an enrollee's medical history and managing appropriate treatment and preventive services. BMS is responsible for assuring that all MHT beneficiaries receive comprehensive, high quality healthcare services. For measurement year (MY) 2014, there were approximately 200,271 members enrolled in the four MHT Managed Care Organizations (MCOs).

To ensure care and services provided to MHT MCO enrollees meet acceptable standards for quality, timeliness, and accessibility, BMS contracts with Delmarva Foundation for Medical Care, Inc. (Delmarva) to perform external quality review (EQR) services. Specifically, Delmarva evaluates the quality assurance program activities for each of the MHT MCOs: CoventryCares, Inc. (CoventryCares), The Health Plan of the Upper Ohio Valley (The Health Plan), UniCare Health Plan of West Virginia, Inc. (UniCare) and West Virginia Family Health. West Virginia Family Health began accepting enrollment in the last quarter of 2014, and therefore was not subject to the External Quality Review (EQR) audit for MY 2014.

In collaboration with the MCOs and the EQRO, BMS aims to improve beneficiary care by:

- ensuring access to primary care
- promoting preventive care
- encouraging appropriate postpartum care
- ensuring comprehensive chronic care

(West Virginia Mountain Health Trust Program State Strategy for Assessing and Improving Managed Care Quality)

On an annual basis, Delmarva assesses each MHT MCO's performance using data and information collected through the following activities:

- Systems Performance Review (SPR)
- Performance Improvement Project (PIP) Validation
- Performance Measure Validation (PMV)

MCO specific SPR, PIP, and PMV reports are prepared by Delmarva and submitted to BMS for each of these activities on an annual basis.

The MY 2014 Annual Technical Report (ATR) findings provide an assessment of the MHT program based on MCO performance, which may impact the quality, timeliness, or accessibility of healthcare services provided to MHT beneficiaries. Where applicable, the findings are compared to the goals and objectives found in the *WV Mountain Health Trust Program (Full-Risk MCO) State Quality Strategy (QS) for Assessing and Improving Managed Care Quality*. The annual technical report provides an accurate and objective portrait of the MCOs' capabilities which can be used to promote accountability, improve important aspects of organizational achievement, and positively impact the quality of services provided to MHT beneficiaries.

This report provides the results of the EQR annual assessment of the SPR, PIP, and PMV activities for MY 2014. Following the EQR methodology, the individual MCO findings for the Systems Performance Reviews, Performance Improvement Project Validation, and Performance Measurement Validation activities are presented. The findings from these activities are then summarized according to quality, access and timeliness as required by the EQR regulations. Conclusions, recommendations, and requirements are then provided for both the individual MCOs and the MHT program.

The appendices provide detailed information to support the Annual Technical Report findings. Appendix 1 provides the PIP indicator results for all projects. Appendix 2 provides results from PMV. Appendix 3 contains HEDIS 2013-2015 MCO Rates and the Mountain Health Trust Weighted Average (MHT-WA) for all measures reported to National Committee for Quality Assurance (NCQA). Appendix 4 provides the Consumer Assessment of Health Providers and Systems (CAHPS) Survey results for MY 2013 and MY 2014. Finally, Appendix 5 contains a summary of the Status of Recommendations from the MY 2013 Review.

EQR Methodology

Delmarva performs EQR activities in accordance with the requirements of the Balanced Budget Act (BBA) of 1997 and federal EQR regulations as outlined in Title 42 of the Code of Federal Regulations (CFR) part 438 et seq. The SPR, PIP, and PMV assessments are conducted using the required EQR Protocols (Centers for Medicare and Medicaid Services, EQR Protocols) which are referenced in this section for each activity.

Consistent with the regulations, Delmarva conducts a comprehensive review of the MHT MCOs and assesses their performance relative to quality of care, timeliness of obtaining needed care and services, and accessibility to those services. For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, as stated in the federal regulations as it pertains to external quality review, is “the degree to which a Managed Care Organization (MCO)... increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge” (Centers for Medicare & Medicaid Services [CMS], Final Rule: External Quality Review, 2003).

- **Access** (or accessibility), as defined by the National Committee for Quality Assurance (NCQA), is “the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of scheduling an appointment, if applicable. The intent is that each organization provides and maintains appropriate access to primary care, behavioral health care, and member services” (*NCQA 2013 Standards and Guidelines for the Accreditation of Health Plans*).
- **Timeliness**, as it relates to utilization management decisions and as defined by NCQA, is whether “the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care” (*2013 Standards and Guidelines for the Accreditation of Health Plans*). An additional definition of timeliness given in the Institute of Medicine National Health Care Quality Report refers to “obtaining needed care and minimizing unnecessary delays in getting that care” (*Envisioning the National Health Care Quality Report, 2001*).

Systems Performance Review

SPRs are designed to assess MCO compliance with structural and operational standards, which may impact the quality, timeliness, or accessibility of healthcare services provided to MHT beneficiaries. Delmarva conducts these reviews in accordance with the CMS protocol, *Monitoring Medicaid Managed Care Organizations (MCOs)*. To determine MCO compliance, Delmarva obtains information from document reviews, interviews with MCO staff, observation of processes, and chart reviews (appeals, credentialing etc.).

Key Delmarva SPR Activities

- Review policies and procedures
- Interview key staff
- Observe processes
- Assess credentialing and recredentialing activities
- Examine committee meeting minutes
- Evaluate performance improvement projects and activities
- Review enrollee manuals
- Assess appeal files
- Review denial letters

Information is collected pre-site, during the two-day on-site review, and post-site in response to the preliminary findings. Combined, these methods of data collection provide an accurate depiction of an organization’s compliance with regulatory provisions.

SPR standards are derived from the BBA and the MHT MCO contractual requirements. Delmarva evaluates and assesses MCO performance and compliance with the following standards:

- Enrollee Rights (ER)
- Grievance Systems (GS)
- Quality Assessment and Performance Improvement (QA)
- Fraud and Abuse (FA)

Standards are comprised of components and elements, all of which are individually reviewed and scored. MCOs are expected to demonstrate full compliance with *all* standards and view the findings and recommendations as opportunities to improve quality and operational processes.

Delmarva uses a three-point scale for scoring: *Met—100%*, *Partially Met—50%*, and *Unmet—0%*. Components for each element are scored. The component scoring is rolled up to the element level, and finally the standard level. Aggregated results are reported by standard. BMS sets the minimum MCO compliance rating. The MCOs are required to achieve 100% compliance for each standard. MCOs not achieving 100% on any of the four standards were required to develop and implement internal corrective action plans to address all deficiencies identified.

BMS requires a comprehensive review of all four Systems Performance Review Standards on an annual basis. This comprehensive review is a three phase process that includes pre-site document review, a two day on-site review, and post-site document review.

Performance Improvement Project Validation

PIPs are designed to provide a systematic approach to quality improvement and can be effective tools to assist MCOs in identifying issues and implementing targeted interventions to obtain and sustain improvement in clinical or administrative processes. These improvements can enhance the quality of, access to, or timeliness of services provided to Medicaid beneficiaries, leading to improved health outcomes.

Delmarva uses the CMS protocol, *Validating Performance Improvement Projects—A Protocol for use in Conducting Medicaid External Quality Review Activities*, as a guideline in PIP review activities. Delmarva reviewed each MCO’s PIPs, assessed compliance with contractual requirements, and validated the activity for interventions as well as evidence of improvement. The following table summarizes the PIP validation activities.

PIP Validation Steps
Step 1. The study topic selected should be appropriate and relevant to the MCO’s population.
Step 2. The study question(s) should be clear, simple, and answerable.
Step 3. The study indicator(s) should be meaningful, clearly defined, and measurable.
Step 4. The study population should reflect all individuals to whom the study questions and indicators are relevant.
Step 5. The sampling method should be valid and protect against bias.
Step 6. The data collection procedures should use a systematic method of collecting valid and reliable data that represents the entire study population.
Step 7. The improvement strategies , or interventions, should be reasonable and address barriers on a system-level.
Step 8. The study findings , or results, should be accurately and clearly stated. A comprehensive quantitative and qualitative analysis should be provided.
Step 9. Project results should be assessed as real improvement .
Step 10. Sustained improvement should be demonstrated through repeated measurements.

Performance Measure Validation

Results of performance measures offer a snapshot of MCO quality, timeliness, and accessibility of care provided during a given time period. PMV assures that MCOs produce reliable and accurate measures in accordance with required specifications. The validation process includes an assessment of the MCO’s information systems, procedures, and algorithms used to calculate the performance measures. Delmarva conducts all PMV activities in accordance with the CMS protocol, *Validating Performance Measures*.

In an effort to uniformly measure MCO quality of care, BMS requires MCOs to report measures from nationally recognized measure sets such as CMS Adult and Child Quality Core Sets and Healthcare Effectiveness Data and Information Set (HEDIS®) measures.¹ The NCQA maintains and directs the HEDIS program.

Delmarva’s role is to validate MCO performance measures and this is accomplished by:

- Evaluating the accuracy of the performance measures reported by (or on behalf of) an MCO
- Determining the extent to which the performance measures followed the specifications for the measures

Performance Measure Validation activities occur in three phases which are summarized in the following table.

Performance Measure Validation Activity

	Validation Activity
Pre-site visit	<p>Pre-site visit activities revolve around preparing for the MCO site visit. To begin the process, the auditor confirms the performance measures for review with BMS. Next, a kick-off teleconference call occurs between the auditor and the MCO to confirm the measures, measure specifications, the date for the site visit, and the agenda items for the audit. Additionally, the auditor discusses the ISCA tool and supporting documentation.</p> <p>The MCO completes and submits the ISCA along with program source code and other supporting documents to Delmarva. The auditor evaluates the information in the ISCA for consistency to findings reported in previous assessments, when available. Source code may be reviewed during the pre-site visit phase. Source code is the review of programming used to integrate data and calculate the rates for the performance measures. A summary of ISCA and source code issues are compiled and provide direction and points of discussion for the on-site visit.</p>

¹ The term *HEDIS* is a registered trademark of the NCQA.

<p>On-site visit</p>	<p>The auditor conducts the on-site visit and investigates any potential issues identified during the pre-site visit activities and observes the systems used by the MCO to collect and produce performance measure data.</p> <p>The on-site visit begins with an entrance meeting between the auditor and relevant quality and technical MCO staff. The auditor explains the validation purpose, identifies staff for interviews, and requests additional documentation where needed. Interviews are conducted and additional documentation is requested that provides insight into the accuracy and reliability of the reporting processes. The MCO is allowed to clarify any concerns and demonstrate processes. Source code may also be reviewed during the site visit. Throughout the visit, the auditor reviews the information systems structure, protocols, procedures, and data collection methodology for each specific performance measure.</p> <p>The on-site visit concludes with a closing conference between the auditor and MCO staff. The purpose of the closing session is to review preliminary findings, identify follow-up items, and provide guidance on areas requiring action.</p>
<p>Post-site visit</p>	<p>After the on-site visit, all necessary action items are forwarded to the MCO with the expectation that they will be resolved before the issuance of the final report.</p> <p>Source code review may also be conducted post-site visit.</p> <p>Medical record over-read may also be conducted during the post-site visit. The auditor randomly selects a sample of 30 records each for two or more hybrid measures. The MCOs upload the selected records to the Delmarva portal where a nurse-reviewer conducts the over-read. A sample passes if the error rate is 10% or less. A sample that does not pass may lead to a corrective action plan that must be completed before the final rates are submitted.</p> <p>The final report reflects the final rates and whether or not the MCO has addressed all of the outstanding action items. If the MCO does not address all action items, the report will note the impact on the overall validation outcome.</p>

Three of the four MHT MCOs participated in the MY 2014 PMV activities. West Virginia Family Health was exempt from reporting performance measures its first year. The participating MCOs were required to report twelve performance measures from the Performance Withhold Program, Adult and Child Core Measures, and PIPs. BMS requires the submission of all Medicaid performance measures with the exception of measures that are based on carve out services such as behavioral health. Measures must be calculated according to specifications outlined in the *CMS Adult and Child Quality Core Set Specifications* and NCQA’s *HEDIS² 2015, Volume 2: Technical Specifications*.

The three MCOs proved to have appropriate systems and capabilities to accurately collect, calculate and report all the measures according to specifications. The MCO final rates were designated “Reportable” and approved for submission to BMS.

² The relationship of measurement year (MY) to the HEDIS year is that the HEDIS year is always the MY plus one. For example, HEDIS 2015 (MY 2014) measures performance.

The twelve performance measures validated for MY 2014 are used to assess quality, access, or timeliness of care in this report. MCO rates, the Mountain Health Trust Weighted Averages (MHT-WA), and national benchmarks for all 12 performance measures are available in Appendix 2. The individual MCO Annual Performance Measure Validation Reports contain detailed information on the PMV findings and are available through BMS.

MHT MCO Findings

Systems Performance Review (SPR)

MCOs are required to achieve full compliance for all four standards. MCOs not achieving 100% on any of the four standards were required to develop and implement internal corrective action plans (CAPs) to address all deficiencies identified. The MY 2014 SPR compliance rates for all three MHT MCOs are presented in Table 1.

Table 1. MCO SPR Compliance Rates for MY 2014.

SPR Standard	MY 2014 Compliance Rate		
	CoventryCares	The Health Plan	UniCare
Enrollee Rights (ER)	100%	100%	100%
Grievance Systems (GS)	100%	100%	100%
Quality Assessment and Performance Improvement (QA)	100%	99%	98%
Fraud and Abuse (FA)	100%	100%	100%

Program-wide the MHT program has performed well in meeting the EQR regulatory and contract requirements for the SPR operational assessment. Compliance rates for all MCOs were 98% or greater. All MCOs achieved a 100% compliance rating for the **Grievance Systems (GS)**, **Enrollee Rights (ER)**, and the **Fraud and Abuse Standards**. The MCOs performed well on the **Quality Assessment and Performance Improvement (QA) Standard** in MY 2014, achieving rates ranging from 98% to 100%. CoventryCares achieved full compliance for all four standards in MY 2014. These high performance rates demonstrate the MCOs' and BMS' commitment to meeting the structural and operational standards that are demonstrative of a high-quality program for the MHT enrollees. Individual MCO results and analysis follow in Tables 2-5.

CoventryCares, Inc.

CoventryCares's SPR results for MY 2012-MY 2014 are presented in Table 2.

Table 2. CoventryCares SPR Results (MY 2012 – MY 2014).

Standard	CoventryCares Compliance Rate		
	MY 2012	MY 2013	MY 2014
Enrollee Rights (ER)	100%	98%	100%
Grievance Systems (GS)	100%	100%	100%
Quality Assessment and Performance Improvement (QA)	100%	97%	100%
Fraud and Abuse (FA)	98%	100%	100%

In MY 2014, CoventryCares achieved compliance ratings of 100% for all four standards.

CoventryCares submitted an internal Corrective Action Plan (CAP) in 2014 to address all elements within the ER and QA standards that were not fully met as a result of the 2013 SPR. The MCO submitted quarterly progress reports to Delmarva on all internal CAPs. These CAPs were closed during the 2014 on-site SPR review as CoventryCares fully met all of the outstanding requirements for the ER and QA standards.

Trending of results shows that:

- The **Enrollee Rights** standard achieved full compliance in 2012 and 2014. The issues identified in 2013 were that the Member Handbook section on Emergency Services implies, but did not specifically state that emergency services do not require preauthorization and there was no mechanism in place to notify members how to request a copy of the MCO’s Annual Report.
- The **Grievance Systems** standard compliance rate has remained stable at 100% for all three trend years.
- The **Quality Assessment and Performance Improvement** standard achieved full compliance in 2012 and 2014. The issue in 2013 was that the MCO retired case management (CM) policies and procedures. The MCO remedied this by implementing new CM procedures in 2014.
- CoventryCares achieved full compliance for the **Fraud and Abuse** standard with consistently high compliance rates of 98% or greater across the three trend years. The FA standard achieved full compliance in 2013 and 2014 due to the MCO incorporating information in its Member Handbook on how enrollees can report fraud, waste, and abuse.

The Health Plan of the Upper Ohio Valley

The Health Plan of the Upper Ohio Valley’s SPR results for MY 2012-MY 2014 are presented in Table 3.

Table 3. The Health Plan of the Upper Ohio Valley SPR Results (MY 2012 – MY 2014).

Standard	The Health Plan Compliance Rate		
	MY 2012	MY 2013	MY 2014
Enrollee Rights (ER)	100%	100%	100%
Grievance Systems (GS)	98%	100%	100%

Standard	The Health Plan Compliance Rate		
	MY 2012	MY 2013	MY 2014
Quality Assessment and Performance Improvement (QA)	99%	99%	99%
Fraud and Abuse (FA)	90%	93%	100%

The Health Plan met the BMS performance requirement of 100% compliance for **Enrollee Rights**, **Grievance Systems**, and **Fraud and Abuse** standards. The Health Plan was required to complete an action plan to address deficiencies identified in the **Quality Assessment and Performance Improvement (QA)** standard which achieved a commendable 99%, falling just one percentage point short of the 100% required compliance rating.

The two deficiencies identified in the QA standard were in the area of access. There is an opportunity to improve access to emergency care and after-hours accessibility to primary care providers (PCPs).

Current BMS standards for timeliness and The Health Plan’s MY 2014 compliance rates follow:

- Emergency Cases must be seen immediately or referred to an emergency facility: **86.59%**
- Urgent cases must be seen within 48 hours: **94.30%**
- Routine cases other than clinical preventive services must be seen within 21 days: **99.12%**
- An initial prenatal care visit must be scheduled within 14 days of the date on which the woman is found to be pregnant: **91.07%**

All standards were met except for Emergency Care with a compliance rate of 86.59%. Of the 456 providers surveyed, 61 did not meet the standard. The average time to emergency care was 0.3 days. Letters were sent to all non-compliant providers.

The Health Plan’s Standards for Access to Care and Services Policy, as well as the provider contract requires PCPs to be available to members at all times (24/7 access), including after-hours, weekends and holidays. PCPs may use an office answering machine with an appropriate message stating how to contact the PCP or provide a number for an answering service or hospital operator to contact the provider.

The annual after-hours accessibility audit was performed for PCPs in the third quarter of 2014. Historically, The Health Plan has included high-volume PCPs in its sample as well as providers considered medium- and low-volume. This continues to allow for communication with providers regardless of individual membership numbers and is representative of all service areas and all lines-of-business. Providers who did not meet compliance for 2013 were included in the pool. A total of one hundred-twelve (112) providers were chosen representing at least 50% of the membership stratified across all service areas and across all practice sites. Providers are given two opportunities for compliance. Results follow:

- Call returned within one hour: 82 providers
- Call returned in one hour – second attempt: 8 providers
- Overall compliance rate: 80% (90/112)

Six (6) providers who were noncompliant last year and submitted corrective action plans were noncompliant again this year. Two (2) of these providers were sanctioned for acquiring/accepting THP members for a period of ninety (90) days. These sanctions expired in September 2014.

Interventions put into place following the 2014 survey are summarized below.

- Individualized letters were written to the non-compliant providers stating reasons why they were non-compliant with after-hours access; a corrective action plan will be required from these providers.
- Follow-up after-hours calls will be completed in the first quarter 2015.
- Individual occurrences will be entered into their respective provider files for review during recredentialing.
- Results of the survey will go to the Focus Group, a working committee of Continuous Quality Improvement Committee (CQIC).
- Results of the survey will be reported to the Quality Improvement Committee (QIC) with recommendations from the Focus Group for any additional interventions.
- Seek QIC direction for providers who remain noncompliant after 2015 follow-up.
- Seek QIC direction for the repeat providers who were noncompliant with this audit.

The MCO was required to continue the internal Corrective Action Plan (CAP) implemented in 2013 to address the continued deficiencies for 2014. Delmarva will continue to monitor the CAP quarterly for improvement.

Trending of the compliance rates for the four standards shows that:

- The **Enrollee Rights** standard has achieved a compliance rate of 100% for all trending years.
- The **Grievance System** standard has improved from 98% in 2012 and has maintained a 100% compliance rate in the last two trend years.
- The **Quality Assessment and Performance Improvement** standard remained constant at 99%.
- The Health Plan improved its **Fraud and Abuse** compliance rating of 93% in 2012 to 100% in the last two trend years. Efforts to improve the rate included increased staffing, training, improved departmental communication, and use of software to assist in detection of possible fraud, waste, and abuse.

UniCare Health Plan, Inc.

UniCare's results for MY 2012-MY 2014 are presented in Table 4.

Table 4. UniCare SPR Results (MY 2012 – MY 2014).

Standard	UniCare Compliance Rate		
	MY 2012	MY 2013	MY 2014
Enrollee Rights (ER)	100%	99%	100%
Grievance Systems (GS)	100%	100%	100%
Quality Assessment and Performance Improvement (QA)	99%	99%	98%
Fraud and Abuse (FA)	100%	98%	100%

UniCare achieved a compliance rating of 100% for **Enrollee Rights (ER)**, **Grievance Systems (GS)**, and **Fraud and Abuse (FA)**. The MCO achieved a respectable compliance rate of 98% for **Quality Assessment and Performance Improvement (QA)**.

Appointment access, member satisfaction and recredentialing issues were identified for the **QA** standard. BMS has the following standards in place regarding timely access:

- Emergency cases must be seen immediately or referred to an emergency facility.
- Urgent cases must be seen within 48 hours.
- Routine cases (other than clinical preventive services) must be seen within 21 days.
- Initial prenatal care visits must be scheduled within 14 days of the date on which the woman was found to be pregnant.

UniCare conducted an appointment wait-time survey in 2014 to assess compliance with the appointment access standards. The MCO reported the following compliance rates for MY 2014:

- Urgent Care Appointment within 48 Hours: 88% (decrease from 92% in 2013).
- Routine Primary Care Provider Appointment: 84% (decrease from 85% in 2013).
- Prenatal Care Appointment within 14 Days: 84% (increase from 70% in 2013).

UniCare is implementing a Quality and Access to Care Incentive (QACI) Program. One part of the program is aimed at incentivizing providers for being accessible and available to its members. Provider education including face-to-face meetings (via town hall meetings) and webinars are a few of the approaches to help improve compliance.

MCO's are required to make services included in the contract available 24 hours a day, 7 days a week, when medically necessary. According to UniCare's 2013 Provider Access, Availability and Satisfaction Comprehensive Analysis, compliance with the 24/7 access standard was 61% in 2013. The MCO developed and implemented an internal CAP to address the low compliance rate. After interventions, the compliance rate increased to 69% in 2014, but still falls short of the required 90% compliance rate. It is notable that 50% of the providers who were non-compliant in the 2013 review were compliant in the 2014 survey.

In regards to member satisfaction, the MCO is required to survey a sample of its adult and child members at least annually using the Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS) and must share its findings with providers. UniCare conducted the required CAHPS surveys in 2013. The 2013 survey findings were presented to physicians during the Physician Quality Improvement Committee in 2014. There were only six providers at the meeting who received this information. The MCO did not share the survey findings with the general population of providers. The MCO must share the survey findings with its provider community. This can be done through provider newsletters, fax blasts, etc.

As part of the recertification process, the MCO must complete a visit to the practitioner's office. The SPR conducted in 2013 noted that the MCO was not conducting these audits for providers accredited by The Joint Commission (TJC); this does not meet the requirements. The MCO was required to schedule on-site audits of the providers that needed a recertification audit. UniCare provided an Excel spreadsheet as part of their internal CAP to demonstrate that the MCO was scheduling the outstanding on-site reviews. At the time of the 2014 review (conducted March 9-10, 2015) the information provided showed that seven providers were still out of compliance for the recertification on-site visit. The MCO was instructed to revise its internal CAP implemented in 2014 and to continue to report progress quarterly to Delmarva.

Trending of the SPR compliance rate shows that the:

- **Enrollee Rights** standard compliance rate increased one percentage point to meet the 100% compliance rating.
- **Grievance Systems** standard has maintained its 100% compliance rate for the last three review periods.
- **Quality Assessment and Performance Improvement** standard compliance rate has remained consistently high across all trend years with compliance rates of 98% to 99%. In 2014 the MCO had not completed all of the required on-site visits for recertification, did not report CAHPS survey findings to the general population of providers, and did not meet the threshold for compliance with access standards.
- The **Fraud and Abuse** standard maintained a high compliance rate across all three trend years ranging from 98% to 100%.
- Timeliness of scheduling appointments and PCP accessibility 24/7 have been issues for UniCare for all three trend years. UniCare's rates for Non-Urgent Sick appointments and After Hours 24/7 access are below the 90% requirement.

Performance Improvement Projects

The BMS/MCO contract requires the MCOs to "conduct performance improvement projects that are designed to achieve, through ongoing measurement and intervention, significant improvement sustained over time in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and enrollee satisfaction." For MY 2014 the MCOs are required to have three PIPs in place. All MCOs are required to participate in the mandatory Emergency Department (ED) Collaborative

PIP and the mandatory Diabetes Collaborative PIP. All MCOs have the required three PIPs in place as summarized in the table below.

MCO	PIP Topics and Goals
CoventryCares	<p>Adolescent Well Care Visits - This is the third year for CoventryCares's Adolescent Well-Care Visits (AWC) PIP which aims to improve the Adolescent Well-Care Visit rate. The MCO's goal is to increase the indicator rate by 5 percentage points over the prior year's rate.</p> <p>Emergency Department Collaborative - All MHT MCOs are required to participate in the Emergency Department Collaborative Project. The mandatory indicator is <i>Annual Percentage of Asthma Patients with one or More Asthma-Related Emergency Department Visits (ages 2-20)</i>. CoventryCares also selected an additional indicator for this project, <i>Use of Appropriate Medications for People With Asthma, ages 5-11 and 12-18</i>.</p> <p>Diabetes Collaborative - All MHT MCOs are required to participate in the Diabetes Collaborative Project. The mandatory indicator is <i>Comprehensive Diabetes Care-Hemoglobin A1c (HbA1c) Control (<8%)</i> with the goal to meet or exceed the HEDIS 2014 (MY2013) National Medicaid Average by HEDIS 2016 (MY2015). The <i>Comprehensive Diabetes Care LDL-C level Control</i> indicator was retired by NCQA for MY 2014. In response, the MCO replaced it with the <i>Comprehensive Diabetes Care – HbA1c Testing</i> indicator.</p>
The Health Plan	<p>Member Establishment with Primary Care Provider of Record - By encouraging members to establish with their PCP of record, the MCO hopes to improve the HEDIS rates for the <i>Adolescent Well-Care Visits</i> and the <i>Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life</i> measures. Members who establish with their PCP may be more likely to obtain well exams and preventive services and may be more likely to use the ED and walk-in clinics less frequently.</p> <p>Emergency Department Collaborative - All MHT MCOs are required to participate in the Emergency Department Collaborative Project. The mandatory indicator is <i>Annual Percentage of Asthma Patients with one or More Asthma-Related Emergency Department Visits (ages 2-20)</i>. The MCO also selected an additional indicator for this project, the <i>HEDIS Asthma Medication Ratio</i>.</p> <p>Diabetes Collaborative - All MHT MCOs are required to participate in the Diabetes Collaborative Project. The mandatory indicator is <i>Comprehensive Diabetes Care-Hemoglobin A1c (HbA1c) Control (<8%)</i> with the goal to meet or exceed the HEDIS 2014 (MY2013) National Medicaid Average by HEDIS 2016 (MY2015). The Health Plan also selected an additional measure, <i>Comprehensive Diabetes Care – HbA1c Testing</i>, for this project.</p>
UniCare	<p>Childhood Immunization Status (CIS) Combination 3 - UniCare aims to meet or exceed the previous year's NCQA Quality Compass National Medicaid Average for the <i>Childhood Immunization Status (CIS)-Combination 3</i> indicator. This indicator is the percentage of children 2 years of age who had 4 diphtheria, tetanus, and acellular pertussis (DTaP); 3 polio (IPV); 1 measles, mumps, and rubella (MMR); 3 H influenza type B (HiB); 1 chicken pox (VZV); and 4 pneumococcal conjugate (PCV) vaccines by their second birthday.</p> <p>Emergency Department Collaborative - All MHT MCOs are required to participate in the Emergency Department Collaborative Project. The mandatory indicator is <i>Annual Percentage of Asthma Patients with one or More Asthma-Related Emergency Department Visits (ages 2-20)</i>. The MCO also selected the HEDIS <i>Use of Appropriate Medications for People with Asthma (MMA)</i> indicators for use in this project.</p> <p>Diabetes Collaborative - All MHT MCOs are required to participate in the Diabetes Collaborative Project. The mandatory indicator is <i>Comprehensive Diabetes Care-Hemoglobin A1c (HbA1c) Control (<8%)</i> with the goal to meet or exceed the HEDIS 2014 (MY2013) National Medicaid Average by HEDIS 2016 (MY2015). UniCare also selected two additional indicators for this project: <i>HbA1c Testing</i> and <i>Eye (Retinal) Exam Performed</i> and <i>Comprehensive Diabetes Care – HbA1c Testing</i>.</p>

CoventryCares, Inc.

Adolescent Well-Care Visits (AWC)

This is the third year for CoventryCares’s Adolescent Well-Care Visits (AWC) PIP which aimed to improve the Adolescent Well-Care Visit rate. The MCO’s goal is to increase the indicator rate by 5 percentage points over the prior year’s rate. CoventryCares achieved an increase in the baseline indicator rate from 46.58% in MY 2012 to 50.47% in MY 2014.

PIP Summary: Adolescent Well-Care Visits	
Rationale	<ul style="list-style-type: none"> ➤ The <i>Adolescent Well-Care Visits (AWC)</i> measure is the percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year. Approximately 25% of CoventryCares’s membership is made up of adolescents 12-21 years of age. The HEDIS 2012 (MY 2011) rate of 42.13% was below the NCQA Quality Compass 50th Percentile of 49.71% for this measure presenting an opportunity for improvement.
Indicator and Goal	<ul style="list-style-type: none"> ➤ The percentage of members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year. The MCO’s immediate goal is to increase the indicator rate 5 percentage points over the prior year’s measurement.
Strengths	<ul style="list-style-type: none"> ➤ The MCO selected a short term and long term goal. The short term goal is to achieve a 5 percentage point increase in the prior year’s measurement rate. The long term goal is to achieve the NCQA Quality Compass 90th Percentile. ➤ The indicator rate has improved over all three remeasurement periods. The baseline rate (MY 2011) was 42.15%, the first remeasurement rate (MY 2012) was 46.58%, the second remeasurement rate (MY 2013) was 47.20%. The MCO sustained improvement in the indicator with a rate of 50.47% for MY 2014. ➤ The MCO achieved statistically significant improvement from the baseline measurement to the final measurement.
Barriers	<ul style="list-style-type: none"> ➤ Some adolescents may not feel comfortable being seen in an office where there are predominately younger or older clients. ➤ Privacy and confidentiality are concerns for this population. ➤ Many adolescents are seen for sick visits and not well-care visits. ➤ Adolescents are receiving sports and school physicals vs. comprehensive well-care visits. ➤ Some provider offices lack developmental screening and anticipatory guidance tracking tools.
Interventions	<ul style="list-style-type: none"> ➤ Disease Managers and Case Managers call members identified as non-compliant to educate and assist with appointments if needed. ➤ EPSDT reminder system identifies members in need of services, including the annual well-visit. ➤ Site visits are conducted to high volume offices to review medical records throughout the year to collect supplemental data, and to provide education to office staff about the AWC measure.

PIP Results – Adolescent Well-Care Visits			
Indicator 1: Adolescent Well-Care Visits			
Time Period	Measurement	Goal	Rate or Results
MY 2011	Baseline	Not Applicable	42.13%
MY 2012	Remeasurement 1	5 percentage point increase over prior year's rate.	46.58%
MY 2013	Remeasurement 2	5 percentage point increase over prior year's rate.	47.20%
MY 2014	Remeasurement 3	5 percentage point increase over prior year's rate.	50.47%

Findings. The indicator rate has improved over all three remeasurement periods. The baseline rate (MY 2011) was 42.13%, and the final remeasurement rate (MY 2014) was 50.47%. CoventryCares fell slightly below the goal of 52.20% (5 percentage point increase over prior year's rate). Comparison of year-over-year results revealed that the increase from baseline to Remeasurement 3 was considered statistically significant.

Recommendations. CoventryCares project achieved significant improvement from Baseline to Remeasurement 3. The project also achieved sustained improvement. The MCO should continue with interventions that have been determined to be effective, but formally close this PIP and submit a new PIP proposal.

Emergency Department Collaborative

The MHT MCOs collaboratively aim to reduce emergency department utilization through interventions targeting members with asthma. The mandatory indicator is the *Annual Percentage of Asthma Patients with one or More Asthma-Related ED Visits (ages 2-20)*. The MCO also selected an additional HEDIS measure, *Use of Appropriate Medications for People With Asthma*, for use in this PIP.

PIP Summary: Emergency Department Collaborative	
Rationale	<ul style="list-style-type: none"> ➤ This is a mandatory PIP. Asthma is a chronic disease in the WV MHT population which provides opportunity for improvement. According to the Centers for Disease Control and Prevention, in 2008 asthma prevalence among children was 11.5% in West Virginia, compared to 9% nationwide. Asthma was the third most costly diagnosis for CoventryCares members in 2013 when considering all treatment settings, and the second most costly for treatment specific to the Emergency Department (ED) setting.
Indicators and Goals	<ul style="list-style-type: none"> ➤ The mandatory indicator is the <i>Annual Percentage of Asthma Patients with one or More Asthma-Related ED Visits (ages 2-20)</i>. The MCO also selected the HEDIS <i>Use of Appropriate Medications for People With Asthma</i> indicator for use in this PIP. The goal for this indicator is 7.97%.
Strengths	<ul style="list-style-type: none"> ➤ Clearly defined study question. ➤ Clearly defined study population and indicators. ➤ Clearly defined study design and data analysis plan. ➤ Targeted member and provider interventions.

PIP Summary: Emergency Department Collaborative	
Barriers	<ul style="list-style-type: none"> ➤ Members choose to seek care in ED for asthma “flare up” instead of ongoing care with primary care physician. ➤ Lack of transportation. ➤ Lack of an established relationship with a PCP or “medical home”. ➤ Member may not want to wait for available appointment with PCP and feel that it is quicker and more convenient to seek care in the ED.
Interventions	<ul style="list-style-type: none"> ➤ Provider-Centric Asthma Condition Management Program - Provider volunteers are expected to reach out to members with asthma and encourage them to schedule office visits to complete a physical exam. Following the exam, the provider is expected to schedule a series of four educational visits designed to enhance the member’s understanding of the disease. ➤ Asthma Condition Management Member Incentive Program - Offers members a \$25 gift card for regular health care visits with their Primary Care Provider (PCP) to manage their asthma and for compliance with maintenance medications. ➤ Gaps in Care Lists - Lists of non-compliant members are sent to providers with hopes that the providers will follow-up to bring members in for missing services. ➤ MCO Collaborative Letter - A collaboratively written letter was distributed to providers state-wide by the MCOs in 2014, advising them that the MCO’s have chosen to focus on reducing emergency department usage for members with asthma.

PIP Results – Emergency Department Collaborative			
Indicator 1: Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Department Visits (ages 2-20)			
Time Period	Measurement	Goal	Rate or Results
1/1/2013-12/31/2013	Baseline	To be determined with the PIP Collaborative Team	8.86%
1/1/2014-12/31/2014	Remeasurement 1	7.97%	8.67%
Indicator 2: Use of Appropriate Medications for People with Asthma (ages 5-11 and 12-18)			
Time Period	Measurement	Goal	Rate or Results
1/1/2013-12/31/2013	Baseline	Goal Ages 5-11: 94.92%, Goal Ages 12-18: 92.16%	Rate Ages 5-11: 92.62%, Rate Ages 12-18: 86.92%
1/1/2014-12/31/2014	Remeasurement 1	Goal Ages 5-11: 95.16%, Goal Ages 12-18: 92.99%	Rate Ages 5-11: 94.85%, Rate Ages 12-18: 88.10%

Findings. This PIP meets requirements. All indicators improved from Baseline (MY 2013) to the First Remeasurement (MY 2014).

Recommendations. The MCO sends providers lists of non-compliant members (Gaps in Care Lists) in hopes that they provide follow-up to get members into care. The MCO should put a mechanism in place to monitor or require follow-up as part of the intervention.

Diabetes Collaborative

The MCO's baseline rate for the mandatory indicator, *Comprehensive Diabetes Care (CDC) - HbA1c Control (<8%)* was below the National Medicaid Average. CoventryCares implemented its own MCO-specific interventions in addition to the collaborative intervention, a letter signed by all three MCO Medical Directors and mailed to providers state-wide to notify them of the project and diabetes care guidelines.

PIP Summary: Diabetes Collaborative	
Rationale	<ul style="list-style-type: none"> ➤ This is a mandated PIP. The Prevalence of diabetes in WV has nearly tripled since 1996. Diabetes is contributing to long-term complications, including blindness, kidney failure, amputation and heart disease.
Indicators and Goals	<ul style="list-style-type: none"> ➤ The goal for both indicators is to meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015).
Strengths	<ul style="list-style-type: none"> ➤ Comprehensive project rationale. ➤ Both performance measures are HEDIS measures.
Barriers	<ul style="list-style-type: none"> ➤ Member lack of understanding of how to manage their diabetes and the importance of tests, exams, and screenings. ➤ Member non-compliance with their management plan. ➤ Providers may be unaware of resources available to them such as certified diabetes educators and patient education materials/resources.
Interventions	<ul style="list-style-type: none"> ➤ Outreach Calls - Disease Management and Case Management make targeted calls to members with diabetes to educate and encourage members to get the recommended services and to enroll them in the appropriate Disease or Case Management program. ➤ Customer Service Clinical Notifications - If a non-compliant member calls in to Customer Services, a notification comes up on the screen and the Customer Service Representative speaks with the member about missing services and helps to get them in for care. ➤ Diabetes Passports - The MCOs mail diabetes passports to members for them to keep track of services needed and received. ➤ Gaps in Care Lists - Lists of non-compliant members are sent to providers with hopes that the providers will follow-up to bring members in for missing services. ➤ A collaboratively written letter was developed and distributed to providers state-wide advising them that the MCO's have chosen to focus on proper care and testing for members with diabetes.

PIP Results - Diabetes Collaborative			
Indicator 1: Comprehensive Diabetes Care – HbA1C Control (<8%)			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	41.32%
MY 2014	Remeasurement 1	45.52%	43.27%
Indicator 2: Comprehensive Diabetes Care – HbA1c Testing			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	72.86%
MY 2014	Remeasurement 1	83.81%	76.40%

Findings. The MCO achieved improvement for both indicators. CoventryCares should continue with this collaborative PIP, with MY 2015 as the second year of remeasurement data.

Recommendations. The MCO sends providers lists of non-compliant members (Gaps in Care Lists) in hopes that they provide follow-up to get members into care. As recommended in MY 2013, the MCO should put a mechanism in place to monitor or require follow-up as part of the intervention.

The Health Plan

Member Establishment with Primary Care Provider (PCP) of Record

PIP Summary: Member Establishment with PCP of Record	
Rationale	<ul style="list-style-type: none"> ➤ The Health Plan implemented a new PIP, Members Establishment with PCP of Record, in MY 2014. By encouraging members to establish with their PCP of record, multiple benefits can be achieved. Members who establish with PCPs may be more likely to obtain routine well exams and preventive services. Also, by being established with a PCP, members may utilize the emergency department and walk-in clinics less frequently.
Indicators and goals	<ul style="list-style-type: none"> ➤ The Health Plan has chosen two HEDIS measures for this PIP: <i>Adolescent Well-Care Visits</i> and <i>Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life</i>. The goal is to improve these measures by 5% annually.
Strengths	<ul style="list-style-type: none"> ➤ Comprehensive project rationale. ➤ The MCO's data analysis plan is comprehensive, addressing both the qualitative and quantitative findings.
Barriers	<ul style="list-style-type: none"> ➤ Despite repeated attempts at educating providers, most practices are still not coding for their weight management activities. ➤ Member knowledge deficits regarding the purpose and importance of BMI value and how weight impacts health. ➤ Providers lack of knowledge of the importance of measuring a BMI and providing counseling. ➤ Provider knowledge deficit regarding obesity-related educational materials and assistance available through the MCO.
Interventions	<ul style="list-style-type: none"> ➤ Provider education seminars were conducted during which the importance of coding for weight and nutritional counseling activities was stressed to providers.

PIP Results - Members Establishment with PCP of Record			
Indicator 1: Adolescent Well-Care Visits			
Time Period	Measurement	Goal	Rate or Results
HEDIS 2015 (MY 2014)	Baseline	5% increase annually	46.47%
Indicator 2: Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life			
Time Period	Measurement	Goal	Rate or Results
HEDIS 2015 (MY 2014)	Baseline	5% increase annually	70.56%

Findings. Interventions are targeted and robust and are expected to improve indicator performance. They address both members and providers.

Recommendations. This PIP meets requirements. The Health Plan should continue with this PIP, with MY 2015 as the first year of remeasurement data.

Emergency Department Collaborative

The MHT MCOs collaboratively aim to reduce emergency department utilization through interventions targeting members with asthma. The mandatory indicator is the *Annual Percentage of Asthma Patients with One or More Asthma-Related ED Visits (ages 2-20)*. The Health Plan also selected the indicator HEDIS *Asthma Medication Ratio* indicator for use in this PIP.

PIP Summary: Emergency Department Collaborative	
Rationale	<ul style="list-style-type: none"> ➤ This is a mandatory PIP. Asthma is a chronic disease in the WV MHT population which provides opportunity for improvement. According to the Centers for Disease Control and Prevention, in 2008 asthma prevalence among children was 11.5% in West Virginia, compared to 9% nationwide. Asthma was the third most costly diagnosis for CoventryCares members in 2013 and the second most costly for treatment specific to the Emergency Department (ED) setting.
Indicators and Goals	<ul style="list-style-type: none"> ➤ The MHT MCOs collaborative aims to reduce emergency department utilization through interventions targeting members with asthma. The mandatory indicator is the <i>Annual Percentage of Asthma Patients with one or More Asthma-Related ED Visits (ages 2-20)</i>. The MCO selected the HEDIS <i>Asthma Medication Ratio (AMR)</i> as a secondary indicator for this project.
Strengths	<ul style="list-style-type: none"> ➤ The MCO's proprietary HEART system allows for the identification of high utilizers of the ED, including those for respiratory conditions. Reports are generated for purposes of one-to-one outreach. ➤ Interventions include one-to-one telephone contact with caregivers and high utilizers of the ED. ➤ Notable improvement achieved for both indicators when comparing baseline to final remeasurement.
Barriers	<ul style="list-style-type: none"> ➤ Engaging members with asthma is difficult. Members are difficult to contact and often stop taking their medication when they feel better. ➤ Providers are often not maintaining their rosters and may not be aware of asthmatic patients.
Interventions	<ul style="list-style-type: none"> ➤ Call Queue - The development and implementation of a call queue with a dedicated outreach representative will help to overcome the barrier of member engagement. ➤ Gap Reports - Gap Reports are available to providers in "real time" via a secure web portal. This should help physicians to determine which members may not be following their action plans. These will also help member engagement by ensuring physicians know which members on their roster are asthmatic. ➤ Collaborative Letter - A collaboratively written letter was sent to providers state-wide in 2014 advising them that the MCO's have chosen to focus on proper care and testing for members with asthma.

PIP Results - Emergency Department Collaborative			
Indicator 1: Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Department Visits (ages 2-20)			
Time Period	Measurement	Goal	Rate or Results
1/1/2013-12/31/2013	Baseline	To be determined by the PIP Collaborative Team	6.58%
1/1/2014-12/31/2014	Remeasurement 1	1% total decrease	7.09%
Indicator 2: Asthma Medication Ratio			
Time Period	Measurement	Goal	Rate or Results
1/1/2013-12/31/2013	Baseline	5% increase	83.67%
1/1/2014-12/31/2014	Remeasurement 1	5% increase	71.84%

Findings. This PIP meets requirements. The MCO did not realize improvement in either indicator. The Health Plan should continue with this collaborative PIP, with MY 2015 as the second year of remeasurement data.

Recommendations. The MCO sends providers lists of non-compliant members (Gaps in Care lists) in hopes that they provide follow-up to get members into care. The MCO should put a mechanism in place to monitor or require follow-up as part of the intervention. In MY 2013, it was recommended that the MCO add one-to-one or face-to-face contact with providers in its interventions. The MCO did not address this recommendation and therefore this recommendation is made again for MY 2014.

Diabetes Collaborative

All MHT MCOs are required to participate in the Diabetes Collaborative Project. The mandatory indicator is *Comprehensive Diabetes Care-HbA1c Control (<8%)*. The Health Plan also selected an additional measure, *Comprehensive Diabetes Care- HbA1c Testing*, for this project.

PIP Summary: Diabetes Collaborative	
Rationale	➤ Prevalence of diabetes in WV has nearly tripled since 1996. Diabetes is contributing to long-term complications, including blindness, kidney failure, amputation and heart disease. The MHT weighted average and The Health Plan's rate for <i>HbA1c Control (<8%)</i> are below the National Medicaid Average.
Indicators and Goals	➤ All MHT MCOs are required to participate in the Diabetes Collaborative Project. The mandatory indicator is from the HEDIS measure set, <i>Comprehensive Diabetes Care-Hemoglobin A1c (HbA1c) Control (<8%)</i> with the goal to meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average (45.4%) by HEDIS 2016 (MY 2015). The Health Plan also selected an additional measure, <i>Comprehensive Diabetes Care - HbA1c Testing</i> , for this project. The goal for this measure is to have 100% of the MCO's members with diabetes have their HbA1c tested at least annually.
Strengths	➤ Comprehensive project rationale. ➤ The performance measures are HEDIS measures.

PIP Summary: Diabetes Collaborative	
Barriers	<ul style="list-style-type: none"> ➤ The total Medicaid diabetic population is quite small and widespread throughout the state which makes it difficult to stage focused interventions in areas that are convenient for members. ➤ At the MCO level, there are limitations to the amount of automated lab results and medical records The Health Plan is able to obtain. When the lab results cannot be obtained, the member will always be noncompliant for the <i>HbA1c Control <8%</i> indicator.
Interventions	<ul style="list-style-type: none"> ➤ Wellness and Health Promotion Call Center - This provides one-on-one personalized contact with diabetic members who are missing important services and/or testing. Claims histories are used to identify the gaps in care that trigger members being placed in an outbound call queue. The queues are updated weekly. Following the phone call from the nurse, a letter is sent to the member with a checklist of all missing services that were discussed on the call. A similar letter is sent to the member's PCP urging the PCP to assist the member in obtaining any services the member desires. ➤ Collaborative Letter - A collaboratively written letter was being developed with plans to be sent to providers state-wide advising them that the MCO's have chosen to focus on proper care and testing for members with diabetes. (The letter was sent in early 2014.)

PIP Results - Diabetes Collaborative			
Indicator 1: Comprehensive Diabetes Care – HbA1c Control (<8%)			
Time Period	Measurement	Goal	Rate or Results
1/1/2013 – 12/31/2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	45.34%
1/1/2014 – 12/31/2014	Remeasurement 1	46%	41.24%
Indicator 2: Comprehensive Diabetes Care – HbA1c Testing			
Time Period	Measurement	Goal	Rate or Results
1/1/2013 – 12/31/2013	Baseline	100%	73.91%
1/1/2014 – 12/31/2014	Remeasurement 1	100%	78.87%

Findings. The MCO's baseline rates (MY 2013) for the indicators were 45.34% for *Comprehensive Diabetes Care- HbA1c Control <8%* and 73.91% for *Comprehensive Diabetes Care- HbA1c Testing*. The *HbA1c <8%* indicator decreased from Baseline to Remeasurement 1, but the *HbA1c Testing* measure increased 4.96 percentage points over this same period.

Recommendations. The Health Plan sends letters to providers containing members with missing services, hoping that providers will follow-up with non-compliant members. The MCO should implement a mechanism to ensure providers do some sort of follow-up.

UniCare Health Plan, Inc.

Childhood Immunization Status Combination 3

With the Childhood Immunizations Combination 3 PIP, UniCare aims to meet or exceed the previous year’s NCQA Quality Compass National Medicaid Average for the percentage of children 2 years of age who had 4 diphtheria, tetanus, and acellular pertussis (DTaP); 3 polio (IPV); 1 measles, mumps, and rubella (MMR); 3 H influenza type B (HiB); 3 hepatitis B (Hep B); 1 chicken pox (VZV); and 4 pneumococcal conjugate (PCV) vaccines by their second birthday. For HEDIS 2013, the National Medicaid Average was 72.08%.

Childhood Immunization Status Combination 3	
Rationale	<ul style="list-style-type: none"> ➤ UniCare selected the <i>Childhood Immunization Status, Combination 3</i> HEDIS indicator for this project. This indicator rate for HEDIS 2013 (MY 2012) was below the NCQA Quality Compass 25th percentile, indicating an opportunity for improvement. This PIP also shows a commitment to the US Department of Health and Human Services Healthy People 2020 goals to increase immunization rates and reduce preventable infectious diseases by supporting recommended vaccinations.
Indicators and Goals	<ul style="list-style-type: none"> ➤ The goal of this project is to increase the <i>Childhood Immunization Status – Combination 3 (CIS-3)</i> rate. This is the rate of children who turned two during the measurement year who received their age-appropriate immunizations based on the Centers for Disease Control and Prevention (CDC) Childhood Immunization Guidelines. The goal is to meet or exceed the previous year’s NCQA Quality Compass Medicaid National Average. For HEDIS 2013, the National Medicaid Average was 72.08%.
Strengths	<ul style="list-style-type: none"> ➤ The performance measure is a HEDIS measure. ➤ Although not significant, the 1.9 percentage point increase from HEDIS 2013 to HEDIS 2014 appears to be the result of the combination of the interventions that are in place. ➤ Interventions address many of the barriers identified, target and provide one-to-one contact with providers and enrollees. ➤ Interventions are multifaceted using outreach phone calls, mailings, and provider gaps in care reports.
Barriers	<ul style="list-style-type: none"> ➤ Members are seen for urgent care/sick visits, but immunizations are not addressed. ➤ Providers receive vaccines for free through the Vaccines for Children program, so the providers are only eligible to receive payment for the administration fee. Many providers do not bother to bill for the administration fee, so UniCare is missing administrative data on vaccine administration. ➤ Many practices are no longer carrying vaccines and are referring members to the health department for immunizations.
Interventions	<ul style="list-style-type: none"> ➤ Data Transfer - Beginning 2014, the MCO conducted monthly data transfers of immunization data. ➤ Incentive Program - Well-Baby Care Visit Incentive Program which provides a \$50 incentive for parents/caregivers when a child completes 6 of 8 well visits by 15 months of age. ➤ Last Quarter Push Effort - UniCare initiated a “4th Quarter Push” in 2013 to get members in for their immunizations. It is anticipated that the results of this push will impact the 2014 results. ➤ Gaps in Care Reports.

PIP Results – Childhood Immunization Status Combination 3			
Indicator 1: The percentage of children 2 years of age who had 4 diphtheria, tetanus, and acellular pertussis (DTaP); 3 polio (IPV); 1 measles, mumps, and rubella (MMR); 3 H influenza type B (HiB); 3 hepatitis B (Hep B); 1 chicken pox (VZV); and 4 pneumococcal conjugate (PCV) vaccines by their second birthday.			
Time Period	Measurement	Goal	Rate or Results
1/1/2012 – 12/31/2012	Baseline	70.64%	62.04%
1/1/2013 – 12/31/2013	Remeasurement 1	72.08%	63.43%
1/1/2014 – 12/31/2014	Remeasurement 2	70.85%	67.13%

Findings. The project included two remeasurement years of data for it’s MY 2014 submission. UniCare’s Remeasurement 2 rate of 67.13% shows a 3.7 percentage point improvement over the first remeasurement year of data and a 5.09 percentage point improvement over the baseline rate. The year’s performance signifies an improving trend, but the increase was not statistically significant.

Recommendations. UniCare delivers Gaps in Care Reports to providers with hopes that the providers will follow-up and help bring the members into compliance. UniCare should implement a mechanism to ensure that providers follow-up with non-compliant members. UniCare should continue this PIP in hopes of achieving sustained improvement in Remeasurement 3.

Emergency Department Collaborative

The MHT MCOs collaboratively aim to reduce emergency department utilization through interventions targeting members with asthma. The mandatory indicator is the *Annual Percentage of Asthma Patients with one or More Asthma-Related ED Visits (ages 2-20)*. UniCare also selected the HEDIS *Use of Appropriate Medications for People with Asthma (ASM)* and *Medication Management for People with Asthma (MMA)* indicators for use in this PIP.

PIP Summary: Emergency Department Collaborative	
Rationale	➤ This is a mandatory PIP. Asthma is a chronic disease in the WV MHT population which provides opportunity for improvement. According to the Centers for Disease Control and Prevention, in 2008 asthma prevalence among children was 11.5% in West Virginia, compared to 9% nationwide.
Indicators and Goals	➤ In this mandatory project, the WV MHT MCOs collaboratively aim to reduce emergency department utilization through interventions targeting members with asthma. Indicator 1, the mandatory indicator, is the <i>Annual Percentage of Asthma Patients with One or More Asthma-Related ED Visits (ages 2-20)</i> . UniCare selected two additional indicators, <i>Use of Appropriate Medications for People with Asthma (ASM)</i> and <i>Medication Management for People with Asthma (MMA)</i> , both of which are HEDIS indicators.
Strengths	<ul style="list-style-type: none"> ➤ Interventions directly target the members identified as asthmatic as well as providers who treat asthmatic patients. ➤ Interventions target identified barriers and provide on-to-one contact to members and providers. ➤ Interventions are multi-faceted using outreach, case management, disease management, provider profiling and reporting.

PIP Summary: Emergency Department Collaborative	
	➤ UniCare chose two additional indicators in addition to the mandatory indicator.
Barriers	<ul style="list-style-type: none"> ➤ Engaging members with asthma is difficult. Members are difficult to contact and often stop taking their medication when they feel better. ➤ Members have difficulty navigating the health care system.
Interventions	<ul style="list-style-type: none"> ➤ Participation in the WV Asthma Coalition meetings to better understand existing programs in WV and solicit suggestions from patients and providers about potential interventions and methods to reach target groups. ➤ Disease management (Care Compass). Disease managers contact members or their guardians who meet program eligibility criteria to offer supportive clinical management and education on self-management of asthma. ➤ A collaboratively written letter was distributed to providers state-wide advising them that the MCO's have chosen to focus on reducing emergency department usage for members with asthma.

PIP Results – Emergency Department Collaborative			
Indicator 1: Percentage of children ages 2 to 20 diagnosed with Asthma during the measurement year with one or more asthma-related emergency room (ER) visits.			
Time Period	Measurement	Goal	Rate or Results
1/1/2013-12/31/2013	Baseline	To be determined with the PIP Collaborative Team	8.29%
1/1/2014-12/31/2014	Remeasurement 1	7.89%	8.38%
Indicator 2: Use of Appropriate Medications for People With Asthma (ASM) The percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.			
Time Period	Measurement	Goal	Rate or Results
1/1/2013-12/31/2013	Baseline	To be determined upon release of NCQA's Quality Compass	76.61%
1/1/2014-12/31/2014	Remeasurement 1	65.48%	90.85%
Indicator 3: Medication Management for People With Asthma (MMA) The percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during at least 75% of the treatment period.			
Time Period	Measurement	Goal	Rate or Results
1/1/2013-12/31/2013	Baseline	To be determined upon release of NCQA's Quality Compass	42.39%
1/1/2014-12/31/2014	Remeasurement 1	31.11%	38.53%

Findings. This PIP meets the requirements. *The Use of Appropriate Medications for People With Asthma* indicator achieved improvement from Baseline (76.61%) to 90.85% in Remeasurement 1. The other two indicators did not achieve improvement.

Recommendations. The MCO delivers Gaps in Care Reports to providers with hopes that the providers will follow-up and help bring the members into compliance. UniCare should implement a mechanism to ensure that providers follow-up with non-compliant members. UniCare should consider initiating a provider incentive program to increase provider follow-up with gaps in care reports as well as provider education through medical record reviews.

Diabetes Collaborative

All MHT MCOs are required to participate in the Diabetes Collaborative Project. The mandatory indicator is the HEDIS indicator *HbA1c Control (<8%)*. The MCO also selected two additional HEDIS indicators which are *HbA1c Testing* and *Eye (Retinal) Exam Performed*. The Diabetes Collaborative PIP goal is to meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015).

PIP Summary: Diabetes Collaborative	
Rationale	<ul style="list-style-type: none"> ➤ Prevalence of diabetes in WV has nearly tripled since 1996. Diabetes is contributing to long-term complications, including blindness, kidney failure, amputation and heart disease. The MHT weighted average and UniCare's rate for <i>HbA1c Control (<8%)</i> are below the National Medicaid Average.
Indicators and Goals	<ul style="list-style-type: none"> ➤ All MHT MCOs are required to participate in the Diabetes Collaborative Project. The mandatory indicator is from the HEDIS measure set, <i>Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) Control (<8%)</i> with the goal to meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average (45.4%) by HEDIS 2016 (MY 2015). UniCare also selected additional measures, <i>Comprehensive Diabetes Care - HbA1c Testing</i>, and <i>Retinal Eye Exams</i> for this project.
Strengths	<ul style="list-style-type: none"> ➤ The performance measures are HEDIS indicators. ➤ In addition to the mandatory indicator (<i>HbA1c Control <8%</i>), UniCare chose two additional indicators, <i>HbA1c Testing</i> and <i>Retinal Eye Exam</i>.
Barriers	<ul style="list-style-type: none"> ➤ There exists a lack of knowledge about member's own condition and the link between poor diabetic control and disease complications. ➤ Insufficient local health plan staff to provide individual consultation with practices and providers to drive quality improvement.
Interventions	<ul style="list-style-type: none"> ➤ Member Incentive Program - Provides a \$25 incentive each for completing diabetic screenings and an annual eye exam. ➤ Member Outreach (live calls) - Live outreach phone calls based on Gaps in Care to assist in identifying obstacles in the member's life preventing them from getting the needed service. ➤ Collaborative Letter - A collaboratively written letter was being developed to distribute to providers state-wide advising them that the MCO's have chosen to focus on proper care and testing for members with diabetes. (The letter was distributed in early 2014.)

PIP Results – Diabetes Collaborative			
Indicator 1: Comprehensive Diabetes Care – HbA1c Control (<8%)			
Time Period	Measurement	Goal	Rate or Results
HEDIS 2014 (MY 2013)	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	28.73%
HEDIS 2015 (MY 2014)	Remeasurement 1	45.52%	38.19%

Indicator 2: Comprehensive Diabetes Care – HbA1c Testing			
Time Period	Measurement	Goal	Rate or Results
1/1/13-12/31/13	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	80.18%
HEDIS 2015 (MY 2014)	Remeasurement 1	83.81%	81.71%
Indicator 3: Comprehensive Diabetes Care – Eye (Retinal) Exam Performed			
Time Period	Measurement	Goal	Rate or Results
1/1/13-12/31/13	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	25.84%
HEDIS 2015 (MY 2014)	Remeasurement 1	53.53%	25.93%

Findings. This PIP meets the requirements. The MCO achieved improvement for all three indicators. A new intervention in which a provider pharmacy report that identifies members who are not prescribed appropriate medications to control their asthma is shared with providers on a monthly basis was established.

Recommendations. UniCare should continue with this project, using MY 2015 as the second year of remeasurement data.

Performance Measure Validation

Three of the four MHT MCO were required to participate in the PMV activities for MY 2014. WVFH was exempt from PMV as MY 2014 was their first year of operation. The three participating MCOs successfully reported all performance measures required by BMS (HEDIS 2015 (MY 2014), Adult and Child Core Measure Sets, and CAHPS). The twelve required measures are:

- Medication Management for People With Asthma: Medication Compliance 75% (Total)
- Immunizations for Adolescents - Combination 1
- Prenatal and Postpartum Care - Postpartum Care
- Adolescent Well-Care Visits
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Percentage of Eligibles That Received Preventive Dental Services
- Percentage of Eligibles That Received Dental Treatment Services
- Annual Percentage of Asthma Patients 2-20 Years Old with One or More Asthma-Related Emergency Room Visits
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate

The following analysis compares the MCO results for the twelve measures that were validated for MY 2014 as they related to the Withhold Program and to quality, access, and timeliness.

MHT Quality Strategy (QS) and Performance Withhold Program

The *West Virginia Mountain Health Trust Program State Quality Strategy for Assessing and Improving Managed Care Quality* (Quality Strategy) was updated in 2013 and identified the following five priorities:

1. Make care safer by promoting the delivery of evidence-based care.
2. Engage individuals and families as partners in their care by strengthening the relationship between patients and their primary care provider.
3. Promote effective communication and coordination of care.
4. Promote effective prevention and treatment of diseases that burden MHT enrollees.
5. Enhance oversight of MCO administration.

Recognizing that performance measurement is essential to monitoring and improving quality, BMS selected performance measures that align its requirements with national, state, and local objectives. The performance measures are chosen from national sources and reflect the priorities outlined in the Quality Strategy. The 12 measures selected for PMV are implemented in different programs, such as the Performance Withhold Program, to monitor and improve quality of services provided by the MCOs. The Performance Withhold Program objective is for MCOs to improve performance for the selected measures in order to earn back the 5% of their capitation payments that are withheld. For MY 2014, BMS selected five HEDIS measures for the program (*Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life, Medication Management for People With Asthma Adolescent Well-Care, Immunization Status for Adolescents, and Prenatal and Postpartum Care, Postpartum Care*). Each MCO received a portion of its withhold for each MY 2014 measure that met or exceeded the corresponding 2014 HEDIS (MY 2013) National Medicaid Average (NMA). Table 5 provides the MCO rates for MY 2012-MY 2014 and their corresponding MY 2013 NMA.

Table 5. WV MHT Withhold Measures.

Measure	CoventryCares			The Health Plan			UniCare			NMA MY 2013* %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	
Medication Management for People With Asthma: Medication Compliance 75% (Total)	10.6	30.7	32.3	33.4	37.5	33.8	50.0	42.4	38.5	31.4
Immunizations for Adolescents - Combination 1	64.0	83.4	84.3	60.1	83.2	84.4	68.4	78.0	80.5	70.1
Prenatal and Postpartum Care - Postpartum Care	59.7	60.6	55.0	69.3	62.8	61.6	65.7	64.9	61.7	61.3
Adolescent Well-Care Visits	46.6	47.2	50.5	44.9	43.1	46.5	45.3	41.2	41.9	50.0
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	72.5	73.7	77.8	67.5	71.3	70.6	64.2	66.9	69.0	71.5

*National Medicaid Average is from HEDIS Quality Compass 2014 (MY 2013) is used for Performance Withhold Program.

All three MCOs compared favorably to the NMA for the following measures:

- Medication Management for People With Asthma - Total Compliance 75%
- Immunization Status for Adolescents - Combination 1

The Health Plan and UniCare compared favorably to the NMA for *Prenatal Postpartum Care-Postpartum Care*.

CoventryCares compared favorably to the NMA for two other measures:

- Adolescent Well-Care Visits
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Performance Measures

The twelve performance measures that were validated for MY 2014 can be used to assess performance on the dimensions of Quality, Access, and Timeliness. These measures are discussed in the sections that follow. Through the discussion, a star rating system is used to compare the MHT Weighted Averages (MHT-WA) to the National Medicaid Percentiles (NMPs). The percentiles and the star rating system are depicted in Table 6 below.

Table 6. Star Ratings for Performance Measure Tables.

National Medicaid Percentile Ranges	Star Rating
Exceeds the 90 th Percentile	★★★★★
Exceeds the 75 th Percentile to 90 th Percentile	★★★★
Exceeds the 50 th Percentile to the 75 th Percentile	★★★
Exceeds the 25 th Percentile to the 50 th Percentile	★★
25 th Percentile or less	★

Quality Performance Measures

Two HEDIS indicators from the PMV activities assess the quality of care provided by the MHT MCOs. The HEDIS 2013 (MY 2012) through HEDIS 2015 (MY 2014) MHT Weighted Averages (MHT-WAs) are provided in the table below with the National Medicaid Percentile (NMP) comparisons.

Table 7. Quality Performance Measures.

Measure Name and Goal	MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014*
Immunizations for Adolescents - Combination 1	65.5	80.7	82.5	★★★★
Medication Management for People With Asthma - Total, Compliance 75%+	36.9	33.9	35.8	★★★★

*Star ratings are based on the HEDIS 2015 (MY 2014) Quality Compass. One star represents a rate equal to or less than the 25th Percentile. Five stars represent the highest rating, a rate that is greater than the 90th Percentile. Refer to Table 6 for details.

The MHT performed well with the quality performance measures. The MHT-WA for both indicators exceeded the 75th NMP. *Immunizations for Adolescents-Combination 1* improved each year between MY 2012 and MY 2014. *Medication Management for People With Asthma-Total Compliance 75%* improved between MY 2013 and MY 2014. No opportunities for improvement were identified for quality measures.

Access Performance Measures

Four measures were used to assess MHT performance for accessibility of health care services:

- Prenatal and Postpartum Care - Postpartum Care
- Percentage of Eligibles That Received Preventive Dental Services
- Percentage of Eligibles That Received Dental Treatment Services
- Annual Percentage of Asthma Patients 2 Through 20 with One or More Asthma-Related Emergency Room Visits

Table 8 provides the MHT-WA for three years and a comparison to national benchmarks for each measure.

Table 8. Access Performance Measure Results.

Measure Name	MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014*
Prenatal and Postpartum Care - Postpartum Care	63.9	62.7	59.1	★★
Percentage of Eligibles That Received Preventive Dental Services	^	^	27.1**	46.0 ⁺
Percentage of Eligibles That Received Dental Treatment Services	^	^	13.1**	24.5 ⁺
Annual Percentage of Asthma Patients 2-20 Years Old with One or More Asthma-Related Emergency Room Visits (lower score is better)	^	^	8.1**	^

*Star ratings are based on the HEDIS 2015 (MY 2014) Quality Compass. One star represents a rate equal to or less than the 25th Percentile. Five stars represent the highest rating, a rate that is greater than the 90th Percentile. Refer to Table 6 for details.

**Indicates the MHT-WA is a simple average for the indicated measure.

+ National Medicaid Average from the HHS Report FFY 2014.

^ Measure not collected or no national benchmark available.

The MHT-WA for *Prenatal and Postpartum Care- Postpartum Care* fell below the 50th NMP and declined between MY 2012 and MY 2014. The MHT-WA also compared unfavorably to the National Medicaid Average for enrollees that received preventive dental services or dental treatments.

For access measures, one opportunity is identified for *Prenatal and Postpartum Care- Postpartum Care* where the MHT-WA was below the national benchmark and declined over the three year period between MY 2012 and MY 2014. The other three access measures are first year measures and do not have enough data to determine opportunities for improvement.

Timeliness Performance Measures

Six measures validated for MY 2014 were selected to assess performance for timeliness of care. The measures include:

- Adolescent Well-Care Visits
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate

Table 9 provides the MHT-WAs for three years and comparison to national benchmarks.

Table 9. HEDIS Performance Measures for Timeliness.

Measure Name	MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014*
Adolescent Well-Care Visits	45.6	43.6	45.7	★★
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	67.5	70.0	72.6	★★★
PQI 01: Diabetes Short-Term Complications Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	^	^	14.6**	^
PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	^	^	28.1**	^
PQI 08: Heart Failure Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	^	^	0.8**	^

Measure Name	MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014*
PQI 15: Asthma in Younger Adults Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	^	^	7.2**	^

*Star ratings are based on the HEDIS 2015 (MY 2014) Quality Compass. One star represents a rate equal to or less than the 25th Percentile. Five stars represent the highest rating, a rate that is greater than the 90th Percentile. Refer to Table 6 for details.

**MHT-WA is a simple average for this measure.

^Measure not reported or no national benchmark available.

The MHT-WA for *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* exceeded the 50th NMP and improved each year between MY 2012 and MY 2014. The MHT-WA for *Adolescent Well-Care Visits* improved also between MY 2012 and MY 2014 but did not meet the 50th NMP. All four PQI admission rates are first year measures and do not have national benchmarks. No opportunities for improvement were identified for timeliness measures.

Summary of Quality, Access, and Timeliness

The External Quality Review Results section of 42 CFR §438.364 requires the external quality review organization (EQRO) to provide a detailed technical report that describes the manner in which the data from all activities conducted were aggregated, analyzed, and conclusions were drawn as to the quality, access and timeliness of the care furnished by the MCO. This section summarizes the Systems Performance Review, Performance Improvement Project, and Performance Measure Validation activities according to the quality, access, and timeliness of care provided to the MHT enrollees.

Summary of Quality

Quality, as stated in the federal regulations as it pertains to external quality review, is “the degree to which a Managed Care Organization (MCO)... increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge” (Centers for Medicare & Medicaid Services [CMS], Final Rule: External Quality Review, 2003).

The evaluation of quality includes an assessment of each MCO’s structural and operational characteristics as well as the provision of health services to Medicaid recipients. Improving quality in any of these areas increases the likelihood of the desired health outcomes of its recipients.

The structural and operational characteristics are evaluated through the Systems Performance Review in the Quality Assessment and Performance Improvement (QA) standard. This standard is important because it assesses each MCO’s internal Quality Improvement (QI) structure and its ability to improve the quality of care and services for its enrollees. Key components of the QI program such as goals and objectives, governing board oversight, quality improvement committee activity, provider participation in QI activities, clinical practice guidelines, and quality of care studies and measures are assessed as part of this standard.

The MY 2014 SPR compliance rates for the QA standard for all three MHT MCOs are presented below.

Table 10. MCO SPR Compliance Rates for MY 2014 - Quality Assessment and Performance Improvement.

SPR Standard	MY 2014 Compliance Rate		
	CoventryCares	The Health Plan	UniCare
Quality Assessment and Performance Improvement	100%	99%	98%

All MCOs performed well in the area of quality. CoventryCares achieved full compliance (100%) while The Health Plan and UniCare had compliance rates of 99% and 98% respectively.

The MCOs have well documented Quality Assessment and Performance Improvement (QAPI) program plans that describe the organizational structure and include goals, objectives, and a detailed work plan. All QAPI plans note that the ultimate authority of the QAPI Program rests with the MCO’s governing body, the Board of Directors (BOD). All MCOs carry out their QAPI functions using committees (e.g. credentialing, quality improvement, utilization management). Committee descriptions in the QAPI documents include all of the required components including committee responsibilities, a designated chairperson and responsibilities for each committee. The QAPI documents include organizational charts, describe the relationship between the committees, and how information is communicated among the committees and up to the BOD.

The MY 2014 SPR demonstrated the following MCO accomplishments related to quality. All three MCOs have:

- Well documented QAPI plans that describe the organizational structure and include goals, objectives, and a schedule of planned activities (work plan).
- Detailed committee meeting minutes that describe actions taken, problem identification and resolution, as well as coordination and communication among committees.
- Demonstrated that appropriate staff and committees are involved in the decision making process for Utilization Management (UM) and QI activities.
- UM procedures in place for making authorization decisions.
- UM procedures in place to identify over- and underutilization.
- Clinical practice guidelines (CPGs) in place, and update them at least every two years.

- CPGs and other industry acceptable criteria (e.g. InterQual and Milliman and Robertson) are used to make UM decisions (e.g. pre-authorization of procedures).
- Procedures in place to monitor delegated credentialing entities. Delegates are held to same standards as MCOs as demonstrated by the delegated credentialing audits and monitoring conducted by the MCOs.
- On-site pre-delegation audits are conducted prior to contracting with any delegate.
- Disease management programs in place for enrollees with special health care needs.
- Health education programs in place that are based on enrollee characteristics and needs.
- The appropriate policies and procedures in place to cover and pay for emergency and post-stabilization care services.
- Processes in place to collect and report the required performance data (HEDIS measures, CAHPS measures, and Adult and Child Core Measures).
- Policies and procedures in place to report valid and reliable performance measures.
- Analyzed data collected in the QI and UM programs and use it for problem identification and resolution (e.g. interventions), and program planning (e.g. selection of areas for focused studies and PIPs).
- Conducted the most recent version of the CAHPS survey and used the results to identify areas to target for improvement. Corrective action plans are developed and implemented to address areas where improvement is required.
- Have access and availability standards in place that are consistent with the BMS/MCO contract. Compliance to these standards is assessed at least annually as required.

MCOs have the appropriate structures and processes in place to monitor, evaluate, and improve the quality of services to the MHT enrollees using Performance Improvement Projects (PIPs). The MCOs are required to have three PIPs in place at all times. All MCOs have the required PIPs in place, including two mandatory Collaborative PIPs: Diabetes Collaborative PIP and Emergency Department (ED) Collaborative PIP.

There were two MCO PIP topics related to quality in MY 2014. They are Childhood Immunization Status – Combination 3 PIP conducted by UniCare, and the Diabetes Collaborative (all three MCOs).

In UniCare's Childhood Immunization Status - Combination 3 PIP, the MCO aims to meet or exceed the previous year's NCQA Quality Compass National Medicaid Average for the percentage of children 2 years of age who had 4 diphtheria, tetanus, and acellular pertussis (DTaP); 3 polio (IPV); 1 measles, mumps, and rubella (MMR); 3 H influenza type B (HiB); 3 hepatitis B (Hep B); 1 chicken pox (VZV); and 4 pneumococcal conjugate (PCV) vaccines by their second birthday. For HEDIS 2012 (MY 2011), the National Medicaid Average was 70.64%. The MCO's performance improved from the MY 2012 baseline rate of 62.04% to 67.13% for Remeasurement 2 (MY 2014). Improvement has been achieved over the baseline rate for both remeasurements. Delmarva recommended that the MCO conduct this project for at least one more year to try and achieve sustained improvement.

The other PIP topic related to quality is the mandated Diabetes Collaborative in which all three MCOs are required to participate. The mandatory indicator for the collaborative project is *Comprehensive Diabetes Care (CDC)-Hemoglobin A1c (HbA1c) Control (<8%)* with the goal to meet or exceed the HEDIS 2014 National Medicaid Average (45.4%) by HEDIS 2016 (MY 2015). All MCOs have selected at least one additional HEDIS indicator for their projects to include *Retinal Eye Exam Performed (UniCare)*, and *HbA1c Testing (CoventryCares, The Health Plan and UniCare)* as recommended by Delmarva.

For HEDIS 2012 (MY 2011), the Mountain Health Trust (MHT) Weighted Average (MHT-WA) for the *CDC - HbA1c Control (<8%)* measure was 41.3% compared to the National Medicaid Average (NMA) of 48.0%, resulting in a 6.7 percentage point difference and providing opportunity for improvement. The results for the mandatory indicator, *HbA1c Control <8%*, are found in the table below.

Diabetes PIP - Mandatory Indicator Results HbA1c <8%			
CoventryCares			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (2015)	41.32%
MY 2014	Remeasurement 1	45.52%	43.27%
The Health Plan			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (2015)	45.34%
MY 2014	Remeasurement 1	46%	41.24%
UniCare			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (2015)	28.73%
MY 2014	Remeasurement 1	45.52%	38.19%

The results show that CoventryCares and UniCare achieved improvement from Baseline to Remeasurement 1 for the *HbA1c <8%* indicator. The Health Plan did not realize an improvement in this indicator, but its MY 2014 rate is above UniCare’s rate. Best practices for interventions for the Diabetes Collaborative that were implemented in 2014 are described below.

CoventryCares produces a Practitioner Report annually to high-volume practices including data about diabetes and other diseases. In addition, Practitioner Gaps in Care Lists were produced and distributed monthly to encourage providers to contact members and get them in for needed services and tests. The Gaps in Care Lists provide member-level detail of missing screenings, tests, and services. The MCO encourages

providers to follow-up with enrollees who appear on these lists. Delmarva recommended that the MCO put a mechanism in place to ensure that the providers follow-up to get members with missing services in for an appointment.

The Health Plan's Wellness and Health Promotion (W&HP) Call Center provides one-on-one personalized contact with diabetic members who are missing important services and/or testing. Claims histories are used to identify gaps in care that trigger members being placed in an outbound call queue that is updated weekly. Following the phone call from the nurse, a letter is sent to the member with a checklist of all missing services that were discussed on the call. A similar letter is sent to the member's PCP urging the PCP to assist the member in obtaining any services the member chooses to pursue. This intervention is not just for diabetes, but is in place for multiple conditions.

UniCare also generates Provider Gaps in Care Reports that include member-level detail of gaps in care and distributes them to providers in hopes that they will follow-up with enrollees on the lists. As with the other MCOs that produce these types of reports, Delmarva recommended that the MCO put a mechanism in place to ensure that the providers follow-up to get members with missing services in for an appointment. In addition, the MCO has a Member Incentive Program which provides a \$25 incentive for completing recommended diabetic screenings and a dilated eye exam.

Two measures from the performance measure validation (PMV) set assessed quality for the MHT MCOs: *Immunization for Adolescents- Combination 1* and *Medication Management for People With Asthma- Total 75% Compliance*. The MHT-WA compared favorably the 75th NMP for both measures. *Immunization for Adolescents- Combination 1* improved between MY 2012 and MY 2014. *Medication Management for People With Asthma- Total 75% Compliance* improved between MY 2013 and MY 2014.

Summary of Access

Access (or accessibility), as defined by the National Committee for Quality Assurance (NCQA), is "the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of scheduling an appointment, if applicable. The intent is that each organization provides and maintains appropriate access to primary care, behavioral health care, and member services" (*NCQA 2013 Standards and Guidelines for the Accreditation of Health Plans*).

Access to care and services has historically been a challenge for Medicaid enrollees in rural areas. Access is an essential component of a quality-driven system of care. The findings with regard to access are discussed in this section.

The SPR standards evaluate enrollee access to informational materials and services. All MCOs provided comprehensive member materials at or below the 6th grade reading level as required by the BMS/MCO

contract. Telephone numbers to access Member/Customer Services lines, hours of operation, and the MCO address are provided in Member Handbooks. Member Handbooks describe the covered services, how to access those services, and any other special requirements (e.g. referrals and preauthorizations). Member materials also include a statement of enrollee rights, instructions on how to file complaints, grievances, and appeals and describe how to access a State Fair Hearing.

The MCOs are required to assess compliance with appointment access standards in the MCO contract. Current BMS standards state that:

- Emergency cases must be seen immediately or referred to an emergency facility;
- Urgent cases must be seen within 48 hours;
- Routine cases other than clinical preventive services must be seen within 21 days (exceptions are permitted at specific times when PCP capacity is temporarily limited);
- An initial prenatal care visit must be scheduled within 14 days of the date on which the woman is found to be pregnant.
- Qualified medical personnel to be accessible 24 hours each day, seven days a week (24/7), to provide direction to patients in need of urgent or emergency care. Such medical personnel include, but are not limited to, physicians, physicians on call, licensed practical nurses, and registered nurses.

CoventryCares met all of the access standards. The Health Plan did not meet the access standards for Emergency Care and 24/7 access. UniCare did not meet the 90% threshold for Urgent Care, Routine Care, Initial Prenatal Care Visit, and 24/7 access.

Delmarva noted in the 2013 Annual Technical Report that the MCOs were not consistently meeting the threshold for the 24/7 access standard. A review of data for the four year period from MY 2011- MY 2014 shows that CoventryCares met the standard three times, The Health Plan met the standard one time, and UniCare did not meet this standard in any of these four years. Delmarva recommends that BMS work with the MCOs to focus on meeting this important standard.

In regards to access, the MCOs have undertaken a mandatory PIP focusing on reducing the number of ED visits for patients with asthma. The mandatory indicator is *Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Department (ED) Visits (ages 2-20)*.

Each MCO selected its own goal for the project based on the variation in baseline rates among the MCOs. The robust interventions that were in place throughout MY 2014 include Gaps in Care Reports (CoventryCares and UniCare), Pharmacy Profile Reports which are used to identify asthmatic members with no prescription for a controller medication (UniCare), and Emergency Department (ED) Usage Lists used to identify asthmatic members who frequently utilize the ED to manage their asthma (CoventryCares and UniCare). A Wellness and Health Promotion Call Center (W&HP) allows for one-on-one personalized

contact with members who are Phone calls are placed to members by an outbound specialist who completes an initial assessment of the member’s health and asthma control and engages them in the MCO’s Asthma Wellness program.

Emergency Department Collaborative PIP - Mandatory Indicator Results			
Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Department Visits Ages 2 – 20			
CoventryCares			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To be determined with PIP Collaborative Team	8.86%
MY 2014	Remeasurement 1	7.974%	8.67%
The Health Plan			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To be determined with PIP Collaborative Team	6.58%
MY 2014	Remeasurement 1	1% total decrease	7.09%
UniCare			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To be determined with PIP Collaborative Team	8.29%
MY 2014	Remeasurement 1	7.89%	8.38%

The indicator results show that the mandatory indicator rate improved for CoventryCares. The Health Plan and UniCare did not achieve improvement for the first remeasurement period. The robust interventions that were in place in MY 2014 were:

- Gaps in Care Reports (CoventryCares and UniCare)
- Pharmacy Profile Reports which are used to identify asthmatic members with no prescription for a controller medication (UniCare)
- Emergency Department (ED) Usage Lists used to identify asthmatic members who frequently utilize the ED to manage their asthma (CoventryCares and UniCare).
- A Wellness and Health Promotion (W&HP) Call Center at The Health Plan allows for one-on-one personalized contact with members who are identified as having asthma. Phone calls are placed to members by an outbound specialist who completes an initial assessment of the member’s health and asthma control and engages them in the MCO’s Asthma Wellness program.

Four performance measures were validated and used to assess MCO performance for Access.

- Prenatal and Postpartum Care - Postpartum Care
- Percentage of Eligibles That Received Preventive Dental Services
- Percentage of Eligibles That Received Dental Treatment Services

- Annual Percentage of Asthma Patients 2 Through 20 Years of Age with One or More Asthma-Related Emergency Room Visits

In regards to PMV, the HEDIS indicator, *Prenatal Postpartum Care- Postpartum Care*, provides an opportunity for improvement. The MHT-WA for this indicator did not meet the 50th NMP and declined between MY 2013 and MY 2014. The other three access measures are first year measures and do not have enough data to determine opportunities for improvement.

Summary of Timeliness

Timeliness, as it relates to utilization management decisions and as defined by NCQA, is whether “the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care” (*2013 Standards and Guidelines for the Accreditation of Health Plans*). An additional definition of timeliness given in the Institute of Medicine National Health Care Quality Report refers to “obtaining needed care and minimizing unnecessary delays in getting that care” (*Envisioning the National Health Care Quality Report, 2001*).

Timeliness is an important factor for evaluating MCO performance because organizations must have procedures in place to make decisions timely in order not to disrupt or delay the provision of care or services to their members. The SPR standards in place evaluate timeliness as it relates to both the provision of services and timely access to customer services. The findings for the MHT MCOs related to timeliness are described below.

During the SPR on-site review, cases, files, and logs are reviewed to assess the timeliness of MCO activities. For MY 2014, Delmarva reviewed cases, files, and logs to assess timeliness of:

- Credentialing and recredentialing of providers,
- Resolution of complaints, grievances and appeals, and
- Authorization, pre-authorization and continuing authorization activities.

Delmarva sampled 10 credentialing and 10 recredentialing files for each MCO. All initial credentialing applications in the sample were processed according to the MCOs policies and procedures. All provider recredentialing files in the sample were recredentialed within the three-year time requirement. All delegated credentialing providers are held to the same timeliness standards. All three MCOs complete annual audits of the delegates and no issues were identified with timely completion of credentialing and recredentialing activities. A pre-delegation audit is conducted prior to contracting with any delegate.

Delmarva reviewed each MCO’s grievance log and selected a sample of 10 formal appeals cases from each MCO for review. In cases where an MCO did not have 10 appeals for MY 2014, all cases were reviewed. The

BMS/MCO contract requires MCOs to process and provide notice to affected parties regarding grievances and appeals in a reasonable length of time not to exceed 45 days from the day the MCO receives the grievance or appeal, unless the enrollee requests an extension or the MCO shows that a delay is necessary and in the interest of the enrollee. All grievances reviewed were resolved timely. All appeals cases sampled were resolved and affected parties notified in less than 45 days. None of the cases included a request for an extension.

Each MCO has a UM program in place which includes policies and procedures to monitor the timeliness of utilization management decisions. According to the BMS/MCO contract, the MCOs must make authorization decisions and provide notice as expeditiously as required by the enrollee's health condition and within 14 measurement days of receiving the request for service for the purposes of standard authorization decisions. All MCOs monitor the time to completion for authorizations against this timeliness standard. Results are compiled at least monthly by all MCOs and reported through the QAPI channels at least quarterly.

In addition, the MCOs must provide an expedited authorization decision for services when the provider indicates that the standard time frame could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function. The MCO must make the expedited authorization decision and provide notice to the enrollee as expeditiously as the enrollee's health condition requires, and no later than 3 working days after receipt of the request for service. This three working-day period may be extended up to 14 additional days upon request of the enrollee or provider, or if the MCO justifies to BMS the need for additional information and how the enrollee might benefit from the extension.

All authorization decisions are monitored for timeliness. Turn-around time is measured and documented. These results are usually summarized quarterly and reported through the QAPI channels by the UM department. There were no cases on file for expedited authorizations in MY 2014.

For MY 2014, there were two PIPs that addressed timeliness. They are CoventryCares's Adolescent Well-Care Visits PIP and The Health Plan's Member Establishment with Primary Care Provider of Record PIP.

CoventryCares's PIP measures the percentage of enrollees 12-21 years of age who had at least one comprehensive well-care visit with a PCP or Obstetrician/Gynecologist during the measurement year. CoventryCares achieved an increase in the indicator rate each year from Baseline (MY 2011) to Remeasurement 3 (MY 2014). The rate increased from 42.13% in the Baseline to 50.47% in Remeasurement 3. Interventions such as face-to-face education of providers about medical record documentation, outreach calls to non-compliant members, provider report cards, and EPSDT reminder systems, target identified barriers.

Interventions identified as best practices in the review of CoventryCares's Adolescent Well-Care Visits PIP are listed below:

- Disease and case managers conduct targeted calls to members identified as non-compliant to educate them about the need for routine well-visits and assist with appointment scheduling if needed.
- Provider report cards are mailed monthly which contain all members that are non-compliant with the required services. The MCO encourages providers to follow-up with the non-compliant members. Delmarva recommended that the MCO put a mechanism in place to ensure that providers follow-up with members and attempt to get them up to date with the required services.
- Provider/office staff education, including appropriate medical documentation, was offered when HEDIS medical record reviews were being conducted on-site by the MCO.

The Health Plan's Member Establishment with PCP of Record was implemented in the last quarter of 2015. The MCO aims to improve the *Adolescent Well-Care Visits* (as in CoventryCares's PIP) and the *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* rates. By encouraging members to establish with their PCP of record, the MCO believes that enrollees will be more likely to obtain routine well exams and preventive services, and may use the ED and walk-in clinics less frequently. Baseline data were provided for this PIP as it was implemented in the second half of 2015.

The following six measures validated for MY 2014 assess performance for Timeliness.

- Adolescent Well-Care Visits
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate

The MHT-WA for *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* exceeded the 50th NMP and improved each year between MY 2012 and MY 2014. The MHT-WA for *Adolescent Well-Care Visits* also improved between MY 2013 and MY 2014 but did not the 50th NMP. The four PQI admission measures are first year measures and do not have national benchmarks. There were no opportunities for improvement identified for timeliness measures.

MHT MCO Strengths, Requirements, and Recommendations

Strengths, requirements and recommendations for each standard are provided in the following tables for each MCO. **Strengths** are provided to encourage MCOs to continue efforts that are effective. **Recommendations** are made where Delmarva has suggestions to improve current MCO processes and practices that already meet requirements. MCOs are not required to implement recommendations although it is encouraged.

Finally, **Requirements** are provided to address elements and components that were not fully compliant (partially met or unmet) or that will need to be revised to maintain a current review determination of *Met*. All Requirements must be addressed by the MCO in order to be fully compliant at the time of the next annual review.

CoventryCares Strengths, Requirements, and Recommendations

Systems Performance Review

CoventryCares: 2014 SPR Strengths, Requirements and Recommendations	
Enrollee Rights	<p>Strengths</p> <ul style="list-style-type: none"> ➤ Member materials, including the Member Handbook, provide enrollees with information on how to access benefits and services. ➤ Member materials are available in alternate formats such as large print, Braille and on audio tape for members. ➤ The MCO provides oral interpretation for any language to enrollees free-of-charge as required. ➤ Enrollee Rights and Responsibilities are comprehensive and provided in an easily understood format. ➤ The Member Handbook and other enrollee materials are available on the CoventryCares website for members to access 24/7. ➤ The Provider Manual is available on CoventryCares website for providers to access 24/7. ➤ Member materials are assessed to ensure a reading level of 6th grade or below using the Flesch-Kincaid metric. ➤ All required enrollee rights and responsibilities are provided in the Member Handbook. ➤ The Member Handbook provides all of the required information to ensure enrollees have access to information on how to access services to which they are entitled. ➤ The Member Handbook details how members can file grievances, appeals, and access the State Fair Hearing process. <p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Grievance Systems	<p>Strengths</p> <ul style="list-style-type: none"> ➤ CoventryCares has a well-documented grievance system which meets the requirements. ➤ The policies and procedures are in place and are followed; all complaint, grievance, and appeal resolutions were documented and easy to follow from registration through completion/resolution when reviewed on-site. ➤ All of the appeals-related policies (pre- and post-service, pre-service transplant and urgent transplant) were updated and combined into one policy, the Medicaid Appeal Policy. ➤ The Notice of Action (NOA) letter sent to enrollees includes all required elements. ➤ All NOAs sent to enrollees include an attachment which notifies enrollees of their right to and process for filing a grievance, appeal, and State Fair Hearing. ➤ All grievance and appeals files reviewed on-site contained the appropriate documentation, including an acknowledgment letter. All files reviewed were resolved within the appropriate time frame. <p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.

CoventryCares: 2014 SPR Strengths, Requirements and Recommendations	
Quality Assessment and Performance Improvement	<p>Strengths</p> <ul style="list-style-type: none"> ➤ For Utilization Management decisions, CoventryCares exceeded the goal of an inter-rater reliability score (degree of agreement) for application of clinical screening criteria by its Preauthorization Nurses, Concurrent Review Nurses, Case Managers and Physicians. ➤ Credentialing and recredentialing policies and procedures are comprehensive. All 20 files reviewed on-site were complete and timely. ➤ Delegated oversight policies and procedures are in place and followed. The MCO provided the annual audit results for all delegated entities. No Corrective Action Plans (CAPs) were recommended based on the audit results. ➤ Utilization Management monitors over and under-utilization of services to ensure enrollees have appropriate access to services. ➤ The MCO is participating in the mandatory Emergency Department and Diabetes Collaboratives. ➤ The MCO reviews and updates (as needed) clinical practice guidelines (CPGs) every year. CPGs reviewed and approved in 2014 include Adult Immunizations, Childhood Immunizations, Diabetes, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Coronary Artery Disease, Asthma, Child Preventive Care Guidelines, and Adult Preventive Care Guidelines. ➤ Based on opportunities for improvement identified in Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results, the MCO develops action items and implements interventions to address deficiencies. ➤ CoventryCares partners with West Virginia University (WVU) and their mobile mammography unit, Bonnie's Bus, to increase breast cancer screening rates.
	<p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Fraud and Abuse	<p>Strengths</p> <ul style="list-style-type: none"> ➤ CoventryCares's Program Integrity Plan specifically focuses on Medicaid. ➤ The Medicaid Program Manager attends both the quarterly internal CoventryCares and monthly Corporate Compliance Meetings. This provides a link between the local MCO and the Corporate entity. ➤ Committee meeting minutes for 2014 document appropriate activities at both the local and corporate levels. ➤ Appropriate compliance officers/personnel and systems are in place to detect, report, monitor, and eliminate fraud and abuse. ➤ Coventry Health Care, CoventryCares parent company, uses the STARS Sentinel software package to detect fraud, waste, and abuse both prospectively and retrospectively. ➤ Coventry Health Care (Corporate) provides a comprehensive employee training program on compliance and ethics. Employee attendance and completion of mandatory training is recorded and tracked to ensure employee compliance with training requirements.
	<p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ The MCO achieved a 100% compliance rate; there are no recommendations.

Performance Improvement Projects

CoventryCares: MY 2014 PIP Strengths and Recommendations	
Adolescent Well-Care Visits	<p>Strength</p> <ul style="list-style-type: none"> ➤ The indicator rate has improved over all three remeasurement periods. The baseline rate (MY 2011) was 42.13% and the third and final remeasurement rate was 50.47% for MY 2014.
	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ Continue effective interventions. Close this PIP as it has achieved sustained improvement.
Emergency Department Collaborative	<p>Strengths</p> <ul style="list-style-type: none"> ➤ Clearly defined study question. ➤ Clearly defined study population and indicators. ➤ Clearly defined study design and data analysis plan. ➤ Targeted member and provider interventions including an Asthma Condition Management Member Incentive Program, ED usage reviews by Case management, Provider Report Cards, and Pharmacy Profile Reviews.
	<p>Recommendations</p> <ul style="list-style-type: none"> ➤ The MCO should add one-to-one provider education or add face-to-face contact with providers in its interventions. This was recommended in 2013, but was not addressed by the MCO. ➤ The MCO sends providers lists of non-compliant members (Gaps in Care Lists) in hopes that they provide follow-up to get members into care. The MCO should put a mechanism in place to monitor or require follow-up as part of the intervention. This was recommended in 2013, but was not addressed by the MCO. ➤ MCO must participate with the PIP Collaborative Team to determine the collaborative indicator goal as there are no benchmarks for the Pediatric Asthma ED Visit measure. After the MCOs have their Pediatric Asthma ED indicator rate for 2013, the group will meet to review the results and determine if a Collaborative goal can be selected (if the indicator rate is similar for all 3 MCOs) or if the MCOs should select an MCO specific goal.
Diabetes Collaborative	<p>Strengths</p> <ul style="list-style-type: none"> ➤ Comprehensive project rationale. ➤ Both performance measures are HEDIS indicators.
	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The MCO should investigate an intervention that includes one-to-one provider education or add face-to-face contact with providers as part of an existing intervention. Additionally, the MCO sends providers lists of non-compliant members (Gaps in Care Lists) in hopes that the providers provide follow-up with identified members. It is recommended that the MCO put a mechanism in place to monitor or require follow-up as part of the intervention.

Performance Measure Validation

CoventryCares: MY 2014 PMV Strengths, Requirements and Recommendations

Strengths

- The MCO has a robust and detailed system to capture supplemental data from different programs.
- CoventryCares fully utilized their HEDIS certified software for reporting all PMV measures (HEDIS and non-HEDIS).
- The MCO provided comprehensive pre-site visit documentation.
- The MCO is compliant and ready for ICD-10 implementation.
- The MCO was able to report all pharmacy-related measures to NCQA for HEDIS 2015 (MY 2014).
- The MCO successfully met BMS reporting deadlines for all required performance measures including HEDIS, CAHPS, PMV, and Adult and Child Core Sets.

Requirements

- CoventryCares should be ready to follow new HEDIS guidelines for reporting numerator events attributed to supplemental data. Supplemental data used to report Withhold Measures may be subject to additional review activities such as primary source validation during the next PMV.
- The MCO should be fully prepared to report behavioral health measures in the next reporting period.

Recommendation

- Continue to work with BMS to implement the MOU with Vital Statistics, and identify a process to access data. Once Vital Statistics data becomes available, the MCO should be prepared to report the Adult and Child Core measures that rely on that data.

The Health Plan Strengths, Requirements, and Recommendations

Systems Performance Review

The Health Plan: 2014 SPR Strengths, Requirements, and Recommendations	
Enrollee Rights	<p>Strengths</p> <ul style="list-style-type: none"> ➤ Member materials are at or below the required 6th reading level as assessed using the Flesch-Kincaid metric. ➤ The MCO has a strong outreach program. ➤ Member materials, including the Member Handbook, provide enrollees with information on how to access benefits and services. ➤ Enrollee Rights and Responsibilities are comprehensive and provided in an easily understood format. ➤ The Member Handbook, a Provider Directory search, and other important enrollee materials and tools are available on The Health Plan's website for members to access 24/7.
	<p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ There are no requirements or recommendations. The MCO achieved full compliance for this standard.
Grievance Systems	<p>Strengths</p> <ul style="list-style-type: none"> ➤ Complaint, grievance and appeals procedures are well established and interviews with staff confirm they are followed. ➤ The Practitioner Procedural Manual provides information for providers to file grievances and appeals. ➤ The Member Handbook provides an overview of procedures enrollees should use to file grievances, appeals, and to access a State Fair Hearing. ➤ Complaints, grievances, and appeals are monitored for timeliness of completion. ➤ All 2014 grievance and appeal case files reviewed on-site were completed in a timely manner. ➤ Thorough documentation is maintained in appeal files in the MCO's electronic proprietary HEART system to support all decisions.
	<p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ Requirement: Any provider type is able to file an appeal on behalf of a member. In order to maintain a finding of Met in the next annual review, The Health Plan must change "doctor" to "practitioner" in its grievance and appeals description in all relevant policies, procedures, and the Member Handbook.
Quality Assessment and Performance Improvement	<p>Strengths</p> <ul style="list-style-type: none"> ➤ The Quality Management (QM) and Utilization Management (UM) program documents are comprehensive and describe the major activities, goals, and objectives. ➤ Disease and case management programs are in place. An electronic review of cases on-site demonstrated appropriate interventions and outreach efforts are in place. ➤ The Health Plan successfully manages, tracks, and monitors its EPSDT-eligible enrollees via HEART, a proprietary electronic program. ➤ The MCO Performance Improvement Project (PIP) topics and indicators are relevant and appropriate. ➤ A new PIP was implemented in 2014 and focuses on children establishing a relationship with the PCP to improve the well-child visit rate. ➤ The MCO completed its first year of measurement and analysis for the two collaborative PIPs, Pediatric Emergency Department Use and Diabetes.

The Health Plan: 2014 SPR Strengths, Requirements, and Recommendations	
	<ul style="list-style-type: none"> ➤ Lines of authority and communication among the QM and UM committees are well documented. Meeting minutes document the information flow among these committees and up to the Executive Management Team (EMT). ➤ There is documentation in QM and UM committee meeting minutes to demonstrate EMT involvement (feedback and recommendations etc.) in the various QM and UM activities. ➤ Medical Director involvement is evident in all quality-related activities and documented in meeting minutes. ➤ Provider participation is apparent throughout quality programs and initiatives as documented in committee meeting minutes. ➤ All credentialing and recredentialing records sampled for the review period were completed timely. ➤ The MCO appropriately reviews and updates clinical practice guidelines (CPGs) at least every two years, and more frequently if warranted. ➤ The Health Plan has a comprehensive health education plan and targets its members and community needs. <p>Recommendations and Requirements</p> <p>Recommendation: Credentialing - The Health Plan requires each delegate to submit quarterly reports. In addition, the MCO conducts an annual review of each delegate. All reviews were up to date and complete for 2014. One delegated entity, Preferred Care of the Virginia's (PCV) had staff turn-over and did not notify The Health Plan timely. This impacted the MCOs ability to schedule the annual audit for 2015 in a timely manner despite numerous attempts to contact PCV. Delmarva recommends that The Health Plan continue to document all efforts to contact PCV and schedule the annual audit and to receive all required reports for the 2015 review period.</p> <p>Requirement: Member Satisfaction - The MCO conducted the Child and Adult CAHPS surveys as required in the BMS/MCO contract. The Provider Focus newsletter provided a brief summary of the areas identified for improvement and a phone number that providers can call to receive more details. In order to maintain a review requirement of "Met" for the next review, the MCO must provide more detailed information in the Provider Focus newsletter about the CAHPS findings, such as composite and ratings scores.</p> <p>Requirement: Access and Availability - The Emergency Care Access and the After-Hours Access Standards did not meet the 90% minimum threshold. In order to achieve full compliance in the next review, the MCO must achieve a minimum of 90% compliance.</p>
<p>Fraud and Abuse</p>	<p>Strengths</p> <ul style="list-style-type: none"> ➤ Use of the STARSSentinel software has improved the MCOs ability to identify potential areas of fraud and abuse. It is being utilized to systematically identify potential fraud and abuse for further investigation. ➤ Required staff education on compliance, fraud, waste, and abuse was conducted in 2014. ➤ Staff educational materials include all required information. ➤ The Compliance and Fraud and Abuse program documents were reviewed and updated in 2014 to include all required components. ➤ Specific steps have been identified and are used to investigate potential fraud and abuse offenses, as well as follow-up steps when an offense has been confirmed. ➤ The Compliance Committee is now meeting regularly. Meeting minutes document its activities. <p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ There are no requirements or recommendations. The MCO achieved full compliance for this standard.

Performance Improvement Projects

The Health Plan: MY 2014 PIP Strengths and Recommendations	
Member Establishment with PCP of Record	<p>Strengths</p> <ul style="list-style-type: none"> ➤ The PIP uses HEDIS indicators ➤ The Wellness and Health Promotion Call Center is a component of one of the interventions. This is a well-established mechanism to identify members in need of service and identify members' source of primary care.
	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ Continue with full implementation of this PIP.
Emergency Department Collaborative	<p>Strengths</p> <ul style="list-style-type: none"> ➤ The MCO's proprietary HEART system allows for the identification of high utilizers of the ED, including those for respiratory conditions. Reports are generated for purposes of one-to-one outreach. ➤ Interventions include one-to-one telephone contact with caregivers and high utilizers of the ER. ➤ Notable improvement achieved for both indicators when comparing baseline to final remeasurement.
	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ Continue with targeted member and provider specific interventions.
Diabetes Collaborative	<p>Strengths</p> <ul style="list-style-type: none"> ➤ Comprehensive project rationale. ➤ The performance measures are HEDIS measures.
	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The MCO sends letters to providers containing members with missing services, hoping that providers will follow-up with non-compliant members. The MCO should consider implementing a mechanism to ensure providers do some sort of follow-up. This recommendation was made in 2014 and should be addressed by the MCO.

Performance Measure Validation

The Health Plan: MY 2014 PMV Strengths, Requirements and Recommendations
<p>Strengths</p> <ul style="list-style-type: none"> ➤ The Health Plan has a very experienced team of programmers and quality analysts that work well with each other. ➤ The MCO provided comprehensive pre-site visit documentation. ➤ The MCO is ready for ICD-10 implementation. ➤ The MCO was able to report all pharmacy-related measures to NCQA for HEDIS 2015 (MY 2014). ➤ The MCO successfully met BMS reporting deadlines for all required performance measures including HEDIS, CAHPS, PMV, and Adult and Child Core Sets.
<p>Requirements</p> <ul style="list-style-type: none"> ➤ The Health Plan should plan to follow new HEDIS guidelines for reporting numerator events attributed to supplemental data. Supplemental data used to report Withhold Measures may be subject to additional review activities such as primary source validation during the next PMV. ➤ The MCO should be fully prepared to report behavioral health measures in the next reporting period.
<p>Recommendation</p> <ul style="list-style-type: none"> ➤ Continue to work with BMS to implement the MOU with Vital Statistics, and identify a process to access data. Once Vital Statistics data becomes available, the MCO should be prepared to report the Adult and Child Core measures that rely on that data.

UniCare Strengths, Requirements, and Recommendations

Systems Performance Review

UniCare: 2014 SPR Strengths, Requirements and Recommendations	
<p>Enrollee Rights</p>	<p>Strengths</p> <ul style="list-style-type: none"> ➤ Member materials are comprehensive and provide enrollees with information on their benefits and how to access them. ➤ Enrollee Rights and Responsibilities are comprehensive and provided in an easily understood format. ➤ The Member Handbook is available on UniCare’s website for members to access 24/7. ➤ The Provider Directory is available on UniCare’s website for members to access 24/7. ➤ The MCO provides oral interpretation for any language to enrollees free-of-charge as required. ➤ Member materials are assessed to ensure a reading level of 6th grade or below using the Flesch-Kincaid metric. ➤ All required enrollee rights and responsibilities are provided in the Member Handbook. ➤ The Member Handbook provides all of the required information to ensure enrollees have access to information on how to access services to which they are entitled. ➤ The Member Handbook details how members can file grievances, appeals, and access the State Fair Hearing process. <p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ There are no recommendations or requirements for 2014 as the MCO achieved full compliance for this standard.
<p>Grievance Systems</p>	<p>Strengths</p> <ul style="list-style-type: none"> ➤ UniCare has well-developed grievance policies and procedures that meet all requirements. ➤ Appeals and grievance files contain all the required components. ➤ The Notices of Action (NOA) letters are comprehensive and include all of the required elements. ➤ NOAs inform enrollees how to file an appeal, outline the appeal process, and explain enrollee rights during the appeal process. ➤ Appeals are resolved in an expeditious manner. All case files reviewed were resolved within the 30 day timeframe requirement. <p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ In general, the notice of action letters (NOAs) include the required components. However, the notices state “doctor,” but should state “practitioner” since all providers are not doctors. In addition, the document “Your Rights Under Mountain Health Trust” should include these same changes. These documents, and any similar documents in use by UniCare must be revised to maintain a finding of “met” in the next annual review.
<p>Quality Assessment and Performance Improvement</p>	<p>Strengths</p> <ul style="list-style-type: none"> ➤ The MCO achieved a Commendable Accreditation Status from NCQA which is effective through August 2015. ➤ The MCO appropriately coordinates services for enrollees with special health care needs. ➤ UniCare consistently applies review criteria for authorization decisions. ➤ A credentialing and recredentialing file review demonstrates that UniCare meets timeliness requirements. No deficiencies were noted in the files that were audited on-site. ➤ The delegated credentialing policies and procedures are comprehensive. All delegated entities received an annual audit and no CAPs were required as a result of the 2014 audits. ➤ Clinical practice guidelines are in place and appropriately used to make authorization decisions.

UniCare: 2014 SPR Strengths, Requirements and Recommendations	
	<ul style="list-style-type: none"> ➤ UniCare maintains a quality and health information system that collects, analyzes, integrates, and reports data. All required HEDIS® measures were reported to NCQA and BMS. ➤ UniCare has a comprehensive Health Education Plan and appropriately reaches out to members in an effort to engage them in health education related programs. ➤ The MCO participates in the mandatory Diabetes and Pediatric Asthma Emergency Department Collaborative PIPs. ➤ Collaboration between quality-related committees and sub-committees is clear and documented in meeting minutes/reports. <p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ Requirement: Access and Availability - UniCare must achieve at least a 90% compliance rating for each type of appointment to ensure that members have timely access to care and services. The MCO's provider access survey found that providers were not meeting the 90% threshold for Urgent Care (88%), After Hours 24/7 Access to Primary Care Providers (69%), Prenatal Appointment Within 14 Days (84%), and Routine Appointment (84%). ➤ Requirement: Credentialing and Recredentialing - Not all providers were brought up to date in 2014 for the on-site recredentialing visits identified as missing in the 2013 review. The MCO must provide documentation that the seven outstanding providers are up to date with a recredentialing on-site visit. ➤ Requirement: Member Satisfaction - UniCare must share its CAHPS survey findings to its providers. This can be done through provider newsletters, fax blasts, etc. ➤ Requirement: Utilization Management - As in the Grievance System Requirements section, in general, the notice of action letters (NOAs) include the required components. However, some UM policies and procedures use the term "doctor," but should state "provider" since all providers are not doctors. These documents, and any similar documents in use by UniCare <i>must</i> be revised to maintain a finding of "met" in the next annual review.
Fraud and Abuse	<p>Strengths</p> <ul style="list-style-type: none"> ➤ UniCare has a comprehensive set of policies and procedures that address fraud, waste and abuse. ➤ The Standards for Ethical Business Conduct provides employees with the company's expectations for ethical behavior as well as their responsibilities for reporting suspected fraud, waste and abuse. ➤ Appropriate compliance officers/personnel and systems are in place to detect, report, monitor, and eliminate fraud and abuse. ➤ UniCare provides a comprehensive employee training program on compliance/ethics. In this training, employees are educated on how to identify and report any suspicious activity. ➤ Documentation of successful completion of mandatory training is maintained for each employee. ➤ UniCare uses its experience both locally (WV) and nationally to detect fraud, waste and abuse. Any "schemes" identified in one region of the country are investigated in all their markets. <p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ There are no recommendations or requirements for 2014 as the MCO achieved full compliance for this standard.

Performance Improvement Projects

UniCare: MY 2014 PIP Strengths, Requirements, and Recommendations	
Childhood Immunization Status Combination 3	<p>Strengths</p> <ul style="list-style-type: none"> ➤ The performance measure is a HEDIS measure. ➤ Although not significant, the 1.9 percentage point increase from HEDIS 2013 to HEDIS 2014 appears to be the result of the combination of the interventions that are in place. ➤ Interventions address many of the barriers identified, target and provide one-to-one contact with providers and enrollees. ➤ Interventions are multifaceted using outreach phone calls, mailings, and provider gaps in care reports. Although the indicator did not improve significantly, it could be that interventions implemented in the 4th quarter (4th Quarter Push, data transfer from the WVSIS) need additional time to impact the indicator. ➤ It was recommended in 2013 that UniCare should implement a mechanism to ensure that providers follow-up with non-compliant members. In 2014, the MCO delivered 437 Gaps in Care Reports to providers and opportunities for improvement were discussed. UniCare hired a Practice Consultant to assist with more frequent distribution of these reports and to provide individual support to practices for quality improvement. <p>Recommendation</p> <ul style="list-style-type: none"> ➤ Continue PIP.
Emergency Department Collaborative	<p>Strengths</p> <ul style="list-style-type: none"> ➤ Interventions directly target the members identified as asthmatic as well as providers who treat asthmatic patients. ➤ Interventions target identified barriers and provide on-to-one contact to members and providers. ➤ Interventions are multi-faceted using outreach, case management, disease management, provider profiling and reporting. ➤ UniCare chose two additional indicators in addition to the mandatory indicator. ➤ MCO must participate with the PIP Collaborative Team to determine the collaborative indicator goal as there are no benchmarks for the Pediatric Asthma ED Visit measure. After the MCOs have their Pediatric Asthma ED indicator rate for 2013, the group will meet to review the results and determine if a Collaborative goal can be selected (if the indicator rate is similar for all 3 MCOs) or if the MCOs should select an MCO specific goal.
Diabetes Collaborative	<p>Strengths</p> <ul style="list-style-type: none"> ➤ The performance measures are HEDIS indicators. ➤ In addition to the mandatory indicator (<i>HbA1c Control <8%</i>), UniCare chose two additional indicators, <i>HbA1c Testing</i> and <i>Retinal Eye Exam</i>. <p>Recommendations</p> <ul style="list-style-type: none"> ➤ UniCare should include study questions for the additional two indicators it has selected for this project (<i>HbA1c Testing</i> and <i>Eye (Retinal) Exam Performed</i>). ➤ Continue the member incentive and disease management services to try and increase member participation in intervention programs.

Performance Measure Validation

UniCare: MY 2014 PMV Strengths, Requirements and Recommendations
<p>Strengths</p> <ul style="list-style-type: none"> ➤ UniCare utilized their NCQA-certified software for reporting HEDIS and Core measures. ➤ The MCO provided comprehensive pre-site visit documentation. ➤ UniCare's reporting staff is very experienced with calculating and reporting HEDIS and other performance measures. ➤ The MCO is ready for ICD-10 implementation.

UniCare: MY 2014 PMV Strengths, Requirements and Recommendations	
	<ul style="list-style-type: none"> ➤ The MCO was able to report all pharmacy-related measures to NCQA for HEDIS 2015 (MY 2014). ➤ The MCO successfully met BMS reporting deadlines for all required performance measures including HEDIS, CAHPS, PMV, and Adult and Child Core Sets.
	<p>Requirements</p> <ul style="list-style-type: none"> ➤ UniCare should plan to follow new HEDIS guidelines for reporting numerator events attributed to supplemental data. Supplemental data used to report Withhold Measures may be subject to additional review activities such as primary source validation during the next PMV. ➤ The MCO should be fully prepared to report behavioral health measures in the next reporting period.
	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ Continue to work with BMS to implement the MOU with Vital Statistics, and identify a process to access data. Once Vital Statistics data becomes available, the MCO should be prepared to report the Adult and Child Core measures that rely on that data.

MHT Program Strengths, Requirements, and Recommendations

MHT Program: 2014 Strengths, Requirements and Recommendations	
	<p>Strengths</p> <ul style="list-style-type: none"> ➤ The MCOs have performed well for all standards from achieving above the 90% threshold established by BMS for all four standards (ER, GS, QA, and FA). ➤ BMS mandated that the MCOs become NCQA accredited by January 14, 2014. All MCOs are on track to complete the survey process. ➤ Beginning MY 2012, all MCOs had CAHPS data available since BMS has mandated MCOs to use the most recent version of the CAHPS survey. This allows comparison of member satisfaction results among all three MCOs and program-wide against national benchmarks.
Systems Performance Review	<p>Recommendations</p> <ul style="list-style-type: none"> ➤ <i>The MCOs must focus efforts on consistently meeting the 24/7 access standard.</i> In the last three measurement years, CoventryCares met the threshold two years, The Health Plan met the standard in one year, and UniCare did not meet the standard in any of the three years. BMS should consider an MHT-wide approach to addressing this issue, such as a statewide provider educational initiative. ➤ <i>Continue to require the MCOs to achieve a 100% for each of the four standards (ER, GS, QA, FA).</i> This is the first full review where BMS required the MCOs to achieve 100% compliance for each standard. The MCOs were required to submit an internal improvement plan for each standard, element, and/or component that was not fully met. The value of improvement plans will only be able to be assessed at the time of the next annual audit. It is expected that SPR results will improve based on the MCOs targeting areas for improvement.

MHT Program: 2014 Strengths, Requirements and Recommendations	
Performance Improvement Projects	<p>Strengths</p> <ul style="list-style-type: none"> ➤ All three MCOs successfully implemented two collaborative PIPs: Diabetes and Emergency Department. ➤ The MCOs worked together to develop collaborative interventions for the two collaborative PIPs. ➤ A collaboratively written letter was developed and will be sent to providers state-wide advising them that the MCO's have chosen to focus on reducing emergency department usage for members with asthma. ➤ A second collaboratively written letter will be sent to providers state-wide advising them that the MCO's have chosen to focus on proper care and testing for diabetic members. Both letters provide information for providers to get resources and help for these specific populations. ➤ The MCO have other interventions including face-to-face contact with providers, incentive programs, outreach calls, and preparing and distributing Gaps in Care Reports and Provider Profiles.
	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The PIP Collaborative Team must meet to determine the collaborative indicator goal for the Emergency Department Collaborative.
Performance Measure Validation	<p>Strengths</p> <ul style="list-style-type: none"> ➤ All three MCOs have experienced staff, established data systems, and well-defined processes to calculate and report HEDIS performance measures. ➤ The MCOs successfully reported all HEDIS measures that required pharmacy data for HEDIS 2015 (MY 2014). ➤ All the MCOs were timely in submitting performance measures to BMS for HEDIS, CAHPS, PMV, and Adult and Child Core Sets.
	<p>Requirements</p> <ul style="list-style-type: none"> ➤ The MCOs should adhere to the new HEDIS guidelines for reporting numerator events attributed to supplemental data. Supplemental data used to report Withhold Measures may be subject to additional review activities such as primary source validation during the next PMV. ➤ The MCOs should be fully prepared to report behavioral health measures in the next reporting period. <p>Recommendation</p> <ul style="list-style-type: none"> ➤ Data Quality - MCOs are encouraged to continue to work with BMS for the implementation of the MOU with Vital Statistics and identify a process to access data. Once Vital Statistics data becomes available, each MCO should be prepared to report the Adult and Child Core measures that rely on that data.

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Appendix 1 - PIP Results

Table A1-1. CoventryCares Performance Improvement Project (PIP) Results.

PIP Results - Adolescent Well-Care Visits			
Indicator 1: Adolescent Well-Care Visits			
Time Period	Measurement	Goal	Rate or Results
MY 2011	Baseline	Not Applicable	42.13%
MY 2012	Remeasurement 1	5 percentage point increase over prior year's rate	46.58%
MY 2013	Remeasurement 2	5 percentage point increase over prior year's rate	47.20%
MY 2014	Remeasurement 3	5 percentage point increase over prior year's rate	50.47%
PIP Results - Emergency Department Collaborative			
Indicator 1: Annual Percentage of Asthma Patients with One or More Asthma-related Emergency Department Visits (ages 2-20)			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To be determined with the PIP Collaborative Team	8.86%
MY 2014	Remeasurement 1	7.974%	8.67%
Indicator 2: Use of Appropriate Medications for People With Asthma (ages 5-11 and 12-18)			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	Goal Ages 5-11: 94.92%, Goal Ages 12-18: 92.16%	Ages 5-11: 92.62% Ages 12-18: 86.92%
MY 2014	Remeasurement 1	Goal Ages 5-11: 95.16%, Goal Ages 12-18: 92.99%	Ages 5-11: 94.85% Ages 12-18: 88.10%
PIP Results - Diabetes Collaborative			
Indicator 1: Comprehensive Diabetes Care - HbA1C Control (<8%)			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	41.32%
MY 2014	Remeasurement 1	45.52%	43.27%
Indicator 2: Comprehensive Diabetes Care - HbA1c Testing			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	72.86%
MY 2014	Remeasurement 1	83.81%	76.40%

Table A1-2. The Health Plan Performance Improvement Project (PIP) Results.

PIP Results - Member Establishment with PCP of Record			
Indicator 1: Adolescent Well-Care Visits			
Time Period	Measurement	Goal	Rate or Results
MY 2014	Baseline	5% increase annually	46.47%
Indicator 2: Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life			
Time Period	Measurement	Goal	Rate or Results
MY 2014	Baseline	5% increase annually	70.56%
PIP Results - Emergency Department Collaborative			
Indicator 1: Annual Percentage of Asthma Patients with One or More Asthma-related Emergency Department Visits (ages 2-20)			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To be determined by the PIP Collaborative Team	6.58%
MY 2014	Remeasurement 1	1% total decrease	7.09%
Indicator 2: Asthma Medication Ratio			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	5% increase	83.67%
MY 2014	Remeasurement 1	5% increase	71.84%
PIP Results - Diabetes Collaborative			
Indicator 1: Comprehensive Diabetes Care - HbA1c Control (<8%)			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	45.34%
MY 2014	Remeasurement 1	46%	41.24%
Indicator 2: Comprehensive Diabetes Care - HbA1c Testing			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	100%	73.91%
MY 2014	Remeasurement 1	100%	78.87%

Table A1-3. UniCare Performance Improvement Project (PIP) Results.

PIP Results - Childhood Immunization Status Combination 3			
Indicator 1: The percentage of children 2 years of age who had 4 diphtheria, tetanus, and acellular pertussis (DTaP); 3 polio (IPV); 1 measles, mumps, and rubella (MMR); 3 H influenza type B (HiB); 3 hepatitis B (Hep B); 1 chicken pox (VZV); and 4 pneumococcal conjugate (PCV) vaccines by their second birthday.			
Time Period	Measurement	Goal	Rate or Result
MY 2012	Baseline	70.64%	62.04%
MY 2013	Remeasurement 1	72.08%	63.43%
MY 2014	Remeasurement 2	70.85%	67.13%
PIP Results - Emergency Department Collaborative			
Indicator 1: Percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room (ER) visits.			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To be determined with the PIP Collaborative Team	8.29%
MY 2014	Remeasurement 1	7.89%	8.38%
Indicator 2: (ASM) The percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To be determined upon release of NCQA's Quality Compass	76.61%
MY 2014	Remeasurement 1	65.48%	90.85%
Indicator 3: (MMA) The percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during at least 75% of the treatment period.			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To be determined upon release of NCQA's Quality Compass	42.39%
MY 2014	Remeasurement 1	31.11%	38.53%

PIP Results - Diabetes Collaborative			
Indicator 1: Comprehensive Diabetes Care - HbA1c Control (<8%)			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	28.73%
MY 2014	Remeasurement 1	45.52%	38.19%
Indicator 2: Comprehensive Diabetes Care - HbA1c Testing			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	80.18%
MY 2014	Remeasurement 1	83.81%	81.71%
Indicator 3: Comprehensive Diabetes Care - Eye (Retinal) Exam Performed			
Time Period	Measurement	Goal	Rate or Results
MY 2013	Baseline	To meet or exceed the HEDIS 2014 (MY 2013) National Medicaid Average by HEDIS 2016 (MY 2015)	25.84%
MY 2014	Remeasurement 1	53.53%	25.93%

Appendix 2 – PMV Results

For 2015 PMV (MY 2014), the MCOs were required to report twelve HEDIS and non-HEDIS measures. All MCO rates received an audit designation of **Reportable**. Table A2-1 provides the MCO rate, the MHT weighted average or simple average, and a comparison to national benchmarks. The star ratings pertain to the first five HEDIS measures.

Star Ratings for HEDIS Measures.

National Medicaid Percentile Ranges	Star Rating
Exceeds the 90 th Percentile	★★★★★
Exceeds the 75 th Percentile to 90 th Percentile	★★★★
Exceeds the 50 th Percentile to the 75 th Percentile	★★★
Exceeds the 25 th Percentile to the 50 th Percentile	★★
25 th Percentile or less	★

Table A2-1. PMV 2015 (MY 2014) and National Benchmarks.

Measure Name	Coventry Cares MY 2014 %	The Health Plan MY 2014 %	UniCare MY 2014 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
Immunizations for Adolescents - Combination 1	84.3	84.4	80.5	82.5	★★★★★
Medication Management for People With Asthma - Total, Compliance 75%+	32.3	33.8	38.5	35.8	★★★★★
Prenatal and Postpartum Care - Postpartum Care	55.0	61.6	61.7	59.1	★★
Adolescent Well-Care Visits	50.5	46.5	41.9	45.7	★★
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	77.8	70.6	69.0	72.6	★★★
Percentage of Eligibles That Received Preventive Dental Services	38.7	32.0	10.5	27.1**	46.0 ⁺
Percentage of Eligibles That Received Dental Treatment Services	19.6	14.0	5.6	13.1**	24.5 ⁺

Measure Name	Coventry Cares MY 2014 %	The Health Plan MY 2014 %	UniCare MY 2014 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
Annual Percentage of Asthma Patients 2-20 Years Old with One or More Asthma-Related Emergency Room Visits (lower score is better)	8.7	7.1	8.4	8.1**	^
PQI 01: Diabetes Short-Term Complications Admission Rate (Observed rate per 100,000 member months, lower score is better)	15.1	10.1	18.5	14.6**	^
PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Observed rate per 100,000 member months, lower score is better)	18.0	27.8	38.3	28.1**	^
PQI 08: Heart Failure Admission Rate (Observed rate per 100,000 member months, lower score is better)	0.0	2.03	0.4	0.8**	^
PQI 15: Asthma in Younger Adults Admission Rate (Observed rate per 100,000 member months, lower score is better)	7.3	5.9	8.5	7.2**	^

*Star ratings are based on the HEDIS 2015 (MY 2014) Quality Compass. One star represents a rate equal to or less than the 25th Percentile. Five stars represent the highest rating, a rate that is greater than the 90th Percentile.

**Indicates the MHT-WA is a simple average for the measure.

+ Medicaid average is from the HHS Report FFY 2014.

^ No national benchmark available.

Appendix 3 – HEDIS Measures Collected and Reported to NCQA

These tables provide information for all measures collected and reported for HEDIS 2013 (MY 2012) through HEDIS 2015 (MY 2014) by HEDIS domains. Individual MCO rates for three years, the MHT Weighted Average (MHT-WA) for three years, and a comparison of MHT-WA (MY 2014) to the most current National Medicaid Percentiles (NMP) are provide for each measure.

Star Ratings for HEDIS Measures.

National Medicaid Percentile Ranges	Star Rating
Exceeds the 90 th Percentile	★★★★★
Exceeds the 75 th Percentile to 90 th Percentile	★★★★
Exceeds the 50 th Percentile to the 75 th Percentile	★★★
Exceeds the 25 th Percentile to the 50 th Percentile	★★
25 th Percentile or less	★

Table A3-1 Effectiveness of Care Domain Measures.

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	^	^	^	^	^	^	^	^	^	^	^	^	^
Adult BMI Assessment	65.9	71.5	85.0	62.5	67.9	72.0	64.2	63.1	75.7	64.5	66.9	78.8	★★
Annual Monitoring for Patients on Persistent Medications - ACE or ARB	^	^	80.0	^	^	85.5	^	^	85.2	^	^	83.3	★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Annual Monitoring for Patients on Persistent Medications - Digoxin	^	^	^	^	^	^	^	^	^	^	^	^	^
Annual Monitoring for Patients on Persistent Medications - Diuretics	^	^	84.2	^	^	82.5	^	^	86.7	^	^	85.3	★★
Annual Monitoring for Patients on Persistent Medications - Total	^	^	81.8	^	^	84.2	^	^	85.8	^	^	84.1	★
Antidepressant Medication Management - Effective Acute Phase Treatment	^	^	45.5	^	^	45.0	^	^	53.0	^	^	49.2	★★
Antidepressant Medication Management - Effective Continuation Phase Treatment	^	^	31.0	^	^	29.0	^	^	35.5	^	^	33.0	★★
Appropriate Testing for Children With Pharyngitis	^	^	66.8	^	^	67.3	^	^	64.8	^	^	65.8	★★
Appropriate Treatment for Children With Upper Respiratory Infection	^	^	66.4	^	^	79.1	^	^	64.7	^	^	67.2	★
Asthma Medication Ratio (5-11)	^	^	79.5	^	^	82.3	^	^	79.7	^	^	80.0	★★★★ ★
Asthma Medication Ratio (12-18)	^	^	63.9	^	^	69.1	^	^	66.5	^	^	66.1	★★★★ ★
Asthma Medication Ratio (19-50)	^	^	48.3	^	^	44.7	^	^	49.6	^	^	48.3	★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Asthma Medication Ratio (51-64)	^	^	^	^	^	^	^	^	^	^	^	^	^
Asthma Medication Ratio (Total)	^	^	69.2	^	^	71.8	^	^	71.1	^	^	70.6	★★★★★
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	^	^	14.1	^	^	13.7	^	^	17.4	^	^	15.5	★
Breast Cancer Screening	36.4	50.0	38.3	43.0	^	60.6	36.6	46.7	37.3	37.6	48.1	42.8	★
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	^	^	^	^	^	^	^	^	^	^	^	^	^
Cervical Cancer Screening	60.9	55.2	53.2	63.3	57.3	55.2	56.9	61.5	58.6	59.3	58.5	56.0	★★
Childhood Immunization Status - Combo 2	66.9	72.0	69.6	73.5	75.7	74.7	67.9	67.4	72.5	68.3	70.4	71.7	★★
Childhood Immunization Status - Combo 3	63.6	67.4	66.3	66.2	72.5	69.3	62.0	63.4	67.1	63.3	66.3	67.1	★★
Childhood Immunization Status - Combo 4	60.5	65.0	65.3	64.5	70.1	67.9	59.1	60.9	65.5	60.5	63.8	65.8	★★
Childhood Immunization Status - Combo 5	49.5	52.8	47.6	44.8	56.9	53.8	47.9	52.1	55.1	48.1	53.1	52.0	★★
Childhood Immunization Status - Combo 6	36.6	36.7	37.0	32.6	38.7	36.7	31.1	35.2	35.4	33.6	36.3	36.3	★★
Childhood Immunization Status - Combo 7	47.2	51.3	47.4	44.5	56.7	53.0	46.7	50.7	54.2	46.6	51.8	51.3	★★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Childhood Immunization Status - Combo 8	24.9	36.0	36.6	44.5	38.4	36.5	30.2	33.8	35.0	30.2	35.3	35.8	★★
Childhood Immunization Status - Combo 9	31.1	30.4	27.4	25.1	33.1	32.4	27.0	30.3	30.8	28.4	30.8	29.7	★★
Childhood Immunization Status - Combo 10	29.6	29.9	27.4	25.1	33.1	32.1	26.3	29.4	30.3	27.4	30.2	29.4	★★
Chlamydia Screening in Women (Lower Age Stratification)	40.6	39.2	35.1	37.9	36.4	38.0	37.2	36.5	34.7	38.4	37.4	35.4	★
Chlamydia Screening in Women (Upper Age Stratification)	51.5	53.2	46.0	59.0	53.0	46.7	49.4	50.5	46.7	51.6	52.0	46.4	★
Chlamydia Screening in Women - Total	43.9	43.9	39.1	43.0	40.4	40.8	40.4	40.2	38.5	42.1	41.6	39.1	★
Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	58.6	64.3	58.2	68.2	69.6	68.6	61.6	54.1	61.1	61.6	60.4	61.1	★★
Comprehensive Diabetes Care - Eye Exams	34.2	32.3	34.0	33.8	32.9	30.4	25.8	25.8	25.9	29.9	29.4	29.8	★
Comprehensive Diabetes Care - HbA1c Control (<7% for a selected population)	27.4	29.8	31.7	^	^	^	^	^	^	27.4	29.8	31.7	★★
Comprehensive Diabetes Care - HbA1c Control (<8%)	37.9	41.3	43.3	45.3	45.3	41.2	37.0	28.7	38.2	38.6	36.1	40.7	★★
Comprehensive Diabetes Care - HbA1c Testing	70.5	72.9	76.4	83.1	73.9	78.9	72.8	80.2	81.7	73.6	76.4	79.2	★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Comprehensive Diabetes Care - Medical Attention for Nephropathy	59.9	55.3	67.1	68.9	57.8	69.1	52.1	64.1	67.6	57.3	59.7	67.6	★
Comprehensive Diabetes Care - Poor HbA1c Control (>9.0%) A lower is Better	51.4	48.7	47.8	43.9	46.6	46.9	53.8	64.1	51.9	51.4	55.5	49.5	★★
Controlling High Blood Pressure	55.4	56.0	55.6	63.1	67.0	56.4	52.7	40.1	50.6	54.9	49.5	53.4	★★
Diabetes Monitoring for People With Diabetes and Schizophrenia	^	^	^	^	^	^	^	^	^	^	^	^	^
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	^	^	88.1	^	^	^	^	^	79.8	^	^	82.7	★★★
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	^	^	^	^	^	^	^	^	69.7	^	^	69.7	★★
FU Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	^	^	40.5	^	^	49.6	^	^	34.7	^	^	36.2	★★
FU Care for Children Prescribed ADHD Medication - Initiation	^	^	41.9	^	^	44.2	^	^	35.6	^	^	37.4	★★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Human Papillomavirus Vaccine for Female Adolescents	17.2	23.6	18.4	24.8	26.8	23.4	10.5	13.2	25.3	15.3	19.0	22.6	★★★
Immunizations for Adolescents - Combination 1	64.0	83.4	84.3	60.1	83.2	84.4	68.4	78.0	80.5	65.5	80.7	82.5	★★★★
Lead Screening in Children	58.5	59.4	53.1	53.8	51.6	49.6	56.9	56.0	53.4	57.1	56.6	52.7	★
Medication Management for People With Asthma: Medication Compliance 50% (12-18)	^	^	55.3	^	^	56.3	^	^	59.4	^	^	57.6	^
Medication Management for People With Asthma: Medication Compliance 50% (19-50)	^	^	65.2	^	^	^	^	^	71.1	^	^	68.5	^
Medication Management for People With Asthma: Medication Compliance 50% (5-11)	^	^	58.2	^	^	63.6	^	^	66.4	^	^	63.3	^
Medication Management for People With Asthma: Medication Compliance 50% (51-64)	^	^	^	^	^	^	^	^	^	^	^	^	^

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Medication Management for People With Asthma: Medication Compliance 50% (Total)	^	^	58.0	^	^	60.6	^	^	64.1	^	^	61.5	^
Medication Management for People With Asthma: Medication Compliance 75% (5-11)	^	^	29.9	^	^	37.2	^	^	40.4	^	^	36.4	★★★★
Medication Management for People With Asthma: Medication Compliance 75% (12-18)	^	^	32.9	^	^	31.3	^	^	34.5	^	^	33.5	★★★★
Medication Management for People With Asthma: Medication Compliance 75% (19-50)	^	^	40.9	^	^	^	^	^	47.0	^	^	44.3	★★★★
Medication Management for People With Asthma: Medication Compliance 75% (51-64)	^	^	^	^	^	^	^	^	^	^	^	^	^
Medication Management for People With Asthma: Medication Compliance 75% (Total)	^	^	32.3	^	^	33.8	^	^	38.5	^	^	35.8	★★★★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Metabolic Monitoring for Children and Adolescents on Antipsychotics (1-5)	^	^	^	^	^	^	^	^	^	^	^	^	^
Metabolic Monitoring for Children and Adolescents on Antipsychotics (6-11)	^	^	11.6	^	^	20.4	^	^	12.8	^	^	13.7	^
Metabolic Monitoring for Children and Adolescents on Antipsychotics (12-17)	^	^	16.8	^	^	24.2	^	^	18.0	^	^	18.9	^
Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)	^	^	14.0	^	^	22.5	^	^	15.5	^	^	16.3	^
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) A lower score is better	^	7.9	5.5	^	9.5	7.0	^	10.2	6.6	^	9.3	6.3	★
Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	^	^	71.4	^	^	^	^	^	88.6	^	^	67.4	★
Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	^	^	74.3	^	^	^	^	^	81.8	^	^	65.3	★★
Use of Appropriate Medications for People with Asthma (5-11)	^	^	94.9	^	^	90.9	^	^	94.4	^	^	94.0	★★★★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Use of Appropriate Medications for People with Asthma (12-18)	^	^	88.0	^	^	81.8	^	^	91.3	^	^	88.7	★★★
Use of Appropriate Medications for People with Asthma (19-50)	^	^	75.0	^	^	71.1	^	^	72.8	^	^	73.3	★★
Use of Appropriate Medications for People with Asthma (51-64)	^	^	^	^	^	^	^	^	^	^	^	^	^
Use of Appropriate Medications for People with Asthma - Total	^	^	89.5	^	^	84.6	^	^	90.9	^	^	89.4	★★★★
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1-5)	^	^	^	^	^	^	^	^	^	^	^	^	^
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (6-11)	^	^	^	^	^	^	^	^	^	^	^	^	^
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12-17)	^	^	^	^	^	^	^	^	^	^	^	^	^
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	^	^	^	^	^	^	^	^	^	^	^	^	^

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Use of Imaging Studies for Low Back Pain	68.8	65.5	65.6	76.5	71.7	61.5	69.7	65.5	68.2	70.4	66.4	66.2	★
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (1-5)	^	^	^	^	^	^	^	^	^	^	^	^	^
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (6-11)	^	^	^	^	^	^	^	^	0.8	^	^	0.8	^
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (12-17)	^	^	0.8	^	^	1.99	^	^	0.4	^	^	0.8	^
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Total)	^	^	0.49	^	^	1.1	^	^	0.6	^	^	0.6	^
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (3-11 years)	39.8	54.7	49.7	35.7	38.7	56.1	33.2	40.3	49.7	35.7	45.2	50.6	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (12-17 years)	54.2	51.9	50.0	34.4	39.5	57.1	35.1	43.5	55.1	40.8	45.8	53.6	★★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile	44.4	53.8	49.8	35.3	38.9	56.5	33.8	41.3	51.4	37.4	45.4	51.6	★★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (3-11 years)	48.9	55.0	53.9	53.5	48.8	62.0	48.9	37.6	50.7	49.6	45.6	53.6	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (12-17 years)	43.8	47.4	44.7	48.0	45.2	47.9	34.4	33.6	39.9	39.5	40.3	43.0	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	47.2	52.6	51.4	51.8	47.7	57.2	44.3	36.4	47.1	46.4	43.9	50.3	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (3-11 years)	30.7	35.3	43.2	19.2	22.7	35.8	19.6	24.1	39.0	23.1	27.9	40.1	★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (12-17 years)	39.6	38.8	46.5	24.8	37.9	35.7	26.0	33.6	39.9	29.9	36.1	41.6	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	33.6	35.8	44.1	20.9	27.3	35.8	21.7	27.0	39.3	25.2	30.2	40.6	★

+HEDIS percentiles are from NCQA Quality Compass 2015 (MY 2014).

^ Indicates that denominator was too small to report a rate or that a comparative benchmark is not available.

Table A3-2 Access/ Availability of Care Domain Measures.

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Adults' Access to Preventive/Ambulatory Health Services (20-44)	83.3	84.2	82.6	87.0	86.8	83.7	85.3	85.7	84.8	84.9	85.3	83.8	★★★
Adults' Access to Preventive/Ambulatory Health Services (45-64)	82.7	83.6	84.0	87.8	89.4	88.7	87.8	85.8	85.5	86.0	85.5	85.4	★★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Adults' Access to Preventive/Ambulatory Health Services (65+)	^	^	^	^	^	^	^	^	^	^	^	^	^
Adults' Access to Preventive/Ambulatory Health Services (Total)	83.3	84.1	82.8	87.1	87.0	84.2	85.6	85.7	84.8	85.0	85.3	83.9	★★★
Annual Dental Visit (2-3 Yrs.)	^	^	31.9	^	^	36.2	^	^	15.9	^	^	23.7	★
Annual Dental Visit (4-6 Yrs.)	^	^	61.3	^	^	60.8	^	^	34.2	^	^	47.3	★
Annual Dental Visit (7-10 Yrs.)	^	^	62.9	^	^	61.9	^	^	35.6	^	^	48.2	★
Annual Dental Visit (11-14 Yrs.)	^	^	60.3	^	^	56.4	^	^	35.0	^	^	46.6	★★
Annual Dental Visit (15-18 Yrs.)	^	^	51.9	^	^	50.0	^	^	30.5	^	^	40.5	★★
Annual Dental Visit (19-21 Yrs.)	^	^	36.2	^	^	41.1	^	^	18.4	^	^	27.2	★★
Annual Dental Visit (Total)	^	^	54.8	^	^	55.8	^	^	31.3	^	^	42.5	★★
Call Answer Timeliness	79.7	82.1	82.5	94.8	91.2	83.8	64.9	93.6	87.9	78.4	85.7	84.0	★★
Children and Adolescents' Access To PCP (12-24 Months)	96.9	97.7	97.4	98.0	98.0	96.4	98.1	97.2	93.5	97.6	97.5	95.5	★★
Children and Adolescents' Access To PCP (25 Months-6 Yrs.)	89.9	92.5	92.8	91.0	89.9	89.4	92.0	90.7	86.1	91.1	91.3	89.1	★★★
Children and Adolescents' Access To PCP (7-11 Yrs.)	91.6	94.4	94.8	93.3	92.4	91.4	94.6	93.9	93.5	93.5	93.8	93.6	★★★
Children and Adolescents' Access To PCP (12-19 Yrs.)	90.1	93.5	94.0	92.1	91.7	90.4	93.2	92.6	92.2	92.0	92.7	92.5	★★★ ★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Prenatal and Postpartum Care - Timeliness of Prenatal Care	94.9	92.7	89.8	94.4	93.2	96.4	93.4	92.5	89.1	94.1	92.7	90.7	★★★ ★
Prenatal and Postpartum Care - Postpartum Care	59.7	60.6	55.0	69.3	62.8	61.6	65.7	64.9	61.7	63.9	62.7	59.1	★★

+HEDIS percentiles are from NCQA Quality Compass 2015 (MY 2014).

^ Indicates measure not collected or benchmark not available.

Table A3-3 Utilization and Risk Adjusted Utilization Domain Measures.

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Adolescent Well-Care Visits	46.6	47.2	50.5	44.9	43.1	46.5	45.3	41.2	41.9	45.6	43.6	45.7	★★
Frequency of Ongoing Prenatal Care (<21%)	3.0	3.8	3.6	0.5	2.7	0.5	6.8	7.8	3.6	4.4	5.2	3.0	★
Frequency of Ongoing Prenatal Care (21-40%)	1.9	3.0	3.9	2.0	1.5	1.0	3.9	4.7	2.0	2.8	3.4	2.6	★
Frequency of Ongoing Prenatal Care (41-60%)	2.8	7.0	11.4	4.9	1.5	1.5	6.3	7.3	2.8	4.7	6.1	5.9	★
Frequency of Ongoing Prenatal Care (61-80%)	9.5	10.1	11.6	8.0	3.9	6.8	11.9	14.9	9.9	10.4	10.9	10.0	★
Frequency of Ongoing Prenatal Care (>= 81%)	82.9	76.1	69.5	84.7	90.5	90.3	71.1	65.3	81.7	77.7	74.4	78.6	★★★★ ★

Measure	CoventryCares			The Health Plan			UniCare			MHT-WA MY 2012 %	MHT-WA MY 2013 %	MHT-WA MY 2014 %	MHT-WA Compared to NMPs MY 2014 %
	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %	MY 2012 %	MY 2013 %	MY 2014 %				
Well-Child Visits in the first 15 Months of Life (0 visits)	0.8	0.3	2.3	0.9	1.4	2.5	0.8	1.6	2.1	0.8	1.1	2.2	★★★
Well-Child Visits in the first 15 Months of Life (1 visit)	0.3	2.3	1.8	1.8	1.2	1.1	0.6	2.6	0.8	0.7	2.3	1.2	★★
Well-Child Visits in the first 15 Months of Life (2 visits)	2.1	2.6	4.1	3.2	3.6	2.7	2.7	3.1	3.9	2.6	3.0	3.8	★★★
Well-Child Visits in the first 15 Months of Life (3 visits)	4.2	6.1	6.7	6.0	5.1	4.5	5.5	3.9	5.5	5.1	4.9	5.8	★★★
Well-Child Visits in the first 15 Months of Life (4 visits)	7.2	8.2	7.2	6.6	5.7	8.9	10.9	6.8	6.0	8.9	7.1	6.9	★
Well-Child Visits in the first 15 Months of Life (5 visits)	13.5	15.2	18.6	13.0	14.0	14.5	11.8	14.1	19.0	12.6	14.5	18.1	★★★
Well-Child Visits in the first 15 Months of Life (6 or more visits)	71.9	65.2	59.3	68.6	69.1	65.8	67.8	68.0	62.9	69.4	67.1	61.9	★★★
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	72.5	73.7	77.8	67.5	71.3	70.6	64.2	66.9	69.0	67.5	70.0	72.6	★★★

+HEDIS percentiles are from NCQA Quality Compass 2015 (MY 2014).

Appendix 4 – CAHPS Survey Measure Results

The MHT MCOs conducted the 2015 Consumer Assessment of the Health Providers and Systems (CAHPS) survey to meet NCQA accreditation standards and their contractual requirements with BMS. Different summary measures are used to report survey results including averages, composites and ratings. Individual MCO rates for three years (MY 2012-2014), the MHT Average (MA) for three years, and a comparison of MA (MY 2014) to the most current National Medicaid Percentiles (NMP) for CAHPS 2015 (MY 2014) are provide for each measure in Table A4-1.

Star Ratings for Adult and Child CAHPS Measures.

National Medicaid Percentile Ranges	Star Rating
Exceeds the 90 th Percentile	★★★★★
Exceeds the 75 th Percentile to 90 th Percentile	★★★★
Exceeds the 50 th Percentile to the 75 th Percentile	★★★
Exceeds the 25 th Percentile to the 50 th Percentile	★★
25 th Percentile or less	★

Table A4-1. Adult and Child CAHPS Measure Results.

Measure	Coventry Cares MY 2012 %	Coventry Cares MY 2013 %	Coventry Cares MY 2014 %	The Health Plan MY 2012 %	The Health Plan MY 2013 %	The Health Plan MY 2014 %	UniCare MY 2012 %	UniCare MY 2013 %	UniCare MY 2014 %	MA MY 2012 %	MA MY 2013 %	MA MY 2014 %	MA Compared to NMPs MY 2014 %
Adult Survey													
Customer Service Composite	92.7	88.7	^	88.6	92.6	86.5	^	^	92.2	90.6	90.7	89.4	★★★★
Getting Needed Care Composite	82.6	80.5	77.7	85.2	85.7	77.9	78.9	83.7	72.2	82.2	83.3	75.9	★
Getting Care Quickly Composite	83.9	80.9	82.6	85.1	84.0	83.5	82.0	85.0	83.7	83.7	83.3	83.2	★★★
How Well Doctors Communicate Composite	92.0	88.0	92.4	88.9	90.6	91.2	90.4	90.0	89.6	90.4	89.5	91.1	★★★
Shared Decision Making Composite*	75.8	55.2	83.0	71.8	55.2	83.0	^	55.8	85.0	73.8	55.4	83.6	★★★★★
Health Promotion and Education Composite	^	68.3	73.8	^	65.0	67.3	^	70.5	68.6	^	67.9	69.9	★★
Coordination of Care Composite	^	72.0	^	^	73.0	78.2	^	75.5	83.1	^	73.5	80.7	★★
Rating of Health Plan	66.0	65.2	59.9	78.1	78.6	73.0	73.9	70.3	66.4	72.7	71.4	66.4	★
Rating of All Health Care	75.3	65.4	68.3	72.9	71.2	68.7	70.6	69.0	62.5	72.9	68.5	66.5	★
Rating of Personal Doctor	79.7	75.4	72.7	76.8	78.2	76.3	77.3	80.4	77.5	77.9	78.0	75.5	★
Rating of Specialist Seen Most Often	73.9	73.5	^	79.6	79.4	71.1	^	^	73.0	76.7	76.5	72.0	★

Measure	Coventry Cares MY 2012 %	Coventry Cares MY 2013 %	Coventry Cares MY 2014 %	The Health Plan MY 2012 %	The Health Plan MY 2013 %	The Health Plan MY 2014 %	UniCare MY 2012 %	UniCare MY 2013 %	UniCare MY 2014 %	MA MY 2012 %	MA MY 2013 %	MA MY 2014 %	MA Compared to NMPs MY 2014 %
Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit	74.2	75.0	69.3	75.20	74.6	77.4	73.6	73.6	74.2	73.0	74.4	73.6	★
Medical Assistance with Smoking and Tobacco Use Cessation - Discussing Cessation Medications	40.2	39.8	34.3	42.30	49.7	50.4	36.7	36.7	38.1	38.9	42.1	40.9	★
Medical Assistance with Smoking and Tobacco Use Cessation - Discussing Cessation Strategies	39.4	42.5	34.7	42.20	46.4	51.2	33.7	33.7	33.2	38.1	40.9	39.7	★★★
Flu measure- Had flu shot or spray in the nose since July 1, 201x	^	32.6	33.5	^	30.3	26.7	^	33.6	32.1	^	32.2	30.8	★
Child Survey- General Population													
Child Survey - General Population: Customer Service Composite	93.5	93.8	93.6	93.9	91.0	92.8	90.6	88.2	88.0	92.7	91.0	91.5	★★★★★

Measure	Coventry Cares MY 2012 %	Coventry Cares MY 2013 %	Coventry Cares MY 2014 %	The Health Plan MY 2012 %	The Health Plan MY 2013 %	The Health Plan MY 2014 %	UniCare MY 2012 %	UniCare MY 2013 %	UniCare MY 2014 %	MA MY 2012 %	MA MY 2013 %	MA MY 2014 %	MA Compared to NMPs MY 2014 %
Child Survey - General Population: Getting Needed Care Composite	94.1	90.3	87.1	93.2	86.2	90.2	88.3	89.6	88.8	91.8	88.7	88.7	★★★★
Child Survey - General Population: Getting Care Quickly Composite	94.7	95.1	93.4	95.5	94.0	94.9	95.7	94.4	94.1	95.3	94.5	94.1	★★★★★
Child Survey - General Population: How Well Doctors Communicate Composite	93.3	94.8	94.0	94.8	95.5	95.7	93.4	93.4	95.6	93.8	94.5	95.1	★★★★
Child Survey - General Population: Shared Decision Making Composite*	69.7	58.7	82.4	80.1	55.0	78.7	52.1	50.7	78.8	67.3	54.8	79.9	★★★
Health Promotion and Education Composite	^	71.4	74.3	^	70.6	69.5	^	71.8	72.1	^	71.3	72.0	★★★
Coordination of Care Composite	^	81.6	80.9	^	80.9	78.5	^	73.6	82.7	^	78.7	80.7	★★
Child Survey - General Population: Rating of Health Plan	85.3	87.4	81.5	89.7	87.3	85.0	84.8	84.8	84.7	86.6	86.5	83.7	★★

Measure	Coventry Cares MY 2012 %	Coventry Cares MY 2013 %	Coventry Cares MY 2014 %	The Health Plan MY 2012 %	The Health Plan MY 2013 %	The Health Plan MY 2014 %	UniCare MY 2012 %	UniCare MY 2013 %	UniCare MY 2014 %	MA MY 2012 %	MA MY 2013 %	MA MY 2014 %	MA Compared to NMPs MY 2014 %
Child Survey - General Population: Rating of All Health Care	85.0	89.4	81.6	85.3	87.8	86.2	81.6	83.7	83.8	84.0	86.9	83.9	★★
Child Survey - General Population: Rating of Personal Doctor	87.0	91.4	87.9	88.1	88.4	87.7	86.7	84.7	87.4	87.3	88.2	87.7	★★
Child Survey - General Population: Rating of Specialist Seen Most Often	91.3	86.8	82.7	80.9	78.2	83.1	81.9	91.7	80.3	84.7	85.6	82.0	★

* CAHPS percentiles are from NCQA Quality Compass 2015 (MY 2014)

^ Indicates that denominator was too small to report a rate or that a comparative benchmark is not available

+ Measure specifications changed significantly between MY 2012 and MY 2014 for Share Decision Making Composite in both the Adult and Child Surveys.

Appendix 5 - Status of Recommendations from Measurement Year 2013 Review

Delmarva provided recommendations to all three MCOs based on the results of the 2013 SPR, PIP, and PMV activities with the expectation that they would be addressed. The tables below provide the recommendations made and the actions, if any, that have been undertaken by each of the MCOs in 2014 to address these recommendations. Summaries are presented below by MCO and activity.

CoventryCares

CoventryCares: 2013 SPR Recommendations and 2014 Current Status	
Enrollee Rights	<p>Requirements</p> <ul style="list-style-type: none"> ➤ The Emergency Services section of the Member Handbook must clearly state that emergency services do not require preauthorization. This is stated in the “Your Rights and Responsibilities” section of the Member Handbook but should be included in the Emergency Services section for easy access by members. ➤ CoventryCares must provide evidence of informing members that they may request a copy of the MCO’s Annual Report which is available at the local DHHR offices. This can be included in the Bear Facts Newsletter or posted on the MCO’s Website.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO revised its Member Handbook which now addresses the fact that members do not need preauthorization for emergency services. ➤ The MCO notified members that the CoventryCares Annual Report can be obtained by contacting the MCO. This information was included in the member newsletter.
Grievance Systems	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ Delmarva provided suggestions for the MCO to simplify its Medicaid Appeal policy in 2013. Delmarva recommended that the MCO state the similar pieces of each process once in the policy, rather than repeating it for each appeal type. Some examples are that no punitive actions can be taken against a provider who requests an expedited appeal or supports an enrollee’s appeal, the MCO or enrollee can request an extension up to 14 days for all appeals types, and the MCO must pay for services continued during an appeal or State Fair Hearing if the ruling is in favor of the enrollee.
	<p>Status</p> <ul style="list-style-type: none"> ➤ CoventryCares took Delmarva’s recommendations and simplified its Medicaid Appeal policy. The MCO combined all of its appeal-related policies into one policy, the Medicaid Appeal Policy. This policy addresses all of the requirements.
Quality Assessment and Performance Improvement	<p>Requirements</p> <ul style="list-style-type: none"> ➤ Coordination of Care – CoventryCares retired its Case Management (CM) policies. The MCO has a Complex Case Management Program Description and uses an electronic system, NavCare, for recording its CM activities. However, the MCO retired its CM policies. CoventryCares must reinstate its CM policies and procedures or develop new ones to address the CM requirements. ➤ Coordination of Care – The CM policies the MCO adopts must describe the procedures for the program to ensure the coordination and management of care.

CoventryCares: 2013 SPR Recommendations and 2014 Current Status	
	<ul style="list-style-type: none"> ➤ Coordination of Care – The policies must describe the process to identify and refer individuals for CM services, must require treatment plans to specify an adequate number of direct access visits to specialists, and must include procedures to ensure the CM record is complete and includes the required components. ➤ Coordination of Care – CoventryCares must develop and implement a policy and procedure which ensures the completeness of the case management record to include the results of referrals, consultations, inpatient records, and outpatient records. ➤ Utilization Management – The Utilization Management Decision-Making & Time Frame Standards Policy (UM-014) was in place for part of 2014, but was replaced by the Timeliness of Utilization Management Decisions Policy later in the year. Delmarva reviewed the new policy and provided written feedback to CoventryCares to improve the policy and to ensure that it meets all of the requirements for the next annual review. The MCO must ensure that the policy in place: (1) allows enrollees and providers to request up to a 14 day extension for authorization decisions,(2) requires the MCO to demonstrate to BMS that an extension is in the enrollees best interest for MCO initiated extensions, (3) allows the enrollee to file a grievance if he/she does not agree with the MCO initiated extension, (4) allows an extension for all types of authorization decisions and not just non-urgent pre-service and post-service decisions.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO developed and implemented a new set of policies and procedures in 2014 that address all of the outstanding case management issues. ➤ The MCO accepted all of Delmarva’s recommendations on policy UM-14. The new policy now meets all requirements.
Fraud and Abuse	<p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ There were no requirements or recommendations as the MCO achieved 100% compliance on this standard in 2013.
	<p>Status</p> <ul style="list-style-type: none"> ➤ N/A

CoventryCares: 2013 PIP Recommendations and 2014 Status	
Adolescent Well-Care Visits	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ Continue PIP at least one more year to see if significant improvement can be achieved.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO achieved sustained improvement. This project is closed.
Emergency Department Collaborative	<p>Recommendations</p> <ul style="list-style-type: none"> ➤ The MCO should add one-to-one provider education or add face-to-face contact with providers in its interventions. The MCO sends providers lists of non-compliant members (Gaps in Care Lists) in hopes that they provide follow-up to get members into care. The MCO should put a mechanism in place to monitor or require follow-up as part of the intervention. ➤ MCO must participate with the PIP Collaborative Team to determine the collaborative indicator goal as there are no benchmarks for the Pediatric Asthma ED Visit measure. After the MCOs have their Pediatric Asthma ED indicator rate for 2013, the group will meet to review the results and determine if a Collaborative goal can be selected (if the indicator rate is similar for all 3 MCOs) or if the MCOs should select an MCO specific goal.

CoventryCares: 2013 PIP Recommendations and 2014 Status	
	<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO did not revise or add any new interventions in 2014. This recommendation was not addressed. ➤ The Collaborative met and discussed the baseline measurement of all MCOs. Because of the variation of the baseline rate, each MCO selected its own specific goal.
Diabetes Collaborative	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The MCO should investigate an intervention that includes one-to-one provider education or add face-to-face contact with providers as part of an existing intervention. Additionally, the MCO sends providers lists of non-compliant members (Gaps in Care Lists) in hopes that the providers provide follow-up with identified members. It is recommended that the MCO put a mechanism in place to monitor or require follow-up as part of the intervention.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO did not revise or add any new interventions in 2014. This recommendation was not addressed.

CoventryCares: 2013 PMV Recommendations and 2014 Status	
	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The MCOs must be prepared to fully report HEDIS measures that require pharmacy data to NCQA for HEDIS 2015 (MY 2014). <p>Status</p> <ul style="list-style-type: none"> ➤ The MCO successfully reported all HEDIS measures to NCQA using its own pharmacy data.
	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The MCOs must be prepared to report non-HEDIS performance measures to BMS from the CMS Child and Adult Quality Core Measure Sets for MY 2014. <p>Status</p> <ul style="list-style-type: none"> ➤ The MCO successfully reported all Child and Adult Quality Core Set Measures to BMS for MY 2014.

The Health Plan

The Health Plan: 2013 SPR Recommendations and 2014 Status	
Enrollee Rights	<p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ Requirement: The Member Handbook states that benefits <i>will</i> continue if the enrollee files an appeal or requests an appeal or State Fair Hearing. However, it is not clear that the enrollee <i>must request</i> that benefits be continued. In order to receive a finding of <i>Met</i> in the next annual review, The Member Handbook must clearly state that the enrollee <i>has the right to have benefits continue, but must request that they be continued</i> when an appeal is filed or a State Fair Hearing is requested. ➤ Requirement: The Appeals and Grievances section of the Member Handbook notes that an appeal may be "started by the Member or their Doctor with Member's signed consent." It also states that "you, your representative or the legal representative of a deceased enrollee's estate, or your doctor (with your written consent) may file an appeal with The Health Plan's Customer Service Department by phone or in writing". Any provider type is able to file an appeal on behalf of a member. In order to receive a finding of <i>Met</i> in the next annual review, The Health Plan must change "doctor" to "provider" in its grievance and appeals description in the Member Handbook and in any other documents that refer to appeals and grievances.

The Health Plan: 2013 SPR Recommendations and 2014 Status	
	<ul style="list-style-type: none"> ➤ Recommendation: The Health Plan provides its annual report to the local health departments. The MCO should inform members that they may request this report so members have access to this information. (The Health Plan stated that they will inform members how to access this report in one of its 2014 Enrollee Newsletters.)
	<p>Status</p> <ul style="list-style-type: none"> ➤ The member Handbook states that benefits can continue during an appeal. Further, the enrollee should contact the MCO to get an explanation of how to continue benefits. This meets the requirement. ➤ The MCO still needs to update the Member Handbook and change “doctor” to “provider.” By the time the MCO received its Exit Letter in 2013, the MCO already had its 2014 Member Handbook in production. It is expected that this will be remedied in the 2015 Member Handbook. ➤ The MCO sent out information on how to access the Annual Report in the member Newsletter.
Grievance Systems	<p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ Requirement: Any provider type is able to file an appeal on behalf of a member. In order to maintain a finding of Met in the next annual review, The Health Plan must change “doctor” to “provider” in its grievance and appeals description in all relevant policies, procedures, and the Member Handbook. ➤ Recommendation: Delmarva worked with the Grievance and Appeals staff during the on-site review. Various recommendations were made to improve the flow of the written Appeals Process policy and procedure (Policy CS/MHT-3) that is targeted to be revised and reformatted in 2014. The MCO is reminded that all grievance systems policies and procedures must meet federal requirements, West Virginia Statutes 33-25A-12, and must be approved in writing by the Department (BMS/MCO Contract, Article III, Section 3.8 Grievances and Appeals).
	<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO updated its appeals policies and procedures in 2014. The MHT Appeals Workflow was updated and uses the term provider instead of doctor. However, the MCO did not check the remaining appeals policies, procedures and documents to make the change from “doctor” to “provider.” Some examples of documents that must be revised include the Notice of Action Policy and the Denial Template. ➤ The MCO submitted its updated appeals and grievances policy for review and approval.
Quality Assessment and Performance Improvement	<p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ Requirement: Access and Availability - The compliance rate for the 24/7 access standard was 85%. Internal corrective action plans are in place to improve this rate. The MCO must improve this rate to 90% to receive a review determination of Met in the next annual review. ➤ Requirement: Credentialing and Recredentialing - The MCO must provide the number of practitioners that were due for a recredentialing on-site review in 2012, the number that have been completed, and the number that remained outstanding at the time of the 2013 on-site review. For those that are not up-to-date, the MCO must provide the anticipated date of completion. In order to receive a finding of Met in the next annual review, The Health Plan must provide evidence that all recredentialing site reviews are up to date. ➤ Requirement: Coordination of Care - In order to receive a finding of Met in the next annual review, the MCO must revise the Case Monitoring Policy to include more explicit language that describes specific monitoring processes including the specific quality measures. ➤ Requirement: Utilization Management - The Health Plan must include in its Timeliness of Utilization Management and Behavioral Health Decisions policy the fact that the MCO

The Health Plan: 2013 SPR Recommendations and 2014 Status	
	<p>must justify to the state that the extension is in the enrollee’s best interest when the MCO extends the decision time frame.</p> <ul style="list-style-type: none"> ➤ Recommendation: Quality Assessment - The Quality Management Program Description contains all the required components. However, it is not in the most logical format. Each committee description should be reviewed and revised to contain the same information in the same order that the reader can easily follow. Specifically, each committee description should state the chairperson of the committee (by title, not by name), describe the membership (Medical Director, President/CEO, Vice President of Operations etc.), role, function, and the reporting structure.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The compliance rate for the 24/7 access improved one percentage point, but did not meet the 90% threshold. This component remains partially met. ➤ All outstanding recredentialing on-site reviews that were outstanding in 2013 were completed in 2014. ➤ The Case Monitoring Policy was revised and now addresses the requirements. ➤ The Timeliness of UM and Behavioral Health Decisions Policy was revised in 2014 and now includes the required language that the MCO must justify to the state that the extension is in the enrollee’s best interest when the MCO extends the decision time frame. ➤ The QM Program Description was updated and expanded. The composition and responsibilities of all committees is now addressed appropriately.
Fraud and Abuse	<p>Requirements and Recommendations</p> <ul style="list-style-type: none"> ➤ Recommendation: It is recommended that the MCO include the fact that if it refers cases of suspected fraud, waste, and abuse to an entity other than BMS regarding its Medicaid product, the MCO will notify BMS of the suspected fraud and abuse case. The Fraud, Waste, and Abuse Policy Statement implies this is done, but it should be explicitly stated.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The Fraud, Waste, and Abuse documents were revised to include this requirement in 2014.

The Health Plan: 2013 PIP Recommendations and 2014 Status	
Childhood Obesity	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ This PIP is closed. The MCO should continue the interventions it has determined to be effective. The MCO must develop and submit a project proposal to Delmarva and BMS for approval to replace this PIP.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO submitted a project proposal for a new PIP. The MCO was required to revise the PIP Proposal and resubmit. Delmarva approved the Member Establishment with PCP of Record PIP Proposal which aims to increase the Adolescent Well-Care Rate and the Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life rate. This project was implemented in 2015.
Emergency Department Collaborative	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ MCO must participate with the PIP Collaborative Team to determine the collaborative indicator goal as there are no benchmarks for the Pediatric Asthma ED Visit measure. After the MCOs have their Pediatric Asthma ED indicator rate for 2013, the group will meet to review the results and determine if a Collaborative goal can be selected (if the indicator rate is similar for all 3 MCOs) or if the MCOs should select an MCO specific goal.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The Collaborative met and discussed the baseline measurement of all MCOs. Because of the variation of the baseline rate, each MCO selected its own specific goal.
Diabetes Collaborative	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The MCO sends letters to providers containing members with missing services, hoping that providers will follow-up with non-compliant members. The MCO should consider implementing a mechanism to ensure providers do some sort of follow-up.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO did not revise or implement and additional interventions. The MCO did not address this recommendation.

The Health Plan: 2013 PMV Recommendations and 2014 Progress	
<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The MCOs must be prepared to fully report HEDIS measures that require pharmacy data to NCQA for HEDIS 2015 (MY 2014). 	
<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO successfully reported all HEDIS measures using its own pharmacy data to NCQA. 	
<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The MCOs must be prepared to report non-HEDIS performance measures to BMS from the CMS Child and Adult Quality Core Measure Sets for MY 2014. 	
<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO successfully reported all Child and Adult Quality Core Set Measures to BMS for MY 2014. 	

UniCare

UniCare: 2013 SPR Recommendations and 2014 Status	
Enrollee Rights	<p>Requirement</p> <ul style="list-style-type: none"> ➤ The MCO must provide evidence that it notifies enrollees of their right to receive the MCO's annual report and the process for requesting a copy of the report.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO included an insert in the Member handbook to meet this requirement in 2014. The plans are to have this information added into the Member Handbook for 2014. This element was fully met for 2014.
Grievance Systems	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The NOA letters use the term "doctor." The MCO was required to change "doctor" to "provider" in its NOAs.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The attachment to the NOA was not revised to make this change. This requirement remains outstanding.
Quality Assessment and Performance Improvement	<p>Recommendations</p> <ul style="list-style-type: none"> ➤ Access and Availability - UniCare must achieve at least a 90% compliance rating for each type of appointment to ensure that members have timely access to care and services. The MCO's provider access survey found that providers were not meeting the 90% threshold for Non-Urgent Sick Appointments, After Hours 24/7 Access to Primary Care Providers (PCPs), Prenatal Care, and Routine Appointments. The MCO must revise its CAP and continue to report its progress to Delmarva quarterly. ➤ Credentialing and Recredentialing - UniCare must revise its policies to not allow TJC accreditation to substitute for an on-site review during the credentialing and recredentialing process. The MCO must provide documentation of the actual on-site visits to be compliant with the BMS/MCO contract. (In response to the findings, UniCare identified 56 TJC accredited sites and has begun the process of completing the required site reviews.) ➤ UniCare's Site Visit Policy did not require an on-site visit for recredentialing. Additionally, all providers had not been brought up to date in 2014 for the on-site visits identified in 2012.
	<p>Status</p> <ul style="list-style-type: none"> ➤ Access and Availability - UniCare implemented a CAP to address the access standards, but did not meet the 90% threshold for Urgent Care, Routine Primary Care, Prenatal Care, and After-Hours 24/7 Access to PCP. The MCO must continue its CAP and report progress quarterly to Delmarva. ➤ Credentialing - UniCare's Site Visit policy was updated to require site visits for recredentialing. The MCO did not provide evidence on-site that the outstanding visits were up to date. The MCO must continue this CAP and continue to report progress quarterly to Delmarva.
Fraud and Abuse	<p>Requirement</p> <ul style="list-style-type: none"> ➤ UniCare did not implement a process to verify that services reimbursed were actually furnished. The MCO had a policy and procedure in place to address this, including mailing out a member survey to ensure that services reimbursed were actually provided. However, they did not implement the survey process.

UniCare: 2013 SPR Recommendations and 2014 Status	
	<p>Status</p> <ul style="list-style-type: none"> ➤ The CAP provided by UniCare stated that the survey process was implemented in July 2014. The MCO had the survey in place and had begun mailing out the surveys by the end of 2014. The MCO achieved a full compliance rating for the 2014 review.

UniCare: MY 2013 PIP Recommendations and 2014 Progress	
Childhood Immunization Status Combination 3	<p>Recommendations</p> <ul style="list-style-type: none"> ➤ The MCO delivers Gaps in Care Reports to providers with hopes that the providers will follow-up and help bring the members into compliance. UniCare should implement a mechanism to ensure that providers follow-up with non-compliant members. ➤ Continue interventions that were implemented in late 2013. This will likely result in improvement as the interventions may not have had enough time to impact the indicator for this reporting cycle.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO did not revise or implement an additional intervention. The MCO did not address this recommendation. ➤ The MCO achieved an increase of 63.43% to 67.13% from MY 2013 to MY 2014.
Emergency Department Collaborative	<p>Recommendations</p> <ul style="list-style-type: none"> ➤ Continue interventions that were implemented in late MY 2013. This will likely result in improvement as the interventions may not have had enough time to impact the indicator for this reporting cycle. ➤ It was recommended in 2013 that UniCare should implement a mechanism to ensure that providers follow-up with non-compliant members.
	<p>Status</p> <ul style="list-style-type: none"> ➤ Interventions were continued into 2014. ➤ In 2014, the MCO delivered 437 Gaps in Care Reports to providers and opportunities for improvement were discussed. UniCare hired a Practice Consultant to assist with more frequent distribution of these reports and to provide individual support to practices for quality improvement.
Diabetes Collaborative	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ UniCare should include study questions for the additional two indicators it has selected for this project (HbA1c Testing and Eye (Retinal) Exam Performed).
	<p>Status</p> <ul style="list-style-type: none"> ➤ The MCO did not include additional study questions in its Annual PIP Report for the Diabetes Collaborative PIP.

UniCare: 2013 PMV Recommendations and 2014 Status	
	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The MCOs must be prepared to fully report HEDIS measures that require pharmacy data to NCQA for HEDIS 2015 (MY 2014). <p>Status</p> <ul style="list-style-type: none"> ➤ The MCO successfully reported all HEDIS measures to NCQA using its own pharmacy data to NCQA.

UniCare: 2013 PMV Recommendations and 2014 Status	
Recommendation	<ul style="list-style-type: none"> ➤ The MCOs must be prepared to report non-HEDIS performance measures to BMS from the CMS Child and Adult Quality Core Measure Sets for MY 2014.
Status	<ul style="list-style-type: none"> ➤ The MCO successfully reported all Child and Adult Quality Core Set Measures to BMS for MY 2014.

Mountain Health Trust

MHT Program: 2013 Recommendations and 2014 Status	
Systems Performance Review	<p>Recommendations</p> <ul style="list-style-type: none"> ➤ <i>The MCOs must focus efforts on consistently meeting the 24/7 access standard.</i> In the last three measurement years, CoventryCares met the threshold two years, The Health Plan met the standard in one year, and UniCare did not meet the standard in any of the three years. BMS should consider an MHT-wide approach to addressing this issue, such as a statewide provider educational initiative. ➤ <i>Continue to require the MCOs to achieve a 100% for each of the four standards (ER, GS, QA, FA).</i> This is the first full review where BMS required the MCOs to achieve 100% compliance for each standard. The MCOs were required to submit an internal improvement plan for each standard, element, and/or component that was not fully met. The value of improvement plans will only be able to be assessed at the time of the next annual audit. It is expected that SPR results will improve based on the MCOs targeting areas for improvement.
	<p>Status</p> <ul style="list-style-type: none"> ➤ One of the MCOs met the 24/7 access standard for MY 2014. It was recommended again that BMS consider an MHT-wide approach to addressing this issue, such as a statewide provider educational initiative. In addition, Delmarva also recommended that BMS develop a method for all MCOs to use to assess the 24/7 standard. All MCOs are using a different methodology, so the results are not comparable among the MCOs. ➤ BMS plans to continue the 100% compliance requirement for the SPR. All three MCOs achieved 100% on the QA, GS, and FA standards for 2014.
Performance Improvement Projects	<p>Recommendation</p> <ul style="list-style-type: none"> ➤ The PIP Collaborative Team must meet to determine the collaborative indicator goal for the Emergency Department Collaborative.
	<p>Status</p> <ul style="list-style-type: none"> ➤ The PIP Collaborative Team met to discuss the first year baseline results and select a goal for the mandatory indicator. Each MCO selected its own goal because the individual rates varied and one goal would not fit for all MCOs.

MHT Program: 2013 Recommendations and 2014 Status	
Performance Measure Validation	<p>Requirements</p> <ul style="list-style-type: none"> ➤ The MCOs must be prepared to fully report HEDIS measures that require pharmacy data to NCQA for HEDIS 2015 (MY 2014). ➤ The MCOs must be prepared to report non-HEDIS performance measures to BMS from the CMS Child and Adult Quality Core Measure Sets for MY 2014. <p>Recommendations</p> <ul style="list-style-type: none"> ➤ Data Quality - BMS and the MCOs are encouraged to share new ideas and innovations to gather data or improve the quality of data used to calculate required performance measures. With the new requirement to report Adult and Child Core Measures, the sharing of information will assist the MCOs to produce valid and reliable results that are comparable among the MCOs. The Task Force meeting can act as forum the MCOs to share “best practices” for successful data capture and reporting. ➤ Data Quality - The MCOs and BMS are encouraged to collaborate with State work groups and State agencies to provide the MCOs access to data from state information systems required for reporting performance measures. For example, the MCOs provided technical assistance to the Adult Quality Measures Grant team to identify Vital Statistics data required to calculate for some of the measures. (As a result, a signed Memo of Understanding (MOU) with the Bureau of Public Health will provide the MCOs access to Vital Statistics required to report the Adult measures in 2014).
	<p>Status</p> <ul style="list-style-type: none"> ➤ All the MCOs successfully reported all 2015 HEDIS measures that required pharmacy data. ➤ All the MCOs successfully reported all required MY 2014 non-HEDIS performance measures to BMS from the CMS Adult and Child Core Measure sets. ➤ BMS and MCOs continue to collaborate on new ideas for improving quality of data used for reporting performance measures. ➤ The MOU between BMS and Vital Statistics has expired. BMS is seeking to have it renew.