



EXTERNAL QUALITY
REVIEW ORGANIZATION

West Virginia External Quality Review

Mountain Health Trust

Annual Technical Report Final Report

Measurement Year 2017

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



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West Virginia Mountain Health Trust Program

MY 2017 Annual Technical Report

Introduction and Background

The Bureau for Medical Services (BMS) operates West Virginia's Medicaid Managed Care Program, Mountain Health Trust (MHT). For measurement year (MY) 2017, there were approximately 410,716 members enrolled in the MHT Managed Care Organizations (MCOs). The MCOs participating in MHT are:

- Aetna Better Health of West Virginia, Inc. (ABHWV)
- The Health Plan of the Upper Ohio Valley, Inc. (THP)
- UNICARE Health Plan of West Virginia, Inc. (UHP)
- West Virginia Family Health (WVFH)

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

- 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 Information Requirements, Enrollee Rights and Protections, MCO Standards, Grievance and Appeals System and Program Integrity. Standards are derived from the Code of Federal Regulations (CFR) and the MHT MCO contractual requirements. To determine MCO compliance, Qlarant 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. Qlarant uses a rapid cycle PIP process that provides MCOs with a quality improvement method that identifies, implements, and measures changes over short periods. The rapid cycle PIP approach is continuous and allows the MCOs to monitor their improvement efforts over short time periods (monthly or quarterly). Frequent monitoring allows for quick intervention, when necessary. The ultimate goal is for MCOs to improve performance in a short amount of time and sustain improvement resulting in a positive impact on member health outcomes.

The PIP 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.

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

In accordance with 42 CFR §438.364, External Quality Review Results, the State must ensure that the EQRO produces:

- A detailed technical report that describes the manner in which the data from all activities conducted were aggregated and analyzed. Based on results, assessments were made in regard to the timeliness, quality, and access to the care furnished by MCOs contracting with the State,
- An assessment of the degree to which each MCO has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's activities,
- Recommendations for improving the quality of health care services furnished by each MCO, and
- Comparative information about all MCOs, as determined by the State.

The annual detailed technical report (Annual Technical Report) is produced by Qlarant and provided to BMS. The Annual Technical Report provides information to BMS on the aggregate MHT performance for the SPR, PIP, and PMV activities. This report also addresses the requirement of assessing the degree to which each MCO has effectively addressed recommendations for improving the quality of health care for its enrollees and includes recommendations for improving the quality of health care services provided to the MHT enrollees. These results can be used to promote accountability, improve important aspects of organizational achievement, and positively impact the quality and outcomes of services provided to MHT enrollees.

This report includes the EQR methodology for each activity, individual MCO findings for the activity, a summary of recommendations made in measurement year (MY¹) 2016, and the progress that each MCO made addressing each recommendation in MY 2017. The findings from the SPR, PIP, and PMV activities are then summarized according to quality, access and timeliness as required by the EQR regulations. The report concludes with the strengths and recommendations that are provided for each individual MCO and the MHT program. The Appendices to this report provide detailed information to support the Annual Comparative Report findings.

Qlarant 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. Consistent with the regulations, Qlarant 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.

¹ Measurement year (MY) as defined by The National Committee on Quality Assurance (NCQA) is the year that the MCO is evaluating HEDIS measures, often referred to as the data year. The MY is also the year prior to the HEDIS reporting year (RY). For example, HEDIS RY 2018 is based on MY 2017 data.

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

- **Quality**, “as it pertains to external quality review, means the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its enrollees 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], 2016)
- **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” (National Committee for Quality Assurance [NCQA], 2015)
- **Timeliness**, as it relates to utilization management decisions and as defined by NCQA, is whether “the organization makes [utilization management] UM decisions in a timely manner to accommodate the clinical urgency of the situation.” Further, the intent is that “the organization makes UM decisions in a timely manner to minimize any disruption in the provision of health care.” (NCQA, 2015)

Table 1. MCO Profiles.

MCO	Enrollment*	NCQA Accreditation Status
ABHWV	116,570	Commendable, expires 10/2019
THP	82,791	Accredited, expired 8/2017, Commendable, expires 8/2018
UHP	142,078	Accredited, expires 9/2021
WVFH	69,277	Accredited, expired 8/2018

*Medicaid enrollment as of 12/31/17.

The appendices provide detailed information to support the Annual Technical Report findings:

- Appendix 1 – Commonly Used Acronym list
- Appendix 2 – Systems Performance Review Results Table
- Appendix 3 – Performance Improvement Project Validation Results Table
- Appendix 4 – Performance Measure Validation Results Table
- Appendix 5 – HEDIS Measures Results Table
- Appendix 6 – CAHPS Survey Results Table

Methodology

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. Qlarant conducts these reviews in accordance with the CMS protocol, *Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review, Protocol 1, Version 2.0, September 2012*. To determine MCO compliance, Qlarant obtains information from document reviews, interviews with MCO staff, observation of processes, and chart reviews (credentialing etc.). Information is collected pre-site, during a one-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.

Qlarant reviewed one-third of the new managed care standards set forth in the Final Rule dated May 6, 2017. Qlarant will continue to review one third of the new managed care standards for the next two years thus completing a full compliance review per federal requirements.

The key areas of regulation include the following standards for the MY 2017 review:

- Subpart C: §438.100 - Enrollee Rights and Protections
- Subpart D: §438.206 - §438.242 - MCO Standards minus Availability of Services and Assurance of Adequate Capacity and Services
- Program Integrity Contract Requirements

SPR Activities

The SPR team’s systematic approach to completing the review includes three phases of activities: pre-site review, on-site review, and post-site review. These activities are described below in Table 2.

Table 2. SPR Activities.

Pre-site Review Activities
Provide an orientation to the MCOs on the SPR task
Provide MCOs with standards under review
Receive pre-site documentation including enrollee handbook, provider directory, and policies and procedures from MCOs and begin review activities
Receive complete lists of credentialed and recertified providers for quarters 1-4 of the MY from the MCOs for record reviews during the on-site SPRs
Select samples for record reviews and notify the MCOs
Complete pre-site review of documents
On-site Review Activities
Complete on-site reviews including interviews, process demonstrations, and record reviews
Request follow-up documents/evidence of compliance

Post-site Review Activities
Receive and review follow-up documentation
Determine preliminary results
Develop and submit Exit Letter to the MCOs identifying all noncompliant results
Receive responses from MCOs
Complete review of MCO responses and supporting documentation
Finalize results
Submit MCO SPR reports to BMS

SPR Assessment

Qlarant evaluates each standard by assessing compliance with all related elements and components. Standards are comprised of elements and components, all of which are individually reviewed and scored. Each standard breaks down into elements and most elements break down into components. Table 3 provides an example of the standard, element, and component structure.

Table 3. Example of Standard, Element, and Component Structure.

Standard	Enrollee Rights
Element 1	General rule. Each MCO must: (1) have written policies regarding the enrollee rights specified in this section, and (2) comply with any applicable Federal and State laws that pertain to enrollee rights, and ensure that its employees and contracted providers observe and protect those rights. An enrollee has the right to:
Component 1.a	Receive information in accordance with §438.10.
Component 1.b	Be treated with respect and with due consideration for his or her dignity and privacy.

Qlarant uses a three-point scale for scoring compliance. This scale is displayed in Table 4.

Table 4. SPR Three-point Scoring Scale.

Assessment	Scoring	Rationale
Met	100%	The MCO demonstrates full compliance.
Partially Met	50%	The MCO demonstrates at least some, but not full, compliance.
Unmet	0%	The MCO does not demonstrate compliance on any level.

Components for each element are assessed. Component assessments are then rolled up to the element level, and finally the standard level. Each component and element receives a review determination. Aggregate compliance results are reported by standard and receive a numeric compliance score. Finally, an overall SPR score is assigned. All assessments are weighted, which allows standards with more elements and components to have more influence on a final score.

The MY 2017 SPR includes a review of MCO documentation and reference materials from January 1, 2017 through December 31, 2017. BMS sets the minimum compliance thresholds required for each standard. Compliance thresholds were set at 100% for each standard for MY 2017. MCOs not achieving 100% are required to develop and implement a corrective action plan (CAP) to address all areas of non-compliance. All CAPs are submitted to Qlarant for review, approval, and monitoring. CAPs are closed after Qlarant determines that the deficiencies are corrected and are fully compliant.

Performance Improvement Project Validation

PIPs are designed to use a systematic approach to quality improvement. Qlarant uses a rapid cycle PIP process to provide MCOs with a quality improvement method that identifies, implements, and measures changes over short periods. This PIP process aligns with the Centers for Medicare and Medicaid Services (CMS) EQR Protocol 3: *Validating Performance Improvement Projects (PIPs), A Mandatory Protocol for External Quality Reviews, Version 2.0, dated September 2012*. A PIP serves as an effective tool in assisting the MCO in identifying barriers and implementing targeted interventions to obtain and sustain improvement in clinical or non-clinical processes. These improvements should lead to improved health outcomes. PIPs are designed to achieve significant improvement, sustained over time, in clinical care and non-clinical care areas.

PIP validation results for measurement year MY 2017 are included in this report. BMS required the MCOs to conduct three PIPs:

- Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP
- Annual Dental Visits PIP
- MCO Selected PIP

The rapid cycle PIP validation process is summarized in Table 5 below.

Table 5. Rapid Cycle PIP Validation Process.

Step	Validation Step	Validation Process
1	The study topic selected must be appropriate and relevant to the MCO's population.	Review study topic/project rationale and look for demographic characteristics, prevalence of disease, and potential consequences (risks) of disease. MCO-specific data must support the study topic.
2	The study question(s) must be clear, simple, and answerable.	Identify a study question that addresses the topic and relates to the indicators.
3	The study indicator(s) must be meaningful, clearly defined, and measurable.	Examine each project indicator to ensure appropriateness to the activity. Numerators, denominators, and project goals must be clearly defined.
4	The study population must reflect all individuals to whom the study questions and indicators are relevant.	Examine the study population (targeted population) relevancy, which is provided in the project rationale and indicator statements.
5	The sampling method must be valid and protect against bias.	Assess the techniques used to provide valid and reliable information.
6	The data collection procedures must use a systematic method of collecting valid and reliable data representing the entire study population.	Review the project data sources and collection methodologies, which must capture the entire study population.
7	The improvement strategies , or interventions, must be reasonable and address barriers on a system level.	Assess each intervention to ensure project barriers are addressed. Interventions are expected to be

Step	Validation Step	Validation Process
		multi-faceted, induce permanent change, and be culturally and linguistically appropriate.
8	The study findings , or results, must be accurately and clearly stated. A comprehensive quantitative and qualitative analysis must be provided.	Examine the project results, including the data analysis. Review the quantitative and qualitative analysis for each project indicator.
9	Project results must be assessed as real improvement .	Assess performance improvement to ensure the same methodology is repeated. Improvement must be linked to interventions, as opposed to an unrelated occurrence. Review required statistical testing results.
10	Sustained improvement must be demonstrated through repeated measurements.	Review the results after the second re-measurement to determine consistent and sustained improvement when compared to baseline.

PIP Scoring Methodology

Qlarant rates each component within a step as *Met*, *Partially Met*, *Not Met*, or *Not Applicable* which result in an assigned score as defined in the below table. A final assessment is made for each of the 10 steps with numeric scores provided for each component and step of the validation process. A description of the rating and the associated score is described in Table 6.

Table 6. PIP Scoring Criteria.

RATING	CRITERIA	SCORE
Met	All required components are present	100%
Partially Met	At least one, but not all components are present	50%
Unmet	None of the required components are present	0%
Not Applicable	None of the components are applicable	N/A

Each component assessed within a step is of equal value. The total of all steps provides the PIP validation score that is used to evaluate whether the PIP is designed, conducted, and reported in a sound manner and the degree of confidence a state agency can have in the reported results.

Qlarant implements two numeric scoring methodologies; one is applied when PIPs are State-mandated and another that is applied when PIPs are MCO-selected. Table 7 outlines the scoring methodology for State-mandated PIPs. This scoring methodology takes into consideration that the state chose the PIP topic and the EQRO provided the study rationale and question. Under this scoring methodology, the points for Steps 1 and 2 are distributed among steps 3-10.

Table 7. State Mandated PIP Scoring Methodology.

State-Mandated PIPs		
STEP	ASSESSMENT AREA	POINTS
1	Review the Selected Study Topic	0
2	Review the Study Question	0
3	Review the Identified Study Indicator(s)	12
4	Review the Identified Study Population(s)	7
5	Review the Sampling Methods	7
6	Review Data Collection Procedures	12
7	Assess Improvement Strategies	22
8	Review Data Analysis and Interpretation of Study	22
9	Assess Whether Improvement is “Real” Improvement	12
10	Assess Sustained Improvement	6
Total Assessment Points		100

Table 8 outlines the scoring methodology for MCO-selected PIPs. This scoring methodology distributes points across all assessment areas.

Table 8. MCO-Selected PIP Scoring Methodology.

MCO-Selected PIPs		
STEP	ASSESSMENT AREA	POINTS
1	Review the Selected Study Topic	10
2	Review the Study Question	5
3	Review the Identified Study Indicator(s)	10
4	Review the Identified Study Population(s)	5
5	Review the Sampling Methods	5
6	Review Data Collection Procedures	10
7	Assess Improvement Strategies	20
8	Review Data Analysis and Interpretation of Study	20
9	Assess Whether Improvement is “Real” Improvement	10
10	Assess Sustained Improvement	5
Total Assessment Points		100

Following the PIP validation activities, Qlarant uses the MCO’s PIP scores to provide an assessment of the validity and reliability of all findings to determine whether or not the State can have confidence in the MCO’s reported PIP results. The confidence levels noted in Table 9 have been developed for the MHT MCO PIPs.

Table 9. PIP Confidence Levels.

MCO Reported Results	PIP Validation Score
High Confidence	90%-100%
Confidence	75%-89%
Low Confidence	60%-74%
Not Credible	59% or lower

Performance Measure Validation

The purpose of conducting the PMV activity is to evaluate the accuracy and reliability of the performance measures produced and reported by the MCO and to determine the extent to which the MCO followed specifications established by BMS for calculating and reporting the measures. Accuracy and reliability of the reported rates is essential to ascertaining whether the MCO's quality improvement efforts have resulted in improved health outcomes. The validation process allows BMS to have confidence in MCO performance measure results and allows for accurate MCO comparisons.

Qlarant's PMV audit team utilizes methods consistent with the EQR Protocol, *Validation of Performance Measures Reported by the MCO, Protocol 2, Version 2.0*, to assess the MCO's performance measure data collection and reporting processes. The validation process is interactive and concurrent to the MCO calculating the performance measures. Validation activities occur before, during, and after a site visit to the MCO and include two principle components:

- An overall assessment of the MCO's information systems capability to capture and process data required for reporting.
- An evaluation of the processes (e.g. source code programs) that the MCO used to prepare each measure.

Essential PMV activities include:

- Review of the MCO's data systems and processes used to construct the measures.
- Assessment of the calculated rates for algorithmic compliance to required specifications.
- Verification that the reported rates are reliable and based on accurate sources of information.

Information from several sources is used to satisfy the validation requirements. These sources include, but are not limited to, the following documents provided by the MCO:

- Information Systems Capabilities Assessment (ISCA)
- Policies and Training Materials
- Source Code
- HEDIS² Final Audit Report, if available
- Other documentation (e.g. specifications, data dictionaries, program source code, data queries, policies and procedures) for review prior to or during the site visit
- Observations made during the site visit
- Interviews with MCO staff
- Information submitted as part of the follow-up items requested after the site visit

Throughout the review process, the audit team works closely with MCO quality staff to obtain appropriate documentation, prepare for the site visit, and follow-up on issues not resolved during the site visit. The pre-site, on-site, and post-site validation activities are described in Table 10.

² HEDIS® – Health Care Effectiveness Data and Information Set. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Table 10. PMV Activities.

Pre-site Review Activities
Provide an orientation to the MCOs on the PMV task
Receive ISCA and pre-site documentation, including source code, from MCOs
Complete pre-site review and share initial findings with MCOs; request follow-up items
Hold pre-site calls with the MCOs to discuss the site visits and any concerns with the source code
On-site Review Activities
Complete on-site interviews and validations
Request follow-up items
Post-site Review Activities
Receive follow-up items, updated source code if applicable
Receive requested sample of medical records from MCOs
Complete medical record over-read and provide feedback to MCOs for any corrections required prior to final reporting, if applicable
Close out follow-up items
Receive final rates from MCOs
Approve final rates and complete PMV reporting
Submit MCO PMV reports to BMS

PMV Assessment

The MCO’s final PMV report details MCO performance against information systems standards and measure specifications. When the MCO is fully compliant with the standard, a designation of Met (M) is assigned. If the MCO is not fully compliant, a designation of Unmet (UM) is assigned. Additionally, each performance measure receives a reporting designation. The four designations are described in Table 11.

Table 11. PMV Performance Measure Designations.

Designation	Rationale
R	Reportable Rate or Numeric Result The MCO followed the specifications and produced a reportable rate or result for the measure.
NA	Not Applicable - Small Denominator The MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.
NB	No Benefit - Benefit Not Offered The MCO did not offer the health benefits required by the measure (e.g., Mental Health/Chemical Dependency).
NR	Not Reportable The calculated rate was materially biased. The MCO chose not to report or was not required to report the measure.

PMV Activities

Qlarant conducted the PMV audit focused on selected performance measures that specific to the MHT Medicaid managed care population. The performance measures for MY 2017 include:

- Adolescent Well-Care Visits
- Annual Dental Visits for 2-3 Year Olds
- Behavioral Health Risk Assessment for Pregnant Women
- Childhood Immunization Status: Combination 3
- Comprehensive Diabetes Care: HbA1c Testing

- Dental Sealants for 6-9 Year Old Children at Elevated Risk
- Follow-Up after Hospitalization for Mental Illness: 7 Days Follow-Up
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Initiation Total
- Medical Assistance with Smoking and Tobacco Use Cessation: Advising Smokers to Quit
- Mental Health Utilization: Any Service Total
- Percentage of Eligible (Children) that Received Preventive Dental Services
- PQI 01: Diabetes Short – Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate
- PQI 08: Congestive Heart Failure (CHF) Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate
- Prenatal and Postpartum Care: Postpartum Care
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Nutrition
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

PMV Scoring

Qlarant scores MCO audit findings using a 100 point scale. The assessment provides BMS with a level of confidence in MCO reported results. Qlarant’s scoring system is identified in Table 12.

Table 12. PMV Confidence Levels.

Level of Confidence	Score
High Confidence in MCO reported results	90% - 100%
Confidence in MCO reported results	80% - 89%
Low Confidence in MCO reported results	75% - 79%
MCO reported results are Not Credible	<74%

The MCOs are expected to demonstrate full compliance and produce reportable performance measure rates. Table 13 describes the PMV audit scores for the 4 MCOs.

Table 13. PMV Audit Designation Table for the BMS Performance Measures.

Validation Component	Audit Element	ABHWW	THP	UPH	WVFH
Documentation	Data integration and control procedures are assessed to determine whether the MCO has the appropriate processes and documentation in place to extract, link, and manipulate data for accurate and reliable measure rate construction. Measurement procedures and programming specifications including data sources, programming logic, and computer source codes are documented.	100%	100%	100%	100%
Denominator	Validation of the denominator calculations for the performance measures is conducted to assess the extent to which the MCO used appropriate and complete data to identify the entire population and to the degree to which the MCO followed the measures specifications for calculating the denominator.	100%	100%	100%	100%
Numerator	The validation of the numerator determines if the MCO correctly identified and evaluated all qualifying medical events for appropriate inclusion or exclusion in the numerator for each measure and followed the measure specifications for calculation of the numerator.	100%	100%	100%	100%
Reporting Designation	Validation of reporting assesses whether the MCOs followed the State's requirements for reporting the measures' rates and followed specifications. The State requires the MCOs to report the denominator, specific numerator events, and calculated final rates.	R	R	R	R

All MCOs achieved a 100% score on the audit reporting designation of Reportable (R) indicating a high confidence in the reported results.

BMS requires the MCOs to calculate and submit audited Performance Measures, HEDIS measures and CAHPS³ Survey results. Qlarant receives the final results, aggregates them, and compares performance to national benchmarks for BMS. Results of the measures help develop a comprehensive picture related to the quality, accessibility, and timeliness of care provided to the Medicaid managed care beneficiaries. Comprehensive reports of the Performance measures, HEDIS and CAHPS experience of care results is included in Appendices A and A4, respectively.

Aggregation and Analysis of EQR Results

Findings from the EQR activities conducted by Qlarant, as well as the MCOs' performance, HEDIS and CAHPS measures, are aggregated and analyzed by Qlarant to provide a comprehensive evaluation of the MCOs' performance. HEDIS and CAHPS performance measures have become an invaluable evaluation tool used to gauge performance. Because BMS requires its MCOs to report HEDIS and CAHPS rates, and many health plans across the nation collect this data, it is possible to compare performance among BMS-contracted MCOs, and to national Medicaid benchmarks.

Information obtained through the EQR activities was aggregated and analyzed to assess MCO performance in the areas of quality, access, and timeliness of services. In aggregating and analyzing the data, Qlarant allocated standards and/or measures from each activity to domains indicative of quality, access, or timeliness to care and services. Qlarant has adopted the following definitions for quality, access, and timeliness in performing the MCO assessments:

³ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

- **Quality**, as stated in the federal regulations as it pertains to EQR, is the degree to which an MCO... “increases the likelihood of desired outcomes of its enrollees through (1) its structural and operational characteristics, (2) the provision of services that are consistent with current professional, evidenced-based-knowledge, and (3) interventions for performance improvement.” (CFR §438.320).
- **Access** (or accessibility), as defined by 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. The intent is that each organization provides and maintains appropriate access to primary care, behavioral health care, and member services” (*NCQA Health Plan Standards and Guidelines*).
- **Timeliness**, as stated by the Institute of Medicine is “reducing waits and sometimes harmful delays” and is interrelated with safety, efficiency, and patient-centeredness of care. Long waits in physicians’ offices or emergency rooms and long waits for test results may result in physical harm. For example, a delay in test results can cause delayed diagnosis or treatment—resulting in preventable complications.

Findings are compared across MCOs, to the MHT averages, and to national Medicaid benchmarks where available.

Quality Findings

This ATR assessment of quality encompasses key areas of MCO operations likely to impact member health outcomes, care delivery, and the experience of receiving care. Therefore, the quality domain focuses on MCO compliance, PIP initiatives, performance measures, HEDIS and CAHPS results indicative of quality systems. Qlarant also conducted an analysis of the MCOs’ progress in resolving operational issues that were identified as opportunities for improvement from the prior year’s SPR activities.

MHT Quality Strategy (QS) and Performance Measure Program

The *West Virginia Mountain Health Trust Program State Quality Strategy for Assessing and Improving Managed Care Quality* (Quality Strategy) was updated in 2017 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. Performance measures are selected from HEDIS, CAHPS, and CMS Adult and Child Quality Core Sets. A subset of these measures are selected for the PMV audit that reflect the following

areas of importance: Screening and preventive care, chronic care, access and timeliness of care, utilization, and enrollee satisfaction. The eighteen selected measures reviewed in the 2018 PMV for MY 2017 are listed below:

- Adolescent Well-Care Visits
- Annual Dental Visits for 2-3 Year Olds
- Behavioral Health Risk Assessment for Pregnant Women
- Childhood Immunization Status: Combination 3
- Comprehensive Diabetes Care: HbA1c Testing
- Dental Sealants for 6-9 Year Old Children at Elevated Risk
- Follow-Up after Hospitalization for Mental Illness: 7 Days Follow-Up
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Initiation Total
- Medical Assistance with Smoking and Tobacco Use Cessation: Advising Smokers to Quit
- Mental Health Utilization: Any Service Total
- Percentage of Eligible (Children) that Received Preventive Dental Services
- PQI 01: Diabetes Short – Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate
- PQI 08: Congestive Heart Failure (CHF) Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate
- Prenatal and Postpartum Care-Postpartum Care
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Nutrition
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

Appendix 2 details the MY 2017 SPR Scores for each MCO by standard and by element. Appendix 3 reviews all of the PIP indicator results for the three PIPs conducted by each MCO. Appendix 4 details the results of the PMV. This includes MCO averages and MHT-WAs from MY 2015 to MY 2017. Appendix 5 includes all collected HEDIS measures and MHT-WAs from MY 2015 to MY 2017. Finally, Appendix 6 details all reported CAHPS rates and MHT averages from MY 2015 to MY 2017.

Systems Performance Review

The MCOs are expected to be fully compliant with federal and contractual requirements. Compliance is assessed through an annual SPR. The review, completed in March of 2018, assessed each MCO's measurement year (MY) 2017 compliance with federal and state regulations and requirements as it served the West Virginia Medicaid population. Qlarant reviewed one-third of the new managed care standards set forth in the Final Rule dated May 6, 2017. Qlarant will continue to review one third of the new managed care standards for the next two years thus completing a full compliance review per federal requirements.

MCO scores for each of the standards are displayed in Table 14. Because this was the first time the MCOs were reviewed with the new standards, the MY 2017 results serve as baseline. Future reports will trend results.

Table 14. 2017 MCO SPR Scores by Standard.

SPR Standard	ABHWV	THP	UHP	WVFH
Subpart C: §438.100 Enrollee Rights and Protections	100%	100%	100%	100%
Subpart D: §438.206 - §438.242 MCO Standards minus Availability of Services & Assurance of Adequate Capacity and Services	100%	100%	100%	98%
Program Integrity Contract Requirements	97%	100%	100%	100%

Results were strong for the MCOs as they demonstrated high or full compliance with all of the standards reviewed. Performance by standard follows:

- **Enrollee Rights and Protections.** All four MCOs scored 100% on this standard.
- **MCO Standards.** Three MCOs (ABHWV, THP and UHP) scored 100% on this standard, and one MCO (WVFH) scored 98% on this standard.
- **Program Integrity Contract Requirements.** Three MCOs (THP, UHP and WVFH) scored 100% and one MCO (ABHWV) scored 97% on this standard.

Multiple standards of the SPR relate to the MCOs' quality structures and procedures used to ensure quality services are provided to the Medicaid managed care beneficiaries according to federal and contractual requirements. Table 15 includes quality-related elements for each applicable standard and 2017 results for each MCO. Results are indicated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

Table 15. Quality-Related SPR Standards.

SPR Standard	ABHWV	THP	UHP	WVFH
Subpart C: Enrollee Rights and Protections				
§438.100 Enrollee Rights	M	M	M	M
Subpart D: MCO Standards				
§438.208 Coordination and Continuity of Care	M	M	M	PM
§438.210 Coverage and Authorization of Services	M	M	M	M
§438.214 Provider Selection	M	M	M	M
§438.224 Confidentiality	M	M	M	M
§438.230 Sub contractual Relationships and Delegation	M	M	M	M
§438.236 Practice Guidelines	M	M	M	M
§438.242 Health Information Systems	M	M	M	M
Program Integrity				
Program Integrity Contract Requirements	PM	M	M	M

Overall, the results for the quality-related elements of the SPR were strong.

- **Enrollee Rights and Protections.** All MCOs were fully compliant with this standard.
- **MCO Standards.** All MCOs were fully compliant in six of the seven elements reviewed. WVFH was partially compliant with the Coordination and Continuity of Care standard.
- **Program Integrity.** All MCOs were fully compliant in eight of the nine elements reviewed. ABHWV was not compliant with one of the Fraud, Waste and Abuse standards.

Performance Improvement Project Validation

MHT's effort to improve healthcare outcomes through quality improvement efforts requires the MCOs to conduct and report on three PIPs annually. Qlarant reviewed the following quality related PIPs for ABHWV and UHP:

- Annual Monitoring of Patients on Persistent Medications (ABHWV)
- Follow-Up for Hospitalization for Mental Illness (UHP)

PIP validation and performance measure results are included in Tables 16-17 for ABHWV's Annual Monitoring of Patients on Persistent Medications PIP. Validation steps were rated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

Table 16. ABHWV's Annual Monitoring of Patients on Persistent Medications PIP Validation Results.

PIP Validation Step	Finding	Results
1. Assess the Study Topic	M	100%
2. Review the Study Questions	M	100%
3. Review the Selected Study Indicator(s)	M	100%
4. Review the Study Population	M	100%
5. Review Sampling Methodologies	NA	NA
6. Review Data Collection Procedures	M	100%
7. Assess Improvement Strategies	M	100%
8. Review Data Analysis & Interpretation of Study Results	M	100%
9. Assess Whether Improvement is Real Improvement	M	100%
10. Assess Sustained Improvement	M	100%
	Total Score	100%
	Confidence Level	High

ABHWV received findings of met for all applicable Steps. The total score for this PIP was 100% which indicated a high level of confidence in the reported results. The MCO provided a comprehensive project rationale, study question and project goals for both indicators. Appropriate data collection methods were used as well as a complete barrier analysis and strong interventions. ABHWV completed a comprehensive quantitative and qualitative analysis and noted that the indicator rate increased over measurement year one as well as over the baseline measurement year.

Table 17. ABHWV’s Annual Monitoring of Patients on Persistent Medications PIP Performance Measure Results.

PIP Results			
Indicator 1: Annual Monitoring of Patients on Persistent Medications- Total Rate			
Time Period	Measurement	Goal	Rate or Results
MY 2015 (HEDIS 2016)	Baseline	Exceed the 2016 Medicaid QC 75 th Percentile	82.44%
MY 2016 (HEDIS 2017)	Remeasurement Year 1	Exceed the 2016 Medicaid QC 75 th Percentile	88.23%
MY 2017 (HEDIS 2018)	Remeasurement Year 2	Exceed the 2016 Medicaid QC 75 th Percentile	89.58%

The indicator rate increased each year and over the baseline year rate. The rate for MY 2017, 89.58%, slightly exceeded the goal of the 2016 Medicaid QC 75th Percentile by less than one percentage point.

PIP validation and performance measure results are included in Tables 18-19 for UHP’s Follow-Up After Hospitalization for Mental Illness PIP. Validation steps were rated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

Table 18. UHP’s Follow-Up for Hospitalization for Mental Illness PIP Validation Results.

PIP Validation Step	Finding	Results
1. Assess the Study Topic	M	100%
2. Review the Study Questions	M	100%
3. Review the Selected Study Indicator(s)	M	100%
4. Review the Study Population	M	100%
5. Review Sampling Methodologies	NA	NA
6. Review Data Collection Procedures	M	100%
7. Assess Improvement Strategies	M	100%
8. Review Data Analysis & Interpretation of Study Results	M	100%
9. Assess Whether Improvement is Real Improvement	M	100%
10. Assess Sustained Improvement	M	100%
Total Score		100%
Confidence Level		High

UHP received a finding of met in all applicable Steps. The PIP received a total score of 100% indicating a high level of confidence in the reported results. The MCO provided a comprehensive project rationale, study question, and appropriate project goals for the two HEDIS indicators. UHP used appropriate data collection methods, implemented targeted interventions, and completed a thorough data analysis that included both a quantitative and qualitative analysis from Baseline Measurement Year through Remeasurement Year 2. The MCO has robust interventions in place and has noted interventions for implementation in MY 2018.

Table 19. UHP’s Follow-Up After Hospitalization for Mental Illness PIP Performance Measure Results.

PIP Results			
Indicator 1: Follow-Up After Hospitalization for Mental Illness (FUH) 7 Days			
Time Period	Measurement	Goal	Rate or Results
MY 2015 (HEDIS 2016)	Baseline	Exceed 2016 NMA by 5 percentage points	15.48%
MY 2016 (HEDIS 2017)	Remeasurement Year 1	Exceed 2016 NMA by 5 percentage points	28.91%
MY 2017 (HEDIS 2018)	Remeasurement Year 2	Exceed 2016 NMA by 5 percentage points	34.47%
Indicator 2: Follow-Up After Hospitalization for Mental Illness (FUH) 30 Days			
Time Period	Measurement	Goal	Rate or Results
MY 2015 (HEDIS 2016)	Baseline	Exceed 2016 NMA by 5 percentage points	38.69%
MY 2016 (HEDIS 2017)	Remeasurement Year 1	Exceed 2016 NMA by 5 percentage points	62.81%
MY 2017 (HEDIS 2018)	Remeasurement Year 2	Exceed 2016 NMA by 5 percentage points	64.93%

UHP’s MY 2017 rate of 34.47% for Indicator 1: *7-day follow-up* increased 5.57 percentage points over MY 2016 (28.91%). While this rate falls short of the MCO’s goal to exceed the NMA by 5 percentage points, it does demonstrate a statistically significant gain from both MY 2015 to MY 2017 and MY 2016 to MY 2017. UHP’s MY 2017 rate of 64.93% for Indicator 2: *30-day follow-up* increased 2.12 percentage points over MY 2016 (62.81%). While this rate falls short of the MCO’s goal to exceed the NMA by 5 percentage points, it also demonstrates a statistically significant gain from MY 2015.

ABHWV and UHP MCO Selected PIP Interventions. On an annual basis, the MCOs are required to evaluate and update their interventions for each PIP. Examples of the MCO specific interventions evaluated during MY 2017 include:

- ABHWV Interventions
 - **Provider Gaps-in-Care Lists.** Gaps in Care Reports are updated and uploaded monthly to the Provider Portal reporting platform. ABHWV Operations Leadership and Quality Management meet monthly and as needed with high volume provider groups to discuss quality focus areas.
 - **MPM Dynamo Gaps in Care Outreach.** Letters were mailed to all members that were taking an ACE/ARB, diuretic, or digoxin to remind them to have lab testing performed at least once a year to monitor the effectiveness of the medications.
 - **HEDIS Provider Training.** Education is delivered to provider office staff regarding the MPM measure. Education includes measure and coding specifications, documentation requirements, and discussion surrounding helpful office workflow and electronic medical record (EMR) tips.

- UHP Interventions
 - **Healthy Rewards Incentive.** Members who complete a transition appointment are eligible for a \$20 member incentive as part of the Health Rewards Program.
 - **Behavioral Health Case Management.** 100% of members discharged from inpatient admission for mental illness are contacted by case management and offered case management services. Members are followed for 30 days, unless they are identified as high risk and enrolled in Complex Case Management (CM).
 - **New Provider Education.** Outpatient behavioral health (BH) providers are provided education regarding standards of care, HEDIS measures and their role in member's care and care coordination

Performance Measure Validation

Performance Measure Results

Five HEDIS indicators from the PMV activities assess the quality of care provided by the MHT MCOs. These measures are noted in Table 21 with the MY 2015 through MY 2017 MHT-WA and NMP comparisons. Selected Performance measures specific to quality are reported in Tables 21-22. The selected performance measures relate to quality are as follows:

- Childhood Immunization Status- Combo 3
- Comprehensive Diabetes Care – HbA1c Testing
- Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers to Quit
- Follow-Up After Hospitalization for Mental Illness – 7 Days
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Counseling for Nutrition

Better management of members with these conditions can assist the MCOs in improving member outcomes and by reducing healthcare costs.

For each of the selected performance measures, two tables are presented. The first table displays the performance measures that are specific to the measure domain. Results are displayed by MCO and include the last three measurement years (MYs) including MY 2015 – MY 2017. The three year illustration of results allows for trending, and assessments can be made to determine if performance is improving or declining. The second table compares the MHT MCO weighted averages per measure over the same three year period. Additionally, for each performance measure, the MY 2017 MCO average is compared to the NCQA Quality Compass National Medicaid benchmarks. A high-level analysis of results follows each table.

Table 20 reports the quality-related performance measures for all four MCOs and includes results for MY 2015 to MY 2017.

Table 20. Quality-Related WV Performance Measures Results MY 2015 – MY 2017.

HEDIS Measure	ABHWV			THP			UHP			WVFH		
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %
Childhood Immunization Status – Combination 3	71.93	67.22	71.78	70.32	67.88	56.40	68.06	71.99	68.37	33.33	62.04	67.88
Comprehensive Diabetes Care - HbA1c Testing	77.36	90.07	83.70	81.11	91.00	87.35	83.80	86.34	89.78	85.42	90.69	89.29
Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit	67.7	73.50	75.75	75.0	71.31	73.52	69.1	69.85	73.12	74.8	76.19	75.96
Follow-Up After Hospitalization For Mental Illness - 7 days	30.99	31.20	30.32	21.48	18.00	16.38	^	28.91	34.47	18.92	48.78	26.56
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	57.55	68.16	77.13	54.26	60.58	61.31	59.72	67.13	72.75	50.85	54.99	58.64

^ Measure not collected, or denominator is too small, or no benchmarks

A trend analysis of the WV performance measures for quality revealed the following:

- Childhood Immunization Status – Combination 3: WVFH demonstrated a positive annual trend while THP demonstrated a negative annual trend.
- Comprehensive Diabetes Care-HbA1c Testing: Only UHP demonstrated a positive trend between MY 2015-MY 2017.
- Medical Assistance with Smoking and Tobacco Use Cessation-Advising Smokers to Quit: Both ABHWV and UHP demonstrated positive measurement trends.
- Follow-Up After Hospitalization for Mental Illness-7 days: UHP demonstrated positive annual performance while THP demonstrated a negative annual performance.
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-Counseling for Nutrition: All four MCOs displayed positive year over year performance.

Table 21 reports the MHT-WA quality-related performance measures that assess quality for MY 2015 to MY 2017 as compared to the MY 2017 NMP.

Table 21. Quality-Related Performance Measures MY 2015-2017 MHT-WA Compared to NMP.

Measure	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
Childhood Immunization Status – Combination 3	69.97	69.16	67.07	◆ ◆
Comprehensive Diabetes Care - HbA1c Testing	80.92	89.52	87.59	◆ ◆
Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit	71.70	72.71	74.59	◆ ◆
Follow-Up After Hospitalization For Mental Illness - 7 days	27.26	30.62	27.74	◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	57.93	66.15	71.65	◆ ◆ ◆

- ◆ ◆ ◆ ◆ - Exceeds the 90th Percentile
- ◆ ◆ ◆ ◆ - Exceeds the 75th Percentile to 90th Percentile
- ◆ ◆ ◆ - Exceeds the 50th Percentile to 75th Percentile
- ◆ ◆ - Exceeds the 25th Percentile to 50th Percentile
- ◆ - 25th Percentile or less

The MY 2017 MHT-WA exceeded the NCQA Quality Compass 50th Percentile and improved between MY 2015 and MY 2017 for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-Counseling for Nutrition. The MHT-WA exceeded the NCQA Quality Compass 25th Percentile and improved all three measurement years for Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers to Quit. The Comprehensive Diabetes Care – HbA1c Testing rates exceeded the NCQA Quality Compass 25th Percentile, but did not improve from MY 2016 to MY 2017. Even though the MY 2017 MHT-WA for Follow-Up after Hospitalization for Mental Illness - 7 Days improved slightly between MY 2015 and MY 2017, an opportunity for improvement was identified as the MHT-WA did not exceed the NCQA Quality Compass 25th Percentile.

CAHPS Survey Results

As required by BMS, MCOs annually survey adult members and parents/guardians of child members via the CAHPS Survey. Respondents are asked to rate their experience of care. Key survey measures that relate to quality are highlighted in Tables 23-64.

Table 22 reports the adult quality-related adult CAHPS Survey measures for all four MCOs and includes results for surveys conducted in MY 2015-MY 2017.

Table 22. Quality-Related Adult CAHPS Survey Measures MY 2015 to MY 2017.

CAHPS Survey Measures	ABHWV			THP			UHP			WVFH		
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %
How Well Doctors Communicate Composite	90.6	95.48	93.08	91.7	92.11	93.19	92.7	93.00	94.16	93.38	92.54	95.21
Shared Decision Making Composite (A lot/Yes)	80.5	82.40	78.36	85.1	N/A	84.77	82.7	81.38	82.99	81.53	80.60	79.95
Health Promotion and Education Composite	69.3	72.94	71.76	69.3	77.09	70.82	68.4	69.23	70.34	73.5	72.50	70.78
Coordination of Care Composite	N/A	85.95	86.47	N/A	87.74	85.11	75.4	85.00	83.05	86.7	86.06	86.43
Rating of Health Plan (8+9+10)	66.3	62.91	69.85	73.1	75.82	79.57	68.7	71.36	76.82	71.7	72.05	72.43
Rating of All Health Care (8+9+10)	66.8	68.35	70.61	70.8	67.22	75.57	69.1	71.14	70.42	67.5	73.98	72.11
Rating of Personal Doctor (8+9+10)	77.3	79.02	83.33	77.1	77.99	85.11	80.9	80.07	83.78	84.6	84.47	85.13
Rating of Specialist Seen Most Often (8+9+10)	75.3	71.97	78.42	N/A	82.35	82.03	76.1	81.88	82.51	81.5	75.9	78.40

N/A – Not Applicable; response < 100

A trend analysis for the quality-related Adult CAHPS Survey measures revealed the following:

- How Well Doctors Communicate Composite: THP and UHP’s performance improved each year and all MCOs demonstrated member satisfaction with performance rates above 90% for each year between MY 2015 and MY 2017.
- Shared Decision Making Composite: WVFH demonstrated a decline in performance each year between MY 2015 and MY 2017.
- Health Promotion and Education Composite: UHP demonstrated a positive trend in performance from MY 2015 to MY 2017.
- Coordination of Care Composite: ABHWV and WVFH increased performance in MY 2017 from the previous year.
- Rating of Health Plan (8+9+10): THP, UHP, and WVFH demonstrated positive annual trends with THP performing the best (79.59%).
- Rating of All Health Care (8+9+10): ABHWV improved each year between MY 2015 and MY 2017.
- Rating of Personal Doctor (8+9+10): ABHWV and THP demonstrated positive trends each year between MY 2015 and MY 2017.

- Rating of Specialist Seen Most Often (8+9+10): UHP improved each year between MY 2015 and MY 2017.

Table 23 reports the MHT Average quality-related adult CAHPS Survey results for MY 2015 to MY 2017 as compared to the MY 2017 NMP.

Table 23. Quality-Related Adult CAHPS Survey Measures MY 2015 to MY 2017 MHT-WA Compared to NMP.

CAHPS Survey Measures	MHT Average MY 2015 %	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average Compared to NMPs MY 2017 %
How Well Doctors Communicate Composite	92.1	93.28	93.91	◆◆◆◆
Shared Decision Making Composite	82.4	81.46	81.52	◆◆◆
Health Promotion and Education Composite	70.1	72.94	70.93	◆
Coordination of Care Composite	81.0	86.19	85.27	◆◆◆
Rating of Health Plan (8+9+10)	70.0	70.54	74.67	◆◆
Rating of All Health Care (8+9+10)	68.6	70.17	72.18	◆◆
Rating of Personal Doctor (8+9+10)	80.0	80.39	84.34	◆◆◆◆
Rating of Specialist Seen Most Often (8+9+10)	77.6	78.03	80.34	◆◆

- ◆◆◆◆ - Exceeds the 90th Percentile
- ◆◆◆◆ - Exceeds the 75th Percentile to 90th Percentile
- ◆◆◆ - Exceeds the 50th Percentile to 75th Percentile
- ◆◆ - Exceeds the 25th Percentile to 50th Percentile
- ◆ - 25th Percentile or less

An analysis of the MHT MCO averages indicated the following:

- For two of the eight quality-related Adult CAHPS Survey measures, the MHT average for MY 2017 met or exceeded the NCQA Quality Compass 75th Percentile for Medicaid. These measures included:
 - How Well Doctors Communicate
 - Rating of Personal Doctor (8+9+10)
- Six of the eight quality-related Adult CAHPS Survey experience of care measures exhibited annual improvements.

Table 24 reports the quality-related Child CAHPS Survey measures for all four MCOs and includes results for MY 2015 to MY 2017.

Table 24. Quality-Related Child CAHPS Survey Measures MY 2015 to MY 2017.

CAHPS Survey Measures	ABHWV			THP			UHP			WVFH		
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %
Customer Service Composite	89.6	N/A	N/A	94.4	N/A	N/A	88.0	88.50	88.49	N/A	N/A	85.56
How Well Doctors Communicate Composite	96.5	96.11	94.78	95.8	94.08	94.80	95.1	95.42	94.83	95.9	95.69	94.95
Shared Decision Making Composite (A lot/Yes)	84.0	79.91	N/A	77.8	N/A	N/A	76.3	80.49	78.32	N/A	79.82	83.56
Health Promotion and Education Composite	76.5	70.66	75.38	69.5	67.43	72.26	71.3	72.86	74.94	78.8	69.31	72.65
Coordination of Care Composite	88.2	84.15	82.28	84.3	84.51	88.98	83.2	84.73	82.86	85.0	88.70	86.23
Rating of Health Plan (8+9+10)	86.7	82.06	84.95	84.3	89.09	88.64	83.7	87.02	83.78	77.5	81.68	82.62
Rating of All Health Care (8+9+10)	85.0	85.14	86.36	85.8	86.09	87.73	83.9	85.04	86.57	86.8	87.90	83.33
Rating of Personal Doctor (8+9+10)	91.2	88.34	87.99	88.6	88.64	86.87	87.6	88.35	86.73	88.8	89.32	87.26
Rating of Specialist Seen Most Often (8+9+10)	83.8	91.15	82.00	75.2	N/A	N/A	85.6	85.59	89.83	N/A	N/A	N/A

N/A – Not Applicable; response < 100

A trend analysis for the quality-related Child CAHPS Survey measures revealed the following:

- How Well Doctors Communicate Composite: All MCO's performance trended negatively, however all MY 2017 MCO rates remain above 94%.
- Health Promotion and Education Composite: UHP improved each year between MY 2015 and MY 2017.
- Coordination of Care Composite: THP demonstrated a positive trend. ABHWV showed a negative trend with a decline of 5.92 percentage points from MY 2015 to MY 2017.
- Rating of All Health Plan (8+9+10): Only WVFH showed a positive trend in performance.
- Rating of All Health Care: All MCOs except for WVFH showed positive trends in performance over the three trending years.

- Rating of Personal Doctor (8+9+10): THP demonstrated a slight improvement each year between MY 2015 and MY 2017.

Table 25 reports the MHT Averages for quality-related Child CAHPS Survey measures for MY 2015 to MY 2017 as compared to MY 2017 NMP.

Table 25. Quality-Related Child CAHPS Survey Measures MY 2015 to MY 2017 MHT-WA Compared to NMP.

CAHPS Survey Measures	MHT Average MY 2015 %	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average Compared to NMPs MY 2017 %
Customer Service Composite	90.8	N/A	87.03	◆
How Well Doctors Communicate Composite	95.8	95.33	94.84	◆◆◆
Shared Decision Making Composite	79.4	80.07	80.94	◆◆◆
Health Promotion and Education Composite	74.0	70.07	73.81	◆◆◆
Coordination of Care Composite	85.2	85.52	85.09	◆◆◆
Rating of Health Plan (8+9+10)	83.1	84.96	85.00	◆◆
Rating of All Health Care (8+9+10)	85.3	86.04	86.00	◆◆
Rating of Personal Doctor (8+9+10)	89.0	88.66	87.21	◆
Rating of Specialist Seen Most Often (8+9+10)	81.5	89.87	85.92	◆◆

- ◆◆◆◆ - Exceeds the 90th Percentile
- ◆◆◆◆ - Exceeds the 75th Percentile to 90th Percentile
- ◆◆◆ - Exceeds the 50th Percentile to 75th Percentile
- ◆◆ - Exceeds the 25th Percentile to 50th Percentile
- ◆ - 25th Percentile or less

An analysis of the MCO averages indicated the following:

- No measures exceeded the NMA 75th Percentile for MY 2017.
- Four of the 9 measures exceeded the NMA 50th Percentile for MY 2017.
- Two measures, Customer Service Composite and Rating of Personal Doctor (8+9+10) failed to exceed the NMA 25th Percentile.
- Two of the nine measures demonstrated annual improvements:
 - Shared Decision Making Composite
 - Rating of Health Plan (8+9+10)

An opportunity for improvement exists for Rating of Personal Doctor from the Child’s CAHPS. The MHT Average is below the 25th Percentile and has declined in performance each year between MY 2015 and MY 2017.

Access Findings

An assessment of access considers the degree to which beneficiaries are inhibited or assisted in their ability to gain entry to and receive care and services from the health care system. It considers compliance with operational and geographic standards, open provider networks, performance measure that gauge accessibility, and other network adequacy measures.

Access to healthcare is the foundation of positive health outcomes. Qlarant evaluates access to care and services for each MCO through an analysis of SPR findings, PIP results, performance measures and HEDIS and CAHPS results.

Systems Performance Review

Multiple standards of the SPR relate to the MCOs' structural system that influences accessibility, however none of these standards were reviewed for the MY 2017 review. Table 26 includes access-related requirements of each applicable SPR standard and the year in which these standards will be reviewed on-site.

Table 26. Access-Related SPR Standards and Measurement Year of Review.

SPR Standard	MY
§438.10 Information Requirements	2019
§438.206 Availability of Services	2019
§438.207 Assurance of Adequate Capacity and Services	2019
§440.262 Access and Cultural Considerations	2019

Performance Improvement Project Validation

MHT's effort to improve healthcare outcomes through access improvement efforts requires the MCOs to conduct and report on three PIPs annually. Qlarant reviewed the following access related PIPs:

- Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP (all MCOs)
- Annual Dental Visits PIP (all MCOs)

Prenatal Behavioral Health Risk Assessment and Postpartum Care PIP

Table 27 includes the State-mandated Prenatal Behavioral Health Risk Assessment and Postpartum Care PIP validation results.

Table 27. Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP Validation Results.

PIP Validation Step	ABHWV	THP	UHP	WVFH
1. Assess the Study Topic	NA	NA	NA	NA
2. Review the Study Questions	NA	NA	NA	NA
3. Review the Selected Study Indicator(s)	M	M	M	M
4. Review the Study Population	M	M	M	M
5. Review Sampling Methodologies	M	M	M	M
6. Review Data Collection Procedures	M	M	M	M

PIP Validation Step	ABHWV	THP	UHP	WVFH
7. Assess Improvement Strategies	M	M	M	M
8. Review Data Analysis & Interpretation of Study Results	M	M	M	M
9. Assess Whether Improvement is Real Improvement	PM	PM	PM	PM
10. Assess Sustained Improvement	NA	NA	NA	NA
Total Score	97%	95%	95%	98%
Confidence Level	High	High	High	High

All four MCO’s PIPs scored above 95% indicating a high level of confidence in the reported results for the State-mandated Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit validation results. The MCOs were fully compliant with the following validation steps 3-8. Steps 1 and 2 were not applicable because this PIP is one of the two State-mandated PIPs, therefore the PIP topic, project rationale, and study question was provided to the MCOs. The MCOs used appropriate study indicators, developed suitable goals and appropriate interventions, and used proper data collections procedures. Study findings were presented clearly and accurately. All MCOs received a finding of Partially Met for Step 9, Assess Whether Improvement is Real Improvement, because at least one of the indicator rates for each of the MCOs declined from the previous year (MY 2016). Step 10, Sustained Improvement, cannot be assessed until two years of remeasurement data is reported.

The Improving Perinatal and Birth Outcomes PIP performance measure results are displayed in Table 28.

Table 28. Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP Performance Measure Results.

PIP Performance Measure	MY	Measurement	ABHWV %	THP %	UHP %	WVFH %
Prenatal and Postpartum Care – Postpartum Care	2016	Baseline	61.93	63.26	62.04	74.45
	2017	Remeasurement 1	60.83	59.61	68.13	73.48
Behavioral Health Risk Assessment (modified)	2016	Baseline	44.81	48.42	39.58	38.19
	2017	Remeasurement 1	34.55	50.36	28.22	46.35
Additional Data Collection: HEDIS Like – Postpartum Care	2016	<21 days	4.25	3.65	5.09	4.21
		21-56 days	60.61	63.26	62.04	61.79
		>56 days	9.43	2.43	5.78	4.56
	2017	<21 days	5.60	2.43	5.11	10.28
		21-56 days	60.83	59.61	68.13	59.14
		>56 days	7.30	4.14	4.14	2.88

MCO PIP performance measure findings are summarized below:

- **Prenatal and Postpartum Care – Postpartum Care.** Three of the four MCOs (ABHWV, THP and WVFH) demonstrated declines in performance from Baseline to Remeasurement 1. UHP achieved improvement in the rate for this performance measure.
- **Behavioral Health Risk Assessment (modified).** THP and WVFH demonstrated improvement in performance from Baseline to Remeasurement 1. ABHWV and UHP reported declines in performance.

- **Additional Data Collection: HEDIS like – Postpartum Care.** Three of the four MCOs (ABHWV, UHP and WVFH) reported increases in performance rates for women being seen for a postpartum visit before the 21 day HEDIS timeframe. THP reported an increase in the rate for women being seen for a postpartum visit after the 56 day HEDIS timeframe.

Prenatal Behavioral Health Risk Assessment PIP Interventions. On an annual basis, the MCOs are required to evaluate and update their interventions for each PIP. Examples of the MCO specific interventions evaluated during MY 2017 include:

- ABHWV Interventions
 - **Engage Discharge Planning Staff at Pilot Site(s) to Schedule PPC Visit Prior to Discharge.** Each MCO selected pilot sites to work with discharge planners. The goal was to engage discharge planners to work with the enrollees and schedule the postpartum visit at the time of discharge as they do for the baby's first pediatric visit. Each MCO was required to select one or two pilot sites to partner with; ABHWV partnered with Charleston Area Medical Center (CAMC). Discharge planners were educated on the HEDIS specifications and the need to schedule visits within 21-56 days of delivery. Discharge planners reinforced the need for the PPC visit. Data was exchanged between CAMC and ABHWV bi-weekly throughout 2017.
 - **Member \$50 Incentive.** Members receive a \$50 gift card for a postpartum visit occurring 21-56 days after delivery.
 - **Practitioner \$75 Incentive.** OB/GYN practitioners receive \$75 for each compliant postpartum visit that occurs 21-56 days after delivery.
 - **Improve Prenatal Risk Screening Instrument (PRSI) Rate of Return.** Practitioners were provided a \$20 incentive for submitting qualified PRSI forms.
 - **Embedded case managers with OB expertise at CAMC Women's and Children's Center, Cabell-Marshall OB/GYN, and Lily's place (Cabell County/Huntington).** The embedded case managers provide face-to-face interaction focusing on postpartum visit education, resources and assessment for any discharge needs.
- THP Interventions
 - **Prenatal Incentive Program.** THP offers an incentive to pregnant members who had a qualifying prenatal visit in the 1st, 2nd, and 3rd trimester, as well as a postpartum exam. When THP receives a qualifying claim, the member receives a \$25 CVS gift card to buy health care items or baby products.
 - **Gaps in Care Reports.** HEDIS software provides detailed information on gaps in care at the member and provider level. THP educates providers regarding the members on their rosters that need postpartum exams as well showing providers their performance in relation to completing postpartum exams within the appropriate HEDIS timeframes.
 - **Scheduling Postpartum Care Visits Prior to Delivery Discharge.** THP partners with Wheeling Hospital to schedule postpartum care visits for members prior to the member's delivery discharge.
 - **BHRA screenings.** THP performs BHRA screenings upon initial contact with pregnant members. Depending on the results of the screening, the provider is notified, as well as a THP employed high-risk prenatal nurse, who follows the member throughout the pregnancy.

- **Provider Engagement Teams.** Focusing on different regions of the state, provider engagement teams provide one-on-one education to providers on the gaps in care reports as well as any billing issues that may indeed close those gaps.
- UHP Interventions
 - **Engage Discharge Planning Staff at Pilot Site(s) to Schedule Postpartum Care (PPC) Visit Prior to Discharge.** UHP is working with the following practitioners, Michael Shockley, Peter Filo of, Shenandoah Valley Medical, and Community Health Systems who deliver at Raleigh General Hospital, Berkley Medical Center, and Camden Clark Medical Center to schedule postpartum care visits within the HEDIS 21 to 56 day window before the new mother is discharged from the hospital.
 - **Healthy Rewards Incentive.** Members are given a \$25 gift card for attending the postpartum visit within the HEDIS timeframe.
 - **PRSI (Prenatal Risk Screening Instrument) Forms.** UHP implemented a process to use the PRSI form as the notification of pregnancy. This will allow an OB case manager to review and initiate case management during the prenatal period.
- WVFH Interventions
 - **Scheduling Postpartum Care Visits Prior to Delivery Discharge.** WVFH partnered with St. Mary’s Medical Center in Huntington, WV to schedule postpartum care visits for members prior to the member’s delivery discharge.
 - **Provider Incentive for Gap in Care.** A \$200 incentive is paid to an OB/GYN or PCP that closes the identified postpartum care gap in the 21-56 day window.
 - **Gateway to Lifestyle Management (GTLM) Mom Matters Program.** MOM Matters is a multidisciplinary, continuum-based holistic approach to health care delivery that proactively identified expectant mothers and encourages them to receive timely prenatal and postpartum care.
 - **Member Incentive.** \$50 gift cards are offered to members who attend their visit within the 21-56 day window. Members are reminded of the availability of the incentive through a variety of messaging, including the website, newsletters, in the prenatal packet, postpartum flyer, and telephonic interaction with WVFH staff.
 - **Provider Education.** A provider education tool regarding how to properly fill out the Behavioral Health Risk Assessment (BHRA) form is available on the WVFH provider portal page.

Annual Dental Visits PIP

Table 29 includes the State-mandated Annual Dental Visits PIP validation results.

Table 29. Annual Dental Visits PIP Validation Results.

PIP Validation Step	ABHWV	THP	UHP	WVFH
1. Assess the Study Topic	NA	NA	NA	NA
2. Review the Study Questions	NA	NA	NA	NA
3. Review the Selected Study Indicator(s)	M	M	M	M
4. Review the Study Population	M	M	M	M
5. Review Sampling Methodologies	NA	NA	NA	NA

PIP Validation Step	ABHWV	THP	UHP	WVFH
6. Review Data Collection Procedures	M	M	M	M
7. Assess Improvement Strategies	M	PM	PM	PM
8. Review Data Analysis & Interpretation of Study Results	M	PM	PM	M
9. Assess Whether Improvement is Real Improvement	NA	NA	NA	NA
10. Assess Sustained Improvement	NA	NA	M	NA
Total Score	100%	95%	79%	95%
Confidence Level	High	High	Confidence	High

ABHWV, THP, and WVFH’s PIPs scored 95% and above which indicates high confidence in the reported results for the State-mandated Annual Dental Visits PIP. UHP scored a 79% indicating a level of confidence of the reported results. The MCOs were fully compliant with the following validation steps 3-4 and Step 6. Steps 1 and 2 were not applicable because this PIP is one of the two State-mandated PIPs, therefore the PIP topic, project rationale, and study question was provided to the MCOs. The MCOs used appropriate study indicators and used proper data collections procedures. ABHWV offered interventions that were based on a robust barrier analysis and that were both system-level and culturally appropriate.

Step 8, Review Data Analysis & Interpretation of Study Results, was Partially Met for THP because planned interventions for MY 2018 did not include face to face member contact. Step 8 was partially met for UHP because two of the three reported indicators were submitted incorrectly with wrong numerator and denominators. Step 9, Assess Whether Improvement is Real Improvement, received a finding of not applicable as this is the baseline year of the PIP and data collection. Step 10, Sustained Improvement, cannot be assessed until two years of remeasurement data is reported.

Annual Dental Visits PIP Performance Results. The Annual Dental Visits PIP performance measure results are displayed in Table 30.

Table 30. Annual Dental Visits PIP Performance Measure Results.

PIP Performance Measure	ABHWV MY 2017 %	THP MY 2017 %	UHP MY 2017 %	WVFH MY 2017 %
Annual Dental Visits for 2-3 Year Olds	37.73	27.40	39.87	26.68
PDENT – Percentage of Eligibles that Received Preventative Dental Services	48.85	34.89	49.37	30.13
SEAL – Dental Sealants for 6-9 Year Old Children at Elevated Risk	NA*	NA*	25.02	NA*

*Only one additional measure was required for the PIP

MCO PIP performance measure findings are summarized below:

- **Annual Dental Visits for 2-3 Year Olds.** UHP’s baseline rate exceeded the 2017 Quality Compass National Medicaid Average.
- **PDENT – Percentage of Eligibles that Received Preventative Dental Services.** ABHWV and UHP’s Baseline rates are well above those of THP and WVFH.

- **SEAL – Dental Sealants for 6-9 Year Old Children at Elevated Risk.** UHP reported this measure. Their goal is 5 percentage points above Baseline (30.02%).

On an annual basis, the MCOs are required to evaluate and update their interventions for each PIP. Examples of the MCO specific interventions evaluated during MY 2017 include:

- ABHWV Interventions
 - **Provider Well Child \$25 Incentive.** Providers will receive \$25 for advising members who come in for the well child (3-6 year) and adolescent well care (12-20 years) visits about the importance of a dental home, advising to see a dentist every 6 months, and age appropriate dental hygiene education.
 - **Promotion of free MTM transportation.** All member outreach, Gaps in Care calls, case management calls, etc. focus on promoting MTM transportation services for dental visits. MTM transportation is also promoted in member newsletters, ABHWV member website, and the Member Handbook.
 - **Community Development Program.** Different community organization staff attend each Health Advisory meeting s to determine areas and topics of dental health for outreach. Community organizations include Head Start, the Community Development Program, and Marcum Terrace.
 - **Member Incentive.** Members ages 12-18 received a \$25 gift card for having a well-child visit where they will receive guidance from the primary care provider (PCP) regarding the importance of dental health.
 - **PCP ADV/PDENT Provider Education.** 1:1 provider office education on-site or via webinar to education PCPs regarding the ADV/PDENT measures, the importance of oral health risk assessment, assessment of dental home, referrals to dentists no later than age 2, advising member s to see a dentist every 6 months, and dental/oral health age appropriate education.
 - **High Volume Practitioner ADV Incentive.** High volume PCP practitioners are awarded incentive monies based upon ADV compliance rate thresholds. The award is attributed to the assigned high volume PCP practitioner. The incentive is for members 2-20 years of age with at least one dental visit with a dental provider in the previous measurement year.
 - **Dental Wellness Events/Clinics.** ABHWV partners with community providers to organize dental wellness clinics where members can receive dental visits and services. Members 2-20 years of age are eligible are receive a \$25 gift card. Dental Events will target rural geographic areas, other identified counties with limited access to dental services/care, and non-compliant areas.
- THP Interventions
 - **Member Education.** EPSDT and dental education postcards are mailed to members from the Member Outreach and Engagement Call Center. This group also organizes community events emphasizing the importance of early cleanings and how to brush properly. Finally, social media posts will regularly educate and encourage change in member’s dental habits.

- **FQHC Clinics Claim reports to catch billing codes.** QI analysts run monthly reports to identify members that are receiving dental services through FQHC and School Based clinics.
- **Transportation.** THP has interventions in place to educate members on the use of Logistic are transportation services. Information is posted on THP website and in the Member Handbook to educate members of the transportation provider change.
- UHP Interventions
 - **Health Crowd for ADV.** Health Crowd is a social media outreach initiative in which UHP sends texts messages to members to remind and educate them regarding preventative services to close gaps in care. Quality staff also discuss preventive topics with members during outbound calls to close gaps in care for ADV.
 - **Member Incentives.** For a limited time, eligible UHP pregnant members can receive a \$25 gift card for attending preventive dental service visits.
 - **Promotion of free MTM transportation.** All Gaps in Care calls will promote MTM transportation services to dental visits.
 - **HEDIS Analysis.** UHP staff perform annual analyses of HEDIS measures for health care disparities.
 - **PCP ADV/PDENT Provider Education.** Educate MCO and providers on the importance of dental care for 2-3 year olds and encouraging providers to accept this age group for initial appointments.
- WVFH Interventions
 - **Member Incentive.** Members in the ADV age 2-3 group will receive a \$25 gift card for completing an eligible dental visit.
 - **Member Education.** Members will receive dental information in the Member Newsletter, on the WVFH website, and periodic dental information via outbound welcome calls and pre-queue messaging.

Performance Measurement Validation

Performance Measure Results

Preventive healthcare measures provide information about how well an MCO provides services that maintain good health and prevent illness in adults and children. A regular source of care is vitally important in terms of providing appropriate preventive services and/or diagnosing and treating acute/chronic conditions in a timely manner. Regular access to preventive services should decrease the need for emergency and specialized services. Selected key performance measures related to access are reported in Tables 31-32.

Six performance measures from the PMV activities assess the access to care provided by the MHT MCOs. These measures are noted in Table 32 with the MCO rates from MY 2015 through MY 2017. The MHT-WA to NMPs comparisons for the six measures are provided in Table 33. The six performance measures used to evaluate access are as follows:

- Annual Dental Visits for 2-3 Year Olds
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Initiation of AOD Total
- Prenatal and Postpartum Care-Postpartum Care
- Percentage of Eligibles That Received Preventive Dental Services
- Dental Sealants for 6-9 Year Old Children at Elevated Risk
- Behavioral Health Risk Assessment for Pregnant Women-All Screenings

Table 31 reports the access-related performance measures for MY 2015 through MY 2017 MCO rates.

Table 31. Access-Related Performance Measures MY 2015 – MY 2017.

HEDIS Measure	ABHWV			THP			UHP			WVFH		
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %
Annual Dental Visits for 2-3 Year Olds	33.46	34.27	37.73	32.00	32.21	27.40	26.02	37.11	39.87	27.84	26.50	28.68
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Total	43.08	44.66	48.40	44.07	45.01	49.84	^	42.11	46.29	26.35	61.09	40.69
Prenatal and Postpartum Care - Postpartum Care	59.43	61.93	60.83	63.02	63.26	59.61	57.11	62.04	68.13	51.09	74.45	73.48
Percentage of Eligibles That Received Preventive Dental Services	43.0	46.69	48.85	39.0	40.0	34.89	24.6	49.37	51.33	9.0	30.96	30.13
Dental Sealants for 6-9 Year Old Children at Elevated Risk	0.0	24.13	21.84	7.0	46.0	26.38	0.0	29.73	25.02	33.0	33.84	21.25
Behavioral Health Risk Assessment For Pregnant Women- All Screenings	^	44.81	34.55	^	48.42	50.36	^	39.58	28.22	^	38.19	46.35

^ Measure not collected, or denominator is too small, or no benchmarks

A trend analysis of the WV performance measures for access revealed the following:

- Annual Dental Visits for 2-3 Year Olds: ABHWV and UHP demonstrate positive annual trends in performance.
- Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Total: Three of the four MCOs (ABHWV, THP and UHP) demonstrate positive annual trends in performance.
- Prenatal and Postpartum Care-Postpartum Care: UHP demonstrates a positive trend in performance.
- Percentage of Eligibles That Received Preventive Dental Services: ABHWV and UHP demonstrate positive year over year trends in performance.
- Dental Sealants for 6-9 Year Old Children at Elevated Risk: MCOs are not achieving positive gains in performance in this area.

- Behavioral Health Risk Assessment for Pregnant Women- All Screenings: THP and WVFH demonstrated positive trends in performance between MY 2016-MY 2017.

Table 32 reports the MHT-WA for access-related performance measures from MY 2015 to MY 2017 as compared to the MY 2017 NMPs.

Table 32. Access-Related Performance Measures MY 2015 – MY 2017 MHT-WA Compared to NMP.

Measure	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
Annual Dental Visits for 2-3 Year Olds	29.90	34.83	35.79	◆ ◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Total	41.11	47.45	46.89	◆ ◆ ◆ ◆
Prenatal and Postpartum Care - Postpartum Care	58.52	63.92	65.36	◆ ◆ ◆
Percentage of Eligibles That Received Preventive Dental Services	32.8	45.35	45.51	◆ ◆
Dental Sealants for 6-9 Year Old Children at Elevated Risk	1.6	26.09	23.48	◆ ◆ ◆
Behavioral Health Risk Assessment For Pregnant Women- All Screenings	^	42.95	35.73	^

- ◆ ◆ ◆ ◆ - Exceeds the 90th Percentile
- ◆ ◆ ◆ ◆ - Exceeds the 75th Percentile to 90th Percentile
- ◆ ◆ ◆ - Exceeds the 50th Percentile to 75th Percentile
- ◆ ◆ - Exceeds the 25th Percentile to 50th Percentile
- ◆ - 25th Percentile or less

The Prenatal and Postpartum Care-Postpartum Care rate increased each year between MY 2015-MY 2017 and the reported rate exceeded the 50th Percentile. Although the Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Total rate did not improve each year from MY 2015-MY 2017, the reported rate exceeded the 75th Percentile. The rate for Dental Sealants for 6-9 Year Old Children at Elevated Risk exceeded the 50th Percentile but did not improve between MY 2016 and MY 2017. Annual Dental Visits for 2-3 Year Olds and Percentage of Eligibles That Received Preventive Dental Services rates improved each year between MY 2015 and MY 2017 but the reported rates did not exceed the 50th Percentile.

CAHPS Survey Results

Results for the key access-related CAHPS Survey measures are highlighted in Tables 34-35.

Table 33 reports the access-related adult and child CAHPS Survey measures for MY 2015 to MY 2017 all four MCOs.

Table 33. Access-Related Adult and Child CAHPS Survey Measure Results MY 2015 to MY 2017.

CAHPS Survey Measures	ABHWV			THP			UHP			WVFH		
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %
Getting Needed Care Composite – Adult	78.4	82.72	85.09	81.4	84.07	84.31	81.8	83.99	84.84	80.4	83.59	83.82
Getting Needed Care Composite – Child	89.6	93.27	89.30	89.2	89.57	92.27	87.4	90.65	90.26	87.5	89.29	92.87

A trend analysis of the access-related CAHPS Survey measures revealed that all four MCOs demonstrated positive trends in performance for Getting Needed Care Composite-Adults. Additionally, both THP and WVFH made positive gains during the three trending years for Getting Needed Care Composite for children.

Table 34 reports the access-related CAHPS Survey measure results for MY 2015 to MY 2017 for the MHT-WA compared the MY 2017 NMP.

Table 34. Access-Related Adult and Child CAHPS Survey Measure Results MY 2015 to MY 2017 MHT-WA Compared to NMP.

CAHPS Survey Measures	MHT Average MY 2015 %	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average Compared to NMPs MY 2017 %
Getting Needed Care Composite – Adult	80.5	83.59	84.52	◆◆◆
Getting Needed Care Composite – Child	88.4	90.70	91.18	◆◆◆◆◆

- ◆◆◆◆◆ - Exceeds the 90th Percentile
- ◆◆◆◆ - Exceeds the 75th Percentile to 90th Percentile
- ◆◆◆ - Exceeds the 50th Percentile to 75th Percentile
- ◆◆ - Exceeds the 25th Percentile to 50th Percentile
- ◆ - 25th Percentile or less

An analysis of the MCO averages indicated the following:

- The Getting Needed Care Composite-Child measure exceeded the 90th Percentile.
- The MHT average demonstrated a positive trend year over year for the Getting Needed Care Composite measure for both adults and children.

Timeliness Findings

An assessment of timeliness considers the MCO compliance with Federal and contractual-related timeline requirements to complete procedures and provide access to care or services. Timeframes may be based on the urgency of need and the presence or absence of health symptoms. Results may impact compliance, utilization, and satisfaction.

Timely healthcare assumes a beneficiary has access to providers and services as soon as they are needed. Postponing needed care may result in adverse health outcomes and can increase ED utilization and inpatient hospitalization. Qlarant evaluates timeliness to care and services for each MCO through an analysis of SPR, PIP Results, performance measures, HEDIS and CAHPS results.

Systems Performance Review

A portion of the Grievance and Appeal System standard of the SPR relates to the MCOs' ability to process, resolve, and respond to member grievances and appeals in a timely manner. Table 35 includes timeliness-related SPR standards and measurement year of review.

Table 35. Timeliness-Related SPR Standards and Measurement Year of Review.

SPR Standard	MY
§438.404 Timely and Adequate Notice of Adverse Benefit Determination	2018
§438.408 Resolution and Notification: Grievances and Appeals	2018
§438.410 Expedited Resolution of Appeals	2018

Performance Improvement Project Validation

MHT's effort to improve healthcare outcomes through timeliness improvement efforts requires the MCOs to conduct and report on three PIPs annually. Qlarant reviewed the following timeliness related PIPs for THP and WVFH:

- Members' Establishment with PCP of Record (THP)
- Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (WVFH)

PIP validation and performance measure results are included in Tables 36-38 for THP's Members' Establishment with PCP of Record PIP and WVFH's Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life PIP. Validation steps were rated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

MCO Selected PIP Validation Results. Table 36 includes timeliness-related PIP validation results.

Table 36. Timeliness-Related PIP Results.

PIP Validation Step	THP	WVFH
	Members' Establishment with PCP of Record	Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life
1. Assess the Study Topic	M	M
2. Review the Study Questions	M	M
3. Review the Selected Study Indicator(s)	M	M
4. Review the Study Population	M	M
5. Review Sampling Methodologies	M	M
6. Review Data Collection Procedures	M	M
7. Assess Improvement Strategies	M	M
8. Review Data Analysis & Interpretation of Study Results	M	M
9. Assess Whether Improvement is Real Improvement	PM	PM
10. Assess Sustained Improvement	UM	UM
Total Score	86%	89%
Confidence Level	Confidence	Confidence

THP received a score of 86% and WVFH received a score of 89% for their respective MCO selected PIPs indicating a level of confidence in the reported PIP results. Both MCOs received findings of Met for Steps 1 through 8. The MCOs provided comprehensive project rationales, project goals, proper sampling and data collection methods, appropriate interventions, and comprehensive quantitative and qualitative analyses. Steps 9, Assess Whether Improvement is Real Improvement, received findings of Partially Met for both projects as indicator rates decreased from the previous measurement year. Step 10, Assess Sustained Improvement, received findings of Unmet because indicator rates fell below the Baseline rates for both projects.

Table 37. THP's Member Establishment with PCP of Record PIP Performance Measure Results.

PIP Results – Members' Establishment with PCP of Record			
Indicator 1: Adolescent Well-Care Visits			
Time Period	Measurement	Goal	Rate or Results
1/1/2014 - 12/31/2014	Baseline Year	5 percentage point increase annually	46.47%
1/1/2015 - 12/31/2015	Remeasurement Year 1	5 percentage point increase annually	47.20%
1/1/2016 - 12/31/2016	Remeasurement Year 2	5 percentage point increase above Baseline rate*	44.28%
1/1/2017 - 12/31/2017	Remeasurement Year 3	5 percentage point increase above Baseline rate*	39.39%

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
1/1/2014 - 12/31/2014	Baseline Year	5 percentage point increase annually	70.56%
1/1/2015 - 12/31/2015	Remeasurement Year 1	5 percentage point increase annually	73.97%
1/1/2016 - 12/31/2016	Remeasurement Year 2	5 percentage point increase above Baseline rate*	73.48%
1/1/2017 - 12/31/2017	Remeasurement Year 3	5 percentage point increase above Baseline rate*	68.42%

*The MCO changed the goal in RY 2 from a 5 percentage point increase annually to a 5 percentage point increase above Baseline.

Both indicator rates decreased in Remeasurement Year 3 and are below the MCO’s baseline year rates.

Table 38. WVFH’s Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life PIP Performance Measure Results.

PIP Results – Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life			
Indicator 1: Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life			
Time Period	Measurement	Goal	Rate or Results
1/1/2015 - 12/31/2015	Baseline	Exceed the 2017 NMA	62.50%
1/1/2016 - 12/31/2016	Remeasurement Year 1	Exceed the 2017 NMA	68.86%
1/1/2017 - 12/31/2017	Remeasurement Year 2	Exceed the 2017 NMA	56.45%

WVFH’s Remeasurement Year 2 rate (56.45%) fell below both the Remeasurement Year 1 rate (68.86%) and the Baseline rate (62.50%).

MCO Selected PIP Interventions. On an annual basis, the MCOs are required to evaluate and update their interventions for each PIP. Examples of the MCO specific interventions evaluated during MY 2017 include:

- THP Interventions
 - **Member Incentive Program.** THP provided member incentives for qualifying well visits. When a member received a qualifying well visit claim, THP sent them a \$25 CVS gift card.
 - **The Wellness and Health Promotion (W&HP) Call Center.** Members who were identified through claims as not having well exams or other recommended services were called by an outbound call specialist. The call specialist discussed the missing services and verified the member’s PCP. When PCPs of record were identified as being incorrect, THP changed and updated the member’s correct PCP. For members who may not have been established, the outbound specialist was able to help the member get established with a PCP.

- **Provider Engagement.** THP has provider engagement representatives located throughout the state who work closely on provider education and identifying gaps in care.
- **Gap in Care Reports.** THP analysts provide gap in care reports to providers and provider groups on a quarterly basis.
- WVFH Interventions
 - **Provider Incentive.** \$10 gap closure payment is offered to all assigned PCPs that complete well-child visits for members for the HEDIS measure W34.
 - **Member Incentive.** Members that complete an eligible well-child visit will receive a \$50 gift card.
 - **Well-child Visit Pre-queue Message.** Members who call into Customer Service hear a short message regarding well-child visit education before being connected to a Customer Service Representative.
 - **Well-Child Visit Outreach and Education.** Trainings provided as needed to Care Managers and Outreach Nurses based on new well-child visit/EPSTD (Early and Periodic Screening, Diagnosis, and Treatment) protocols, reward programs, and changes to evidence-based clinical guidelines.
 - **Gaps-in-Care Reports.** Report allows providers to see which of their assigned/selected members have completed a well visit during the calendar year and which members still should have that visit.
 - **Health Dialog.** Patients have access to a 24/7/365 phone service to speak with a health care professional after regular Primary Care Provider (PCP) appointment hours.

Performance Measurement Validation

Performance Measure Results

Timeliness-related healthcare measures provide insight into assuring that Medicaid managed care beneficiaries are receiving care according national guidelines. Six indicators from the PMV activities measures timeliness of care provided by the MHT MCOs.

- 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 39 reports the timeliness-related performance measures for MY 2015-MY 2017 for all four MCOs.

Table 39. Timeliness-Related Performance Measures MY 2015 – MY 2017.

HEDIS Measure	ABHWV			THP			UHP			WVFH		
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %
Adolescent Well-Care Visits	39.86	55.90	58.39	47.20	44.28	39.39	51.85	55.09	66.18	49.88	36.01	39.17
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	72.13	71.93	75.91	73.97	73.48	68.42	74.87	76.63	79.32	62.50	68.86	56.45
PQI 01: Diabetes Short-Term Complications Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	6.9	12.16	15.90	10.4	18.56	26.38	11.2	14.03	12.8	1.9	19.83	20.86
PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	19.3	27.84	64.93	6.9	43.82	92.52	22.1	30.98	76.63	1.0	40.84	74.85
PQI 08: Heart Failure Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	4.0	5.82	15.14	0.4	10.41	19.27	1.6	5.86	13.49	1.9	9.67	20.26
PQI 15: Asthma in Younger Adults Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	1.7	1.21	2.34	3.2	4.06	5.55	2.1	2.39	1.5	0.9	2.25	3.10

A trend analysis of the WV performance measures for timeliness revealed the following:

- Adolescent Well-Care Visits: ABHWV and UHP demonstrated positive annual trends in performance while THP demonstrated negative trends in performance.
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life: UHP demonstrated a positive trend in performance while THP demonstrated a negative trend.
- PQI 01: Diabetes Short-Term Complications Admission Rate: Three of the four MCOs (ABHWV, THP, and WVFH) demonstrated declines in performance.

- PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission and PQI 08: Heart Failure Admission Rates: All MCOs showed declines in performance year over year.
- PQI 15: Asthma in Younger Adults Admission Rate: ABHWV, THP and WVFH demonstrated a decline in performance between MY 2016 and MY 2017.

Table 40 reports the MHT-WA of the five timeliness-related performance measures from MY 2015 to MY 2017 as compared to the MY 2017 NMP.

Table 40. Timeliness-Related Performance Measures MY 2015 – MY 2017 MHT-WA Compared to NMP.

Measure	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
Adolescent Well-Care Visits	46.88	52.21	56.70	◆◆◆
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	73.60	74.19	75.12	◆◆◆
PQI 01: Diabetes Short-Term Complications Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	8.03	15.76	18.45	◆◆◆
PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	12.74	35.78	76.86	^
PQI 08: Heart Failure Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	2.21	7.67	16.73	◆◆◆
PQI 15: Asthma in Younger Adults Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	2.00	2.36	2.93	^

- ◆◆◆◆ - Exceeds the 90th Percentile
- ◆◆◆◆ - Exceeds the 75th Percentile to 90th Percentile
- ◆◆◆ - Exceeds the 50th Percentile to 75th Percentile
- ◆◆ - Exceeds the 25th Percentile to 50th Percentile
- ◆ - 25th Percentile or less

The Adolescent Well-Care Visits and Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life measures increased each year from MY 2015-MY 2017 and exceeds the 50th Percentile. The PQI 01: Diabetes Short-Term Complications Admission Rate and PQI 08: Heart Failure Admission Rate both exceeded the 50th Percentile.

CAHPS Survey Results

Results for the key timeliness-related CAHPS Survey measures are highlighted in Tables 42-43.

Table 41 reports the timeliness-related adult and child CAHPS Survey measures from MY 2015 to MY 2017 for all four MCOs.

Table 41. Timeliness-Related Adult and Child CAPHS Survey Measures MY 2015 - MY 2017.

CAHPS Survey Measures	ABHWV			THP			UHP			WVFH		
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %
Getting Care Quickly Composite – Adult	83.4	86.51	85.14	79.4	79.03	86.96	84.3	80.95	86.03	85.9	83.38	83.34
Getting Care Quickly Composite – Child	95.6	96.11	94.83	95.7	93.91	97.23	93.8	96.09	96.62	95.2	96.65	95.70

- A trend analysis of the access-related CAHPS Survey measures revealed that For Adult Getting Needed Care Composite, two of the four MCOs (THP and UHP) improved between MY 2016 and MY 2017. WVFH declined in performance each year from MY 2015 to MY 2017.
- Two of the four MCOs (THP and UHP) had positive trends in performance from MY 2016 to MY 2017 for the Child Getting Needed Care Composite. All four MCOs scored greater than 94% satisfaction for this measure for MY 2017.

Table 42 reports the MHT average timeliness-related adult and child CAHPS Survey measures from MY 2015 to MY 2017 as compared to MY 2017 NMP.

Table 42. Timeliness-Related Adult and Child CAHPS Survey Measures MY 2015 - MY 2017 MHT-WA Compared to NMP.

CAHPS Survey Measures	MHT Average MY 2015 %	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average Compared to NMPs MY 2017 %
Getting Care Quickly Composite – Adult	83.2	82.47	85.37	◆◆◆◆
Getting Care Quickly Composite – Child	94.9	95.69	96.10	◆◆◆◆◆

- ◆◆◆◆◆ - Exceeds the 90th Percentile
- ◆◆◆◆ - Exceeds the 75th Percentile to 90th Percentile
- ◆◆◆ - Exceeds the 50th Percentile to 75th Percentile
- ◆◆ - Exceeds the 25th Percentile to 50th Percentile
- ◆ - 25th Percentile or less

An analysis of the MCO averages indicated that both the Adult and Child Getting Care Quickly Composite measures exceeded the NMA 75th Percentile with the Child measure exceeding the NMA 90th Percentile. The Getting Care Quickly Composite – Child measure demonstrated a positive trend in performance from MY 2015 to MY 2017.

Summary of Findings

Information obtained through each EQR activity was aggregated and analyzed to assess MCO performance in the domains of quality, access, and timeliness of care and services. Qlarant allocated standards and/or measures from each activity to domains indicative of quality, access, or timeliness.

The ATR Summary of Findings section offers a high-level presentation of the outcomes of the MY 2017 EQR activities. Findings are based upon an analysis of the data from each of the three EQR activities both in the aggregate across all four MCOs, and at the MCO-specific level. Conclusions are drawn about performance strengths and opportunities for each domain, including whether MCO averages attained the MHT's goal of improving quality, access, and timeliness of healthcare services for the Medicaid population.

Qlarant also examined the 2016 ATR Opportunities for Improvement (OFI) to determine whether MCOs are correcting identified deficiencies. Recommendations are provided both for BMS and the MCOs to inform decisions around system-wide or MCO-level improvements.

Quality

To assess performance related to quality, Qlarant analyzed performance against standards and/or measures from the following activities:

- Systems Performance Review (compliance with Federal and State Regulations)
- Performance Improvement Project Validation
- Performance Measure Validation
- HEDIS and CAHPS results

System Performance Review (SPR)

Qlarant conducted the on-site SPRs in March 2018. The SPR focused on MCO compliance for MY 2017 in the areas of Enrollee Rights and Protections, MCO Standards (minus Availability of Services & Assurance of Adequate Capacity and Services), and Program Integrity Contract Requirements. The MCOs were reviewed against the revised Medicaid managed care standards under the CMS Final Rule. The MY 2017 SPR results serve as baseline with the new and revised requirements.

MCO SPR Strengths for Quality

The MHT MCOs performed very well in the Enrollee Rights and Protections standard; all were 100% compliant with the requirements.

The MHT MCOs were fully compliant with six of the seven elements for MCO Standards. WVFH received a partially met finding for the Coordination and Continuity of Care standard.

The MHT MCOs were fully compliant with eight of the nine elements for Program Integrity Standards. ABHWV received an unmet finding for one of the Fraud, Waste and Abuse elements.

MCO SPR Opportunities for Quality

WVFH has the following opportunity for improvement related to quality:

- Coordination and Continuity of Care

WVFH failed to provide evidence that they have a policy that states the MCO makes a best effort to conduct an initial screening of each enrollee's needs within 90 days of the effective date or enrollment for all new enrollees. The Health Risk Assessment of Members Policy was amended to include the 90-day requirement as of March 16, 2018. The MCO submitted a CAP for this element which was reviewed and approved by Qlarant, and this CAP was officially closed in October, 2018.

ABHWV has the following opportunity for improvement related to quality:

- Fraud, Waste and Abuse

ABHWV's FWA Plan must specify reporting procedures to BMS. While the 2017 Medicaid Compliance Plat stated that monthly reports were sent to BMS for review, it did not specify that "if ABHWV refers cases of suspected fraud and abuse to an entity other than BMS regarding its Medicaid product, the MCO must notify BMS of the suspected fraud and abuse case." The MCO submitted a CAP for this element which was reviewed and approved by Qlarant, and this CAP was officially closed in October, 2018.

Performance Improvement Project Validation

The 2018 PIP validation included an assessment of MY 2017 activities and results. Strengths and opportunities for improvement for both PIPs are outlined below.

MCO PIP Validation Strengths for Quality

Two MCO's submitted PIPs that measured quality related topics. Both MCOs submitted methodologically sound PIPs that yielded high confidence based on validation scores. All MCOs implemented meaningful and robust interventions to impact change and drive performance improvement for both PIPs: ABHWV's Annual Monitoring of Patients on Persistent Medications PIP and UHP's Follow-Up for Hospitalization for Mental Illness PIP. Both MCOs achieved sustained improvement in both PIPs, meaning that improvement over baseline was achieved by the MCOs in at least one of the performance indicators.

MCO PIP Validation Opportunities for Quality

ABHWV should consider closing this PIP as the Annual Monitoring of Patients on Persistent Medications PIP as MY 2018 will be remeasurement year 3. It is recommended that the MCO submit a new PIP proposal targeting a performance measure where the MCO does not meet the NMA average.

Performance Measure Validation (PMV)

MCO PMV Strengths for Quality

Results of the PMV conclude that the MCOs have sufficient information systems capabilities to capture and process data required for reporting. All four MCOs achieved a score of 100% for their medical record over-reads. Each MCO was able to construct and calculate the performance measures according to specifications. At the conclusion of the PMV process, all MCOs received a Reporting Designation of Reportable (R).

MCO PMV Opportunities for Quality

No opportunities for improvement were identified in regard to the systems and processes used to calculate and report performance measures. However, Qlarant identified opportunities for improvement for the quality measures where performance is below the below the National Medicaid 50th Percentile discussed in the next section.

Performance Measurement

Comprehensive tables of the Performance measures, HEDIS and CAHPS results are included in Appendices A5 and A6, respectively. BMS requires the MCOs to calculate and submit audited performance measures and CAHPS survey results. Qlarant receives the final results, aggregates them, and compares performance to national benchmarks for BMS.

In addition to the performance on PIPs, the Quality Domain includes an assessment of MCO performance for the following five HEDIS measures:

- Childhood Immunization Status- Combo 3
- Comprehensive Diabetes Care – HbA1c Testing
- Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers to Quit
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Counseling for Nutrition
- Follow-Up After Hospitalization for Mental Illness-7 Days Follow-Up

The Adult and Child CAHPS survey results are also included as part of the Quality domain.

HEDIS and CAHPS MHT Average performance measure results are summarized below as a strength or an opportunity for improvement based upon comparisons to National Medicaid benchmarks.

MCO Performance Measurement Strengths for Quality

Performance Measure Results

One measure, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-Counseling for Nutrition, was identified as a strength in the area of quality-related performance measures as it exceeded the National 75th percentile and improved each year between MY 2015 and MY 2017.

CAHPS Survey Results

The following CAHPS measures, based upon MCO averages, met or exceeded the NCQA Quality Compass National Medicaid 75th percentile:

- Adult:
 - How Well Doctors Communicate Composite
 - Rating of Personal Doctor (8+9+10)

MCO Performance Measurement Opportunities for Quality

Performance Measure Results

There is opportunity for improvement for four of the selected quality-related performance measures, as only one of the five performance measures met the National Medicaid 50th Percentile. The four quality-related performance measures that are under-performing are noted as follows:

- The MHT-WA for the following performance measures met or exceeded the NCQA Quality Compass National Medicaid 25th percentile:
 - Childhood Immunization Status- Combo 3
 - Comprehensive Diabetes Care – HbA1c Testing
 - Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers to Quit
- Follow-Up after Hospitalization for Mental Illness-7 Days failed to meet the NCQA Quality Compass National Medicaid 25th percentile and declined in performance between MY 2015 and MY 2017.

CAHPS Survey Results

The following CAHPS MCO averages did not meet the National Medicaid 50th Percentile:

- Adult:
 - Health Promotion and Education Composite
 - Rating of Health Plan (8+9+10)
 - Rating of All Health Care (8+9+10)
 - Rating of Specialist Seen Most Often (8+9+10)
- Child
 - Customer Service Composite
 - Rating of Health Plan (8+9+10)
 - Rating of All Health Care (8+9+10)
 - Rating of Personal Doctor (8+9+10)
 - Rating of Specialist Seen Most Often (8+9+10)

Access

To assess performance related to access, Qlarant analyzed performance against standards and/or measures from the following activities:

- Performance Improvement Projects
- Performance Measurement
- HEDIS and CAHPS results

Performance Improvement Project (PIP) Validation

The 2018 PIP validation included an assessment of MY 2017 activities and results. Strengths and opportunities for improvement for both PIPs are outlined below.

MCO PIP Validation Strengths for Access

Each MCO submitted two PIPs that measured access. All MCOs scored above 95% indicating a high level of confidence in reported results for the State-mandated Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit validation results. Three MCOs scored 95% and above (ABHWV, THP and WVFH) indicating high confidence in the reported results for the State-mandated Annual Dental Visits PIP. UHP scored a 79% indicating a level of confidence of the reported results. The MCOs submitted methodologically sound PIPs. MCOs implemented interventions that should impact change and drive performance improvement for both PIPs.

MCO PIP Validation Opportunities for Access

Opportunities for improvement are noted for each of the two PIPs that measured access: Prenatal Behavioral Health Risk Assessment and Postpartum Care PIP and Annual Dental Visits PIP.

- Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP: Three of the four MCOs (ABHWV, THP and UHP) reported a decline in the primary indicator thus providing an opportunity for a more thorough barrier analysis to offer more targeted interventions.
- Annual Dental Visits PIP had limited success as three of the four MCOs (THP, UHP and WVFH) did not offer interventions that were based on a robust barrier analysis and were not system level or culturally appropriate. Additionally, THP did not report planned interventions for MY 2018 and UHP submitted data with incorrectly reported indicator rates.

Performance Measurement

MCO Performance Measurement Strengths for Access

Performance Measure Results

The Access domain includes an assessment of MCO performance for the following measures:

- Annual Dental Visits for 2-3 Year Olds
- Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment—Initiation of AOD – Total

- Prenatal and Postpartum Care-Postpartum Care
- Percentage of Eligibles That Received Preventive Dental Services
- Dental Sealants for 6-9 Year Old Children at Elevated Risk
- Behavioral Health Risk Assessment for Pregnant Women-All Screenings

The MHT-WA for the Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment-Initiation of AOD-Total measure met or exceeded the NCQA Quality Compass National Medicaid 75th percentile.

CAHPS Survey Results

The following CAHPS MCO averages met the NCQA Quality Compass National Medicaid 50th Percentile:

- Getting Needed Care Composite—Adult
- Getting Needed Care Composite—Child

The Getting Needed Care Composite-Child exceeded the NCQA Quality Compass 90th Percentile.

MCO Performance Measurement Opportunities for Access

Performance Measure Results

The following performance measures met or exceeded the National Medicaid 50th percentile:

- Prenatal and Postpartum Care-Postpartum Care
- Dental Sealants for 6-9 Year Old Children at Elevated Risk

There is opportunity for improvement in the following access related performance measures as they did not meet the NCQA Quality Compass 50th Percentile:

- Annual Dental Visits (2-3 year olds)
- Percentage of Eligibles That Received Preventive Dental Services

CAHPS Survey Results

The following CAHPS MCO averages met the NCQA Quality Compass National Medicaid 50th Percentile:

- Getting Needed Care Composite—Adult
- Getting Needed Care Composite—Child

Timeliness

To assess performance regarding timeliness of care, Qlarant analyzed performance against standards and/or measures from the following activities:

- Performance Improvement Projects
- Performance Measurement
- CAHPS results

Performance Improvement Project (PIP) Validation

The 2018 PIP validation included an assessment of MY 2017 activities and results. Strengths and opportunities for improvement for both PIPs are outlined below.

MCO PIP Validation Strengths for Timeliness

Two of the MCOs submitted PIPs that measured timeliness of care. THP received a score of 86% for their Members' Establishment with PCP of Record PIP and WVFH received a score of 89% for their Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life PIP. Both scores indicated a level of confidence in the reported PIP results. MCOs provided comprehensive project rationales, project goals, proper sampling and data collection methods, appropriate interventions, and comprehensive quantitative and qualitative analyses. MCOs implemented meaningful and robust interventions that should impact change and drive performance improvement for these PIPs.

MCO PIP Validation Opportunities for Timeliness

Step 9, Real Improvement, received findings of Partially Met for both projects as all the indicator rates decreased from the previous measurement year. Step 10, Sustained Improvement, received findings of Unmet because all of the indicator rates fell below their Baseline rates. In order to achieve improvements in the indicators, WVFH should re-evaluate their barrier analysis to offer more targeted, system level interventions. It was recommended that THP close the Members' Establishment with PCP of Record PIP as MY 2018 will be the fifth year of the PIP. THP should submit a PIP proposal topic where the MCO is currently performing below the NCQA Quality Compass 50th Percentile and is in alignment with BMS' strategic plan.

Performance Measurement

MCO Performance Measurement Strengths for Timeliness

Performance Measure Results

The MHT-WA increased each year between MY 2015 to MY 2017 on both HEDIS measures, Adolescent Well-Care Visits and Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life. These two measures have exceeded the National Medicaid 50th percentile, and with continued improvement, they will soon reach the 75th percentile.

CAHPS Survey Results

The MHT MCOs showed strength with timeliness-related CAHPS survey measures. The MCO average for Getting Care Quickly Composite for adults exceeded the National Medicaid 75th percentile and the same composite for children exceeded the National Medicaid 90th Percentile.

MCO Performance Measurement Opportunities for Timeliness

Performance Measure Results

The following measures have declined in performance over the three years trending:

- PQI 01: Diabetes Short – Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate
- PQI 08: Congestive Heart Failure (CHF) Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate

Two of the four measures are performing below the National Medicaid 75th Percentile:

- PQI 01: Diabetes Short – Term Complications Admission Rate
- PQI 08: Congestive Heart Failure (CHF) Admission Rate

CAHPS Survey Results

No opportunities for improvement were identified for the timeliness-related CAHPS survey measures.

Status of MY 2016 Recommendations

Results of the MY 2016 EQR activities revealed recommendations for improvement for the MCOs. The MCOs were advised of the recommendations and expected to act upon them in MY 2017. The status of each recommendation is described below.

ABHWV	
2016 Opportunity for Improvement	2017 Follow-up
Although 100% compliance was achieved for the SPR standard Quality Assessment, it was recommended that the MCO investigate ways to increase compliance of BH providers to the MCO internal appointment availability standard of routine care in 10 business days.	Although the Quality Assessment standards were not reviewed while on-site in MY 2017, ABHWV provided evidence of more timely appointment availability for BH providers.
Set performance goals to exceed the 75 th NMP for all HEDIS performance measures.	While ABHWV made several year over year improvements in their performance measures, only one rate, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Total, exceeded the NCQA Quality Compass 75th Percentile.

THP	
2016 Opportunity for Improvement	2017 Follow-up
Improve compliance rate for initial prenatal care visits scheduled within 14 days of the date, when women are found to be pregnant, to 90% or greater.	While the MY 2017 SPR did not measure access to care standards, the HEDIS measure, Prenatal and Postpartum Care-Timeliness of Prenatal Care rate has decreased each year since MY 2015, thus indicating a decline in women receiving timely prenatal appointments.
Set performance goals to exceed the 75 th NMP for all HEDIS performance measures.	While THP made several year over year improvement in their performance measures, only one rate, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Total, exceeded the NCQA Quality Compass 75th Percentile.

UHP	
2016 Opportunity for Improvement	2017 Follow-up
Identify new interventions that target providers to educate them on HEDIS specific timeframes for BH measures.	UHP implemented an intervention that targets outpatient BH providers. The MCO educates these providers regarding standards of care, HEDIS measures and their role in member's care and coordination. The HEDIS measure, Follow-Up After Hospitalization for Mental Illness-7 Days increased over 5 percentage points from MY 2016 to MY 2017.
Set performance goals to exceed the 75th NMP for all HEDIS performance measures.	Two rates, Prenatal and Postpartum Care-Postpartum Care and Adolescent Well-Care Visits exceeded the NCQA Quality Compass 75th Percentile. Additionally, the UHP rate for Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life fell short of the NCQA Quality Compass 75th Percentile by .01 percentage points.

WVFH	
2016 Opportunity for Improvement	2017 Follow-up
Update the Your Rights and Responsibilities section of the WVFH Member Handbook to include religion, mental or physical disability, sexual orientation, genetic information, and source of payment.	The Member Handbook was updated.
Develop and implement a policy on the appropriate treatment of minors.	The policy was developed and implemented. It was reviewed during the MY 2017 SPR on-site and found compliant.
Ensure that the WVFH Formal and Informal Appeals Policy includes all six required conditions under which enrollees can request continuation of benefits including that the services are being appealed were ordered by an authorized provider and that the enrollee or provider is appealing a decision to terminate, suspend, or reduce a previously authorized course of treatment.	This policy was updated and found to be compliant.
Update the Member Handbook to include OB/GYN specialists as PCPs for female enrollees.	The Member Handbook was successfully updated.
Set performance goals to exceed the 75th NMP for all HEDIS performance measures.	The Prenatal and Postpartum Care Visit-Postpartum Care rate exceeded the NCQA Quality Compass 75 th Percentile.

MHT Program	
2016 Opportunity for Improvement	2017 Follow-up
The MCOs must focus efforts on consistently meeting the 24/7 access standard. Over the last four trend years, the MCOs have not consistently met this standard. Each MCO measures the compliance to this standard differently and therefore the results are not comparable across MCOs. It is recommended that BMS and Qlarant develop a methodology for the MCOs to use to measure 24/7 access and amend the MCO contract so that the results can be comparable.	Qlarant will review access and availability standards during the MY 2019 SPR. Before that time, Qlarant and BMS will develop a minimum threshold for appointment access and will develop a standard of measurement for the MCOs to use.
Set performance goals to exceed the 75 th NMP for all HEDIS performance measures.	While the MHT program made several year over year improvements in the performance measures rates, only one measure, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Total, exceeds the NCQA Quality Compass 75 th Percentile.

Conclusions and Recommendations

This report is a representation of all EQRO, HEDIS, and CAHPS activities that took place in calendar year 2017 for the MHT program. Opportunities for improvement and best practices of the MCOs are noted. BMS sets high standards for the MHT program. As a result, the MHT MCOs have quality systems and procedures in place to promote high quality care with well-organized approaches to quality improvement. The MY 2017 review activities provided evidence of the MCOs’ continuing progression and demonstration of their abilities to ensure the delivery of quality health care for WV managed care participants.

It is evident that the MHT MCOs have made considerable efforts to improve member outcomes based on results from all external review activities. As opportunities for continued performance improvement exist, Qlarant recommends that the MHT MCOs:

- Improve performance measure results for all HEDIS and CAHPS measure rates as well as additional performance measures (PDENT, SEAL, PQI 01 and PQI 08) to bring the rates above the Quality Compass Medicaid 75th percentile benchmarks.
- Strive to conduct annual barrier analysis; develop and implement system-level and culturally appropriate interventions; report accurate rates; and complete in depth quantitative and qualitative analysis for each PIP to achieve established goals.

Additionally, the MHT MCOs have further demonstrated their commitment to quality by obtaining NCQA accreditation. NCQA awards accreditation to health plans with strong consumer protections and a commitment to quality by completing a comprehensive evaluation that bases its results on clinical performance (i.e., HEDIS measures) and consumer experience (i.e., CAHPS measures). Recent accreditation reviews resulted in two of the MHT MCOs receiving NCQA’s second highest accreditation rating of commendable.

Appendix 1 - Commonly Used Acronyms in EQRO Reporting

Acronyms	
ABHVV	Aetna Better Health of West, Inc.
BBA	Balanced Budget Act of 1997
BH	Behavioral Health
BHRA	Behavioral Health Risk Assessment
BMS	Bureau for Medical Services
CAHPS® Survey	Consumer Assessment of Healthcare Providers and Systems Survey
CAP	Corrective Action Plan
CDC	Comprehensive Diabetes Care
CFR	Code of Federal Regulations
CHIP	Children’s Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CPG	Clinical Practice Guidelines
CY	Calendar Year
EQR	External Quality Review
EQRO	External Quality Review Organization
ED	Emergency Department
EMT	Executive Management Team
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ER Standard	Enrollee Rights Standard
FA Standard	Fraud and Abuse Standard
GS Standard	Grievance System Standard
HEDIS®	Healthcare Effectiveness Data and Information Set
HbA1c	Hemoglobin A1c
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

Acronyms	
NOA	Notice of Action
NCQA	National Committee for Quality Assurance
NMA	National Medicaid Average
NMP	National Medicaid Percentile
OB/GYN	Obstetrics and Gynecology
PCP	Primary Care Provider
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PMV	Performance Measure Validation
PPC	Postpartum Care
QA Standard	Quality Assurance and Performance Improvement Standard
QA	Quality Assurance
QAPI	Quality Assessment and Performance Improvement
QI	Quality Improvement
QIC	Quality Improvement Committee
QIP	Quality Improvement Program
ROADMAP	HEDIS Record of Administration Data Management and Processes
SPR	Systems Performance Review
THP	The Health Plan of the Upper Ohio Valley, Inc.
UHP	UNICARE Health Plan of West Virginia, Inc.
UM	Utilization Management
WH&P	Wellness Health and Prevention
WVFH	West Virginia Family Health

Appendix 2 – System Performance Review Results Table

Table A2 – 1. 2017 MCO SPR Scores by Standard.

SPR Standard	ABHWV	THP	UHP	WVFH
Subpart C: §438.100 - Enrollee Rights and Protections	100%	100%	100%	100%
Subpart D: §438.206 - §438.242 - MCO Standards minus Availability of Services & Assurance of Adequate Capacity and Services	100%	100%	100%	98%
Program Integrity Contract Requirements	97%	100%	100%	100%

Table A2 – 2. MCO SPR Results by Element.

SPR Standard	ABHWV	THP	UHP	WVFH
Subpart C: Enrollee Rights and Protections				
§438.100 Enrollee Rights	M	M	M	M
Subpart D: MCO Standards				
§438.208 Coordination and Continuity of Care	M	M	M	PM
§438.210 Coverage and Authorization of Services	M	M	M	M
§438.214 Provider Selection	M	M	M	M
§438.224 Confidentiality	M	M	M	M
§438.230 Sub contractual Relationships and Delegation	M	M	M	M
§438.236 Practice Guidelines	M	M	M	M
§438.242 Health Information Systems	M	M	M	M
Program Integrity				
Program Integrity Contract Requirements	PM	M	M	M

Appendix 3 – Performance Improvement Project Validation Results Table

Table A3 – 1. ABHWV’s Annual Monitoring for Patients on Persistent Medications PIP Performance Measure Results.

PIP Results - Annual Monitoring of Patients on Persistent Medications			
Indicator 1: Annual Monitoring for Patients on Persistent Medications – Total Rate			
Time Period	Measurement	Goal	Rate or Results
MY 2015 (HEDIS 2016)	Baseline	Exceed the 2016 Medicaid QC 75 th Percentile	82.44%
MY 2016 (HEDIS 2017)	Remeasurement 1	Exceed the 2016 Medicaid QC 75 th Percentile	88.23%
MY 2017 (HEDIS 2018)	Remeasurement 2	Exceed the 2016 Medicaid QC 75 th Percentile	89.58%

Table A3 – 2. THP’s Member Establishment with PCP of Record PIP Performance Measure Results.

PIP Results – Members’ Establishment with PCP of Record			
Indicator 1: Adolescent Well-Care Visits			
Time Period	Measurement	Goal	Rate or Results
1/1/2014 - 12/31/2014	Baseline Year	5 percentage point increase annually	46.47%
1/1/2015 - 12/31/2015	Remeasurement Year 1	5 percentage point increase annually	47.20%
1/1/2016 - 12/31/2016	Remeasurement Year 2	5 percentage point increase above Baseline rate*	44.28%
1/1/2017 - 12/31/2017	Remeasurement Year 3	5 percentage point increase above Baseline rate*	39.39%
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
1/1/2014 - 12/31/2014	Baseline Year	5 percentage point increase annually	70.56%
1/1/2015 - 12/31/2015	Remeasurement Year 1	5 percentage point increase annually	73.97%
1/1/2016 - 12/31/2016	Remeasurement Year 2	5 percentage point increase above Baseline rate*	73.48%
1/1/2017 - 12/31/2017	Remeasurement Year 3	5 percentage point increase above Baseline rate*	68.42%

*The MCO changed their goal in Remeasurement Year 2 from a 5 percentage point increase annually to a 5 percentage point increase above Baseline.

Table A3 – 3. UHP’s Follow-Up After Hospitalization for Mental Illness PIP Performance Measure Results.

PIP Results			
Indicator 1: Follow-Up After Hospitalization for Mental Illness (FUH) 7 Days			
Time Period	Measurement	Goal	Rate or Results
MY 2015 (HEDIS 2016)	Baseline	Exceed 2016 NMA by 5 percentage points	15.48%
MY 2016 (HEDIS 2017)	Remeasurement Year 1	Exceed 2016 NMA by 5 percentage points	28.91%
MY 2017 (HEDIS 2018)	Remeasurement Year 2	Exceed 2016 NMA by 5 percentage points	34.47%
Indicator 2: Follow-Up After Hospitalization for Mental Illness (FUH) 30 Days			
Time Period	Measurement	Goal	Rate or Results
MY 2015 (HEDIS 2016)	Baseline	Exceed 2016 NMA by 5 percentage points	38.69%
MY 2016 (HEDIS 2017)	Remeasurement Year 1	Exceed 2016 NMA by 5 percentage points	62.81%
MY 2017 (HEDIS 2018)	Remeasurement Year 2	Exceed 2016 NMA by 5 percentage points	64.93%

Table A3 – 4. WVFH’s Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life PIP Performance Measure Results.

PIP Results – Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life			
Indicator 1: Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life			
Time Period	Measurement	Goal	Rate or Results
1/1/2015 - 12/31/2015	Baseline	Exceed the 2017 NMA	62.50%
1/1/2016 - 12/31/2016	Remeasurement Year 1	Exceed the 2017 NMA	68.86%
1/1/2017 - 12/31/2017	Remeasurement Year 2	Exceed the 2017 NMA	56.45%

Table A3 – 5. Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP Performance Measure Results.

PIP Performance Measure	MY	Measurement	ABHWV %	THP %	UHP %	WVFH %
Prenatal and Postpartum Care – Postpartum Care	2016	Baseline	61.93	63.26	62.04	74.45
	2017	Remeasurement 1	60.83	59.61	68.13	73.48
Behavioral Health Risk Assessment (modified)	2016	Baseline	44.81	48.42	39.58	38.19
	2017	Remeasurement 1	34.55	50.36	28.22	46.35

PIP Performance Measure	MY	Measurement	ABHWV %	THP %	UHP %	WVFH %
Additional Data Collection: HEDIS Like – Postpartum Care	2016	<21 days	4.25	3.65	5.09	4.21
		21-56 days	60.61	63.26	62.04	61.79
		>56 days	9.43	2.43	5.78	4.56
	2017	<21 days	5.60	2.43	5.11	10.28
		21-56 days	60.83	59.61	68.13	59.14
		>56 days	7.30	4.14	4.14	2.88

Table A3 – 6. Annual Dental Visits PIP Performance Measure Results.

PIP Performance Measure	ABHWV MY 2017 %	THP MY 2017 %	UHP MY 2017 %	WVFH MY 2017 %
Annual Dental Visits for 2-3 Year Olds	37.73	27.40	39.87	26.68
PDENT – Percentage of Eligibles that Received Preventative Dental Services	48.85	34.89	49.37	30.13
SEAL – Dental Sealants for 6-9 Year Old Children at Elevated Risk	NA*	NA*	25.02	NA*

*Only one additional measure was required for the PIP

Appendix 4 – Performance Measure Validation Results

For PMV 2018 (MY 2017), the MCOs were required to report 18 HEDIS and non-HEDIS measures. All MCO rates received an audit designation of **Reportable**. Table A4-2 provides the MCO rates, the MHT-WA, and a comparison of the MHT-WA to NMPs. The diamond ratings pertain to the first twelve HEDIS measures.

Table A4 – 1. Diamond Ratings HEDIS Measures.

NCQA Quality Compass National Medicaid Percentile Ranges	Comparison to Benchmarks
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 – 2. MHT MCOs compared to National Benchmarks for PMV 2018 (MY 2017).

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %				
Adolescent Well-Care Visit	39.86	55.90	58.39	47.20	44.28	39.39	51.85	55.09	66.18	49.88	36.01	39.17	46.88	52.21	56.70	◆◆◆
Annual Dental Visits For 2-3 Year Olds	33.49	34.27	37.73	32.00	32.21	27.40	26.02	37.11	39.87	27.84	26.50	28.68	29.90	34.83	35.79	◆◆
Behavior Health Risk Assessment for Pregnant Women	^	44.81	34.55	^	48.42	50.36	^	39.58	28.22	^	38.19	46.35	^	42.95	35.73	^
Childhood Immunization Status: Combination 3	71.93	67.22	71.78	70.32	67.88	56.40	68.06	71.99	68.37	33.33	62.04	67.88	69.97	69.16	67.07	◆◆
Comprehensive Diabetes Care: HbA1c Testing	77.36	90.07	83.70	81.11	91.00	87.35	83.80	86.34	89.78	85.42	90.69	89.29	80.92	89.52	87.59	◆◆
Dental Sealants for 6-9 Year Old Children at Elevated Risk	0.00	24.13	21.84	7.00	46.0	26.38	0.00	29.73	25.02	33.0	33.84	21.25	1.6	26.09	23.48	◆◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Follow-Up after Hospitalization for Mental Illness: 7 Days Follow-Up	30.99	31.20	30.32	21.48	18.00	16.38	^	28.91	34.47	18.92	48.78	26.56	27.26	30.62	27.74	◆
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Initiation Total	43.08	44.66	48.40	44.07	45.01	49.84	^	42.11	46.29	26.35	61.09	40.69	41.11	47.45	46.89	◆◆◆◆
Medical Assistance with Smoking and Tobacco Use Cessation: Advising Smokers to Quit	67.7	73.50	75.75	75.0	71.31	73.52	69.1	69.85	73.12	74.8	76.19	75.96	71.70	72.71	74.59	◆◆
Mental Health Utilization: Any Service Total	10.83	14.72	17.05	7.48	14.53	16.43	9.91	12.86	15.66	4.82	15.05	13.29	9.67	14.10	15.81	◆◆◆
Percentage of Eligible (Children) that Received Preventive Dental Services	43.0	46.69	48.85	39.0	40.00	34.89	24.6	49.37	51.33	9.0	30.96	30.13	32.8	45.35	45.51	◆◆
PQI 01: Diabetes Short-Term Complications Admission Rate (observation rate per 100,000) <i>Lower is Better</i>	6.9	12.16	15.90	10.4	18.56	26.38	11.2	14.03	12.80	1.9	19.83	20.86	8.03	15.76	18.45	◆◆◆
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (observation rate per 100,000) <i>Lower is Better</i>	19.3	27.84	64.93	6.9	43.82	92.52	22.1	30.98	76.63	1.0	40.84	74.85	12.74	35.78	76.86	^
PQI 08: Congestive Heart Failure (CHF) Admission Rate (observation rate per 100,000) <i>Lower is Better</i>	4.0	5.82	15.14	0.4	10.41	19.27	1.6	5.86	13.49	1.9	9.67	20.26	2.21	7.67	16.73	◆◆◆
PQI 15: Asthma in Younger Adults Admission Rate (observation rate per 100,000) <i>Lower is Better</i>	1.7	1.21	2.34	3.2	4.06	5.55	2.1	2.39	1.50	0.9	2.25	3.10	2.00	2.36	2.93	^
Prenatal and Postpartum Care: Postpartum Care	59.43	61.93	60.83	63.02	63.26	59.61	57.11	62.04	68.13	51.09	74.45	73.48	58.52	63.92	65.36	◆◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Nutrition	57.55	68.16	77.13	54.26	60.58	61.31	59.72	67.13	72.75	50.85	54.99	58.64	57.93	66.15	71.65	◆◆◆
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	72.13	71.93	75.91	73.97	73.48	68.42	74.87	76.63	79.32	62.50	68.86	56.45	73.60	74.19	75.12	◆◆◆
2018 HEDIS HMO National Medicaid Average and Percentiles are from the 2018 Quality Compass. ^ – Measure not collected, or denominator is too small, or no benchmarks.																

Appendix 5 – HEDIS® Measures Collected and Reported to NCQA

These tables provide information for all measures collected and reported for HEDIS 2016 (MY 2015) through HEDIS 2018 (MY 2017) 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 2017) to the most current National Medicaid Percentiles (NMP) are provided for each measure.

Table A5 – 1. Diamond Ratings HEDIS Measures.

NCQA Quality Compass National Medicaid Percentile Ranges	Comparison to Benchmarks
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 A5 – 2. Effectiveness of Care Domain Measures.

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	62.50	64.02	62.53	71.43	54.33	^	30.00	53.39	71.74	100	59.84	^	50.00	58.39	67.76	◆◆◆◆◆
Adult BMI Assessment	90.64	92.69	93.43	82.97	84.91	80.78	90.28	92.34	95.62	^	66.91	79.56	89.21	90.04	88.53	◆◆
Annual Monitoring for Patients on Persistent Medications – ACE or ARB	82.55	87.75	89.13	83.33	86.99	^	84.45	87.17	89.30	92.19	90.15	^	83.90	88.16	89.22	◆◆◆
Annual Monitoring for Patients on Persistent Medications – Diuretics	82.37	89.11	90.20	86.08	90.05	^	85.15	88.46	90.02	94.87	90.59	^	84.58	89.55	90.11	◆◆◆
Annual Monitoring for Patients on Persistent Medications – Total	82.44	88.23	89.58	84.50	88.02	^	84.76	87.54	89.60	93.20	90.22	^	84.19	88.60	89.59	◆◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Antidepressant Medication Management – Effective Acute Phase Treatment	48.82	49.61	49.40	46.05	49.25	49.00	48.28	49.42	49.49	46.67	54.62	55.14	48.03	50.39	50.33	◆◆
Antidepressant Medication Management – Effective Continuation Phase Treatment	30.20	33.30	34.03	34.02	30.67	32.30	28.37	34.13	34.79	26.67	40.86	39.28	30.13	34.31	34.92	◆◆
Appropriate Testing for Children with Pharyngitis	70.71	79.21	79.33	69.40	74.47	80.68	67.96	71.52	78.47	63.33	69.76	76.05	68.98	73.67	78.94	◆◆
Appropriate Treatment for Children with Upper Respiratory Infection	68.57	66.75	71.04	76.78	73.51	73.85	67.91	65.61	66.01	70.00	71.43	71.77	69.37	67.42	69.26	◆
Asthma Medication Ratio (5 – 11 Yrs)	79.24	82.84	73.60	74.69	85.62	^	81.96	84.80	78.58	^	87.50	^	79.86	84.26	76.53	◆◆◆
Asthma Medication Ratio (12 – 18 Yrs)	58.42	66.89	64.04	59.46	70.48	^	72.32	73.48	64.71	^	86.67	^	65.95	71.32	64.47	◆◆◆
Asthma Medication Ratio (19 – 50 Yrs)	45.24	47.34	55.66	38.98	59.52	^	53.96	59.53	54.00	^	87.50	^	47.84	55.67	54.81	◆◆◆
Asthma Medication Ratio (51 – 64 Yrs)	33.33	50.00	60.81	66.67	66.67	^	50.00	50.00	56.12	^	100	^	50.00	60.87	58.94	◆◆◆
Asthma Medication Ratio (Total)	66.75	69.92	62.58	62.90	73.84	^	74.37	75.73	64.44	^	88.24	^	69.87	73.73	63.62	◆◆◆
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	10.64	24.60	27.01	19.28	25.35	32.05	15.12	26.22	26.86	20.00	22.26	23.41	14.34	24.76	27.08	◆
Breast Cancer Screening	44.93	44.83	51.18	58.82	48.00	55.03	40.00	34.82	47.49	^	^	57.26	45.36	41.37	54.55	◆◆
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	100	^	66.67	^	^	60.00	^	^	100	^	^	33.33	100	^	62.50	◆
Cervical Cancer Screening	52.26	50.48	51.09	52.55	44.04	38.28	53.36	52.71	49.64	32.36	35.04	50.61	51.98	46.69	47.98	◆
Childhood Immunization Status – Combination 2	75.94	70.52	73.97	72.51	72.51	59.40	71.30	74.54	73.24	33.33	66.06	70.56	73.34	72.41	70.49	◆◆
Childhood Immunization Status –Combination 3	71.93	67.22	71.78	70.32	67.88	56.40	68.06	71.99	68.37	33.33	62.04	67.88	69.97	69.16	67.07	◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Childhood Immunization Status – Combination 4	69.81	66.27	70.32	68.13	66.91	55.25	65.74	68.98	67.15	33.33	60.95	66.91	67.75	67.33	65.82	♦♦
Childhood Immunization Status – Combination 5	59.67	54.72	60.83	57.91	55.72	46.60	54.17	60.42	59.37	33.33	48.18	57.91	56.98	57.06	57.19	♦♦
Childhood Immunization Status – Combination 6	37.97	29.01	41.85	32.60	27.25	25.95	34.03	35.65	34.55	33.33	25.55	33.33	35.37	31.34	35.04	♦♦
Childhood Immunization Status – Combination 7	58.49	54.25	60.34	57.42	55.47	45.96	53.70	59.03	58.64	33.33	47.81	57.18	56.23	56.25	56.56	♦♦
Childhood Immunization Status – Combination 8	37.74	29.01	41.36	32.12	27.25	25.45	33.33	34.72	33.82	33.33	24.82	33.33	34.90	30.93	34.51	♦♦
Childhood Immunization Status – Combination 9	33.96	24.53	36.50	30.41	24.09	22.23	28.94	31.94	31.14	33.33	22.26	29.93	31.20	27.47	30.96	♦♦
Childhood Immunization Status – Combination 10	33.73	24.53	36.50	30.17	24.09	21.94	28.47	31.25	30.66	33.33	22.26	29.93	30.86	27.18	30.72	♦♦
Childhood Immunization Status – DTaP	78.30	74.53	76.64	74.70	77.13	68.26	73.38	78.24	76.64	33.33	70.07	77.37	75.55	76.41	75.11	♦♦
Childhood Immunization Status – Hepatitis A	86.08	87.50	87.83	86.37	87.35	84.70	85.19	86.57	87.35	100	85.40	85.89	85.75	87.01	86.82	♦♦♦
Childhood Immunization Status – Hepatitis B	93.40	94.10	94.16	91.00	90.02	77.70	90.51	93.52	90.51	33.33	85.40	87.35	91.73	92.79	88.81	♦♦
Childhood Immunization Status – HiB	91.04	90.33	89.29	90.75	91.24	86.56	89.58	91.90	89.05	33.33	86.13	89.54	90.34	91.01	88.70	♦♦♦
Childhood Immunization Status – Influenza	43.16	34.20	45.99	38.69	33.82	35.74	40.97	40.51	39.42	66.67	32.85	41.12	41.48	36.72	40.97	♦♦
Childhood Immunization Status – IPV	91.27	91.27	91.48	88.56	88.81	82.99	87.04	93.29	90.51	33.33	87.23	88.32	88.97	91.52	89.11	♦♦
Childhood Immunization Status – MMR	88.92	87.74	88.81	88.32	90.27	84.13	88.89	90.28	87.83	100	86.86	87.59	88.81	89.24	87.40	♦♦
Childhood Immunization Status – Pneumococcal Conjugate	78.54	74.53	78.10	78.59	77.37	68.76	74.31	80.56	76.40	33.33	68.98	78.59	76.70	77.38	75.72	♦♦
Childhood Immunization Status – Rotavirus	70.75	66.98	72.02	68.61	67.40	63.12	66.67	73.15	72.99	33.33	60.22	71.78	68.61	69.40	70.64	♦♦
Childhood Immunization Status – VZV	89.62	88.44	88.08	88.81	87.59	84.06	88.66	90.74	87.10	100	85.40	87.35	89.07	89.14	86.85	♦

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Chlamydia Screening in Women (16 – 20 Yrs)	38.60	42.09	41.60	34.64	41.15	38.64	35.87	37.77	39.26	30.77	38.74	36.11	36.54	39.81	39.58	◆
Chlamydia Screening in Women (21 – 24 Yrs)	52.32	51.83	52.64	43.79	50.44	52.27	48.51	49.84	52.32	38.00	44.33	47.55	48.60	49.61	51.54	◆
Chlamydia Screening in Women (Total)	43.07	46.79	46.74	37.70	45.61	45.15	39.80	42.84	44.88	34.55	42.82	44.08	40.46	44.58	45.36	◆
Comprehensive Diabetes Care – Blood Pressure Control (<140/90)	58.73	64.54	69.10	64.44	64.96	58.88	65.28	66.20	69.34	43.75	58.58	56.69	61.94	63.46	63.82	◆◆◆
Comprehensive Diabetes Care – Eye Exams	34.20	34.99	39.90	27.41	40.15	37.71	27.31	28.47	34.06	25.00	41.61	37.47	29.87	36.24	37.19	◆
Comprehensive Diabetes Care – HbA1c Testing	77.36	90.07	83.70	81.11	91.00	87.35	83.80	86.34	89.78	85.42	90.69	89.29	80.92	89.52	87.59	◆◆
Comprehensive Diabetes Care – HbA1c Control (<7% for a selected population)	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^
Comprehensive Diabetes Care – HbA1c Control (<8%)	43.16	48.70	51.82	39.63	56.93	48.66	46.06	46.99	59.61	39.58	43.43	36.50	43.60	48.64	49.47	◆◆
Comprehensive Diabetes Care – Poor HbA1c Control (>9.0%) <i>Lower is Better</i>	48.11	39.01	37.71	50.74	31.63	38.93	46.53	41.20	30.41	56.25	46.17	56.20	48.20	39.86	40.56	◆◆
Comprehensive Diabetes Care –Medical Attention for Nephropathy	82.08	91.73	90.51	85.19	91.48	89.78	87.96	88.66	89.78	89.58	89.05	91.73	85.28	90.22	90.45	◆◆
Controlling High Blood Pressure	53.81	60.62	65.45	61.01	59.85	53.28	55.22	56.74	68.13	33.33	48.66	45.74	54.82	56.20	58.38	◆◆
Diabetes Monitoring for People with Diabetes and Schizophrenia	^	78.57	65.05	50.00	77.27	72.14	100	71.43	74.13	^	63.64	69.88	50.00	74.16	70.79	◆◆
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications	77.46	79.31	81.53	74.05	80.99	^	76.24	78.07	80.50	64.71	80.33	^	75.90	79.57	80.95	◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	71.43	78.40	76.85	77.78	73.23	^	58.82	66.95	70.68	^	63.72	^	64.61	70.81	73.45	◆◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (13-17 Yrs)	^	2.94	^	^	12.50	^	^	4.55	^	^	^	^	^	5.16	^	^
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (18+ Yrs)	^	34.23	31.28	^	40.78	41.14	^	32.57	30.40	^	30.05	18.77	^	34.52	31.12	◆◆◆◆◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (Total)	^	33.24	30.86	^	40.31	40.68	^	31.43	29.25	^	29.94	18.54	^	33.80	30.54	◆◆◆◆◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (13-17 Yrs)	^	2.94	^	^	18.75	15.38	^	6.82	^	^	^	9.09	^	7.22	3.85	◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (18+ Yrs)	^	40.29	38.72	^	48.47	49.78	^	37.84	36.97	^	35.91	25.92	^	40.73	38.63	◆◆◆◆◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (Total)	^	39.11	38.19	^	47.98	49.40	^	36.58	35.57	^	35.78	25.72	^	39.91	37.98	◆◆◆◆◆
Follow-Up After Emergency Department Visit for Mental Illness – 7-Day Follow-Up	^	27.35	25.43	^	42.79	45.23	^	22.99	21.89	^	28.36	26.30	^	30.73	29.32	◆◆
Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-Up	^	42.51	39.85	^	63.53	63.18	^	40.82	42.60	^	47.08	44.30	^	48.98	47.91	◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Follow-Up After Hospitalization For Mental Illness – 7-Day Follow-Up	30.99	31.20	30.32	21.48	18.00	16.38	^	28.91	34.47	18.92	48.78	26.56	27.26	30.62	27.74	♦
Follow-Up After Hospitalization For Mental Illness – 30-Day Follow-Up	60.38	64.75	60.12	38.93	36.81	34.95	^	62.81	64.93	24.32	71.15	46.88	51.30	58.85	54.26	♦♦
Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase	41.88	54.33	61.38	39.69	47.13	47.11	37.50	57.24	54.05	^	42.42	73.68	39.44	54.33	56.11	♦♦♦♦♦
Follow-Up Care for Children Prescribed ADHD Medication – Continuation & Maintenance Phase	50.00	62.39	75.83	44.63	56.20	60.56	46.11	70.29	61.20	^	75.00	66.67	47.19	65.29	66.88	♦♦♦♦♦
Immunizations for Adolescents – Combination 1	83.90	85.14	86.62	81.27	83.21	76.44	84.26	84.72	84.91	75.00	77.07	75.26	83.57	84.38	83.41	♦♦♦
Immunizations for Adolescents – Combination 2	^	13.44	26.03	^	14.84	20.34	^	14.35	25.30	^	17.20	20.62	^	14.23	24.39	♦
Immunizations for Adolescents – HPV	^	13.68	26.52	^	15.82	21.61	^	14.81	26.03	^	17.20	21.99	^	14.70	25.17	♦
Immunizations for Adolescents – Meningococcal	84.75	85.85	86.86	82.48	84.43	77.97	85.65	85.42	87.83	75.00	78.34	78.01	84.74	85.19	85.26	♦♦♦
Immunizations for Adolescents – Tdap/Td	85.59	86.32	87.59	82.73	85.64	80.08	86.34	86.57	86.62	80.00	77.71	75.95	85.42	86.10	85.21	♦♦
Lead Screening in Children	56.37	59.20	55.96	51.82	51.82	53.38	59.03	59.03	53.04	33.33	51.09	62.04	56.77	57.48	55.08	♦
Medication Management for People With Asthma – Medication Compliance 50% (5 – 11 Yrs)	60.35	62.92	64.51	58.82	68.49	^	58.75	63.83	68.23	^	^	^	59.37	64.26	66.71	^
Medication Management for People With Asthma – Medication Compliance 50% (12 – 18 Yrs)	55.38	58.10	57.49	60.94	61.27	^	57.17	56.15	61.43	^	^	^	57.21	57.69	60.00	^

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Medication Management for People With Asthma – Medication Compliance 50% (19 – 50 Yrs)	58.82	66.67	72.34	53.49	69.23	^	63.55	62.42	72.13	^	^	^	60.00	64.79	72.23	^
Medication Management for People With Asthma – Medication Compliance 50% (51 – 64 Yrs)	50.00	75.00	80.18	100.0	50.00	^	50.00	83.33	79.73	^	^	^	66.67	76.47	80.00	^
Medication Management for People With Asthma – Medication Compliance 50% (Total)	58.46	61.92	67.37	59.33	65.55	^	58.52	60.46	67.86	^	^	^	58.62	61.82	67.65	^
Medication Management for People With Asthma – Medication Compliance 75% (5 – 11 Yrs)	31.17	37.64	40.28	39.22	41.78	^	34.41	35.23	43.08	^	^	^	33.87	36.71	41.93	◆◆◆◆
Medication Management for People With Asthma – Medication Compliance 75% (12 – 18 Yrs)	28.69	33.60	33.10	33.59	38.03	^	28.70	31.92	36.18	^	42.86	^	29.44	33.48	35.06	◆◆◆◆
Medication Management for People With Asthma – Medication Compliance 75% (19 – 50 Yrs)	37.65	37.61	46.31	37.21	46.15	^	40.19	38.79	50.00	^	25.00	^	38.73	39.44	48.19	◆◆◆◆
Medication Management for People With Asthma – Medication Compliance 75% (51 – 64 Yrs)	50.00	50.00	60.36	66.67	50.00	^	50.00	50.00	66.22	^	33.33	^	55.56	47.06	62.70	◆◆◆◆
Medication Management for People With Asthma – Medication Compliance 75% (Total)	31.12	36.30	42.79	37.00	41.18	^	32.58	34.37	44.17	^	27.27	^	32.75	35.91	43.57	◆◆◆◆
Metabolic Monitoring for Children and Adolescents on Antipsychotics (1 – 5 Yrs)	20.00	50.00	12.50	50.00	33.33	^	20.00	^	50.00	^	^	^	25.00	27.27	28.57	◆◆◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Metabolic Monitoring for Children and Adolescents on Antipsychotics (6 – 11 Yrs)	17.03	40.58	47.71	17.02	33.71	^	20.15	30.00	46.09	11.11	50.00	^	18.46	34.38	46.74	◆◆◆◆
Metabolic Monitoring for Children and Adolescents on Antipsychotics (12 – 17 Yrs)	19.39	46.05	49.16	30.38	33.54	^	20.52	37.76	46.48	^	54.55	^	22.30	39.03	47.33	◆◆◆◆
Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)	18.28	43.54	47.65	25.59	33.60	^	20.35	34.25	46.37	7.69	52.63	^	20.64	36.97	46.82	◆◆◆◆
Non-Recommended Cervical Cancer Screening in Adolescent Females <i>Lower is Better</i>	3.75	3.77	3.11	4.92	5.36	3.93	4.72	4.47	2.67	5.41	5.75	3.50	4.43	4.50	3.11	◆
Persistence of Beta-Blocker Treatment after a Heart Attack	66.67	76.81	78.79	60.00	78.05	65.71	100	80.30	90.10	100	82.02	83.87	75.00	79.62	82.16	◆◆◆
Pharmacotherapy Management of COPD Exacerbation – Bronchodilator	80.77	82.68	83.59	82.22	73.80	83.80	81.20	81.42	77.78	79.01	81.98	82.43	80.87	79.97	80.82	◆◆
Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid	84.62	78.77	79.86	65.56	56.68	71.65	68.38	72.95	57.50	72.84	75.31	70.05	72.96	70.92	67.31	◆◆
Statin Therapy for Patients With Cardiovascular Disease – Received Statin Therapy (21 – 75 Yrs Male)	77.78	81.82	81.53	20.00	62.50	^	66.67	68.42	79.09	^	66.67	^	62.07	73.08	80.42	◆◆◆
Statin Therapy for Patients With Cardiovascular Disease – Received Statin Therapy (40 – 75 Yrs Female)	76.92	68.42	78.79	66.67	41.67	^	64.29	73.68	73.52	^	100	^	69.45	65.38	76.40	◆◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %				
Statin Therapy for Patients With Cardiovascular Disease – Received Statin Therapy (Total)	77.27	75.61	80.28	50.00	50.00	^	65.52	71.05	76.56	^	80.00	^	66.15	69.23	78.59	◆◆◆
Statin Therapy for Patients With Cardiovascular Disease – Statin Adherence 80% (21 – 75 Yrs Male)	42.86	61.11	50.78	100	20.00	^	80.00	61.54	60.58	^	^	^	66.67	52.63	55.17	◆
Statin Therapy for Patients With Cardiovascular Disease – Statin Adherence 80% (40 – 75 Yrs Female)	70.00	46.15	53.37	16.67	20.00	^	44.44	71.43	60.87	^	100	^	48.00	55.88	56.64	◆◆
Statin Therapy for Patients With Cardiovascular Disease – Statin Adherence 80% (Total)	58.82	54.84	51.94	28.57	20.00	^	63.16	66.67	60.70	^	50.00	^	55.81	54.17	55.82	◆
Statin Therapy for Patients With Diabetes – Received Statin Therapy	54.55	52.69	58.11	46.94	56.14	^	55.56	56.37	60.07	^	63.64	^	53.75	55.32	59.03	◆◆
Statin Therapy for Patients With Diabetes - Statin Adherence 80%	48.33	55.10	53.53	65.22	60.94	^	53.33	60.87	58.01	^	57.14	^	53.16	58.76	55.66	◆◆
Use of Imaging Studies for Low Back Pain	64.24	57.20	59.72	66.83	53.37	61.83	66.24	67.62	63.83	69.44	62.53	59.54	65.67	60.43	61.60	◆
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (1 – 5 Yrs) <i>Lower is Better</i>	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (6 – 11 Yrs) <i>Lower is Better</i>	^	^	0.81	^	1.41	^	0.93	1.18	^	^	^	^	0.45	0.82	0.32	◆◆◆◆
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (12 – 17 Yrs) <i>Lower is Better</i>	1.32	1.63	1.50	5.26	2.36	^	^	^	0.35	^	^	^	1.54	1.03	0.72	◆◆◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Total) <i>Lower is Better</i>	0.66	0.83	1.15	3.14	2.01	^	0.43	0.50	0.21	^	^	^	1.03	0.94	0.54	◆◆◆◆
Use of Opioids at High Dosage	^	^	29.20	^	^	^	^	^	42.07	^	^	^	^	^	36.09	^
Use of Opioids From Multiple Providers – Multiple Pharmacies	^	^	44.59	^	^	^	^	^	25.14	^	^	^	^	^	34.18	^
Use of Opioids From Multiple Providers – Multiple Prescribers	^	^	140.98	^	^	^	^	^	146.30	^	^	^	^	^	143.83	^
Use of Opioids From Multiple Providers – Multiple Prescribers and Multiple Pharmacies	^	^	22.65	^	^	^	^	^	14.93	^	^	^	^	^	18.52	^
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	31.25	25.00	10.91	16.67	37.50	17.39	21.21	20.00	26.56	^	^	57.14	23.64	25.40	20.80	◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (3 – 11 Yrs)	63.00	68.82	72.08	59.41	61.07	76.40	61.26	76.57	80.62	46.58	52.94	61.75	61.53	70.78	76.06	◆◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (12 – 17 Yrs)	58.94	66.21	74.66	56.43	60.40	68.32	68.46	76.71	83.61	51.56	49.71	59.38	62.68	69.62	76.58	◆◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (Total)	61.56	67.92	72.99	58.39	60.83	73.24	63.43	76.62	81.51	48.91	51.58	60.83	61.77	70.36	76.17	◆◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition (3 – 11 Yrs)	56.78	67.74	76.60	56.46	63.36	67.60	62.25	66.78	71.63	51.14	53.36	61.75	59.17	66.32	72.35	◆◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition (12 – 17 Yrs)	58.94	68.97	78.08	50.00	55.70	51.55	53.85	67.81	75.41	50.52	57.23	53.75	54.93	65.77	70.71	◆◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition (Total)	57.55	68.16	77.13	54.26	60.58	61.31	59.72	67.13	72.75	50.85	54.99	58.64	57.93	66.15	71.65	◆◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity (3 – 11 Yrs)	42.86	55.56	69.06	40.59	43.13	46.40	46.03	56.29	63.67	46.12	40.76	50.60	43.97	53.60	62.12	◆◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity (12 – 17 Yrs)	53.64	64.14	74.66	44.29	51.01	49.07	51.54	65.07	77.05	48.96	50.29	45.63	50.95	61.88	69.43	◆◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity (Total)	46.70	58.49	71.05	41.85	45.99	47.45	47.69	59.26	67.64	47.45	44.77	48.66	46.36	56.46	64.42	◆◆◆
2018 HEDIS HMO National Medicaid Average and Percentiles are from the 2018 Quality Compass. ^Measure not collected, or denominator is too small, or no benchmarks																

Table A5-3. Access/ Availability of Care Domain Measures.

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %				
Adults' Access to Preventive/Ambulatory Health Services (20 – 44 Yrs)	82.66	79.46	81.55	84.03	80.35	81.49	84.16	80.87	81.58	79.59	79.65	79.50	83.39	80.10	81.15	
Adults' Access to Preventive/Ambulatory Health Services (45 – 64 Yrs)	83.14	85.02	86.41	87.73	84.96	87.51	85.36	85.18	87.08	80.00	85.57	86.51	84.66	85.22	86.84	◆◆◆
Adults' Access to Preventive/Ambulatory Health Services (65+ Yrs)	^	100	72.09	^	40.00	75.00	^	^	72.50	^	80.00	84.44	^	69.57	76.19	◆◆◆
Adults' Access to Preventive/Ambulatory Health Services (Total)	82.71	80.95	83.22	84.39	81.83	83.83	84.28	81.90	83.41	79.64	82.24	82.90	83.52	81.68	83.33	◆
Annual Dental Visit (2 – 3 Yrs)	33.49	34.27	37.73	32.00	32.21	27.40	26.02	37.11	39.87	27.84	26.50	28.68	29.90	34.83	35.79	◆◆◆
Annual Dental Visit (4 – 6 Yrs)	68.61	71.34	72.68	67.61	68.66	57.97	55.30	71.70	74.51	55.19	67.23	63.31	62.15	70.97	70.58	◆◆
Annual Dental Visit (7 – 10 Yrs)	67.14	71.65	72.52	64.71	67.03	60.12	55.85	72.84	74.99	58.04	67.75	63.14	61.20	71.34	71.14	◆◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Annual Dental Visit (11 – 14 Yrs)	62.68	65.12	67.22	59.31	61.49	56.93	53.30	66.96	69.82	57.14	60.20	57.84	57.58	65.15	65.96	◆◆◆
Annual Dental Visit (15 – 18 Yrs)	55.63	57.78	58.88	54.87	56.52	50.81	47.16	59.94	61.52	48.32	50.11	48.67	51.44	58.22	57.80	◆◆◆
Annual Dental Visit (19 – 21 Yrs)	41.41	39.40	39.04	43.72	41.52	36.96	31.48	42.03	42.50	41.10	35.29	32.28	37.78	40.49	39.36	◆◆◆
Annual Dental Visit (Total)	58.95	61.04	63.06	57.29	57.83	51.51	49.35	63.25	65.70	51.37	52.93	50.29	54.11	61.19	61.35	◆◆◆
Children and Adolescents' Access to PCP (12 – 24 Months)	97.92	98.17	98.28	97.03	97.48	97.38	97.85	97.40	96.03	96.67	85.82	84.64	97.70	96.43	95.24	◆◆◆
Children and Adolescents' Access to PCP (25 Months – 6 Yrs)	92.12	91.73	92.43	89.36	88.46	88.29	89.52	89.57	87.43	81.60	74.45	74.97	90.44	89.72	88.49	◆◆
Children and Adolescents' Access To PCP (7 – 11 Yrs)	94.58	95.17	96.28	91.02	92.42	91.10	90.27	92.93	90.59	^	68.50	81.92	91.86	93.42	92.34	◆◆◆
Children and Adolescents' Access to PCP (12 – 19 Yrs)	93.79	93.48	94.73	90.16	89.76	89.49	89.02	91.83	88.77	^	70.19	80.55	90.83	91.74	90.41	◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Alcohol Abuse or Dependence (13 – 17 Yrs)	^	^	42.86	^	^	16.67	^	^	36.36	^	^	0.00	^	^	36.00	◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Alcohol Abuse or Dependence (18+ Yrs)	^	^	35.67	^	^	41.46	^	^	36.67	^	^	33.28	^	^	36.43	◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Alcohol Abuse or Dependence (Total)	^	^	35.78	^	^	41.19	^	^	36.67	^	^	33.23	^	^	36.42	◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Opioid Abuse or Dependence (13 – 17 Yrs)	^	^	0.00	^	^	0.00	^	^	28.57	^	^	0.00	^	^	14.29	◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Opioid Abuse or Dependence (18+ Yrs)	^	^	65.40	^	^	66.75	^	^	64.87	^	^	60.16	^	^	64.84	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Opioid Abuse or Dependence (Total)	^	^	65.22	^	^	66.67	^	^	64.71	^	^	60.16	^	^	64.70	◆◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Other Drug Abuse or Dependence (13 – 17 Yrs)	^	^	36.27	^	^	15.38	^	^	41.30	^	^	16.67	^	^	36.62	◆◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Other Drug Abuse or Dependence (18+ Yrs)	^	^	38.09	^	^	38.53	^	^	3.8.5 8	^	^	29.43	^	^	37.32	◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Other Drug Abuse or Dependence (Total)	^	^	38.00	^	^	38.10	^	^	38.70	^	^	29.30	^	^	37.30	◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Total (13 – 17 Yrs)	35.94	29.59	33.61	50.00	28.99	15.00	^	24.43	38.05	100	28.57	16.67	37.32	26.89	33.72	◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Total (18+ Yrs)	43.66	44.99	48.77	44.00	45.39	50.22	^	42.96	46.52	25.85	61.24	40.78	41.34	47.97	47.17	◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Total (Total)	43.08	44.66	48.40	44.07	45.01	49.84	^	42.11	46.29	26.35	61.09	40.69	41.11	47.45	46.89	◆◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Alcohol Abuse or Dependence (13 – 17 Yrs)	^	^	19.05	^	^	0.00	^	^	0.00	^	^	0.00	^	^	8.00	◆◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Alcohol Abuse or Dependence (18+ Yrs)	^	^	12.31	^	^	12.95	^	^	13.71	^	^	11.41	^	^	12.54	◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Alcohol Abuse or Dependence (Total)	^	^	12.42	^	^	12.80	^	^	12.95	^	^	11.39	^	^	12.48	◆◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %				
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Opioid Abuse or Dependence (13 – 17 Yrs)	^	^	0.00	^	^	0.00	^	^	0.00	^	^	0.00	^	^	^	◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Opioid Abuse or Dependence (18 + Yrs)	^	^	46.44	^	^	47.71	^	^	47.81	^	^	43.28	^	^	46.69	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Opioid Abuse or Dependence (Total)	^	^	46.32	^	^	47.65	^	^	47.60	^	^	43.28	^	^	46.56	◆◆◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Other Drug Abuse or Dependence (13 – 17 Yrs)	^	^	0.00	^	^	7.69	^	^	5.43	^	^	0.00	^	^	10.33	◆◆◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Other Drug Abuse or Dependence (18+ Yrs)	^	^	9.28	^	^	11.62	^	^	11.24	^	^	9.20	^	^	10.28	◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Other Drug Abuse or Dependence (Total)	^	^	9.58	^	^	11.54	^	^	10.96	^	^	9.11	^	^	10.28	◆◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %													
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Total (13 – 17 Yrs)	7.81	12.24	14.29	50.00	11.59	5.00	^	8.52	4.42	^	7.14	0.00	8.95	10.08	8.91	◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Total (18+ Yrs)	26.76	22.54	26.07	16.57	22.23	27.43	^	20.53	24.15	8.16	29.08	21.59	22.66	23.33	25.03	◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Total (Total)	25.33	22.32	25.78	16.95	21.99	27.19	^	19.98	23.63	8.11	28.98	21.51	21.88	23.00	24.70	◆◆◆◆◆
Prenatal and Postpartum Care – Postpartum Care	59.43	61.93	60.83	63.02	63.26	59.61	57.11	62.04	68.13	51.09	74.45	73.48	58.52	63.92	65.36	◆◆◆
Prenatal and Postpartum Care – Timeliness of Prenatal Care	93.56	88.67	90.75	89.54	87.35	83.45	86.48	84.26	84.67	85.89	91.97	85.40	89.42	87.31	86.24	◆◆◆
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1 – 5 Yrs)	^	33.33	^	^	^	^	^	50.00	^	^	^	^	^	40.00	^	◆◆◆
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (6 – 11 Yrs)	37.04	36.17	50.00	100.0	43.90	23.08	^	48.78	47.44	^	33.33	^	37.93	43.93	46.05	^
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12 – 17 Yrs)	44.83	69.23	45.12	33.33	37.74	58.33	^	50.48	47.95	^	50.00	^	41.18	50.73	48.02	◆

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %	2015 %	2016 %	2017 %										
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	41.07	50.56	45.86	50.00	40.43	45.95	^	49.74	47.81	^	45.45	^	39.68	47.52	46.99	◆
2018 HEDIS HMO National Medicaid Average and Percentiles are from the 2018 Quality Compass. ^Measure not collected, or denominator is too small, or no benchmarks																

Table A5-4. Utilization and Risk Adjusted Utilization Domain Measures.

Measure	ABH			THP			UHP			WVFH			MHT -WA MY 2015 %	MHT -WA MY 2016 %	MHT -WA MY 2017 %	MHT-WA Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %	2015 %	2016 %	2017 %										
Adolescent Well-Care Visits	39.86	55.90	58.39	47.20	44.28	39.39	51.85	55.09	66.18	49.88	36.01	39.17	46.88	52.21	56.70	◆◆◆
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	72.13	71.93	75.91	73.97	73.48	68.42	74.87	76.63	79.32	62.50	68.86	56.45	73.60	74.19	75.12	◆◆◆
Well-Child Visits in the First 15 Months of Life (0 visits)	0.73	0.47	0.24	1.05	1.06	1.63	1.72	1.39	1.46	^	5.35	7.54	1.22	1.31	1.91	◆◆◆
Well-Child Visits in the First 15 Months of Life (1 visit)	0.98	1.18	0.73	1.49	2.12	1.22	1.96	0.93	1.70	^	2.19	4.87	1.49	1.33	1.72	◆◆
Well-Child Visits in the First 15 Months of Life (2 visits)	1.71	2.83	2.19	2.62	2.41	2.85	4.90	2.78	0.97	^	4.62	3.65	3.25	2.87	2.08	◆◆
Well-Child Visits in the First 15 Months of Life (3 visits)	5.12	5.66	5.60	4.64	6.74	6.19	6.13	3.94	3.89	7.14	5.11	5.84	5.48	5.13	5.14	◆◆◆
Well-Child Visits in the First 15 Months of Life (4 visits)	7.80	9.67	6.08	9.10	12.62	9.37	8.58	9.26	8.27	21.43	10.71	7.54	8.40	10.13	7.71	◆◆
Well-Child Visits in the First 15 Months of Life (5 visits)	17.07	16.51	12.17	18.37	18.88	17.44	14.22	12.50	13.14	21.43	13.63	12.41	16.07	15.14	13.61	◆◆
Well-Child Visits in the First 15 Months of Life (6 or more visits)	66.59	63.68	72.99	62.73	56.17	61.29	62.50	69.21	70.56	50.00	58.39	58.15	64.09	64.09	67.83	◆◆◆
2018 HEDIS HMO National Medicaid Average and Percentiles are from the 2018 Quality Compass. ^Measure not collected, or denominator is too small, or no benchmarks																

Appendix 6 – CAHPS® Survey Measure Results

The MHT MCOs conducted the HEDIS 2018 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 2015 – 2017), the MHT Average (MA) for three years, and a comparison of MA (MY 2017) to the most current National Medicaid Percentiles (NMP) for CAHPS 2018 (MY 2017) are provide for each measure in Table A6 – 2.

Table A6 – 1. Diamond Ratings for Adult and Child CAHPS Measures.

NCQA Quality Compass National Medicaid Percentile Ranges	Comparison to Benchmarks
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 A6 – 2. MHT MCO Adult and Child CAHPS Measure Results Compared to National Benchmarks.

Measure	ABH			THP			UHP			WVFH			MHT MY 2015 %	MHT MY 2016 %	MHT MY 2017 %	MHT Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %				
Adult Measures																
Customer Service Composite	^	^	^	^	^	^	^	^	^	^	84.95	^	^	^	^	^
Getting Needed Care Composite	78.4	82.72	85.09	81.4	84.07	84.31	81.8	83.99	84.84	80.4	83.59	83.82	80.5	83.59	84.52	◆◆◆
Getting Care Quickly Composite	83.4	86.51	85.14	79.4	79.03	86.96	84.3	80.95	86.03	85.9	83.38	83.34	83.2	82.47	85.37	◆◆◆◆
How Well Doctors Communicate Composite	90.6	95.48	93.08	91.7	92.11	93.19	92.7	93.00	94.16	93.38	92.54	95.21	92.1	93.28	93.91	◆◆◆◆

Measure	ABH			THP			UHP			WVFH			MHT MY 2015 %	MHT MY 2016 %	MHT MY 2017 %	MHT Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %				
Adult Measures																
Shared Decision Making Composite	80.5	82.40	78.36	85.1	NA	84.77	82.7	81.38	82.99	81.53	80.60	79.95	82.4	81.46	81.52	◆◆◆
Health Promotion and Education Composite	69.3	72.94	71.76	69.3	77.09	70.82	68.4	69.23	70.34	73.5	72.50	70.78	70.1	72.94	70.93	◆
Coordination of Care Composite	^	85.95	86.47	^	87.74	85.11	75.4	85.00	83.05	86.7	86.06	86.43	81.0	86.19	85.27	◆◆◆
Rating of Health Plan (8+9+10)	66.3	62.91	69.85	73.1	75.82	79.57	68.7	71.36	76.82	71.7	72.05	72.43	70.0	70.54	74.67	◆◆
Rating of All Health Care (8+9+10)	66.8	68.35	70.61	70.8	67.22	75.57	69.1	71.14	70.42	67.5	73.98	72.11	68.6	70.17	72.18	◆◆
Rating of Personal Doctor (8+9+10)	77.3	79.02	83.33	77.1	77.99	85.11	80.9	80.07	83.78	84.6	84.47	85.13	80.0	80.39	84.34	◆◆◆◆
Rating of Specialist Seen Most Often (8+9+10)	75.3	71.97	78.42	NA	82.35	82.03	76.1	81.88	82.51	81.5	75.9	78.40	77.6	78.03	80.34	◆◆
Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers to Quit	67.7	73.50	75.75	75.0	71.31	73.52	69.1	69.85	73.12	74.8	76.19	75.96	71.7	72.71	74.59	◆◆
Medical Assistance with Smoking and Tobacco Use Cessation – Discussing Cessation Medications	32.3	40.43	49.01	45.9	42.80	50.00	35.7	39.69	45.59	45.5	47.74	48.85	39.9	42.67	48.36	◆◆
Medical Assistance with Smoking and Tobacco Use Cessation – Discussing Cessation Strategies	32.0	42.25	49.83	45.5	38.98	44.27	33.4	38.40	41.52	42.2	44.69	43.02	38.3	41.08	44.66	◆◆
Flu measure - Had Flu Shot or Spray in the Nose Since July 1, 2017	32.3	41.24	39.81	29.7	40.42	37.65	27.6	30.29	35.48	37.6	37.50	37.60	31.8	37.36	37.64	◆◆

Measure	ABH			THP			UHP			WVFH			MHT MY 2015 %	MHT MY 2016 %	MHT MY 2017 %	MHT Compared to NMPs MY 2017 %
	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %	MY 2015 %	MY 2016 %	MY 2017 %				
Child Measures																
Child Survey: Customer Service Composite	89.6	^	^	94.4	^	^	88.0	88.50	88.49	^	^	85.56	90.8	^	87.03	◆
Child Survey: Getting Needed Care Composite	89.6	93.27	89.30	89.2	89.57	92.27	87.4	90.65	90.26	87.5	89.29	92.87	88.4	90.70	91.18	◆◆◆◆◆
Child Survey: Getting Care Quickly Composite	95.6	96.11	94.83	95.7	93.91	97.23	93.8	96.09	96.62	95.2	96.65	95.70	94.9	95.69	96.10	◆◆◆◆◆
Child Survey: How Well Doctors Communicate Composite	96.5	96.11	94.78	95.8	94.08	94.80	95.1	95.42	94.83	95.9	95.69	94.95	95.8	95.33	94.84	◆◆◆
Child Survey: Shared Decision Making	84.0	79.91	^	77.8	^	^	76.3	80.49	78.32	^	79.82	83.56	79.4	80.07	80.94	◆◆◆
Child Survey: Health Promotion and Education Composite	76.5	70.66	75.38	69.5	67.43	72.26	71.3	72.86	74.94	78.8	69.31	72.65	74.0	70.07	73.81	◆◆◆
Child Survey: Coordination of Care Composite	88.2	84.15	82.28	84.3	84.51	88.98	83.2	84.73	82.86	85.0	88.70	86.23	85.2	85.52	85.09	◆◆◆
Child Survey: Rating of Health Plan (8+9+10)	86.7	82.06	84.95	84.3	89.09	88.64	83.7	87.02	83.78	77.5	81.68	82.62	83.1	84.96	85.00	◆◆
Child Survey: Rating of All Health Care (8+9+10)	85.0	85.14	86.36	85.8	86.09	87.73	83.9	85.04	86.57	86.8	87.90	83.33	85.3	86.04	86.00	◆◆
Child Survey: Rating of Personal Doctor (8+9+10)	91.2	88.34	87.99	88.6	88.64	86.87	87.6	88.35	86.73	88.8	89.32	87.26	89.0	88.66	87.21	◆
Child Survey: Rating of Specialist Seen Most Often (8+9+10)	83.8	91.15	82.00	75.2	^	^	85.6	85.59	89.83	^	^	^	81.5	89.87	85.92	◆◆
CAHPS percentiles are from NCQA Quality Compass 2018 (MY 2017)																
^ NA or NR or benchmark not available																