EXTERNAL QUALITY REVIEW ORGANIZATION

West Virginia
External Quality Review

Mountain Health Trust

Annual Technical Report
Final Report

Measurement Year 2016

Submitted by
Delmarva Foundation
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West Virginia Department of Health and Human Resources
Bureau for Medical Services

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Commonly Used Acronyms in EQRO Reporting

Acronyms	
ABHWV	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
Delmarva Foundation	Delmarva Foundation for Medical Care, Inc.
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
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

Annual Technical Report
Executive Summary
MY 2016

Background and Purpose

The Bureau for Medical Services (BMS) operates West Virginia's Medicaid Managed Care Program, Mountain Health Trust (MHT). For measurement year (MY) 2016, there were approximately 381,229 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 Delmarva Foundation for Medical Care, Inc. (Delmarva Foundation) to perform External Quality Review (EQR) services. On an annual basis, Delmarva Foundation 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 Enrollee Rights, Grievance Systems, Quality Assessment and Performance Improvement, and Fraud and Abuse. Standards are derived from the Code of Federal Regulations (CFR) and the MHT MCO contractual requirements. To determine MCO compliance, Delmarva Foundation obtains information from document reviews, interviews with MCO staff, observation of processes, and chart reviews. Combined, these methods of data collection provide an accurate depiction of an organization's compliance with regulatory provisions.

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

collection procedures, improvement strategies, findings, and whether or not improvement was achieved.

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

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 Delmarva Foundation 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 Delmarva Foundation 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 (MY) 2015, and the progress that each MCO made addressing each recommendation in MY 2016. 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.

Delmarva Foundation 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, Delmarva Foundation conducts a comprehensive review of the MHT MCOs and assesses their performance relative to quality of care, timeliness of obtaining needed care and services, and accessibility to those services.

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

- **Quality**, "as it pertains to external quality review, means the degree to which an MCO or Prepaid Inpatient Health Plan (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)

Summary of Quality, Access, and Timeliness

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

Quality

The structural and operational characteristics are evaluated through the Systems Performance Review in the Quality Assessment and Performance Improvement (QA) standard. This standard is important because it assesses each MCO's internal Quality Improvement (QI) structure and its ability to improve the quality of care and services for its enrollees. Key components of the QI program such as goals and objectives, governing board oversight, quality improvement committee activity, provider participation in QI activities, clinical practice guidelines, and quality of care studies and measures are assessed as part of this standard. The MY 2016 SPR compliance rates for the QA standard for all four MHT MCOs are presented in Table 1.

Table 1. MCO SPR Compliance Rates for MY 2016 - Quality Assessment and Performance Improvement

SPR Standard	MY 2016 Compliance Rate			
	ABHWV	THP	UHP	WVFH
Quality Assessment and Performance Improvement	100%	99%	97%	97%

All MCOs performed well in the area of quality. ABHWV, THP, UHP, and WVFH all achieved between 97-100% compliance.

MCOs have the appropriate structures and processes in place to monitor, evaluate, and improve the quality of services to the MHT enrollees using Performance Improvement Projects (PIPs). The MCOs are required to have three PIPs in place at all times. The Reducing Emergency Department (ED) Visits for Members with Asthma Collaborative was closed in 2015. Two PIPs are state mandated and collaborative: Diabetes and Prenatal Behavioral Health Risk Assessment (BHRA) and Postpartum Care Visit. The third PIP is selected by the MCO.

There were three PIPs related to quality in MY 2016:

- Annual Monitoring for Patients on Persistent Medications PIP conducted by ABHWV.
- Follow-Up After Hospitalization for Mental Illness PIP conducted by UHP.
- Diabetes Collaborative PIP conducted by all four MCOs.

In ABHWV's Annual Monitoring for Patients on Persistent Medications PIP, the MCO goal is to surpass the 2016 Medicaid QC 75th Percentile (89.56%). MY 2016 was the first remeasurement year for this PIP. The Annual Monitoring for Patients on Persistent Medications Rate increased from 82.44% (MY 2015) to 88.23% (MY 2016). Improvement was statistically significant from Baseline through Remeasurement Year 1 and can be linked to both targeted provider and member interventions.

In UHP's Follow-Up After Hospitalization for Mental Illness PIP, the goal was to improve the rate of follow-up for members after hospitalization for mental illnesses. The long-term goal is to exceed the 2016 National Committee for Quality Assurance (NCQA) Quality Compass National Medicaid Average (NMA) for the *Follow-Up After Hospitalization for Mental Illness* indicator plus 5% (48.71%). Indicator 1, *Follow-Up After Hospitalization for Mental Illness 7 Days* Remeasurement Year 1 rate was 28.91% which 14.43 percentage points above the Baseline rate, but falls short of the project goal of 48.71% plus 5%.

In the Diabetes Collaborative which all MCOs are required to participate per BMS, the indictor for the project is *Comprehensive Diabetes Care (CDC) - Hemoglobin A1c (HbA1c) Control (<8%).* The goal is to exceed the HEDIS 2014 NMA (45.52%) by HEDIS 2016 (MY 2015). All MCOs selected at least one additional HEDIS indicator for their projects that included *Retinal Eye Exam Performed* (UHP), and *HbA1c Testing* (ABHWV, THP, UHP, and WVFH) as recommended by Delmarva Foundation.

ABHWV, THP and UHP's MY 2016 rates for *HbA1c Control < 8%* exceeded the project goal of 45.52% (WVFH had a different goal than the other MCOs because they did not begin this PIP in MY 2013). Each MCO improved the rate from MY 2015 as well as over the Baseline rate. Best practices for interventions for the Diabetes Collaborative that were implemented in 2016 are described later in this report. This PIP closed at the end of MY 2016 and is replaced with a mandatory Childhood Dental collaborative PIP.

The PMV 2017 (MY 2016) included six measures that assessed quality provided by the MHT MCOs:

- Annual Monitoring for Patients on Persistent Medications – Total
- Childhood Immunization Status– Combination 3
- Follow-Up for Hospitalization for Mental Illness – Follow-up Visit Within 7 Days of Discharge
- Comprehensive Diabetes Care – HbA1c Testing
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-Counseling for Nutrition
- Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers To Quit

The MHT Weighted Average (MHT-WA) exceeded the 50th National Medicaid Percentile (NMP) and improved between MY 2014 and MY 2016 for the Annual Monitoring for Patients on Persistent Medications and Comprehensive Diabetes Care- HbA1c Testing measures. The MHT-WA exceeded the 25th NMP and improved all three measurement years for the Childhood Immunization Status - Combination 3 and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition measures. The MHT-WA for Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit measure exceeded the 25th NMP and improved between MY 2015 and MY 2016 after a decline between MY 2014 and MY 2015. The MHT-WA for Follow-Up After Hospitalization For Mental Illness - 7 Days measure improved between MY 2015 and

MY 2016, but an opportunity for improvement was identified as the MHT-WA did not exceed the 25th NMP.

Access

Access to care is an essential component of a quality-driven system of care and has historically been a challenge for Medicaid enrollees in rural areas. The findings with regard to access for the MHT MCOs are summarized below.

The Standard Performance Review (SPR) standards evaluate enrollee access to informational materials and services. All MCOs provided comprehensive member materials at or below the 6th grade reading level as required by the BMS/MCO contract. Telephone numbers to access Member/Customer Services lines, hours of operation, and the MCO address are provided in Member Handbooks. Member Handbooks describe the covered services, how to access those services, and any other special requirements (e.g. referrals and preauthorizations). Member materials also include a statement of enrollee rights, instructions on how to file complaints, grievances, and appeals and describe how to access a State Fair Hearing. MCOs are required to complete an annual report, supply a copy to the local DHHR offices, and inform enrollees how to access a copy.

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

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

In MY 2014, Delmarva Foundation began reviewing for 24/7 access and availability. It was noted that the MCOs were not consistently meeting the threshold for the 24/7 access standard. Through MY 2016, findings note that:

- MCOs surveyed PCPs, specialty providers, and BH (Behavioral Health) providers.
- Refusal to participate in the survey was considered noncompliant.
- For the CAHPS member experience, if the member was told to go to the ER or if there was no answer, it was considered noncompliant.

- The most frequent monitoring was completed quarterly by WVFH.
- Actual calls to provider offices after-hours were not indicated by ABHWV; only surveys via fax were completed by this MCO.
- Faxing or emailing a hard copy survey to providers limits the choice of 24/7 coverage to three categories of coverage.
- THP's access monitoring does not directly address providers. There is not enough detail to identify providers out of compliance.
- The actual phone surveys completed by UHP and WVFH after-hours to providers resulted in lower compliance rates which appears to be a more accurate depiction of the after-hour access rate; followed by the CAHPS survey results at 80% compliance.
- Credentialing/Recredentialing site visits are primarily limited to new providers.

Based on these differing sampling methodologies, it is Delmarva Foundation's recommendation that BMS should formalize the minimum 24/7 access standard. This can be completed either by revising the MCO contracts to include the 24/7 access standard or including this minimum standard in the SPR access and availability standards. BMS and Delmarva Foundation will create a work group, include MCO representatives and evaluate all methodologies of how to best measure this important Access standard.

The PMV 2017 (MY 2016) included five measures that assessed access to care by the MHT MCOs:

- Prenatal and Postpartum Care – Postpartum Care
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Initiation
- 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

The MHT-WA exceeded the 75th NMP for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Initiation measure. The MHT-WA for Prenatal and Postpartum Care - Postpartum Care measure was below the 50th NMP but improved from MY 2015 to MY 2016 after a slight decline from MY 2014 to MY 2015. The MHT-WA for Percentage of Eligibles That Received Preventive Dental Services measure demonstrated improvement in each of the three measurement years and is only slightly lower than the NMA. The MHT-WA for Dental Sealants for 6-9 Year Old Children at Elevated Risk measure improved significantly from MY 2015 and MY 2016 and exceeded the NMA. The Behavioral Health Risk Assessment For Pregnant Women measure is a new measure and does not have national benchmarks for comparison.

Timeliness

Timeliness is an important factor for evaluating MCO performance because organizations must have procedures in place to make decisions timely in order not to disrupt or delay the provision of care or services to their members.

During the MY 2016 SPR on-site review, cases, files, and logs are reviewed to assess the timeliness of MCO activities. For MY 2016, Delmarva Foundation reviewed:

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

One MCO (UHP) had an issue in the area of timely denial notifications. Denial notification letters to enrollees were not timely in many cases. A review of the denial files demonstrated that the time from the decision to mailing of the denial notification letter in the BH cases (inpatient and outpatient) ranged from approximately 1.25 months to 9 months. Not notifying enrollees in a timely manner deprives them of their rights to appeal decisions in a timely manner. UHP submitted a CAP for the UM standard and is required to submit quarterly progress reports to Delmarva Foundation for review to ensure continued compliance.

One MCO (WVFH) underwent a credentialing record review for the MY 2016 review. The other three MCOs (ABHWV, THP and UHP) had their credentialing and recredentialing files deemed. Delmarva Foundation sampled 10 credentialing and 10 recredentialing files for WVFH. All initial credentialing applications in the WVFH sample were processed according to the MCOs policies and procedures. All provider recredentialing files in the sample were credentialed within the three-year time requirement.

There were two PIPs related to timeliness in MY 2016:

- Members' Establishment with their Primary Care Provider (PCP) PIP conducted by THP.
- Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP conducted by WVFH.

In THP's *Members' Establishment with PCP of Record PIP* the goal is to increase the (HEDIS) rates for the *Adolescents Well-Care Visits* and the *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* by 5 percentage points over the Baseline rate (46.47%). THP realized a decrease in both indicator rates from MY 2015, with Indicator 1 (44.28%) falling below the Baseline rate (46.47%). Delmarva Foundation recommends that THP re-evaluate their barrier analysis and implement new, targeted face-to-face provider interventions in an attempt to increase the rates for both indicators.

In WVFH's Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP, the MCO's goal is to improve the rate of well-child visits for children ages 3-6. The long-term goal is to exceed the 2016

National Committee for Quality Assurance (NCQA) Quality Compass NMA for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* indicator. The indicator rate for MY 2016 (68.86%) was improved from the Baseline rate of 62.50%, but fell short of the goal of 71.27%.

The PMV 2017 (MY 2016) included six measures that assessed timeliness by the MHT MCOs:

- Adolescent Well-Care Visits
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate

The MHT-WA for Adolescent Well-Care Visits and Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life measure exceeded the 50th NMP and improved each year from MY 2014 to MY 2016. The MHT-WA exceeded the NMA, meaning a lower rate is better, for PQI 01: Diabetes Short-Term Complications Admission Rate and PQI 08: Heart Failure Admission Rate measures. There are no national benchmarks for PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate and PQI 15: Asthma in Younger Adults Admission measure. The MHT-WA increased, indicating a decline in performance over the three-year measurement period for PQI 01: Diabetes Short-Term Complications Admission Rate, PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate, and PQI 08: Heart Failure Admission Rate measures. Although the PQI 15: Asthma in Younger Adults Admission Rate measure for MY 2016 is .36 of a percentage point over the MY 2015 rate, the rate has still sustained its improvement over the MY 2014 rate.

MHT Program Strengths, Requirements, and Recommendations

Table 2 outlines specific program strengths, requirements, and recommendations for the MHT Program for each area of review by the EQRO.

Table 2. MHT Program Strengths, Requirements, and Recommendations – MY 2016

MHT Program Strengths, Requirements and Recommendations for MY 2016	
Systems Performance Review	**Strengths** • All four MCOs achieved full compliance (100%) for the FA Standard. • MCOs achieved rates of 98% to 100% for the ER standard. • MCOs achieved rates of 98% to 100% for the GS Standard. • MCOs achieved rates of 97% to 100% for the QA Standard.

MHT Program Strengths, Requirements and Recommendations for MY 2016	
	• Three of the four MCOs achieved full compliance (100%) for the ER standard. • Three of the four MCOs achieved full compliance (100%) for the GS Standard.
	Requirements and Recommendations • MCOs must focus efforts on consistently meeting the 24/7 access standard. Over the last four years, the MCOs have not consistently met this standard. Each MCO measures compliance to this standard differently and therefore the results are not comparable across MCOs. It is recommended that BMS and Delmarva Foundation develop a methodology for the MCOs to use to measure 24/7 access so that results are comparable.
Performance Improvement Projects	**Strengths** • All MCOs understand the major components of PIPs. • All MCO's PIPs have relevant study topics, clear study questions, and meaningful and well-defined indicators. • All MCO's PIPs include well-defined study populations use appropriate and valid sampling methods, and use data collection methods that provide for the collection of valid and reliable data. • All MCO's are implementing interventions that are reasonable and address barriers. • All MCO's are reporting the study findings accurately and clearly. • All MCOs achieved improvement in the mandatory Diabetes PIP indicator, HbA1c Control <8%. • All MCOs achieved improvement in the second Diabetes PIP indicator, HbA1c Testing. • The MCOs all have some type of Gaps in Care Reports and Provider Profiles that they are using to identify members in need of care or services for the mandatory PIPs. • ABHWV achieved improvement for their Annual Monitoring for Patients on Persistent Medications PIP. • UHP achieved improvement for both indicators in its Follow-Up After Hospitalization for Mental Illness PIP. • WVFH achieved improvement for its Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP.
	Requirements • MCOs continued the mandatory Diabetes Collaborative PIP in CY 2016 and closed after final submission in July 2017. • MCOs initiated the Baseline Measurement Year of the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP. • MCOs will implement the required Childhood Dental PIP, which will begin measurement in MY 2017. **Recommendations** • MCOs should ensure that they complete annual barrier analysis and implement new, targeted face-to-face member, provider, and MCO interventions to increase the PIP rates.

MHT Program Strengths, Requirements and Recommendations for MY 2016	
Performance Measure Validation	**Strengths** • MCOs use HEDIS certified software and have established processes to calculate and report performance measures. • MCOs are timely with submitting performance measures to BMS for HEDIS, CAHPS, PMV, and the Adult and Child Core Sets. • The Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measure rate exceeded the 75th NMP. • The MHT-WA for the Percentage of Eligibles That Received Preventive Dental Services measure improved between MY 2014 and MY 2016. • The MHT-WA exceeded the NMA and MCO rates improved each year between MY 2014 and MY 2016 for Adolescent Well-Care Visits and Well-Child Visits in the 3rd 4th, 5th and 6th Years of Life measures.
	Recommendations • MCOs are encouraged to continue incentives from the withhold program that contributed to improved performance for those measures. • MCOs are encouraged to set improvement goals for all HEDIS measures to exceed the 75th NMP. • MCOs should also focus improvement efforts to increase rates for non-HEDIS measures, such as Percentage of Eligibles That Received Preventive Dental Services and Dental Sealants for 6-9 Year Old Children at Elevated Risk.

Mountain Health Trust Annual Technical Report MY 2016

Background and Purpose

The Bureau for Medical Services (BMS) operates West Virginia's Medicaid Managed Care Program, Mountain Health Trust (MHT). Initiated in 1996, conceptually the program was based on each Medicaid beneficiary having a medical home—a primary care provider (PCP) knowing an enrollee's medical history and managing appropriate treatment and preventive services. BMS is responsible for assuring that all MHT beneficiaries receive comprehensive, high quality healthcare services. For measurement year (MY) 2016 there were approximately 381,229 members enrolled in the four MHT Managed Care Organizations (MCOs).

To ensure care and services provided to MHT MCO enrollees meet acceptable standards for quality, timeliness, and accessibility, BMS contracts with Delmarva Foundation for Medical Care, Inc. (Delmarva Foundation) to perform External Quality Review (EQR) services. Specifically, Delmarva Foundation evaluates the quality assurance program activities for each of the MHT MCOs: 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), and West Virginia Family Health (WVFH).

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

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

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

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

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

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

The MY 2016 Annual Technical Report (ATR) findings provide an assessment of the MHT program based on MCO performance, which may impact the quality, timeliness, or accessibility of healthcare services

provided to MHT beneficiaries. Where applicable, the findings are compared to the goals and objectives found in the *WV Mountain Health Trust Program (Full-Risk MCO) State Quality Strategy (QS) for Assessing and Improving Managed Care Quality*. The annual technical report provides an accurate and objective portrait of the MCOs' capabilities which can be used to promote accountability, improve important aspects of organizational achievement, and positively impact the quality of services provided to MHT beneficiaries.

This report provides the results of the EQR annual assessment of the SPR, PIP, and PMV activities for MY 2016. Following the EQR methodology, the individual MCO findings for the SPR, PIP Validation, and PMV activities are presented. The findings from these activities are then summarized according to quality, access and timeliness as required by the EQR regulations. Conclusions, recommendations, and requirements are then provided for both the individual MCOs and the MHT program.

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

- Appendix 1 – PIP indicator results for all projects
- Appendix 2 – PMV results
- Appendix 3 – HEDIS 2015-2017 MCO Rates and the Mountain Health Trust Weighted Average (MHT-WA) for all measures reported to National Committee for Quality Assurance (NCQA)
- Appendix 4 – Consumer Assessment of Health Providers and Systems (CAHPS) Survey results for MY 2014 through MY 2016
- Appendix 5 – Summary of the Status of Recommendations from the MY 2015 Review
- Appendix 6 – SPR Compliance Matrix

EQR Methodology

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

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

Systems Performance Review Methodology

SPRs are designed to assess MCO compliance with structural and operational standards, which may impact the quality, timeliness, or accessibility of healthcare services provided to MHT beneficiaries. Delmarva Foundation 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, Delmarva Foundation obtains information from document reviews, interviews with MCO staff, observation of processes, and chart reviews (grievances, appeals, denials, credentialing etc.). Information is collected pre-site, during a two-day on-site review, and post-site in response to the preliminary findings. Combined, these methods of data collection provide an accurate depiction of an organization's compliance with regulatory provisions.

Delmarva Foundation SPR Activities
• Review policies and procedures • Interview key staff • Observe processes • Assess credentialing and recredentialing activities • Examine committee meeting minutes • Evaluate performance improvement projects and activities • Assess grievance, appeal, and denial records • Examine appeal and denial letters

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

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

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

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

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

Performance Improvement Project Validation Methodology

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

Delmarva Foundation PIP Activities
• 10 Step Validation Process • Review and feedback on quarterly and annual MCO PIP submission review • Technical assistance provided to MCOs • Actionable recommendations provided to MCOs and BMS

Delmarva Foundation uses the CMS protocol, *Validating Performance Improvement Projects, A Mandatory Protocol for External Quality Reviews, Protocol 3, Version 2.0, September 2012,* as a guideline in PIP review activities. Delmarva Foundation reviewed each MCO's PIPs, assessed compliance with contractual requirements, and validated the activity for interventions as well as evidence of improvement. Table 1 summarizes the PIP validation activities.

Table 1. Delmarva Foundation's 10 Step PIP Validation Process

PIP Validation Steps
Step 1. The **study topic** selected must be appropriate and relevant to the MCO's population.
Step 2. The **study question(s)** must be clear, simple, and answerable.
Step 3. The **study indicator(s)** must be meaningful, clearly defined, and measurable.
Step 4. The **study population** must reflect all individuals to whom the study questions and indicators

PIP Validation Steps
are relevant.
Step 5. The **sampling method** must be valid and protect against bias.
Step 6. The **data collection procedures** must use a systematic method of collecting valid and reliable data that represents the entire study population.
Step 7. The **improvement strategies**, or interventions, must be reasonable and address barriers on a system-level.
Step 8. The **study findings**, or results, must be accurately and clearly stated. A comprehensive quantitative and qualitative analysis should be provided.
Step 9. Project results must demonstrate **real improvement**.
Step 10. Sustained improvement must be demonstrated through repeated measurements.

Performance Measure Validation Methodology

Results of performance measures offer a snapshot of MCO quality, timeliness, and accessibility of care provided during a given time period. PMV assures that MCOs produce reliable and accurate measures in accordance with required specifications. The validation process includes an assessment of the MCO's information systems, procedures, and algorithms used to calculate the performance measures. Delmarva Foundation conducts all PMV activities in accordance with the CMS protocol, *Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review, Protocol 2, Version 2.0, September 2012*.

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

Delmarva Foundation validates the MCO performance measures by:

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

Performance Measure Validation activities occur in three phases which are summarized in Table 2.

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

Table 2. Performance Measure Validation Activities

PMV Phase	Validation Activity
Pre-site	Pre-site activities revolve around preparing for the MCO site visit. To begin the process, the auditor confirms the performance measures for review with BMS. Next, a kick-off teleconference call occurs between the auditor and the MCO to confirm the measures, measure specifications, the date for the site visit, and the agenda items for the audit. Additionally, the auditor discusses the ISCA (Information Systems Capabilities Assessment) tool and supporting documentation. The MCO completes and submits the ISCA along with program source code and other supporting documents to Delmarva Foundation. The auditor evaluates the information in the ISCA for consistency to findings reported in previous assessments, when available. Source code may be reviewed during the pre-site phase. Source code is the review of programming used to integrate data and calculate the rates for the performance measures. A summary of ISCA and source code issues are compiled and provide direction and points of discussion for the on-site visit.
On-site Visit	The goal of the on-site visit is to investigate any potential issues identified during the pre-site activities and observe the systems used by the MCO to collect and produce performance measure data. The on-site visit begins with an entrance meeting between the auditor and relevant quality and technical MCO staff. The auditor explains the validation purpose, identifies staff for interviews, and requests additional documentation where needed. Interviews are conducted and additional documentation is requested that provides insight into the accuracy and reliability of the reporting processes. The MCO is allowed to clarify any concerns and demonstrate processes. Source code may be reviewed during the site visit. Throughout the visit, the auditor reviews the information systems structure, protocols, procedures, and data collection methodology for each specific performance measure. The on-site visit concludes with a closing conference between the auditor and MCO staff. The purpose of the closing session is to review preliminary findings, identify follow-up items, and provide guidance on areas requiring action.
Post-site Visit	During the post-site visit, all necessary action items are forwarded to the MCO with the expectation that they will be resolved before the issuance of the final report. Source code review may also be conducted at the time of the post-site visit. Medical record over-read typically takes place during the post-site visit. The auditor randomly selects a sample of 30 records each for two or more hybrid measures. The MCOs upload the selected records to the Delmarva Foundation portal where a nurse-reviewer conducts the over-read. A sample passes if the error rate is 10% or less. A sample that does not pass may lead to a corrective action plan that must be completed before the final rates are submitted. The final report reflects the final rates and whether or not the MCO has addressed all of

	the outstanding action items. If the MCO does not address all action items, the report will note the impact on the overall validation outcome.

All four MHT MCOs participated in the PMV activities for MY 2016. The participating MCOs were required to report 18 performance measures from the Performance Withhold Program, Adult and Child Core Measures, and PIPs. BMS requires the submission of all Medicaid performance measures with the exception of measures that are based on carve out services such as BH. Measures must be calculated according to specifications outlined in the *CMS Adult and Child Quality Core Set Specifications* and NCQA's *HEDIS*[2] *2017, Volume 2: Technical Specifications.*

MHT MCO Findings

Systems Performance Review Findings

The structural and operational characteristics of the MCOs are evaluated through the Systems Performance Review in the areas of Enrollee Rights (ER), Grievance Systems (GS), Quality Assessment and Performance Improvement (QA) and Fraud and Abuse (FA). In this section of the report, comparisons are provided for the overall MCO performance on each standard, a comparison of MCO performance on each element within each of the four standards, and finally a comparison of MCO performance across the past three measurement years (MY 2014-MY 2016). The findings for all MCOs, by standard, can be found in the Appendix.

Comparison of MCO Results

A full review of the SPR standards was conducted to assess MCO compliance with the ER, GS, QA, and FA standards for MY 2016. The MY 2016 SPR compliance rates for all four MCOs are presented in Table 3.

Table 3. MCO SPR Compliance Rates for MY 2016

SPR Standard	MY 2016 Compliance Rate			
	ABHWV	THP	UHP	WVFH
Enrollee Rights	100%	100%	100%	98%
Grievance Systems	100%	100%	100%	98%
Quality Assessment and Performance Improvement	100%	99%	97%	97%
Fraud and Abuse	100%	100%	100%	100%

[2] The relationship of measurement year (MY) to the HEDIS year is that the HEDIS year is always the MY plus one. For example, HEDIS 2017 (MY 2016) measures performance.

Program-wide the MHT program has performed well in meeting the EQR regulatory and contract requirements for the SPR:

- All four MCOs achieved full compliance (100%) for the FA Standard.
- The MCOs achieved rates of 98% to 100% for the ER standard.
- The MCOs achieved rates of 98% to 100% for the GS Standard.
- The MCOs achieved rates of 97% to 100% for the QA Standard.
- Three of the four MCOs achieved full compliance (100%) for the ER standard.
- Three of the four MCOs achieved full compliance (100%) for the GS Standard.

These high performance rates demonstrate the MCOs' commitment to meeting the high-quality structural and operational standards set by BMS for the MHT enrollees. Individual MCO rates are presented below in Tables 4-7.

Aetna Better Health of West Virginia, Inc.

ABHWV's SPR results for MY 2014-MY 2016 are presented in Table 4.

Table 4. ABHWV SPR Compliance Rates for MY 2014-2016

Standard	Compliance Rate		
	2014	2015	2016
Enrollee Rights	100%	100%	100%
Grievance Systems	100%	100%	100%
Quality Assessment and Performance Improvement	100%	100%	100%
Fraud and Abuse	100%	100%	100%

ABHWV achieved SPR compliance ratings of 100% for all four standards in MY 2016. This is the third year in a row that the MCO achieved full compliance on all four standards.

The Health Plan of the Upper Ohio Valley, Inc.

THP's SPR results for MY 2014-MY 2016 are presented in Table 5.

Table 5. THP SPR Compliance Rates for MY 2014-2016

Standard	Compliance Rate		
	2014	2015	2016
Enrollee Rights	100%	99%	100%
Grievance Systems	100%	100%	100%
Quality Assessment and Performance Improvement	99%	99%	99%

Fraud and Abuse	100%	100%	100%

Trending of the compliance rates for THP's MY 2014-MY 2016 standards shows that:

- THP has achieved full compliance (100%) for two of the last three years for the ER standard.
- THP has maintained full compliance (100%) all three years for the GS standard.
- THP remained constant with a compliance rate of 99% for the QA standard.
- THP has maintained full compliance (100%) all three years for the FA standard.

THP met the BMS performance requirement of 100% compliance for the ER, GS, and FA standards. THP was required to complete a CAP to address deficiencies identified in the QA standard, which achieved a commendable 99%, falling just one percentage point short of the 100% required compliance rating.

THP had two deficiencies identified in the QA standard related to access. There was an opportunity to improve access for initial prenatal care and after-hours accessibility to primary care providers (PCPs).

Current BMS standards for timeliness and THP's MY 2016 compliance scores follow:

- Urgent cases must be seen within 48 hours: 100**%**
- Routine cases other than clinical preventive services must be seen within 21 days: 100%
- An initial prenatal care visit must be scheduled within 14 days of the date on which the woman is found to be pregnant: 81.8%

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

THP used supplemental questions in its 2016 CAHPS® survey to assess 24/7 access. Of the enrollees who completed the CAHPS® survey, 7.6% indicated they called their doctor's office after regular office hours. Of those enrollees who called after hours, 80% received a call back from their provider. The call back rate represents compliance of 80% among providers and was below the 90% minimum performance threshold.

THP was required to continue its internal CAP developed as a result of the CY 2015 SPR to address the two access standards that still did not achieve full compliance. The MCO is required to continue submitting quarterly progress reports to Delmarva Foundation for review to ensure that the MCO is taking the steps outlined in its CAPs.

UNICARE Health Plan, Inc.

UHP's SPR results for MY 2014-MY 2016 are presented in Table 6.

Table 6. UHP SPR Compliance Rates for MY 2014-2016

Standard	Compliance Rate		
	2014	2015	2016
Enrollee Rights	100%	100%	100%
Grievance Systems	100%	100%	100%
Quality Assessment and Performance Improvement	98%	98%	97%
Fraud and Abuse	100%	100%	100%

Trending of the compliance rates for UHP's MY 2014-MY 2016 standards shows that:

- UHP achieved full compliance (100%) for all three years for the ER standard.
- UHP achieved full compliance (100%) for all three years for the GS standard.
- UHP achieved consistently high compliance rates, but declined one percentage point in MY 2016 to 97% for the QA standard.
- UHP has had an opportunity for improvement in the area of Timeliness of scheduling appointments and PCP accessibility 24/7 for all three years in the QA standard.
- UHP achieved full compliance (100%) for all three years for the FA standard.

UHP conducted an appointment wait time survey in MY 2016 to assess compliance with the BMS/MCO contractual appointment access standards. The appointment access standards and MCO reported compliance rates are shown below.

- Urgent Care Appointment within 48 Hours: 96% (increase from 95% in 2015)
- Routine Primary Care Provider Appointment: 64% (decrease from 85% in 2015)
- An initial prenatal care visit must be scheduled within 14 days of the date on which the woman is found to be pregnant: 83% (increase from 80% in 2015)
- 24/7 Access to Primary Care: 65% (increase from 63% in 2015)

UHP's compliance rates were 90% for all access standards except for urgent care appointments within 48 hours. UHP expressed some concerns regarding the After-Hours Survey results for the Emergency 24/7 Access standard as they did not appear to be indicative of the robust interventions the MCO had put in place to address barriers. The MCO also provided results from their credentialing and

recredentialing site visits for consideration as well which was 96.9% (281 out of 290 offices visited). These results would have placed them above the 90% threshold for this standard.

During MY 2016, UHP conducted in-person training sessions through multiple platforms to communicate the Access to Care standards. UHP continues to tie survey performance to its Quality and Access to Care Incentive (QACI) for PCPs. Each PCP is eligible to earn $.25 PMPM for the entire year for each survey they pass for a total of $.50 PMPM.

Compliance with the 24/7 standard was 65% in MY 2016. This compliance rate is 2 percentage points higher than MY 2015, but still well below the required compliance rate of 90%. The MCO will continue its internal CAP that the MCO began implementing in MY 2014 and report progress to Delmarva Foundation quarterly.

The MCO has appropriate written policies and procedures in place for notifying enrollees and providers of denials for both physical and BH. The MY 2016 enrollee and provider denial notifications were provided for review. The physical health denial notifications were found to be mailed to the enrollee timely. Conversely, the enrollee and provider denial notifications for BH services were not in compliance.

There was evidence that providers were notified verbally of denials in a timely manner. However, denial notification letters to enrollees were not timely in many cases. There were five denial notifications letters mailed to enrollees for outpatient BH services in MY 2016; four of the five denial letters mailed were untimely. There were 36 denial notification letters mailed to enrollees for inpatient BH services in MY 2016; nine denial letters mailed were untimely.

A review of the denial files demonstrated that the time from the decision to mailing of the denial notification letter in the BH cases (inpatient and outpatient) ranged from approximately 1.25 months to 9 months. Not notifying enrollees in a timely manner deprives them of their rights to appeal decisions in a timely manner.

During the UM interview with staff, it was noted that an internal audit identified this problem in the first half of the year and the MCO made changes to the process to ensure the denial letters would be sent out timely. A review of the entire denial file sent to Delmarva Foundation documents that the majority of untimely mailings occurred January through April, with a few occurring in July and one in August of 2016. There were no untimely mailings after August 2016.

UHP was required to submit a CAP for the UM standard that did not achieve full compliance. The MCO is required to submit quarterly progress reports to Delmarva Foundation for review to ensure that the MCO is taking the steps outlined in its CAPs.

West Virginia Family Health

WVFH enter the MHT Program in 2014, therefore, the MCO does not have trend data for MY 2014 as its first Systems Performance Review was conducted in MY 2015. WVFH's SPR results for MY 2015-MY 2016 are presented in Table 7.

Table 7. WVFH SPR Compliance Rates for MY 2016

Standard	Compliance Rate	
	2015	2016
Enrollee Rights	98%	98%
Grievance Systems	92%	98%
Quality Assessment and Performance Improvement	92%	97%
Fraud and Abuse	98%	100%

WVHF achieved SPR compliance ratings ranging from 97% for QA to 100% for FA in MY 2016. A summary of the areas identified for improvement follow.

Enrollee Rights

WVFH achieved 98% for the ER standard for both measurement years. The member rights and responsibilities statement must include the right to not be discriminated against in the delivery of health care services, on the basis of race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment. The Your Rights and Responsibilities section of the 2016 WVFH Member Handbook does not include religion, mental or physical disability, sexual orientation, genetic information, and source of payment.

The Treatment of Minors section of the WVFH Member Handbook contains information regarding appropriate treatment of minors. However, there was no formal policy and procedure in place as required.

Grievance Systems

WVFH Achieved 98% in MY 2016 for the Grievance Systems standard which is an increase of 6 percentage points over MY 2015.

For all denials, MCOs are required to send a written notice to the enrollee. MCOs must adhere to the State's regulations regarding the content of the notice of action (NOA). The written NOA must include the:

- Action the MCO or its contractor has taken or intends to take.
- Reason(s) for the action.
- Enrollee's or the provider's right to file an MCO appeal.
- Procedures for exercising the rights of appeal, expedited appeal, and right to request a State Fair Hearing.
- Circumstances under which expedited resolution is available and how to request it be continued.
- The enrollee's right to have benefits continue pending resolution of the appeal, how to request that benefits be continues, and the circumstances under which the enrollee may be required to pay the costs of services rendered.
- The right to include the enrollee and his or her representative or the legal representative of a deceased enrollee's estate as parties to the appeal.
- The MCO must provide to the enrollee a written notice of the resolution that includes the results of the resolution process and the date it was completed.

While WVFH's notification letters and Formal and Informal Appeals Policy contain the majority of these components, the resolution date as a required component of the resolution letter was not included.

The enrollee's right to have benefits continued is explained in the attachment to the NOA, but it did not fully address the circumstances under which the enrollee can request benefits to be continued. The section entitled, To Keep Getting Your Benefits, states that members can continue to receive benefits if: an appeal is filed within 10 days of the date of the NOA, a doctor ordered the services being appealed, the time period of the original authorization has not ended, and the enrollee has notified WVFH that he/she wants to continue services. It did not state that benefits can continue if (1) the services being appealed were ordered by an authorized provider and (2) the enrollee or provider is appealing a decision to terminate, suspend, or reduce a previously authorized course of treatment.

Quality Assessment and Performance Improvement

WVFH achieved 97% in MY 2016 for the QA standard, which is an increase of 5 percentage points over MY 2015. There were opportunities for improvement in two areas: Access and Availability and Coordination of Care as noted below.

Access and Availability

WVFH provided policies and procedures that correctly stated the BMS appointment standards and the minimum performance threshold of 90%. For MY 2016 monitoring, WFVH provided their annual

Appointment Accessibility Audit which did not reflect the BMS appointment standards, the required 90% minimum performance threshold, and measurement standards for EPSDT visits or initial prenatal care visit within 14 days of notice of pregnancy. The MCO did monitor for 24/7 Access but did not meet the minimum performance threshold.

Coordination of Care

The access standards require the MCOs to allow obstetrics and gynecology (OB/GYN) providers as primary care providers. The 2016 Member Handbook does not include OB/GYNs in its list of providers available to be a PCP.

Fraud and Abuse

WVFH achieved a compliance rate of 100% for the FA standard in MY 2016 which is an increase of 2 percentage points over MY 2015.

WVFH was required to continue the CAP implemented as a result of the CY 2015 SPR to address the two ER and standards that did not achieve full compliance. The MCO also implemented CAPS regarding the GS and QA standards that did not meet full compliance. The MCO is required to submit quarterly progress reports to Delmarva Foundation for review to ensure that the MCO is taking the steps outlined in its CAPs.

Performance Improvement Project Validation Findings

The BMS/MCO contract requires the MHT MCOs to "conduct performance improvement projects that are designed to achieve, through ongoing measurement and intervention, significant improvement sustained over time in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and enrollee satisfaction." For MY 2016 the MCOs were required to have three PIPs in place. All MCOs were required to participate in two mandatory collaborative PIPs: Diabetes and Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit. MCOs were able to choose a PIP topic for their third PIP. Table 8 summarizes each MCO's PIP topics. Indicator rates for all PIPs can be found in Appendix 1.

Table 8. MCO PIP Topics and Goals

MCO	PIP Topics and Goals

MCO	PIP Topics and Goals
ABHWV	**Annual Monitoring for Patients on Persistent Medications PIP** – This is ABHWV's first remeasurement year for *Annual Monitoring for Patients on Persistent Medications* PIP. The goal is to improve the rate of monitoring for adult members (over the age of 18) for medications concerning ACE/ ARB, digoxin, or diuretics. Benchmark is the HEDIS 2016 Medicaid Quality Compass 50th percentile rating of 87.23%. The long-term goal seeks to surpass the HEDIS 2016 Medicaid Quality Compass 75th percentile of 89.56%. **Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP** – All MHT MCOs are required to participate in the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP. This is the first remeasurement year of the project. ABHWV aims to improve the Postpartum Care Visit Rate for pregnant women through use of the mandatory indicator, *Prenatal and Postpartum Care – Postpartum Care* (PPC). The goal is a 7% increase over the HEDIS 2016 (MY 2015) Baseline rate (59.43%) by the end of the PIP. The MCO selected a second indicator, *Behavioral Health Risk Assessment (modified)*, however, the goal has yet to be determined. Additional data is being collected from those deliveries that had a postpartum visit at any time prior to 21 days or after 56 days since delivery. **Diabetes Collaborative PIP** – All MHT MCOs are required to participate in the Diabetes Collaborative Project. Currently, the project is in the third remeasurement year and aims to improve the HbA1c control rate for members with diabetes. The mandatory indicator is *CDC-HbA1c Control (<8%)* with the goal to exceed the HEDIS 2015 (MY 2014) NMA by HEDIS 2016 (MY 2015). ABHWV selected an additional indicator, replacing the *CDC- LDL-C level Control* indicator with *CDC-HbA1c Testing* indicator. The goal is to exceed the HEDIS 2015 (MY 2014) NMA by HEDIS 2016 (MY 2015).
THP	**Member Establishment with PCP of Record PIP** – This is the second remeasurement year for THP's Members' Establishment with PCP of Record PIP and aims to increase the HEDIS rates by 5 percentage points over the Baseline rate (46.47%). By encouraging members to establish with their PCP of record, the MCO hopes to improve the HEDIS rates for the *Adolescent Well-Care Visits* and the *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* measures. Members who establish with their PCP may be more likely to obtain well exams and preventive services and may be more likely to use the ED and walk-in clinics less frequently. **Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP** – All MHT MCOs are required to participate in the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP. This is the first measurement year of the project. The mandatory indicator, *Prenatal and Postpartum Care – PPC*, aims to improve the Postpartum Care Visit Rate for pregnant women. The goal is a 7% increase over the HEDIS 2017 Baseline rate (63.02%) by the end of the PIP. The MCO selected a second indicator, *Behavioral Health Risk Assessment modified*, however, the goal has

MCO	PIP Topics and Goals
	yet to be determined. Additional data is being collected from those deliveries that had a postpartum visit at any time prior to 21 days or after 56 days since delivery. **Diabetes Collaborative PIP** – All MHT MCOs are required to participate in the Diabetes Collaborative PIP. This is the third remeasurement year for this PIP, and aims to improve the HbA1c Control (<8%) for members with diabetes. The mandatory indicator comes from the HEDIS measure set, *CDC-HbA1c Control (<8%)* with the goal to exceed the HEDIS 2014 (MY 2013) NMA by HEDIS 2016 (MY 2015). THP selected an additional measure, *CDC-HbA1c Testing*. The goal seeks 100% of members with diabetes to complete an HbA1c test at least annually.
UHP	**Follow-Up After Hospitalization for Mental Illness PIP** – This is the first remeasurement year for UHP's *Follow-Up After Hospitalization for Mental Illness* PIP which aims to improve the rate of follow-up for members after hospitalization for mental illnesses. The long-term goal is to exceed the HEDIS 2016 NCQA Quality Compass NMA for the *Follow-Up After Hospitalization for Mental Illness* indicator plus 5 percentage points (48.71%). **Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP –** All MHT MCOs are required to participate in the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP. This is the Baseline measurement year for this PIP. Indicator 1, mandated by BMS, is the *Prenatal Postpartum Care – Postpartum Care Visit Rate*. Indicator 2 is the *Behavioral Health Risk Assessment (modified*). The goal for Indicator 1 is to exceed the HEDIS 2016 (MY 2015) Baseline rate (57.11%) by 7% by the end of the project. **Diabetes Collaborative PIP** – All MHT MCOs are required to participate in the *Diabetes Collaborative* PIP. The mandatory indicator is *CDC-HbA1c Control (<8%)* with the goal to exceed the HEDIS 2015 (MY 2014) NMA (45.52%) by HEDIS 2016 (MY 2015). UHP selected two additional indicators: *CDC-HbA1c Testing* and *Eye (Retinal) Exam Performed*.
WVFH	**Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP** – This is the first remeasurement year for WVFH's *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* PIP which aims to improve the rate of well-child visits for children ages 3 to 6. The long-term goal is to exceed the 2016 NCQA Quality Compass National Medicaid Average for the Well-Child Visits in the *Third, Fourth, Fifth, and Sixth Years of Life* indicator. **Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP** – All MHT MCOs are mandated by BMS to participate in the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP. This is the Baseline measurement year for the PIP that aims to improve the postpartum care visit rate for pregnant women. The mandatory indicator is *Prenatal and Postpartum Care – Postpartum Care* with the goal to

MCO	PIP Topics and Goals
	exceed the HEDIS 2016 (MY 2015) Baseline rate (51.09%) by 7% by the end of the project. The second indicator is Behavioral Health Risk Assessment (modified). **Diabetes Collaborative PIP** – All MHT MCOs are required to participate in the Diabetes Collaborative Project. This is the first remeasurement year for this PIP. The mandatory indicator is *CDC-HbA1c Control (<8%).* WVFH selected an additional indicator for this project, *CDC-HbA1c Testing*.

MCO validation results are summarized in Tables 9 through 11.

Table 9. MCO Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit Collaborative PIP Validation Results for MY 2016 (Baseline Year for THP, UHP and WVFH. Remeasurement Year 1 for ABHWV)

Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative				
Validation Step	MY 2016 PIP Results			
	ABHWV	THP	UHP	WVFH
1. Study topic	M	M	M	M
2. Study question(s)	M	M	M	M
3. Study indicator(s)	M	M	M	M
4. Study population	M	M	M	M
5. Sampling method	M	M	M	M
6. Data collection procedures	M	M	M	M
7. Improvement strategies	M	M	M	M
8. Study findings	M	M	M	M
9. Real improvement	M	N/A	N/A	N/A
10. Sustained improvement	N/A	N/A	N/A	N/A

M=Met: Project met all requirements.
PM=Partially Met: Project met at least one, but not all of the requirements.
U=Unmet: Project did not meet any of the requirements.
N/A=Not Applicable for this project.

The mandatory Prenatal Behavioral Health and Postpartum Care Visit PIP was developed in MY 2015 and was implemented by THP, UHP and WVFH in MY 2016. ABHWV reported baseline data in MY 2015, however MY 2016 is the Baseline Measurement Year for THP, UHP and WVFH. This PIP that aims to improve the postpartum care visit rate for pregnant women. The mandatory indicator is *Prenatal and Postpartum Care – Postpartum Care* with the goal to exceed the HEDIS 2016 (MY 2015) Baseline rate (74.45%) by 7% by the end of the project. MY 2016 is the first year of remeasurement for ABHWV.

All of the MCOs received met findings for each applicable validation step of the Prenatal Behavioral Health and Postpartum Care Visit PIP.

Table 10. MCO Diabetes Collaborative PIP Validation Results for MY 2016 (Remeasurement Year 3)

Diabetes Collaborative PIP				
Validation Steps	MY 2016 Results			
	ABHWV	THP	UHP	WVFH
1. Study topic	M	M	M	M
2. Study question(s)	M	M	M	M
3. Study indicator(s)	M	M	M	M
4. Study population	M	M	M	M
5. Sampling method	M	M	M	M
6. Data collection procedures	M	M	M	M
7. Improvement strategies	M	M	M	M
8. Study findings	M	PM	M	M
9. Real improvement	M	M	M	PM
10. Sustained improvement	M	M	M	N/A

M=Met: Project met all requirements.
PM=Partially Met: Project met at least one, but not all of the requirements.
U=Unmet: Project did not meet any of the requirements.
N/A=Not Applicable for this project.

The mandatory Diabetes Collaborative PIP was developed in MY 2012 and was implemented by three MCOs in MY 2013. WVFH implemented the PIP in MY 2015. BMS and Delmarva Foundation have instructed the MCOs to close the Diabetes Collaborative PIP and begin implementation of a new Childhood Dental PIP which will be implemented in MY 2017.

THP received a partially met finding for Study Findings (Step 8) for the Diabetes Collaborative as they did not indicate new interventions or activities for MY 2018. WVFH received a partially met finding for Real Improvement (Step 9) because statistically significant improvement was not achieved in either indicator.

Table 11. MCO Selected PIP Projects

Validation Steps	ABHWV	THP	UHP	WVFH
	Annual Monitoring for Patients on	Member Establishment	Follow-Up After Hospitalization	Well-Child Visits in the 3rd, 4th,

	Persistent Medications	with PCP of Record	for Mental Illness	5th, and 6th Years of Life
1. Study topic	**M**	**M**	**M**	**M**
2. Study question(s)	**M**	**M**	**M**	**M**
3. Study indicator(s)	**M**	**M**	**M**	**M**
4. Study population	**M**	**M**	**M**	**M**
5. Sampling method	**N/A**	**M**	**N/A**	**N/A**
6. Data collection procedures	**M**	**M**	**M**	**M**
7. Improvement strategies	**M**	**PM**	**PM**	**M**
8. Study findings	**M**	**PM**	**M**	**M**
9. Real improvement	**M**	**PM**	**M**	**PM**
10. Sustained improvement	**N/A**	**PM**	**N/A**	**N/A**

M=Met: Project met all requirements.
PM=Partially Met: Project met at least one, but not all of the requirements.
U=Unmet: Project did not meet any of the requirements.
N/A=Not Applicable for this project.

THP and UHP received partially met findings for Improvement Strategies (Step 7) and THP received a partially met for Study Findings (Step 8) for their individual PIPs (THP's Members Establishment with PCP of Record PIP and UHP's Follow-Up After Hospitalization for Mental Illness PIP). THP's Members Establishment with PCP of Record PIP achieved improvement in both indicators, however they received a partially met for Improvement Strategies (Step 7), because they did not identify new or targeted provider interventions to target barriers identified in MY 2015. THP also received a PM for Study Findings (Step 8) because although they offered a valid data analysis, they failed to address planned activities for MY 2017. Similarly, UHP received a partially met finding for Step 7 as they did not implement targeted provider interventions for their Follow-Up After Hospitalization for Mental Illness PIP.

ABHWV is in the first remeasurement year of the *Annual Monitoring for Patients on Persistent Medications* PIP that aims to improve the rate of monitoring for adult members (over the age of 18) on ACE/ARB, digoxin, or diuretics. The MCO's benchmark is the HEDIS 2016 Medicaid Quality Compass 50th percentile of 87.23%. The long-term goal is to surpass the HEDIS 2016 Medicaid Quality Compass 75th percentile of 89.56%. There was a statistically significant increase from the Baseline Measurement Year (82.44%) to Remeasurement Year 1 (88.23%). Notable interventions to improve the indicator included:

- **Provider Gaps-in-Care Lists**. Monthly lists of non-compliant members were sent to providers that specified members taking an ACE/ARB, diuretic, or digoxin and who were non-compliant for recommended screenings.
- **Member Letters**. 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.

THP is in the first remeasurement year of the Member Establishment with PCP of Record PIP that aims to encourage members to establish with their PCP of record. The MCO hopes that this will improve the HEDIS rates for the *Adolescent Well-Care Visits* (AWC) and the *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)* measures. Members who establish with their PCP may be more likely to obtain well exams and preventive services and less likely to over-utilize the ED and walk-in clinics. Baseline data for MY 2014 was provided for this PIP as it was implemented in the second half of 2015. Both indicator rates decreased from Remeasurement Year 1, and Indicator 1 (44.28%), *Adolescent Well-Care Visits* fell below the Baseline rate (46.47%).

Notable interventions to improve the indicator rates include:

- **Incentive Program.** The MCO provides incentives to members with a qualifying well-visit claim. When a qualifying claim is received, a letter is sent to the member notifying them that they are eligible for the incentive and directions are provided on how to claim the incentive.
- **The Wellness and Health Promotion (W&HP) Call Center**. Members who are identified through claims as not having well exams or other recommended services are called by an outbound call specialist. The call specialist discusses missing services and verifies the member's PCP. When PCPs of record are identified as being wrong, THP changes and updates to the member's correct PCP. For members who may not be established, the outbound specialist is able to help the member get established with a PCP.
- **Use of HEDIS Certified Software**. In late 2015, THP implemented new HEDIS certified software. The software provides detailed information specific to providers or provider groups to show which members need well exams, as well as other services. Analysts use the software to drill down to the provider level to produce reports that show providers the specific members on their rosters that are missing services.

UHP is in the first remeasurement year of implementation of the Follow-*Up After Hospitalization for Mental Illness PIP* that aims to improve the rate of follow-up for members after hospitalization for mental illnesses. The long-term goal is to exceed the HEDIS 2016 National Committee for Quality Assurance (NCQA) Quality Compass NMA for the *Follow-Up After Hospitalization for Mental Illness* indicator plus 5 percentage points (48.71%). Indicator 1, *Follow-Up After Hospitalization for Mental Illness 7 Days* Remeasurement Year 1 rate was 28.91% which 14.43 percentage points above the

Baseline rate, but falls short of the project goal of 48.71% Indicator 2, *Follow-Up After Hospitalization for Mental Illness 30 Days* significantly increased from Baseline (38.69%) to Remeasurement Year 1 (62.81%) based on Fisher's Exact Significance Test.

Most notable interventions to increase the indicator rates include:

- **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).

WVFH is in the first remeasurement year of implementation of the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP* that aims to improve the rate of well-child visits for children ages 3-6. The long-term goal is to exceed the HEDIS 2016 National Committee for Quality Assurance (NCQA) Quality Compass NMA for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* indicator. Indicator 1 increased from the Baseline Rate of 62.50% to Remeasurement Year 1 rate of 86%, however this increase was not statistically significant.

Notable interventions to improve the indicator rate include:

- **Provider Incentive Program.** $10 gap closure payment offered to all assigned PCPs that complete will-child visits for members with gaps-in-care ages 3-6.
- **Well-Child Visit Outreach and Education.** Trainings provided as needed to Care Managers and Outreach Nurses based on new well-child visit/EPSDT (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.

The indicator rates for all PIPs can be found in Appendix 1.

Overall Summary of MCO Performance on Validation Steps

A comparison of the MHT MCOs' performance on the PIP Validation process shows that all twelve projects in place (three for each MCO) for MY 2016 fully met the requirements for Steps 1-6, where applicable. Specifically, this means that all four MCOs:

- Selected study topics that were appropriate and relevant to their populations.
- Developed study questions that were clear, simple, and answerable.
- Selected study indicators that are meaningful, clearly defined, and measurable.
- Defined the study population by describing the individuals who are eligible for and relevant to the topic.
- Used an appropriate sampling methodology.
- Have data collection procedures in place that include a systematic method of collecting valid and reliable data that represents the entire population.

All four MCOs met the requirements for Steps 7 and 8 for the Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative PIP. Specifically, this means that all four MCOs:

- Have improvement strategies, or interventions, in place that are reasonable and address barriers on a system-level.
- The study findings, or results, are accurately and clearly stated.

Recommendations from the MY 2015 Review and MY 2016 Status

Delmarva provided recommendations to all four MCOs after the MY 2015 PIP validation activities with the expectation that they would be implemented by the MCOs. A summary of the recommendations made and the actions, if any that have been undertaken by each MCO in MY 2016 are summarized in Appendix 4. The detailed PIP Validation findings for MY 2016 can be found in each MCOs PIP Validation Report available through BMS. The indicator rates for all PIP projects are provided in Appendix 1 of this report.

Performance Measure Validation Findings

All four MHT MCOs were required to participate in the PMV for MY 2016. The MCOs successfully reported all performance measures required by BMS. The following analysis compares MCO results for Withhold and other performance measures used to represent quality, access, and timeliness.

MHT Quality Strategy (QS) and Performance Withhold Program

The *West Virginia Mountain Health Trust Program State Quality Strategy for Assessing and Improving Managed Care Quality* (Quality Strategy) was updated in 2015 and identified the following five priorities:

1. Make care safer by promoting the delivery of evidence-based care.

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

Recognizing that performance measurement is essential to monitoring and improving quality, BMS selected performance measures that align its requirements with national, state, and local objectives. The performance measures are chosen from national sources and reflect the priorities outlined in the Quality Strategy. The measures selected for PMV are implemented in different programs, such as the Performance Withhold Program, to monitor and improve quality of services provided by the MCOs. The Performance Withhold Program objective is for MCOs to improve performance for the selected measures in order to earn back their capitation payments that are withheld.

BMS selected ten HEDIS measures for the MY 2016 Withhold Program. Each MCO received a portion of its withhold for each MY 2016 measure that met or exceeded the corresponding 2016 HEDIS (MY 2015) NMA. Table 12 provides the MCO rates for MY 2014-MY 2016 and their corresponding MY 2015 NMA.

Table 12. WV MHT Withhold Measures

Measure	ABHWV			THP			UHP			WVFH		NMA MY 2015* %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %	
Childhood Immunization Status-Combination 3	66.27	71.93	67.22	69.34	70.32	67.88	67.13	68.06	71.99	33.33	62.04	68.99
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment-Initiation (IET)	^	43.08	44.66	^	44.07	45.01	^	^	42.11	26.35	61.09	38.24
Prenatal and Postpartum Care - Postpartum Care	54.96	59.43	61.93	61.56	63.02	63.26	61.68	57.11	62.04	51.09	74.45	60.93
Adolescent Well-Care Visits	50.47	39.86	55.90	46.47	47.20	44.28	41.90	51.85	55.09	49.88	36.01	48.89

Measure	ABHWV			THP			UHP			WVFH		NMA MY 2015* %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %	
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	77.81	72.13	71.93	70.56	73.97	73.48	68.98	74.87	76.63	62.50	68.86	71.27
Comprehensive Diabetes Care - HbA1c Testing (CDC)	76.40	77.36	90.07	78.87	81.11	91.00	81.71	83.80	86.34	85.42	90.69	85.95
Annual Monitoring for Patients on Persistent Medications - Total (MPM) - Total	81.81	82.44	88.23	84.21	84.50	88.02	85.81	84.76	87.54	93.20	90.22	87.30
Medical Assistance with Smoking and Tobacco Use Cessation - (MSC) Advising Smokers To Quit	69.3	67.7	73.50	77.4	75.0	71.31	74.2	69.1	69.85	74.8	76.19	75.89
Follow-Up for Hospitalization for Mental Illness - Follow-up Visit Within 7 Days of Discharge	^	30.99	31.20	^	21.48	18.00	^	^	28.91	18.92	48.78	43.62
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents- Counseling for Nutrition	51.42	57.55	68.16	57.18	54.26	60.58	47.14	59.72	67.13	50.85	54.99	60.22

*NMA is from HEDIS Quality Compass 2016 (MY 2015) is used only for Performance Withhold Program.

^Measure not collected or denominator too small (less than 30 observations) to calculate a reliable rate.

For MY 2016, MHT MCOs compared against the ten performance withhold measures as follows:

ABHWV performed above the NMA for the following seven of the ten performance withhold measures:

- Adolescent Well-Care
- Annual Monitoring for Patients on Persistent Medications-
- Prenatal and Postpartum Care - Postpartum Care
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation
- Comprehensive Diabetes Care - HbA1c Testing
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Counseling for Nutrition

THP performed above the NMA for the following six of the ten performance withhold measures:

- Annual Monitoring for Patients on Persistent Medications
- Prenatal and Postpartum Care - Postpartum Care
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation
- Comprehensive Diabetes Care - HbA1c Testing
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Counseling for Nutrition

UHP performed above the NMA for the following eight of the ten performance withhold measures:

- Adolescent Well-Care
- Annual Monitoring for Patients on Persistent Medications
- Prenatal and Postpartum Care - Postpartum Care
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Childhood Immunization Status- Combination 3
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation
- Comprehensive Diabetes Care - HbA1c Testing
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Counseling for Nutrition

WVFH performed above the NMA for the following six of the ten performance withhold measures:

- Follow-Up for Hospitalization for Mental Illness - Follow-up Visit Within 7 Days of Discharge
- Annual Monitoring for Patients on Persistent Medications
- Prenatal and Postpartum Care - Postpartum Care
- Comprehensive Diabetes Care - HbA1c Testing
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation
- Medical Assistance with Smoking and Tobacco Use Cessation - (MSC) Advising Smokers To Quit

In the following sections, performance measures are presented which assess Quality, Access, and Timeliness. The diamond rating system in Table 13 is utilized throughout the discussion to compare the MHT-WA to the 2017 HEDIS (MY 2016) National Medicaid Percentiles (NMPs). Ratings can be from one diamond indicating the MHT-WA was equal to the 25th NMP or less to five diamonds where the MHT-WA is greater than the 90th NMP. The diamond rating system is only applicable to HEDIS measures as national benchmarks are available.

Table 13. Diamond Ratings for Performance Measure Tables.

National Medicaid Percentile Ranges	Diamond Rating
Exceeds the 90th Percentile	♦♦♦♦♦
Exceeds the 75th Percentile to 90th Percentile	♦♦♦♦
Exceeds the 50th Percentile to the 75th Percentile	♦♦♦
Exceeds the 25th Percentile to the 50th Percentile	♦♦
25th Percentile or less	♦

Quality Performance Measures

Five HEDIS indicators from the PMV activities assess the quality of care provided by the MHT MCOs. These measures are noted in Table 14 along with the HEDIS 2015 (MY 2014) through HEDIS 2017 (MY 2016) MHT-WAs and NMP comparisons.

Table 14. WV Performance Measures That Assess Quality

Measure Name	MHT-WA			MHT-WA Compared to NMPs MY 2016*
	MY 2014 %	MY 2015 %	MY 2016 %	
Childhood Immunization Status - Combo 3	67.12	69.97	69.16	♦♦♦

Measure Name	MHT-WA			MHT-WA Compared to NMPs MY 2016*
	MY 2014 %	MY 2015 %	MY 2016 %	
Annual Monitoring for Patients on Persistent Medications - Total	84.1	84.2	88.60	♦♦
Comprehensive Diabetes Care - HbA1c Testing	79.16	80.92	89.52	♦♦♦
Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit	73.6	71.7	72.71	♦
Follow-Up After Hospitalization For Mental Illness - 7 days	^	27.26	30.62	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	50.32	57.93	66.15	♦♦

*Diamond ratings are based on the HEDIS 2017 (MY 2016) Quality Compass. Refer to Table 13 for details.

The MHT-WA exceeded the 50th NMP and improved between MY 2014 and MY 2016 for Annual Monitoring for Patients on Persistent Medications and Comprehensive Diabetes Care- HbA1c Testing. The MHT-WA exceeded the 25th NMP and improved all three measurement years for Childhood Immunization Status- Combination 3 and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition. The MHT-WA for Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit exceeded the 25 NMP and improved between MY 2015 and MY 2016 after a decline between MY 2014 and MY 2015. Even though, the MHT-WA for Follow-Up After Hospitalization For Mental Illness - 7 Days improved between MY 2015 and MY 2016, an opportunity for improvement was identified as the MHT-WA did not exceed the 25th NMP.

Access Performance Measures

Five HEDIS indicators from the PMV activities assess accessibility of health care services provided by the MHT MCOs. These measures are noted in Table 15 along with the HEDIS 2015 (MY 2014) through HEDIS 2017 (MY 2016) MHT-WAs and the NMP comparisons.

Table 15. WV Performance Measure That Assess Access

Measure Name and Goal	MHT-WA			MHT-WA Compared to NMPs MY 2016*
	MY 2014 %	MY 2015 %	MY 2016 %	

Measure Name and Goal	MHT-WA			MHT-WA Compared to NMPs MY 2016*
	MY 2014 %	MY 2015 %	MY 2016 %	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation	^	41.11	47.45	♦♦♦♦
Prenatal and Postpartum Care - Postpartum Care	59.1	58.52	63.92	♦♦
Percentage of Eligibles That Received Preventive Dental Services (PDENT)	27.1**	32.8**	45.35	47.5+
Dental Sealants for 6-9 Year Old Children at Elevated Risk (SEAL)	^	1.6	26.09	25.3+
Behavioral Health Risk Assessment For Pregnant Women- All Screenings	^	^	42.95	^

*Diamond ratings are based on the HEDIS 2017 (MY 2016) Quality Compass. Refer to Table 13 for details.
**Indicates the MHT-WA is a simple average for the indicated measure.
+ National Medicaid Average from the HHS Report FFY 2016.
^ Measure not collected or no national benchmark available.

The MHT-WA for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment-Initiation exceeded the 75th NMP. The MHT-WA for Prenatal and Postpartum Care - Postpartum Care was below the 50th NMP but improved from MY 2015 to MY 2016 after a slight decline from MY 2014 to MY 2015. The MHT-WA for Percentage of Eligibles That Received Preventive Dental Services demonstrated improvement in each of the three measurement years and is only slightly lower than the NMA. The MHT-WA for Dental Sealants for 6-9 Year Old Children at Elevated Risk improved significantly from MY 2015 and MY 2016 and exceeded the NMA. Behavioral Health Risk Assessment For Pregnant Women is a new measure and does not have comparable national benchmarks.

Timeliness Performance Measures

Six HEDIS indicators from the PMV activities measures assess timeliness of care provided by the MHT MCOs.

These measures are noted in Table 16 along with the HEDIS 2015 (MY 2014) through HEDIS 2017 (MY 2016) MHT-WAs and the NMP comparisons.

Table 16. WV Performance Measures That Assess Timeliness

Measure Name	MHT-WA	MHT-WA Compared to NMPs

	MY 2014 %	MY 2015 %	MY 2016 %	MY 2016*
Adolescent Well-Care Visits	45.66	46.88	52.21	♦♦♦
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	72.56	73.60	74.19	♦♦♦
PQI 01: Diabetes Short-Term Complications Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	14.6**	8.03	15.76	22.7+
PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	28.1**	12.74	35.78	^
PQI 08: Heart Failure Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	0.8**	2.21	7.67	25.2+
PQI 15: Asthma in Younger Adults Admission Rate (Observed rate per 100,000 member months) (lower rate is better)	7.2**	2.00	2.36	^

*Diamond ratings are based on the HEDIS 2017 (MY 2016) Quality Compass. Refer to Table 13 for details.
**MHT-WA is a simple average for this measure.
+ National Medicaid Average from the HHS Report FFY 2016.
^Measure not reported or no national benchmark available.

The MHT-WA for Adolescent Well-Care Visits and Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life exceeded the 50th NMP and improved each year from MY 2014 to MY 2016. The MHT-WA exceeded the NMA, meaning a lower rate is better, for PQI 01: Diabetes Short-Term Complications Admission Rate and PQI 08: Heart Failure Admission Rate measures. There was no national benchmark for PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate or PQI 15: Asthma in Younger Adults Admission Rate measures. The MHT-WA declined between MY 2014 and MY 2016 for PQI 01: Diabetes Short-Term Complications Admission Rate, PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate, and PQI 08: Heart Failure Admission Rate measures. Although the PQI 15: Asthma in Younger Adults Admission Rate measure for MY 2016 is .36 of a percentage point over the MY 2015 rate, the rate has still sustained its improvement over the MY 2014 rate.

Summary of Quality, Access, and Timeliness

This section summarizes the Systems Performance Review, Performance Improvement Project, and Performance Measure Validation activities according to the quality, access, and timeliness of care provided to the MHT enrollees as required in 42 CFR §438.364.

Summary of Quality

Quality, as stated in the federal regulations as it pertains to external quality review, is "the degree to which a Managed Care Organization (MCO)… increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" (Centers for Medicare & Medicaid Services [CMS], Final Rule: External Quality Review, 2016).

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

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

The MY 2016 SPR compliance rates for the QA standard for all four MHT MCOs are presented in Table 17.

Table 17. MY 2016 MCO SPR Compliance Rates - Quality Assessment and Performance Improvement

SPR Standard	MY 2016 Compliance Rate			
	ABHWV	THP	UHP	WVFH
Quality Assessment and Performance Improvement	100%	99%	97%	97%

All MCOs performed well in the area of quality. ABHWV achieved full compliance while THP, UHP, and WVFH had compliance rates of 99%, 97%, and 97% respectively.

The MY 2016 SPR demonstrated the following MCO accomplishments related to quality. All four MCOs have:

- Well-documented Quality Improvement Program (QIP) plans that describe the organizational structure and include goals, objectives, and a schedule of planned activities (work plan).
- QIPs that state that the ultimate authority of the QA Program rests with the MCO's governing body, the Board of Directors.
- Committee descriptions in the QIP documents that include all of the required components including committee responsibilities, a designated chairperson, and responsibilities for each committee.
- Quality improvement (QI) and utilization management (UM) committees that met at least quarterly as required.
- Detailed committee meeting minutes that describe actions taken, problem identification, and resolution, as well as coordination and communication among committees.
- Completed their annual QI Program Evaluations; all were all reviewed and approved by the governing body.
- The required number of performance improvement projects (PIPs) in place.
- Participated in the mandatory Diabetes and Prenatal Behavioral Health and Postpartum Care Visit collaborative PIPs.
- Demonstrated that appropriate staff and committees are involved in the decision making process for UM and QI activities.
- UM procedures in place for making authorization decisions.
- UM procedures in place to identify over- and under-utilization.
- CPGs (Clinical Practice Guidelines) in place, and update them at least every two years.
- CPGs and other industry acceptable criteria (e.g. InterQual and Milliman and Robertson) that are used to make UM decisions (e.g. pre-authorization of procedures).
- Procedures in place to monitor delegated credentialing entities. Delegates are held to the same standards as MCOs as demonstrated by the delegated credentialing audits and monitoring conducted by the MCOs.
- On-site pre-delegation audits are conducted prior to contracting with any delegate.
- Disease management programs in place for enrollees with special health care needs.
- Health education programs in place that are based on enrollee characteristics and needs.
- The appropriate policies and procedures in place to cover and pay for emergency and post-stabilization care services.
- Processes in place to collect the required performance data (HEDIS measures, Adult and Child Core Measures).
- Policies and procedures in place to report valid and reliable performance measures.
- Analyzed data collected in the QI and UM programs and use it for problem identification and resolution (e.g. interventions), and program planning (e.g. selection of areas for focused studies and PIPs).

MCOs have the appropriate structures and processes in place to monitor, evaluate, and improve the quality of services to the MHT enrollees using Performance Improvement Projects (PIPs). The MCOs are required to have three PIPs in place at all times. The Reducing Emergency Department (ED) Visits for Members with Asthma Collaborative was closed in 2015. Two PIPs are state mandated and collaborative: Diabetes and Prenatal Behavioral Health Risk Assessment (BHRA) and Postpartum Care Visit. The third PIP is selected by the MCO.

There were three PIPs related to quality in MY 2016:

- Annual Monitoring for Patients on Persistent Medications PIP conducted by ABHWV.
- Follow-Up After Hospitalization for Mental Illness PIP conducted by UHP.
- Diabetes Collaborative PIP conducted by all four MCOs.

In ABHWV's Annual Monitoring for Patients on Persistent Medications PIP, the MCO goal is to surpass the 2016 Medicaid QC 75th Percentile (89.56%). MY 2016 was the first remeasurement year for this PIP. The Annual Monitoring for Patients on Persistent Medications Rate increased from 82.44% (MY 2015) to 88.23% (MY 2016). Improvement was statistically significant from Baseline through Remeasurement Year 1 and can be linked to both targeted provider and member interventions.

In UHP's Follow-Up After Hospitalization for Mental Illness PIP, the goal was to improve the rate of follow-up for members after hospitalization for mental illnesses. The long-term goal is to exceed the 2016 National Committee for Quality Assurance (NCQA) Quality Compass National Medicaid Average (NMA) for the *Follow-Up After Hospitalization for Mental Illness* indicator plus 5 percentage points (48.71%). Indicator 1, *Follow-Up After Hospitalization for Mental Illness 7 Days* Remeasurement Year 1 rate was 28.91% which 14.43 percentage points above the Baseline rate, but falls short of the project goal of 48.71.

In the mandated Diabetes Collaborative for which all MCOs are required to participate, the indictor for the collaborative project is *Comprehensive Diabetes Care (CDC) - Hemoglobin A1c (HbA1c) Control (<8%)* and the goal is to exceed the HEDIS 2014 NMA (45.4%) by HEDIS 2016 (MY 2015). All MCOs selected at least one additional HEDIS indicator for their projects to include *Retinal Eye Exam Performed* (UHP), and *HbA1c Testing* (ABHWV, THP, UHP, and WVFH) as recommended by Delmarva Foundation. The results for the mandatory indicator, *HbA1c Control <8%*, are found in Table 18.

Table 18. Mandatory Diabetes Collaborative Results

Diabetes Collaborative PIP Mandatory Indicator Results - HbA1c Control < 8%			
ABHWV			
Time Period	**Measurement**	**Goal**	**Results**

Diabetes Collaborative PIP Mandatory Indicator Results - HbA1c Control < 8%			
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%)	41.32%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%)	43.27%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%)	43.16%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%)	48.70%
THP			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%)	45.34%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%)	41.24%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%)	39.63%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%)	56.93%
UHP			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%)	28.73%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%)	38.19%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%)	46.06%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%)	46.99%
WVFH			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed MY 2014 MHT-WA of 36.1%	39.58%
MY 2016	Remeasurement 1	Exceed MY 2015 MHT-WA of 43.6%	43.43%

ABHWV, THP and UHP's MY 2016 rates for HbA1c Control < 8% exceeded the project goal of 45.52% (WVFH had a different goal than the other MCOs because they did not begin this PIP in MY 2013). Each MCO improved the rate from MY 2015 as well as over the Baseline rate. This PIP will be closed at the end of MY 2016 and replaced with a Childhood Dental collaborative PIP. Best practices for interventions for the Diabetes Collaborative that were implemented in 2016 are described below.

ABHWV produces a Practitioner Report annually to high-volume practices including data about diabetes and other diseases. Practitioner Gaps in Care Lists, which are lists that provide member-level detail of missing screenings, tests, and services, were produced and distributed monthly to encourage providers to contact members and get them in for needed services and tests. Delmarva Foundation recommended that the MCO put a mechanism in place to ensure that the provider's follow-up to get members with missing services in for an appointment.

THP's Wellness and Health Promotion (WH&P) Call Center provides one-on-one personalized contact with diabetic members who are missing important services and/or testing. Claims histories are used to identify gaps in care that trigger members being placed in an outbound call queue that is updated

weekly. Following the phone call from the nurse, a letter is sent to the member with a checklist of all missing services that were discussed on the call. A similar letter is sent to the member's PCP urging the PCP to assist the member in obtaining any services the member chooses to pursue.

UHP also generates Provider Gaps in Care Reports that include member-level detail of gaps in care and distributes them to providers in hopes that they will follow-up with enrollees on the lists. In addition, the MCO has a Member Incentive Program which provides a $25 incentive for completing recommended diabetic screenings and a dilated eye exam.

WVFH implemented a member reward program in which members receive $25 gift card after completing an annual HbA1c screening with an in-network provider and $25 for completion of an annual retinal exam. The MCO began to develop a monthly HEDIS Surveillance Report which provides systematic collection, analysis, implementation, monitor and dissemination of data regarding the status of Comprehensive Diabetes Care measure.

All four MCOs participated in the 2017 Performance Measure Validation (PMV) for MY 2016. The MCOs reported performance measures selected from the Performance Withhold Program, Adult and Child Core Measure Sets, and PIPs. The MCOs proved to have appropriate systems and capabilities to accurately collect, calculate and report all the measures according to specifications. The MCO final rates were designated "Reportable" and approved for submission to BMS.

Six measures from the 2017 (MY 2016) PMV set were used to assess quality provided by the MHT MCOs:

- Annual Monitoring for Patients on Persistent Medications - Total
- Childhood Immunization Status - Combination 3
- Comprehensive Diabetes Care - HbA1c Testing
- Follow-Up for Hospitalization for Mental Illness - Follow-up Visit Within 7 Days of Discharge
- 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

The MHT-WA exceeded the 50th NMP and improved between MY 2014 and MY 2016 for Annual Monitoring for Patients on Persistent Medications and Comprehensive Diabetes Care- HbA1c Testing. The MHT-WA exceeded the 25th NMP and improved all three measurement years for Childhood Immunization Status- Combination 3 and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition. The MHT-WA for Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit exceeded the 25 NMP and improved between MY 2015 and MY 2016 after a decline between MY 2014 and MY 2015. The MHT-WA for

Follow-Up After Hospitalization For Mental Illness - 7 Days improved between MY 2015 and MY 2016 but an opportunity for improvement was identified as the MHT-WA did not exceed the 25th NMP.

Summary of Access

Access (or accessibility), as defined by the National Committee for Quality Assurance is "the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of scheduling an appointment, if applicable. The intent is that each organization provides and maintains appropriate access to primary care, behavioral health care, and member services" *(NCQA 2013 Standards and Guidelines for the Accreditation of Health Plans*). Access to care and services has historically been a challenge for Medicaid enrollees in rural areas of West Virginia. Access is an essential component of a quality-driven system of care.

The SPR standards evaluate enrollee access to informational materials and services. All MCOs provided comprehensive member materials at or below the 6th grade reading level as required by the BMS/MCO contract. Telephone numbers to access Member/Customer Services lines, hours of operation, and the MCO address are provided in Member Handbooks. Member Handbooks describe the covered services, how to access those services, and any other special requirements (e.g. referrals and preauthorizations). Member materials also include a statement of enrollee rights, instructions on how to file complaints, grievances, and appeals and describe how to access a State Fair Hearing. MCOs are required to complete an annual report, supply a copy to the local DHHR offices, and inform enrollees how to access a copy.

MCOs are required to maintain an appropriate treatment of minors policy. WVFH did not have this policy in 2016.

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

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

ABHWV met each of the access standards. THP met the 90% threshold for the Emergency Care, Urgent Care within 48 hours, and Routine Care. THP did not meet the Initial Prenatal Care Visit nor the 24/7 Access standards. UPH met the 90% threshold for Urgent Care only. UHP did not meet the 90% threshold for Routine Primary Care, Initial Prenatal Care Visit, and 24/7 access. However, when 24/7 access was measured by the Site Visits, they received a 96.9% compliance rate.

WVFH performs an annual Appointment Accessibility Audit, however the BMS goals listed within the MCO contract were incorrect. Urgent and Routine Care goals for performance standards measured in the WVFH audit were 80% whereas the BMS goals were 90%. The urgent care standard measured in the WVFH audit was 24 hours while the BMS standard was 48 hours. The routine care standard for the audit was within 2-7 days while the BMS standard was 21 days. There was no analysis for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits or initial prenatal care visit within 14 days of notice of pregnancy. For emergency cases, the compliance rate was 71.5% from the After-Hours Report. In order to meet the Access Standards for the MY 2017 review, WVFH must include the BMS goals and appointment standards in their primary policy, provide an analysis with the BMS goals and appointment standards, and meet the performance goal of 90% for each standard.

In regards to PIPs, all MCOs reported indicator rates for the Prenatal Behavioral Health Risk Assessment and Postpartum Care PIP. The mandatory indicator is *Prenatal and Postpartum Care – Postpartum Care Visit Rate.* Table 19 provides the MCO results for the this PIP.

Table 19. Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative PIP Results

Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative PIP Results - MY 2016			
ABHWV			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) Baseline rate (59.43%) by 7%	59.43%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) Baseline rate (59.43%) by 7%	61.93%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	44.81%
Additional Data Collection: HEDIS Like – Postpartum Care			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	4.25%
	Baseline 21-56 days		60.61%
	Baseline > 56 days		9.43%

Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative PIP Results - MY 2016			
THP			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) (63.02%) by 7%	63.26%
Indicator 2: Behavioral Health Risk Assessment			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	TBD	48.42%
Additional Data Collection: HEDIS Like-Postpartum Care			
MY 2016	Baseline < 21 days	N/A	3.65%
	Baseline 21-56 days		63.26%
	Baseline > 56 days		2.43%
UHP			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) (57.11%) by 7%	62.04%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	39.58%
Additional Data Collection: HEDIS Like-Postpartum Care			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	5.09%
	Baseline 21-56 days		62.04%
	Baseline > 56 days		5.78%
WVFH			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) (51.09%) by 7%	74.45%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	38.0%
Additional Data Collection: HEDIS Like – Postpartum Care			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	4.21%
	Baseline 21 to 56 days		61.79%
	Baseline > 56 days		4.56%

Five performance measures were validated and used to assess MCO performance for Access to Care:

- Prenatal and Postpartum Care – Postpartum Care
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment- Initiation
- 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

The MHT-WA exceeded the 75th NMP for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Initiation measure. The MHT-WA for Prenatal and Postpartum Care – Postpartum Care measure did not meet the 50th NMP, but the MHT-WA improved between MY 2014 and MY 2016. The MHT-WA for Percentage of Eligibles That Received Preventive Dental Services measure improved between MY 2014 and MY 2016, but remained below the NMA. The Dental Sealants for 6-9-Year-Old Children at Elevated Risk measure results improved between MY 2015 and MY 2016 and exceeded the NMA. Behavioral Health Risk Assessment For Pregnant Women is a new measure and does not have any national benchmarks.

Summary of Timeliness

Access to necessary health care and related services alone is insufficient in advancing the health status of MHT recipients. Equally important is the timely delivery of those services, and systems of care that serve MHT recipients.

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

During the MY 2016 SPR on-site review, Delmarva Foundation reviewed cases, files, and logs to assess the MCO's timeliness of:

- Resolution of complaints, grievances and appeals
- Authorization, pre-authorization, and continuing authorization activities

Delmarva Foundation sampled 10 credentialing and 10 recredentialing files for WVFH. The other three MCOs (ABHWV, THP and UHP) had their credentialing and recredentialing files deemed for the MY 2016 review. All initial credentialing applications in the WVFH sample were processed according to the MCOs policies and procedures and within regulatory time frames. All provider recredentialing files in the sample were credentialed within the three-year regulatory requirement.

For MY 2016, one MCO (UHP) did not have an Additional State Specific Regulatory or Contractual Requirements for West Virginia Policy approved and implemented. These requirements are in place for dental providers who induce central nervous system anesthesia. A CAP was required for UHP to approve and implement this West Virginia Policy.

Delmarva Foundation reviewed each MCO's grievance log and selected a sample of 10 formal appeal cases from each MCO for review. In cases where an MCO did not have 10 appeals for MY 2016, all cases were reviewed.

The BMS/MCO contract requires MCOs to process and provide notice to affected parties regarding grievances and appeals in a reasonable length of time not to exceed 45 days from the day the MCO receives the grievance or appeal, unless the enrollee requests an extension or the MCO shows that a delay is necessary and in the interest of the enrollee. All sampled grievance and appeals cases reviewed for MY 2016 were resolved timely.

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

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

All authorization decisions are monitored for timeliness. Turn-around time is measured and documented. These results are usually summarized quarterly and reported through the quality assurance channels by the UM department.

One MCO (UHP) had an issue with BH denial notification timeliness. Details are described in the MCOs specific section of this report. All other MCOs were compliant with all timeliness standards reviewed in the SPR. MCO reported that there were no cases of expedited authorization requests for MY 2016.

In MY 2016, there were two PIPs that addressed timeliness: Members' Establishment with their Primary Care Provider (PCP) PIP conducted by THP and Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP conducted by WVFH.

THP's *Members' Establishment with PCP of Record PIP* is in the third remeasurement year. The project aims to increase the HEDIS rates for the *Adolescents Well-Care Visits* and the *Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life* by 5 percentage points over the Baseline rate (46.47%). THP realized a decrease in both rates for MY 2016 from MY 2015 with Indicator 1 (44.28%) falling below the Baseline rate (46.47%). Delmarva Foundation recommends that THP re-evaluate their barrier analysis and implement new, targeted face-to-face provider interventions to increase rates for both indicators.

Interventions identified as best practices in the review of THP's PIP are listed below:

- **Incentive Program.** THP provides incentives to members with a qualifying well-visit claim. When a qualifying claim is received, a letter is sent to the member notifying them that they are eligible for an incentive and directions are provided on how to claim the incentive.
- **The Wellness and Health Promotion (W&HP) Call Center.** The call specialist discusses missing services and verifies the member's PCP. When PCPs of record are identified as being incorrect, THP changes and updates the members correct PCP. For members who may not be established, the outbound specialist is able to help the member get established with a PCP. In the 3rd Quarter of 2016, two additional call center representatives were hired.
- **Use of HEDIS-Certified Software.** In late 2015, THP implemented new HEDIS certified software and began using it for provider education in MY 2016. The software provides detailed information specific to providers or provider groups to show which diabetic members need services. Analysts use the software to drill down to the provider level to produce reports that show providers the specific members on their rosters that are missing services.

WVFH's Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP is in the first remeasurement year. This project aims to improve the rate of well-child visits for children ages 3-6. The long-term goal is to meet or exceed the 2016 HEDIS National Committee for Quality Assurance (NCQA) Quality Compass National Medicaid Average for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* indicator. The indicator rate for MY 2016 (68.86%) was improved from the Baseline rate of 62.50%, but fell short of the goal of 71.27%.

WVFH implemented the following member and provider interventions:

- **Provider Incentive Program.** $10 gap closure payment offered to all assigned PCPs that complete will-child visits for members with gaps-in-care ages 3-6.
- **Well-Child Visit Outreach and Education.** Trainings provided as needed to Care Managers and Outreach Nurses based on new well-child visit/EPSDT (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.

The results for each MCO's selected PIP projects are found in Table 20.

Table 20. MCO Selected PIP Projects

MCO Selected PIP Projects			
ABHWV			
Annual Monitoring for Patients on Persistent Medications PIP Results			
Indicator 1: Annual Monitoring for Patients on Persistent Medications – Total Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	89.56% (2016 Medicaid QC 75th Percentile)	82.44%
MY 2016	Remeasurement 1	89.56% (2016 Medicaid QC 75th Percentile)	88.23%
THP			
Member Establishment with PCP of Record PIP Results			
Indicator 1: Adolescent Well-Care Visits			
Time Period	**Measurement**	**Goal**	**Results**
MY 2014	Baseline	5 percentage point increase annually	46.47%
MY 2015	Remeasurement 1	5 percentage point increase annually	47.20%
MY 2016	Remeasurement 2	5 percentage point increase annually	44.28%
Indicator 2: Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life			
Time Period	**Measurement**	**Goal**	**Results**
MY 2014	Baseline	5 percentage point increase annually	70.56%
MY 2015	Remeasurement 1	5 percentage point increase annually	73.97%
MY 2016	Remeasurement 2	5 percentage point increase annually	73.48%
UHP			
Follow-Up After Hospitalization for Menta illness PIP Results			

Indicator 1: Follow-Up After Hospitalization for Mental Illness 7 Days			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (43.71%) by 5 percentage points.	15.48%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) (43.71%) by 5 percentage points.	28.91%
Indicator 2: Follow-Up After Hospitalization for Mental Illness 30 Days			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (61.29%) by 5 percentage points	38.69%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) (61.29%) by 5 percentage points	62.81%
WVFH			
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP Results			
Indicator 1: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (71.89%)	62.50%
MY 2016	Remeasurement 1	Exceed HEDIS 2017 (MY 2016) (71.27%)	68.86%

For MY 2016, six performance measures were validated and assessed to represent MCO performance in the area of timeliness:

- Adolescent Well-Care Visits
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate

The MHT-WA for Adolescent Well-Care Visits and Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life exceeded the 50th NMP and improved each year from MY 2014 to MY 2016. The MHT-WA exceeded the NMA for PQI 01: Diabetes Short-Term Complications Admission Rate and PQI 08: Heart Failure Admission Rate measures. There are no national benchmarks for PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate and PQI 15: Asthma in Younger Adults Admission Rate measures. The MHT-WA increased, indicating an decline in performance over the three-year measurement period for PQI 01: Diabetes Short-Term Complications Admission Rate, PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate, and PQI 08: Heart Failure Admission Rate measures. Although the PQI 15: Asthma in Younger Adults Admission measure

rate for MY 2016 is .36 of a percentage point over the MY 2015 rate, the rate has still sustained its improvement over the MY 2014 rate.

MHT MCO Strengths, Requirements, and Recommendations

Strengths, requirements, and recommendations for each standard are provided in the following tables for each MCO. Strengths are provided to encourage MCOs to continue efforts that are effective. Requirements are provided to address elements and components that were not fully compliant (partially met or unmet) or that will need to be revised to maintain a current review determination of *Met*. All Requirements must be addressed by the MCO in order to be fully compliant at the time of the next annual review. Recommendations are made where Delmarva Foundation has suggestions to improve current MCO processes and practices that already meet requirements. MCOs are not required to implement recommendations although it is encouraged.

Table 21. ABHWV Strengths, Requirements and Recommendations

ABHWV MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
Enrollee Rights	**Strengths** • Member materials are at or below the required 6th grade reading level as assessed using the Flesch-Kincaid test. • Strong outreach program. • Member materials, including the Member Handbook, provide enrollees with information on how to access benefits and services. • Enrollee Rights and Responsibilities are comprehensive and provided in an easily understood format. • The Member Handbook, Provider Directory, and other important enrollee materials and tools are available on the MCO's website for members to access 24/7.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.

ABHWV MY 2016 Strengths, Requirements, and Recommendations	
Grievance Systems	**Strengths** • Well-documented grievance system which includes the Member Appeals Policy and the General Complaints Policy. • The policies and procedures are in place and followed; all complaint, grievance, and appeal resolutions were documented and easy to follow from registration through completion/resolution. • The NOA letter sent to enrollees includes all required elements. • All NOAs sent to enrollees include an attachment which notifies enrollees of their right to and process for filing a grievance, appeal, and State Fair Hearing. • All grievance and appeals files reviewed contained the appropriate documentation, including an acknowledgment letter and were resolved within the appropriate time frames.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.

ABHWV MY 2016 Strengths, Requirements, and Recommendations	
Quality Assessment and Performance Improvement	**Strengths** • The MCO achieved a Commendable Accreditation Status from NCQA which was effective October 2016. • Exceeded the inter-rater reliability (IRR) MCO goal of 85% (degree of agreement) for application of clinical screening criteria by its Preauthorization Nurses, Concurrent Review Nurses, Case Managers, and Physicians. The physical health IRR rate was 96% and the BH IRR rate was 93%. • All credentialing and recredentialing records reviewed were completed timely. • Delegated oversight policies and procedures are in place and followed. The MCO provided the annual audit results for all delegated entities. • UM monitors over and under-utilization of services to ensure enrollees have appropriate access to services. • The MCO is participating in the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP and Diabetes Collaboratives. • Disease and case management programs are in place. An electronic review of cases on-site demonstrated appropriate interventions and outreach efforts are in place. • All standards for member satisfaction are met. The annual CAHPS® analysis identify barriers includes a comprehensive plan of action. Enrollee satisfaction results were shared with providers in 4th Quarter 2016 ABHWV Provider Newsletter. • Successfully reported all required performance measures by contractual deadlines. • The Health Education plan includes different initiatives and outreach programs to engage the community. One successful program during 2016 was the scheduling for well-child clinic days. The program had good attendance with over 170 kids participating in the 14 events across the State. • The MCO uses several sources of information to assess provider availability and access. Sources include geo-access reports, secret shopper reports, member and provider demographics, provider surveys, CAHPS® survey results, and enrollee complaints. • Met or exceeded the 90% minimum threshold for all BMS Timeliness standards for Primary Care Providers and Obstetricians.
	Requirements and Recommendations • Although 100% compliance was achieved for the QA standard, it is 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. • Include credentials and job descriptions within the work plan for those involved in providing and monitoring medical and BH services.

ABHWV MY 2016 Strengths, Requirements, and Recommendations	
Fraud and Abuse	**Strengths** • Followed all policies outlined in the Aetna Medicaid Fraud Plan and Aetna Medicaid Compliance Plan to meet federal and state standards to detect fraud and abuse. Local committee meeting minutes documented fraud, waste, and abuse activities through the year. • Has appropriate compliance officers/personnel and systems are in place to detect, report, monitor, and eliminate fraud and abuse. • Employs IBM's Fraud and Abuse Management System anti-fraud software to enhance the SIU's capabilities to detect and prevent fraud, waste, and abuse. Employees are required to complete annual training for Aetna's Code of Conduct and fraud, waste, and abuse.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Performance Improvement Projects	
Annual Monitoring for Patients on Persistent Medications	**Strengths** • Indicator is a HEDIS measure. • PIP met requirements. • Data and analysis is comprehensive. • The MCO realized significant improvement from Baseline Measurement through Remeasurement Year 1.
	Requirements and Recommendations • The MCO should continue this PIP and implement planned interventions submitted for Remeasurement Year 2. • Continue with those interventions that have been determined to be successful in impacting the indicators.
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Strengths** • MCO used the Collaborative PIP template and instructions. • Clearly defined study population and indicators. • Clearly defined study design and data analysis plan. • Targeted member and provider interventions. • PIP met requirements.
	Requirements and Recommendations • The MCO should continue this PIP and implement planned interventions submitted for Remeasurement Year 2. • Continue with those interventions that have been determined to be successful in impacting the indicators.
Diabetes Collaborative	**Strengths** • Both indicator rates are HEDIS indicators. • PIP met requirements.

ABHWV MY 2016 Strengths, Requirements, and Recommendations	
	• The MCO exceeded the goals for both Indicator 1 and Indicator 2 for MY 2016. • The Gaps in Care Lists that are sent to providers are great sources of information for providers. • Three new interventions were implemented in MY 2016 which provided one-to-one contact with members. • MY 2016 marks the first year that ACA expansion members met continuous enrollment for the CDC measure causing the population for this measure to increase from 589 to 3,401 members, a 377.58% change over MY 2015.
	Requirements and Recommendations • Put a mechanism in place to monitor and require follow-up on the Gaps-in-Care lists that are generated for providers. • Close this PIP and implement Collaborative Childhood Dental PIP. • Even though this PIP is closing, BMS expects that the MCO keep valuable interventions in place in order to keep the indicator rates above the NMA 50th percentile.
Performance Measure Validation	
Strengths • Successful information system migration from Coventry's IDX platform to Aetna's QXNT platform. • Processes are well coordinated between the local MCO and the corporate quality team for performance measure reporting.	
Requirements and Recommendations • Review and verify that all data elements contained in its final rate workbook are accurate and complete prior to submission. • Even though the Performance Measure Withhold Program was not implemented in MY 2017, the MCO should maintain provider and member incentives associated from the program that have proven to be successful in improving measure performance. • Set performance goals to exceed the 75th NMP for all HEDIS performance measures.	

Table 22. THP Strengths, Requirements and Recommendations

THP MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
Enrollee Rights	**Strengths** • Member materials are at or below the required 6th grade reading level as assessed using the Flesch-Kincaid metric. • The MCO has a strong outreach program which is used to provide orientation, enroll members in case and disease management programs, and help members access services they need (e.g. help arrange transportation). • Member materials, including the Member Handbook, provide enrollees with information on how to access benefits and services. The Member Handbook includes the BH benefits to which members are entitled. • The Member Handbook, a Provider Directory search, and other important enrollee materials and tools are available on THP's website for members to access 24/7. • Enrollee Rights and Responsibilities are comprehensive and provided in an easily understood format.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Grievance Systems	**Strengths** • Complaint, grievance, and appeals procedures are well established and interviews with staff confirm they are followed. • The Medicaid chapter of the Practitioner Procedural Manual and BH Practitioner Provider Manual provides information for providers to file grievances and appeals. • The Member Handbook provides an overview of procedures enrollees should use to file grievances, appeals, and to access a State Fair Hearing. (As above, the MCO must review the Grievance and Appeals section to ensure the correct use of "provider" and "practitioner.") • Complaints, grievances, and appeals are monitored for timeliness of completion. • All 2016 grievance and appeal case files reviewed on-site were completed in a timely manner. • Timeliness of completion of appeals, grievances, and complaints is monitored and reported through the Continuous Quality Improvement Committee, to the Executive Management Committee, which reports directly to the Board of Directors. • Thorough documentation is maintained in appeal files in the MCO's electronic proprietary HEART system to support all decisions. • All member grievance cases for 2016 were reviewed. All were completed timely and files included all required documentation.

THP MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Quality Assessment and Performance Improvement	**Strengths** • The Quality Management (QM) and Utilization Management (UM) program documents are comprehensive and describe the major activities, goals, and objectives. • There are separate work plans for QM, UM, and BH. • Disease and case management programs are in place. An electronic review of cases on-site demonstrated appropriate interventions and outreach efforts are in place. • THP successfully manages, tracks, and monitors its EPSDT-eligible enrollees via its proprietary information system, HEART. • The MCO Performance Improvement Project (PIP) topics and indicators are relevant and appropriate. • The MCO participates in the mandatory Diabetes PIP. The Pediatric Asthma Emergency Department (ED) PIP was closed in 2016 and will be replaced with the Behavior Health Risk Assessment and Postpartum Care PIP. The third PIP was implemented in 2014 and focusses on children establishing a relationship with the PCP to improve the well-child visit rate. • Lines of authority and communication among the QM and UM committees are well documented. Meeting minutes document the information flow among these committees and up to the Executive Management Team (EMT). The MCO was able to successfully implement reporting of BH activities into its QM committee structure. • There is documentation in QM and QIC committee meeting minutes to demonstrate EMT and BOD involvement (feedback and recommendations etc.) in the various QM and UM activities. • The Medical Director is the Chairperson for the Credentialing Committee, Medical Directors Oversight Committee (MDOC), Physician Advisory Committee (PAC), and the Quality Improvement Committee (QIC). • Medical Director involvement is evident in all quality-related activities and documented in these various committee-meeting minutes. • Provider participation is apparent throughout quality programs and initiatives as documented in the QIC and PAC meeting minutes. • All credentialing and recredentialing records sampled for the review period were completed timely. • The MCO appropriately reviews and updates CPGs at least every two years, and more frequently if warranted. • THP has a comprehensive health education plan and targets its members and community needs.
	Requirements and Recommendations • 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. • Improve compliance rate for 24/7 access standard to 90% or greater.
Fraud and Abuse	**Strengths** • The Fraud, Waste, and Abuse Plan is comprehensive and addresses all

THP MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
	requirements set forth by Federal and State regulations. • THP uses data mining software to enhance its ability to detect patterns of potential fraud in its claims. • All staff must complete training for compliance and fraud, waste, and abuse upon being hired and annually thereafter. Training is conducted and tracked digitally. • The Special Investigative Unit trains annually for new information and tracks training. • The Compliance Committee meets regularly and meeting minutes are kept to document discussions and activities.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Performance Improvement Projects	
Member Establishment with PCP of Record	**Strengths** • Both indicators are HEDIS measures. • PIP met requirements. • The Wellness, Health and Prevention (WH&P) call center is a well-established mechanism to identify members that are in need of services. • The WH&P call center was enhanced in MY 2016 by adding additional staff. • Interventions target both members and providers.
	Requirements and Recommendations • Establish targeted provider interventions for PIPs as previous interventions providing face-to-face provider education ended in MY 2016. • Continue this PIP and implement planned interventions submitted for Remeasurement Year 2.
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Strengths** • PIP meets requirements. • Well-established prenatal program in place for which the outreach team tracks all pregnant members to help ensure that members are obtaining regular prenatal services. • THP uses HEDIS software to drill down to the provider and member level. Providers are given reports that show which members have missed appointments. • Interventions are expected to improve indicator performance.
	Requirements and Recommendations • Investigate interventions to improve the BHRA data collection and reporting process. • Continue with those interventions that have been determined to be successful in impacting the indicators. • Continue this PIP and implement planned interventions submitted for Remeasurement Year 2.

<table>
<tr><th colspan="2">THP MY 2016
Strengths, Requirements, and Recommendations</th></tr>
<tr><td colspan="2">Systems Performance Review</td></tr>
<tr><td rowspan="2">Diabetes Collaborative</td><td>Strengths
PIP met requirements.
Comprehensive project rationale.
The two PIP indicators are HEDIS measures.
Interventions target identified members and provider barriers.
Indicator 1 achieved almost a 10-percentage point increase over MY 2015.</td></tr>
<tr><td>Requirements and Recommendations
Continue with targeted member and provider specific interventions.
Continue with those interventions that have been determined to be successful in impacting the indicators.
Close this PIP and implement the Collaborative Childhood Dental PIP.
Even though this PIP is closing, BMS expects that the MCO keep valuable interventions in place in order to keep the indicator rates above the NMA 50th percentile.</td></tr>
<tr><td colspan="2">Performance Measure Validation</td></tr>
<tr><td colspan="2">Strengths
The team of programmers and quality analysts are very experienced and work well with each other.
Processes are well coordinated for performance measure reporting.</td></tr>
<tr><td colspan="2">Requirements and Recommendations
Review and verify that all data elements contained in its final rate workbook are accurate and complete prior to submission.
Even though the Performance Measure Withhold Program was not implemented in MY 2017, the MCO should maintain provider and member incentives associated from the program that have proven to be successful in improving measure performance.
Set performance goals to exceed the 75th NMP for all HEDIS performance measures.</td></tr>
</table>

Table 23. UHP Strengths, Requirements and Recommendations

UHP MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
Enrollee Rights	**Strengths** • Member materials are comprehensive and provide enrollees with information on their benefits and how to access them. • Enrollee Rights and Responsibilities are comprehensive and provided in an easily understood format. • The Member Handbook and Provider Directory are available on UHP's website for members to access 24/7. • The MCO provides oral interpretation for any language to enrollees free-of-charge as required. • Member materials are assessed to ensure a reading level of 6th grade or below using the Flesch-Kincaid test. • All required enrollee rights and responsibilities are provided in the Member Handbook and in the Members' Rights Policy. • The Member Handbook provides all of the required information to ensure enrollees have access to information on how to access services to which they are entitled. • The Member Handbook details how members can file grievances, appeals, and access the State Fair Hearing process.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Grievance Systems	**Strengths** • UHP has well-developed grievance policies and procedures that meet all requirements. • Appeals and grievance files contain all the required components. • The NOA letters are comprehensive and include all of the required elements. • NOAs inform enrollees how to file an appeal, outline the appeal process, and explain enrollee rights during the appeal process. • Appeals are resolved in an expeditious manner. All case files reviewed were resolved within the 30-day timeframe requirement.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.

UHP MY 2016 Strengths, Requirements, and Recommendations	
Quality Assessment and Performance Improvement	**Strengths** • The MCO appropriately coordinates services for enrollees with special health care needs. • UHP consistently applies review criteria for authorization decisions. • Interrater reliability is conducted routinely to ensure consistent application of review criteria by clinical staff. • A credentialing and recredentialing file review demonstrates that UHP meets timeliness requirements. No deficiencies were noted in the files that were audited on-site. • The delegated credentialing policies and procedures are comprehensive. All delegated entities received an annual audit. • Clinical practice guidelines and criteria are in place and appropriately used to make authorization decisions. • UHP maintains a quality and health information system that collects, analyzes, integrates, and reports data. All required performance measures were reported to BMS on time. • UHP's Health Education Plan creates opportunities to engage enrollees and their communities in preventative and wellness programs. • Collaboration between quality-related committees and sub-committees is clear and documented in meeting minutes/reports.
	Requirements and Recommendations • Achieve at least a 90% compliance rating for each type of appointment to ensure that members have timely access to care and services. The MCO's provider access survey found that providers met the threshold for Urgent Care (96%), but did not meet the standards for After Hours (24/7) Access to Primary Care Providers (65%), Prenatal Appointment Within 14 Days (83%), and Routine Appointment (64%). • Ensure that the Additional State Specific Regulatory or Contractual Requirements for West Virginia Policy is approved and implemented. Additionally, provide documentation that dental providers who induce central nervous system anesthesia are held to this standard during the credentialing and recredentialing (e.g. credentialing or recredentialing records) process. • Ensure that all denial notifications are mailed to the enrollee and providers for all services timely.
Fraud and Abuse	**Strengths** • Has a comprehensive Fraud and Abuse Program Integrity Plan. • Appropriate compliance officers/personnel and systems are in place to detect, report, monitor, and eliminate fraud and abuse. • Compliance training program outlines the company's expectation for ethical behavior for employees and their responsibility to report suspected cases of fraud, waste, and abuse. • Uses its experience both locally (WV) and nationally to detect fraud, waste, and abuse. Any "schemes" identified in one region of the country are investigated in all of their markets.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.

UHP MY 2016 Strengths, Requirements, and Recommendations	
Performance Improvement Projects	
Follow-Up After Hospitalization for Mental Illness	**Strengths** • PIP met requirements. • The indicator rates are HEDIS measures. • Interventions address many of the barriers identified. • Interventions target both providers and members and provide one-to-one contact with providers and members. • Provider and member incentive programs have been implemented.
	Requirements and Recommendations • Identify new interventions that target providers to educate them on HEDIS specific timeframes for BH measures. • Continue with those interventions that have been determined to be successful in impacting the indicators. • Continue PIP.
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Strengths** • Indicator 1 is a HEDIS indicator. • The MCO follows HEDIS methodology for sampling and will use NCQA certified HEDIS software to pull the samples. • UHP offered a robust barrier analysis. • UHP offers a member incentive of $25 to complete a postpartum visit within the HEDIS timeframe window. • PIP met requirements.
	Requirements and Recommendations • Continue with those interventions that have been determined to be successful in impacting the indicators. • Interventions are expected to improve outcomes. • Continue PIP.
Diabetes Collaborative	**Strengths** • The indictor rates are HEDIS indicators. • Interventions target both members and providers. • All three project indicators improved from MY 2015 to MY 2016 and from Baseline Measurement to MY 2016. • PIP met requirements.
	Requirements and Recommendations • Close this PIP and implement Collaborative Childhood Dental PIP. • Even though this PIP is closing, BMS expects that the MCO keep valuable interventions in place in order to keep the indicator rates above the NMA 50th percentile.
Performance Measure Validation	
Strengths	

UHP MY 2016 Strengths, Requirements, and Recommendations
• Processes are well-coordinated between the local MCO and the corporate quality team for performance measure reporting. • Full utilization of NCQA-certified software for reporting a majority of the required performance measures.
Requirements and Recommendations • Verify that all data elements contained in its final rate workbook are accurate and complete prior to submission. • Even though the Performance Measure Withhold Program was not implemented in MY 2017, the MCO should maintain provider and member incentives associated from the program that have proven to be successful in improving measure performance. • Set performance goals to exceed the 75th NMP for all HEDIS performance measures.

Table 24. WVFH Strengths, Requirements and Recommendations

WVFH MY 2016 Strengths, Requirements, and Recommendations	
Systems Performance Review	
Enrollee Rights	**Strengths** • Member materials are at or below the required 6th grade reading level as assessed using the Flesch-Kincaid metric. • Member materials, including the Member Handbook, provide enrollees with information on how to access benefits and services. • The Member Handbook details how members can file grievances, appeals, and access the State Fair Hearing process. • The Member Handbook, a Provider Directory search, and other important enrollee materials and tools are available on WVFH's website for members to access 24/7.
	Requirements and Recommendations • 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. • Develop and implement a policy on the appropriate treatment of minors.
Grievance Systems	**Strengths** • The member appeals cases sampled for 2016 were complete and timely in all cases. • All NOAs sent to enrollees include an attachment which notifies enrollees of their right to and the process for filing a grievance, appeal, and State Fair Hearing. • All grievance and appeals files reviewed on-site contained the appropriate documentation, including an acknowledgment letter and were resolved within the appropriate time frame.
	Requirements and Recommendations • Ensure that the WVFH Formal and Informal Appeals Policy includes all six required conditions under which enrollees can request continuation of

WVFH MY 2016	
	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.
Quality Assessment and Performance Improvement	**Strengths** • All credentialing and recredentialing records sampled for the review period were organized and completed timely. • At the local level, reviews and updates (as needed) CPGs every year. Examples of some CPGs reviewed and approved in 2016 include Preventive Guidelines - Adults, Preventive Guidelines – Children, Childhood Immunizations, Diabetes, Coronary Artery Disease, and Asthma. • BH was carved into the MCO benefit plans in July 2016. The MCO delegates BH to Beacon Health Strategies and monitors this provider on a quarterly basis.
	Requirements and Recommendations • Update the Member Handbook to include OB/GYN specialists as PCPs for female enrollees. • Provide an analysis with the BMS appointment standards and meet the performance goal of 90% for each standard. • Increase compliance rate for 24/7 Access from 71.7% to 90% as required by BMS. • Provide an analysis with the BMS appointment standards in addition to 24/7 access. All rates must meet the minimum performance threshold of 90%.
Fraud and Abuse	**Strengths** • The FWA and Compliance Plan was found to be align with the standards. • The special investigation unit is well staffed. • Appropriate compliance officers/personnel and systems are in place to detect, report, monitor, and eliminate fraud and abuse. • The compliance and ethics employee training program was comprehensive; employees must complete training when they are first hired and on an annual basis after.
	Requirements and Recommendations • There are no requirements or recommendations as the MCO achieved 100% compliance on this standard.
Performance Improvement Projects	
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Strengths** • The primary indicator is a HEDIS measure. • Clearly defined study population. • Clearly defined study design and data analysis plan. • PIP met requirements.
	Requirements and Recommendations • Continue with those interventions that have been determined to be successful in impacting the indicators. • Continue PIP.
Well-Child Visits in the Third,	**Strengths** • The indicator is a HEDIS measure.

WVFH MY 2016	
Fourth, Fifth, and Sixth Years of Life	• Clearly defined study population. • Clearly defined study design and data analysis plan. • Targeted face-to-face member and provider interventions. • Indicator 1 rate increased from MY 2015 to MY 2016. • PIP met requirements.
	Requirements and Recommendations • Continue PIP. • Interventions are expected to improve indicator rate. • Continue with those interventions that have been determined to be successful in impacting the indicators.
Diabetes Collaborative	**Strengths** • Both indicators are HEDIS measures. • Member interventions include incentives for key diabetes measures *HbA1c Testing* and *Retinal Eye Exam*. • Both indicators increased from MY 2015 to MY 2016. • PIP met requirements.
	Requirements and Recommendations • Implement a targeted provider intervention that addresses the gaps-in-care of their diabetic members. • Close this PIP and implement the Collaborative Childhood Dental PIP. • Even though this PIP is closing, BMS expects that the MCO keep valuable interventions in place in order to keep the indicator rates above the NMA 50th percentile.
Performance Measure Validation	
Strengths • Processes are well-coordinated for performance measure reporting. • Full utilization of its HEDIS-certified software for reporting the majority of required performance measures for validation.	
Requirements and Recommendations • Verify that all data elements contained in its final rate workbook are accurate and complete prior to submission. • Even though the Performance Measure Withhold Program was not implemented in MY 2017, the MCO should maintain provider and member incentives associated from the program that have proven to be successful in improving measure performance. • Set performance goals to exceed the 75th NMP for all HEDIS performance measures.	

MHT Program Strengths, Requirements, and Recommendations

Table 25. MHT Strengths, Requirements and Recommendations

MHT Program Strengths, Requirements and Recommendations for MY 2016	
Systems	**Strengths**

MHT Program Strengths, Requirements and Recommendations for MY 2016	
Performance Review	• All four MCOs achieved full compliance (100%) for the Fraud and Abuse Standard. • The MCOs achieved rates of 98% to 100% for the Enrollee Rights standard. • The MCOs achieved rates of 98% to 100% for the Grievance System Standard. • The MCOs achieved rates of 97% to 100% for the Quality Assessment and Performance Improvement Standard. • Three of the four MCOs achieved full compliance (100%) for the Enrollee Rights standard. • Three of the four MCOs achieved full compliance (100%) for the Grievance System Standard.
	Requirements and Recommendations • 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 Delmarva Foundation 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. • As required, the MCOs completed internal Corrective Action Plans (CAPs) to address any areas that were not fully compliant. All CAPs addressed the non-compliant areas and provided interventions to address the deficiencies. CAP progress reports are submitted quarterly to Delmarva Foundation for monitoring of progress toward addressing deficiencies.
Performance Improvement Projects	**Strengths** • All MCOs understand the major components of PIPs. • All MCO's PIPs have relevant study topics, clear study questions, and meaningful and well-defined indicators. • All MCO's PIPs include well-defined study populations use appropriate and valid sampling methods, and use data collection methods that provide for the collection of valid and reliable data. • All MCO's are implementing interventions that are reasonable and address barriers. • All MCO's are reporting the study findings accurately and clearly. • All MCOs achieved improvement in the mandatory Diabetes PIP indicator HbA1c <8% rate. • All MCOs have interventions including Gaps in Care Reports and Provider Profile that are used to identify members in need of care or services for the mandatory collaborative PIPs.
	Requirements and Recommendations • All MCOs are required to continue the Prenatal Behavioral Health Risk Assessment and Postpartum Care Collaborative PIPs. • MCOs must close the Diabetes Collaborative PIP and establish the collaborative Childhood Dental PIP with MY 2017 as the Baseline data year.
Performance	**Strengths** • All four MCOs have sufficient information systems to collect data used calculate

MHT Program Strengths, Requirements and Recommendations for MY 2016	
Measure Validation	and report performance measures. • All MCOs use HEDIS certified software. • All MCOs were timely in submitting performance measures to BMS for HEDIS, CAHPS, PMV, and the Adult and Child Core Sets. • The MHT-WA improved each year between MY 2014 and MY 2016 for the Annual Monitoring for Patients on Persistent Medications - Total, Comprehensive Diabetes Care - HbA1c Testing, and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-Counseling for Nutrition measures. • The MHT-WA for the Percentage of Eligibles That Received Preventive Dental Services measure improved between MY 2014 and MY 2016. • The MHT-WA improved between MY 2015 and MY 2016 for Dental Sealants for 6-9 Year Old Children at Elevated Risk measure and exceeded the NMA. • The MHT-WA exceeded the 75th NMP and improved between MY 2015 and MY 2016 for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation measure. • The MHT-WA for Adolescent Well-Care Visits and Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life measures improved each year between MY 2014 and MY 2016. • PQI 15: Asthma in Younger Adult Admission Rate measure improved in performance in MY 2016 after a slight decline in MY 2015.
	Requirements and Recommendations • Fully verify information submitted in the PMV Rate Reporting Worksheet prior to submitting to Delmarva Foundation. The MCO is required to provide all requested data elements for performance measures selected for validation. • Even though the Performance Measure Withhold Program was not implemented in MY 2017, the MCOs are encouraged to maintain provider and member incentives associated with the program that have proven to be successful in improving measure performance. • Set performance goals to exceed the 75th NMP for all HEDIS performance measures.

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Appendix 1 – PIP Indicator Results

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

Annual Monitoring for Patients on Persistent Medications PIP Results			
Indicator 1: Annual Monitoring for Patients on Persistent Medications – Total Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	89.56% (2016 Medicaid QC 75th Percentile)	82.44%
MY 2016	Remeasurement 1	89.56% (2016 Medicaid QC 75th Percentile)	88.23%
Prenatal Behavioral Health Risk Assessment and Postpartum Care PIP Results			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (59.43%) by 7%	59.43%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) (59.43%) by 7%	61.93%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	44.81%
Additional Data Collection: HEDIS Like – Postpartum Care			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	4.25%
	Baseline 21-56 days		60.61%
	Baseline > 56 days		9.43%
Diabetes Collaborative PIP Results			
Indicator 1: Comprehensive Diabetes Care – HbA1C Control (<8%)			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	41.32%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	43.27%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	43.16%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	48.70%
Indicator 2: Comprehensive Diabetes Care – HbA1c Testing			
Time Period	**Measurement**	**Goal**	**Results**
MY 2014	Baseline	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	76.40%
MY 2015	Remeasurement 1	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	77.36%
MY 2016	Remeasurement 2	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	90.07%

Table A1-2. THP Performance Improvement Project (PIP) Results.

Member Establishment with PCP of Record PIP Results			
Indicator 1: Adolescent Well-Care Visits			
Time Period	**Measurement**	**Goal**	**Results**
MY 2014	Baseline	5 percentage point increase annually	46.47%
MY 2015	Remeasurement 1	5 percentage point increase annually	47.20%
MY 2016	Remeasurement 2	5 percentage point increase annually	44.28%
Indicator 2: Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life			
Time Period	**Measurement**	**Goal**	**Results**
MY 2014	Baseline	5 percentage point increase annually	70.56%
MY 2015	Remeasurement 1	5 percentage point increase annually	73.97%
MY 2016	Remeasurement 2	5 percentage point increase annually	73.48%
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP Results			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) Baseline rate (63.02%) by 7%	63.26%
Indicator 2: Behavioral Health Risk Assessment			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	TBD	48.42%
Additional Data Collection: HEDIS Like-Postpartum Care			
MY 2016	Baseline < 21 days	N/A	3.65%
	Baseline 21-56 days		63.26%
	Baseline > 56 days		2.43%
Diabetes Collaborative PIP Results			
Indicator 1: Comprehensive Diabetes Care – HbA1c Control (<8%)			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	45.34%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	41.24%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	39.63%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	56.93%
Indicator 2: Comprehensive Diabetes Care – HbA1c Testing			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	100%	73.91%
MY 2014	Remeasurement 1	100%	78.87%
MY 2015	Remeasurement 2	100%	81.11%
MY 2016	Remeasurement 3	100%	91.00%

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

Follow-Up After Hospitalization for Mental Illness PIP Results			
Indicator 1: Follow-Up After Hospitalization for Mental Illness 7 Days			
Time Period	**Measurement**	**Goal**	**Result**
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (43.71%) by 5 percentage points.	15.48%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) (43.71%) by 5 percentage points.	28.91%
Indicator 2: Follow-Up After Hospitalization for Mental Illness 30 days			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS 2016 (MY 2015) (71.64%) by 5 percentage points.	38.69%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) (71.64%) by 5 percentage points.	62.81%
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP Results			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Time Period**	**Time Period**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) (57.11%) by 7%	62.04%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Time Period**	**Time Period**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	39.58%
Additional Data Collection: HEDIS Like-Postpartum Care			
Time Period	**Time Period**	**Time Period**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	5.09%
	Baseline 21-56 days		62.04%
	Baseline > 56 days		5.78%
Diabetes Collaborative PIP Results			
Indicator 1: Comprehensive Diabetes Care – HbA1c Control (<8%)			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	28.73%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	38.19%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	46.06%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (45.52%) by HEDIS 2016	46.99%
Indicator 2: Comprehensive Diabetes Care – HbA1c Testing			
Time Period	**Measurement**	**Goal**	**Results**
MY 2013	Baseline	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	80.18%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	81.71%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	83.80%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (83.81%) by HEDIS 2016	86.34%
Indicator 3: Comprehensive Diabetes Care – Eye (Retinal) Exam Performed			

Time Period	Measurement	Goal	Results
MY 2013	Baseline	Exceed HEDIS 2014 NMA (53.53%) by HEDIS 2016	25.84%
MY 2014	Remeasurement 1	Exceed HEDIS 2014 NMA (53.53%) by HEDIS 2016	25.93%
MY 2015	Remeasurement 2	Exceed HEDIS 2014 NMA (53.53%) by HEDIS 2016	27.31%
MY 2016	Remeasurement 3	Exceed HEDIS 2014 NMA (53.53%) by HEDIS 2016	28.47%

Table A1-4. WVFH Performance Improvement Project (PIP) Results

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life PIP Results			
Indicator 1: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS MY 2016 (MY 2015) (71.89%)	62.50%
MY 2016	Remeasurement 1	Exceed HEDIS MY 2017 (MY 2016) (71.27%)	68.86%
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP Results			
Indicator 1: Prenatal and Postpartum Care – Postpartum Care Visit Rate			
Time Period	**Measurement**	**Goal**	**Results**
MY 2016	Baseline	Exceed HEDIS 2016 (MY 2015) rate (51.09%) by 7%	74.45%
Indicator 2: Behavioral Health Risk Assessment (modified)			
Time Period	**Measurement**	**Goal**	**Results**
11/06/15 – 11/05/16	Baseline	TBD	38.0%
Additional Data Collection: HEDIS Like – Postpartum Care			
Time Period	**Measurement**	**Time Period**	**Results**
11/06/15 – 11/05/16	Baseline < 21 days	N/A	4.21%
	Baseline 21 to 56 days		61.79%
	Baseline > 56 days		4.56%
Diabetes Collaborative PIP Results			
Indicator 1: Comprehensive Diabetes Care – HbA1c Control (<8%)			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed MHT-WA of 36.1% by HEDIS 2016	39.58%
MY 2016	Remeasurement 1	Exceed MHT-WA of 43.6% by HEDIS 2016	43.43%
Indicator 2: Comprehensive Diabetes Care – HbA1c Testing			
Time Period	**Measurement**	**Goal**	**Results**
MY 2015	Baseline	Exceed HEDIS 2014 (MY 2013) 90th Percentile (91.7%)	85.42%
MY 2016	Remeasurement 1	Exceed HEDIS 2016 (MY 2015) 90th Percentile (80.9%)	90.69%

Appendix 2 – PMV Results

These tables provide information the MCOs were required to report for PMV 2017 (MY 2016). These are 18 HEDIS and non-HEDIS measures. All MCO rates received an audit designation of **Reportable.** Table A2-1 provides the MCO rates, the MHT Weighted Average (MHT-WA), and a comparison of the MHT-WA to the most current National Medicaid Percentiles (NMP). The diamond ratings pertain to the first twelve HEDIS measures.

Diamond Ratings for HEDIS Measures.

National Medicaid Percentile Ranges	Diamond Rating
Exceeds the 90th Percentile	♦♦♦♦♦
Exceeds the 75th Percentile to 90th Percentile	♦♦♦♦
Exceeds the 50th Percentile to the 75th Percentile	♦♦♦
Exceeds the 25th Percentile to the 50th Percentile	♦♦
25th Percentile or less	♦

Table A2-1. MHT MCOs Compared to National Benchmarks for PMV 2017 (MY 2016)

Measure Name	ABHWV MY 2016	THP MY 2016	UHP MY 2016	WVFH MY 2016	MHT-WA MY 2016	MHT-WA Compared to NMPs MY 2016
Withhold and HEDIS Measures						
Adolescent Well-Care Visits (AWC)	55.90%	44.28%	55.09%	36.01%	52.21%	♦♦♦
Annual Monitoring for Patients on Persistent Medications – Total (MPM)	88.23%	88.02%	87.54%	90.22%	88.60%	♦♦♦
Childhood Immunization Status - Combination 3 (CIS)	67.22%	67.88%	71.99%	62.04%	69.60%	♦♦
Comprehensive Diabetes Care – HbA1c Testing (CDC)	90.07%	91.00%	86.34%	90.69%	89.52%	♦♦♦
Follow-Up for Hospitalization for Mental Illness – Follow-up Visit Within 7 Days of Discharge (FUH)	31.20%	18.00%	28.91%	48.78%	30.62%	♦
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Initiation (IET)	44.66%	45.01%	42.11%	61.09%	47.45%	♦♦♦♦
Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers	73.50%	71.310%	69.85%	76.19%	72.71%	♦♦

Measure Name	ABHWV MY 2016	THP MY 2016	UHP MY 2016	WVFH MY 2016	MHT-WA MY 2016	MHT-WA Compared to NMPs MY 2016
To Quit (MSC)*						
Mental Health Utilization – Total Any Service (MPT)	14.72%	14.53%	12.86%	15.05%	14.10%	♦♦♦
Mental Health Utilization – Total Inpatient (MPT)	0.85%	1.06%	0.76%	1.05%	0.89%	♦♦
Mental Health Utilization – Total Intensive Outpatient or Partial Hospitalization (MPT)	0.02%	1.03%	0.02%	0.04%	0.21%	♦♦♦
Mental Health Utilization – Total Outpatient and ED (MPT)	14.49%	14.28%	12.73%	14.93%	13.91%	♦♦
Prenatal and Postpartum Care – Postpartum Care (PPC)	61.93%	63.26%	62.04%	74.45%	63.92%	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (WCC)	68.16%	60.58%	67.13%	54.99%	66.15%	♦♦
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	71.93%	73.48%	76.63%	68.86%	74.19%	♦♦♦
Child Core Set (Non-HEDIS)						
Behavioral Health Risk Assessment for Pregnant Women (BHRA)	44.81%	48.42%	39.58%	38.19%	42.95%	^
Dental Sealants for 6-9 Year Old Children at Elevated Risk (SEAL)	24.13%	46.0%	29.73%	33.84%	26.09%	25.3%+
Percentage of Eligibles That Received Preventive Dental Services (PDENT)	46.69%	40.0%	49.37%	30.96%	45.35%	47.5%+
Adult Core Set (Non-HEDIS)						
PQI 01: Diabetes Short-Term Complications Admission Rate (Observed rate per 100,000 member months, lower score is better)	12.160	18.56	14.03	19.83	15.76	22.7+
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (Observed rate per 100,000 member months, lower score is better)	27.838	43.82	30.98	40.84	35.78	^

Measure Name	ABHWV MY 2016	THP MY 2016	UHP MY 2016	WVFH MY 2016	MHT-WA MY 2016	MHT-WA Compared to NMPs MY 2016
PQI 08: Heart Failure (CHF) Admission Rate (Observed rate per 100,000 member months, lower score is better)	5.816	10.41	5.86	9.67	7.67	25.2+
PQI 15: Asthma in Younger Adults Admission Rate (Observed rate per 100,000 member months, lower score is better)	1.205	4.06	2.39	2.25	2.36	^

*MHT-WA is a simple average for Medical Assistance with Smoking and Tobacco Use Cessation.
+ Medicaid average is from the HHS Report FFY 2016.
^ Denominator too small (less than 30 observations) to calculate a reliable rate or national benchmark not available.

Appendix 3 – HEDIS Measures Collected and Reported to NCQA

These tables provide information for all measures collected and reported for HEDIS 2015 (MY 2014) through HEDIS 2017 (MY 2016) 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 2016) to the most current National Medicaid Percentiles (NMP) are provided for each measure.

Diamond Ratings for HEDIS Measures.

National Medicaid Percentile Ranges	Diamond Rating
Exceeds the 90th Percentile	♦♦♦♦♦
Exceeds the 75th Percentile to 90th Percentile	♦♦♦♦
Exceeds the 50th Percentile to the 75th Percentile	♦♦♦
Exceeds the 25th Percentile to the 50th Percentile	♦♦
25th Percentile or less	♦

Table A3-1. Effectiveness of Care Domain Measures

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Adult Measures															
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	^	62.0	64.2	^	71.4	54.3	^	30.0	53.4	100.0	59.8	^	50.0	58.4	♦♦
Adult BMI Assessment	85.0	90.6	92.7	72.0	83.0	84.9	75.7	90.3	92.3	^	66.9	78.8	89.2	90.0	♦♦♦
Annual Monitoring for Patients on Persistent Medications - ACE or ARB	80.0	82.6	87.8	85.5	83.3	87.0	85.2	84.5	87.2	92.2	90.6	83.3	83.9	88.2	♦♦♦
Annual Monitoring for Patients on Persistent Medications - Digoxin	^	75.0	52.9	^	100.0	45.0	^	100.0	46.2	^	63.3	^	85.7	52.7	♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Annual Monitoring for Patients on Persistent Medications - Diuretics	84.2	82.4	89.1	82.5	86.1	90.1	86.7	85.2	88.5	94.9	91.0	85.3	84.6	89.6	♦♦♦
Annual Monitoring for Patients on Persistent Medications - Total	81.8	82.4	88.2	84.2	84.5	88.0	85.8	84.8	87.5	93.2	90.2	84.1	84.2	88.6	♦♦♦
Antidepressant Medication Management - Effective Acute Phase Treatment	45.5	48.8	49.6	45.0	46.1	49.3	53.0	48.3	49.4	46.7	54.6	49.2	48.0	50.4	♦♦
Antidepressant Medication Management - Effective Continuation Phase Treatment	31.0	30.2	33.3	29.0	34.0	30.7	35.5	28.4	34.1	26.7	40.9	33.0	30.1	34.3	♦♦
Appropriate Testing for Children With Pharyngitis	66.8	70.7	79.2	67.3	69.4	74.5	64.8	68.0	71.5	63.3	69.8	65.8	69.0	73. 7	♦♦
Appropriate Treatment for Children With Upper Respiratory Infection	66.4	68.6	66.8	79.1	76.8	73.5	64.7	67.9	65.6	70.0	71.4	67.2	69.4	67.4	♦
Asthma Medication Ratio (5-11)	79.5	79.2	82.8	82.3	74.7	85.6	79.7	82.0	84.8	^	87.5	80.0	79.9	84.3	♦♦♦♦
Asthma Medication Ratio (12-18)	63.9	58.4	66.9	69.1	59.5	70.5	66.5	72.3	73.5	^	86.7	66.1	66.0	71.3	♦♦♦♦
Asthma Medication Ratio (19-50)	48.3	45.2	47.3	44.7	39.0	59.5	49.6	54.0	59.5	^	87.5	48.3	47.8	55.7	♦♦♦
Asthma Medication Ratio (51-64)	^	33.3	50.0	^	66.7	66.7	^	50.0	50.0	^	100.0	^	50.0	60.9	♦♦♦
Asthma Medication Ratio (Total)	69.2	66.8	69.9	71.8	62.9	73.8	71.1	74.4	75.7	^	88.2	70.6	69.9	73.73	♦♦♦♦
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	14.1	10.6	24.6	13.7	19.3	25.4	17.4	15.1	26.2	20.0	22.3	15.5	14.3	24.8	♦
Breast Cancer Screening	38.3	44.9	44.8	60.6	58.8	48.0	37.3	40.0	34.8	^	^	42.8	45.4	41.3	♦
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	^	100.0	^	^	^	^	^	^	^	^	^	^	100.0	^	^
Cervical Cancer Screening	53.2	52.3	50.5	55.2	52.6	44.0	58.6	53.4	52.7	32.4	35.0	56.0	52.0	72.4	♦
Childhood Immunization Status-Combo 2	69.6	75.9	70.5	74.7	72.5	72.5	72.5	71.3	74.5	33.3	66.1	71.7	73.3	69.2	♦♦
Childhood Immunization Status-Combo 3	66.3	71.9	67.2	69.3	70.3	67.9	67.1	68.1	72.0	33.3	62.0	67.1	70.0	69.6	♦♦
Childhood Immunization Status-Combo 4	65.3	69.8	66.3	67.9	68.1	66.9	65.5	65.7	69.0	33.3	61.0	65.8	67.8	67.3	♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Childhood Immunization Status-Combo 5	47.6	59.7	54.7	53.8	57.9	55.7	55.1	54.2	60.4	33.3	48.2	52.0	57.0	57.1	♦♦
Childhood Immunization Status-Combo 6	37.0	38.0	29.0	36.7	32.6	27.3	35.4	34.0	35.7	33.3	25.6	36.3	35.4	31.3	♦♦
Childhood Immunization Status-Combo 7	47.4	58.5	54.3	53.0	57.4	55.5	54.2	53.7	59.0	33.3	47.8	51.3	56.2	56.3	♦♦
Childhood Immunization Status-Combo 8	36.6	37.7	29.0	36.5	32.1	27.2	35.0	33.3	34.7	33.3	24.8	35.8	34.9	30.9	♦♦
Childhood Immunization Status-Combo 9	27.4	34.0	24.5	32.4	30.4	24.1	30.8	28.9	31.9	33.3	22.3	29.7	31.2	27.5	♦♦
Childhood Immunization Status-Combo 10	27.4	33.7	24.5	32.1	30.2	24.1	30.3	28.5	31.3	33.3	22.3	29.4	30.9	27.2	♦♦
Chlamydia Screening in Women (Lower Age Stratification)	35.1	38.6	42.1	38.0	34.6	41.2	34.7	35.9	37.8	30.8	38.7	35.4	36.5	39.8	♦
Chlamydia Screening in Women (Upper Age Stratification)	46.0	52.3	51.8	46.7	43.8	50.4	46.7	48.5	49.8	38.0	44.3	46.4	48.6	49.6	♦
Chlamydia Screening in Women - Total	39.1	43.1	46.8	40.8	37.7	45.6	38.5	39.8	42.8	34.6	42.8	39.1	40.5	44.56	♦
Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	58.2	58.7	64.5	68.6	64.4	65.0	61.1	65.3	66.2	43.8	58.6	61.1	61.9	63.5	♦♦♦
Comprehensive Diabetes Care - Eye Exams	34.0	34.2	35.0	30.4	27.4	40.2	25.9	27.3	28.5	25.0	41.6	29.8	29.9	36.2	♦
Comprehensive Diabetes Care - HbA1c Control (<7% for a selected population)	31.7	^	^	^	^	^	^	^	^	29.3	31.8	31.7	29.3	31.8	♦♦
Comprehensive Diabetes Care - HbA1c Control (<8%)	43.3	43.2	48.7	41.2	39.6	56.9	38.2	46.1	47.0	39.6	43.4	40.7	43.6	48.6	♦♦
Comprehensive Diabetes Care - HbA1c Testing	76.4	77.4	90.1	78.9	81.1	91.0	81.7	83.8	86.3	85.4	90.7	79.2	80.9	89.5	♦♦♦
Comprehensive Diabetes Care - Medical Attention for Nephropathy	67.1	82.1	91.7	69.1	85.2	91.5	67.6	88.0	88.7	89.6	89.1	67.6	85.3	90.2	♦♦
Comprehensive Diabetes Care - Poor HbA1c Control (>9.0%) A lower is Better	47.8	48.1	39.0	46.9	50.7	31.6	51.9	46.5	41.2	56.3	46.2	49.5	48.2	39.9	♦♦♦
Controlling High Blood Pressure	55.6	53.8	60.6	56.4	61.0	59.9	50.6	55.2	56.7	33.3	48.7	53.4	54.8	56.2	♦♦
Diabetes Monitoring for People With Diabetes and Schizophrenia	^	^	78.6	^	50.0	77.3	^	100.0	71.4	^	63.6	^	50.0	74.2	♦♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	88.1	77.5	79.3	^	74.1	81.0	79.8	76.2	78.1	64.7	80.3	82.7	75.9	79.6	♦♦
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	^	71.4	78.4	^	77.8	73.2	69.7	58.8	67.0	^	63.7	69.7	64.6	70.8	♦♦
FU After Emergency Department Visit for Alcohol and Other Drug Dependence (Total) - 7 days	^	^	33.2	^	^	40.3	^	^	31.4	^	29.9	^	^	33.8	^
FU After Emergency Department Visit for Alcohol and Other Drug Dependence (Total) -30 days	^	^	39.1	^	^	48.0	^	^	36.6	^	35.8	^	^	39.9	^
FU After Emergency Department Visit for Mental Illness - 7 days	^	^	27.4	^	^	42.8	^	^	23.0	^	28.4	^	^	30.7	^
FU After Emergency Department Visit for Mental Illness – 30 days	^	^	42.5	^	^	63.5	^	^	40.8	^	47.1	^	^	49.0	^
FU Care for Children Prescribed ADHD Medication - Initiation Phase	41.9	41.9	54.3	44.2	39.7	47.1	35.6	37.5	57.2	^	42.4	37.4	39.4	54.3	♦♦♦♦
FU Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase	40.5	50.0	62.4	49.6	44.6	56.2	34.7	46.1	70.3	^	75.0	36.2	47.2	65.3	♦♦♦♦
FU After Hospitalization For Mental Illness - 7 days	^	31.0	31.2	^	21.5	18.0	^	^	28.9	18.9	48.8	^	27.3	30.6	♦
FU After Hospitalization For Mental Illness - 30 days	^	60.4	64.8	^	38.9	36.8	^	^	62.8	24.3	71.2	^	51.3	51.3	♦♦
Human Papillomavirus Vaccine for Female Adolescents	18.4	21.2	^	23.4	23.1	^	25.3	22.2	^	16.7	^	22.6	22.0	^	^
Immunizations for Adolescents - Combination 1	84.3	83.9	85.1	84.4	81.3	83.2	80.5	84.3	84.7	75.0	77.1	82.5	83.6	84.4	♦♦♦♦
Immunizations for Adolescents - Combination 2	^	^	13.4	^	^	14.8	^	^	14.4	^	17.2	^	^	14.2	♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Lead Screening in Children	53.1	56.4	59.2	49.6	51.8	51.8	53.4	59.0	59.0	33.3	51.1	52.7	56.8	57.5	♦
Medication Management for People With Asthma: Medication Compliance 50% (5-11)	58.2	60.4	62.9	63.6	58.8	68.5	66.4	58.8	63.8	^	75.0	63.3	59.4	64.3	^
Medication Management for People With Asthma: Medication Compliance 50% (12-18)	55.3	55.4	58.1	56.3	60.9	61.3	59.4	57.2	56.2	^	71.4	57.6	57.2	57.7	^
Medication Management for People With Asthma: Medication Compliance 50% (19-50)	65.2	58.8	66.7	^	53.5	69.2	71.1	63.6	62.4	^	50.0	68.5	60.0	64.8	^
Medication Management for People With Asthma: Medication Compliance 50% (51-64)	^	50.0	75.0	^	100.0	50.0	^	50.0	83.3	^	100.0	^	66.7	76.5	^
Medication Management for People With Asthma: Medication Compliance 50% (Total)	58.0	58.5	61.9	60.6	59.3	65.6	64.1	58.5	60.5	^	69.7	61.5	58.6	61.8	^
Medication Management for People With Asthma: Medication Compliance 75% (5-11)	29.9	31.2	37.6	37.2	39.2	41.8	40.4	34.4	35.2	^	0.0	36.4	33.9	36.7	♦♦♦♦
Medication Management for People With Asthma: Medication Compliance 75% (12-18)	32.9	28.7	33.6	31.3	33.6	38.0	34.5	28.7	31.9	^	42.9	33.5	29.4	33.5	♦♦♦♦
Medication Management for People With Asthma: Medication Compliance 75% (19-50)	40.9	37.7	37.6	^	37.2	46.2	47.0	40.2	38.8	^	25.0	44.3	38.7	39.4	♦♦♦
Medication Management for People With Asthma: Medication Compliance 75% (51-64)	^	50.0	50.0	^	66.7	50.0	^	50.0	50.0	^	33.3	^	55.6	47.1	♦♦
Medication Management for People With Asthma: Medication Compliance 75% (Total)	32.3	31.1	36.3	33.8	37.0	41.2	38.5	32.6	34.4	^	27.3	35.8	32.8	35.9	♦♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Metabolic Monitoring for Children and Adolescents on Antipsychotics (1-5)	^	20.0	50.0	^	50.0	33.3	^	20.0	0.0	^	^	^	25.0	27.3	♦♦♦
Metabolic Monitoring for Children and Adolescents on Antipsychotics (6-11)	11.6	17.0	40.6	20.4	17.0	33.7	12.8	20.2	30.0	11.1	50.0	13.7	18.5	34.4	♦♦♦
Metabolic Monitoring for Children and Adolescents on Antipsychotics (12-17)	16.8	19.4	46.1	24.2	30.4	33.5	18.0	20.5	37.8	^	54.6	18.9	22.3	39.0	♦♦♦
Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)	14.0	18.3	43.5	22.5	25.6	33.6	15.5	20.4	34.3	7.7	52.6	16.3	20.6	37.0	♦♦♦
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) A lower score is better	5.5	3.8	3.8	7.0	4.9	5.4	6.6	4.7	4.5	5.4	5.8	6.3	4.4	4.5	♦
Persistence of Beta-Blocker Treatment after a Heart Attack	^	66.7	76.8	^	60.0	78.1	^	100.0	80.3	100.0	82.0	^	75.0	79.6	♦♦
Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	71.4	80.8	82.7	^	82.2	73.8	88.6	81.2	81.4	79.0	82.0	67.4	80.9	80.0	♦♦
Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	74.3	84.6	78.8	^	65.6	56.7	81.8	68.4	73.0	72.8	75.3	65.3	73.0	70.9	♦♦♦
Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (21-75 years Male)	^	77.8	81.8	^	20.0	62.5	^	66.7	68.4	^	66.7	^	62.1	73.1	♦♦
Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (40-75 years Female)	^	76.9	68.4	^	66.7	41.7	^	64.3	73.7	^	100.0	^	69.5	65.4	♦
Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (Total)	^	77.3	75.6	^	50.0	50.0	^	65.5	71.1	^	80.0	^	66.2	69.2	♦
Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence (21-75 years Male)	^	42.9	61.1	^	100.0	20.0	^	80.0	61.5	^	0.0	^	66.7	52.6	♦
Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence (40-75 years Female)	^	70.0	46.2	^	16.7	20.0	^	44.4	71.4	^	100.0	^	48.0	55.9	♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence (Total)	^	58.8	54.8	^	28.6	20.0	^	63.2	66.7	^	50.0	^	55.8	54.2	♦
Statin Therapy for Patients With Diabetes - Received Statin Therapy	^	54.6	52.7	^	46.9	56.1	^	55.6	56.4	^	63.6	^	53.8	55.3	♦
Statin Therapy for Patients With Diabetes - Statin Adherence	^	48.3	55.1	^	65.2	60.9	^	53.3	60.9	^	57.1	^	53.2	58.8	♦♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1-5)	^	^	33.3	^	^	^	^	^	50.0	^	^	^	^	40.0	♦♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (6-11)	^	37.0	36.2	^	100.0	43.9	^	^	48.8	^	33.3	^	37.9	43.9	♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12-17)	^	44.8	69.2	^	33.3	37.7	^	^	50.5	^	50.0	^	41.2	50.7	♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	^	41.1	50.6	^	50.0	40.4	^	^	49.7	^	45.5	^	39.7	47.5	♦
Use of Imaging Studies for Low Back Pain	65.6	64.2	57.2	61.5	66.8	53.4	68.2	66.2	67.6	69.4	62.5	66.2	65.7	60.4	♦
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (1-5)	^	^	0.0	^	^	0.00	^	^	0.0	^	^	^	^	^	^
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (6-11)	^	^	0.0	^	^	1.4	0.8	0.9	1.2	^	0.0	0.8	0.5	0.8	♦♦♦
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (12-17)	0.8	1.3	1.6	1.9	5.3	2.4	0.4	^	0.0	^	0.0	0.8	1.5	1.0	♦♦♦♦
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Total)	0.4	0.7	0.8	1.1	3.1	2.0	0.6	0.4	0.5	^	0.0	0.6	1.0	0.9	♦♦♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (3-11 years)	49.7	63.0	68.8	56.1	59.4	61.1	49.7	61.3	76.6	46.6	52.9	50.6	61.5	70.8	♦♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (12-17 years)	50.0	58.9	66.2	57.1	56.4	60.4	55.1	68.5	76.7	51.6	49.7	53.6	62.7	69.6	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (Total)	49.8	61.6	67.9	56.5	58.4	60.8	51.4	63.4	76.6	48.9	51.6	51.6	61.8	70.4	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (3-11 years)	53.9	56.8	67.7	62.0	56.5	63.4	50.7	62.3	66.8	51.1	53.3	53.6	59.2	66.3	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (12-17 years)	44.7	58.9	69.0	47.9	50.0	55.7	39.9	53.9	67.8	50.5	57.2	43.0	54.9	65.8	♦♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	51.4	57.6	68.2	57.2	54.3	60.6	47.1	59.7	67.1	50.9	55.0	50.3	57.9	66.2	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (3-11 years)	43.2	42.9	55.6	35.8	40.6	43.1	39.0	46.0	56.3	46.1	40.8	40.1	44.0	53.6	♦♦
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (12-17 years)	46.5	53.6	64.1	35.7	44.3	51.0	39.9	51.5	65.1	49.0	50.3	41.6	51.0	61.9	♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	44.1	46.7	58.5	35.8	41.9	46.0	39.3	47.7	59.3	47.5	44.8	40.6	46.4	56.5	♦♦

+HEDIS percentiles are from NCQA Quality Compass 2016 (MY 2015).
^ Indicates that denominator was too small to report a rate or that a comparative benchmark is not available.

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

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Adults' Access to Preventive/Ambulatory Health Services (20-44)	82.6	82.7	79.5	83.7	84.0	80.4	84.8	84.2	80.9	79.6	79.7	83.8	83.4	80.1	♦♦♦
Adults' Access to Preventive/Ambulatory Health Services (45-64)	84.0	83.1	85.0	88.7	87.7	85.0	85.5	85.4	85.2	80.0	85.6	85.4	84.7	85.2	♦♦
Adults' Access to Preventive/Ambulatory Health Services (65+)	^	^	100.0	^	^	40.0	^	^	0.0	^	80.0	^	^	69.6	♦
Adults' Access to Preventive/Ambulatory Health Services (Total)	82.8	82.7	81.0	84.2	84.4	81.8	84.8	84.3	81.9	79.6	82.2	83.9	83.5	81.7	♦♦
Annual Dental Visit (2-3 Yrs.)	31.9	33.5	34.3	36.2	32.0	32.2	15.9	26.0	37.1	27.8	26.5	23.7	29.9	34.8	♦♦
Annual Dental Visit (4-6 Yrs.)	61.3	68.6	71.3	60.8	67.6	68.7	34.2	55.3	71.7	55.2	67.2	47.3	62.2	71.0	♦♦♦♦
Annual Dental Visit (7-10 Yrs.)	62.9	67.1	71.7	61.9	64.7	67.0	35.6	55.9	72.8	58.0	67.8	48.2	61.2	71.3	♦♦♦♦
Annual Dental Visit (11-14 Yrs.)	60.3	62.7	65.1	56.4	59.3	61.5	35.0	53.3	67.0	57.1	60.2	46.6	57.6	65.2	♦♦♦
Annual Dental Visit (15-18 Yrs.)	51.9	55.6	57.8	50.0	54.9	56.5	30.5	47.2	59.9	48.3	50.1	40.5	51.4	58.2	♦♦♦♦
Annual Dental Visit (19-20 Yrs.)	36.2	41.4	39.4	41.1	43.7	41.5	18.4	31.5	42.0	41.1	35.3	27.2	37.8	40.5	♦♦♦
Annual Dental Visit (Total)	54.8	59.0	61.0	55.8	57.3	57.8	31.3	49.4	63.3	51.4	52.9	42.5	54.1	61.2	♦♦♦
Children and Adolescents' Access To PCP (12-24 Months)	97.4	97.9	98.2	96.4	97.0	97.5	93.5	97.9	97.4	96.7	85.8	95.5	97.7	96.4	♦♦♦
Children and Adolescents' Access To PCP (25 Months-6 Yrs.)	92.8	92.1	91.7	89.4	89.4	88.5	86.1	89.5	89.6	81.6	74.5	89.1	90.4	89.7	♦♦♦
Children and Adolescents' Access To PCP (7-11 Yrs.)	94.8	94.6	95.2	91.4	91.0	92.4	93.5	90.3	92.9	^	68.5	93.6	91.9	93.4	♦♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Children and Adolescents' Access To PCP (12-19 Yrs.)	94.0	93.8	93.5	90.4	90.2	89.8	92.2	89.0	91.8	^	70.2	92.5	90.8	91.7	♦♦♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement (13-17 Yrs.)	^	7.8	12.2	^	50.0	11.6	^	^	8.5	^	7.1	^	9.0	10.1	♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement (18+ Yrs.)	^	26.8	22.5	^	16.6	22.2	^	^	20.5	8.2	29.1	^	22.7	23.3	♦♦♦♦♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement Total	^	25.3	22.3	^	17.0	22.0	^	^	20.0	8.1	29.0	^	21.9	23.0	♦♦♦♦♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation (13-17 Yrs.)	^	35.9	29.6	^	50.0	29.0	^	^	24.4	100.0	28.6	^	37.3	26.9	♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation (18+ Yrs.)	^	43.7	45.0	^	44.0	45.4	^	^	43.0	25.9	61.2	^	41.3	48.0	♦♦♦♦
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation Total	^	43.1	44.7	^	44.1	57.8	^	^	42.1	26.4	61.1	^	41.1	47.5	♦♦♦♦
Postpartum Care - Postpartum Care	55.0	59.4	61.9	61.6	63.0	63.3	61.7	57.1	62.0	51.1	74.5	59.1	58.5	63.9	♦♦
Prenatal and Postpartum Care - Timeliness of Prenatal Care Prenatal	89.8	93.6	88.7	96.4	89.5	87.4	89.1	86.5	84.3	85.9	92.0	90.7	89.4	87.3	♦♦♦

+HEDIS percentiles are from NCQA Quality Compass 2016 (MY 2015).
^ Indicates measure not collected or benchmark not available.

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

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Child Measures															
Adolescent Well-Care Visits	50.5	39.9	55.9	46.5	47.2	44.3	41.9	51.9	55.1	49.9	36.0	45.7	46.9	52.2	♦♦♦
Frequency of Ongoing Prenatal Care (<21%)	3.6	3.1	1.7	0.5	3.7	4.6	3.6	6.5	4.6	8.3	2.7	3.0	5.0	3.4	♦
Frequency of Ongoing Prenatal Care (21-40%)	3.9	1.4	2.7	1.0	5.1	1.7	2.0	2.1	2.8	3.4	2.7	2.6	2.5	2.5	♦
Frequency of Ongoing Prenatal Care (41-60%)	11.4	4.3	3.6	1.5	5.1	4.1	2.8	8.2	3.5	5.6	3.4	5.9	6.1	3.6	♦
Frequency of Ongoing Prenatal Care (61-80%)	11.6	14.3	8.4	6.8	9.3	8.3	9.9	11.9	12.0	10.0	9.5	10.0	12.1	9.8	♦
Frequency of Ongoing Prenatal Care (>= 81%)	69.5	76.9	83.6	90.3	76.9	81.3	81.7	71.3	77.1	72.8	81.8	78.6	74.4	80.6	♦♦♦♦♦
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	77.8	72.1	71.9	70.6	74.0	73.5	69.0	74.9	76.6	62.5	68.9	72.6	73.6	74.2	♦♦♦
Well-Child Visits in the first 15 Months of Life (0 visits)	2.3	0.7	0.5	2.5	1.1	1.1	2.1	1.7	1.4	^	5.4	2.2	1.2	1.3	♦♦
Well-Child Visits in the first 15 Months of Life (1 visit)	1.8	1.0	1.2	1.1	1.5	2.1	0.8	2.0	0.9	^	2.2	1.2	1.5	1.3	♦♦
Well-Child Visits in the first 15 Months of Life (2 visits)	4.1	1.7	2.8	2.7	2.6	2.4	3.9	4.9	2.8	^	4.6	3.8	3.3	2.9	♦♦
Well-Child Visits in the first 15 Months of Life (3 visits)	6.7	5.1	5.7	4.5	4.6	6.7	5.5	6.1	3.9	7.1	5.1	5.8	5.5	5.1	♦♦♦
Well-Child Visits in the first 15 Months of Life (4 visits)	7.2	7.8	9.7	8.9	9.1	12.6	6.0	8.6	9.3	21.4	10.7	6.9	8.4	10.1	♦♦♦
Well-Child Visits in the first 15 Months of Life (5 visits)	18.6	17.1	16.5	14.5	18.4	18.9	19.0	14.2	12.5	21.4	13.6	18.1	16.1	15.1	♦♦

Measure	ABHWV			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Well-Child Visits in the first 15 Months of Life (6 or more visits)	59.3	66.6	63.7	65.8	62.7	56.2	62.9	62.5	69.2	50.0	58.4	61.9	64.1	64.1	♦♦♦

+HEDIS percentiles are from NCQA Quality Compass 2017 (MY 2016).

Appendix 4 – CAHPS Survey Measure Results

The MHT MCOs conducted the HEDIS 2017 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 2014-2016), the MHT Average (MA) for three years, and a comparison of MA (MY 2016) to the most current National Medicaid Percentiles (NMP) for CAHPS 2017 (MY 2016) are provide for each measure in Table A4-1.

Diamond Ratings for Adult and Child CAHPS Measures.

National Medicaid Percentile Ranges	Diamond Rating
Exceeds the 90th Percentile	♦♦♦♦♦
Exceeds the 75th Percentile to 90th Percentile	♦♦♦♦
Exceeds the 50th Percentile to the 75th Percentile	♦♦♦
Exceeds the 25th Percentile to the 50th Percentile	♦♦
25th Percentile or less	♦

Table A4-1. MHT MCO Adult and Child CAHPS Measure Results Compared to National Benchmarks

Measure	ABH			THP			UHP			WVFH		MHT-WA MY 2014 %	MHT-WA MY 2015 %	MHT-WA MY 2016 %	MHT-WA Compared to NMPs MY 2016 %
	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2014 %	MY 2015 %	MY 2016 %	MY 2015 %	MY 2016 %				
Adult Survey															
Customer Service Composite	^	^	^	86.5	^	^	92.2	^	^	^	85.0	89.4	^	^	^
Getting Needed Care Composite	77.7	78.4	82.7	77.9	81.4	84.1	72.2	81.8	84.0	80.4	83.6	75.9	80.5	83.6	♦♦♦
Getting Care Quickly Composite	82.6	83.4	86.5	83.5	79.4	79.0	83.7	84.3	81.0	85.9	83.4	83.2	83.2	82.5	♦♦♦
How Well Doctors Communicate Composite	92.2	90.6	95.5	91.2	91.7	92.1	89.6	92.7	93.0	93.38	92.5	91.1	92.1	93.3	♦♦♦♦
Shared Decision Making Composite	83.0	80.5	82.4	83.0	85.1	N/A	85.0	82.7	81.4	81.53	80.6	83.6	82.4	81.5	♦♦♦
Health Promotion and Education Composite	73.8	69.3	72.9	67.3	69.3	77.1	68.6	68.4	69.2	73.5	72.5	69.9	70.1	72.9	♦♦
Coordination of Care Composite	^	^	86.0	78.2	^	87.7	83.1	75.4	85.0	86.7	86.1	80.7	81.0	86.2	♦♦♦♦
Rating of Health Plan	59.9	66.3	62.9	73.0	73.1	75.8	66.4	68.7	71.4	71.7	72.1	66.4	70.0	70.5	♦
Rating of All Health Care	68.3	66.8	68.4	68.7	70.8	67.2	62.5	69.1	71.1	67.5	74.0	66.5	68.6	70.2	♦
Rating of Personal Doctor	72.7	77.3	79.0	76.3	77.1	78.0	77.5	80.9	80.1	84.6	84.5	75.5	80.0	80.4	♦♦
Rating of Specialist Seen Most Often	N/A	75.3	72.0	71.1	N/A	82.4	73.0	76.1	81.9	81.5	75.9	72.0	77.6	78.0	♦
Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit	69.3	67.7	73.5	77.4	75.0	71.3	74.2	69.1	69.9	74.8	76.2	73.6	71.7	72.7	♦♦
Medical Assistance with Smoking and Tobacco Use Cessation -	34.3	32.3	40.4	50.4	45.9	42.8	38.1	35.7	39.7	45.5	47.7	40.9	39.9	42.7	♦

Discussing Cessation Medications															
Medical Assistance with Smoking and Tobacco Use Cessation - Discussing Cessation Strategies	34.7	32.0	42.3	51.2	45.5	39.0	33.2	33.4	38.4	42.2	44.7	39.7	38.3	41.1	♦♦
Flu measure- Had flu shot or spray in the nose since July 1, 2016	33.5	32.3	41.2	26.7	29.7	40.4	32.1	27.6	30.3	37.6	37.5	30.8	31.8	37.4	♦♦
Child Survey – General Population															
Child Survey: Customer Service Composite	93.6	89.6	^	92.8	94.4	^	88.2	88.0	88.5	^	^	91.5	90.8	^	^
Child Survey: Getting Needed Care Composite	87.1	89.6	93.3	90.2	89.2	89.6	88.8	87.4	90.7	87.5	89.3	88.7	88.4	90.7	♦♦♦♦♦
Child Survey: Getting Care Quickly Composite	93.4	95.6	96.1	94.9	95.7	93.9	94.1	93.8	96.1	95.2	96.7	94.1	94.9	95.7	♦♦♦♦♦
Child Survey: How Well Doctors Communicate Composite	94.0	96.5	96.1	95.7	95.8	94.1	95.6	95.1	95.4	95.9	95.7	95.1	95.8	95.3	♦♦♦♦
Child Survey: Shared Decision Making Composite	82.4	84.0	79.9	78.7	77.8	^	78.8	76.3	80.5	^	79.8	79.9	79.4	80.1	♦♦♦
Child Survey: Health Promotion and Education Composite	74.3	76.5	70.7	69.5	69.5	67.4	72.1	71.3	72.9	78.8	69.3	72.0	74.0	70.1	♦♦
Child Survey: Coordination of Care Composite	80.9	88.2	84.2	78.5	84.3	84.5	82.7	83.2	84.7	85.0	88.7	80.7	85.2	85.5	♦♦♦
Child Survey: Rating of Health Plan	81.5	86.7	82.1	85.0	84.3	89.1	84.7	83.7	87.0	77.5	81.7	83.7	83.1	85.0	♦♦
Child Survey: Rating of All Health Care	81.6	85.0	85.1	86.2	85.8	86.1	83.8	83.9	85.0	86.8	87.9	83.9	85.3	86.0	♦♦
Child Survey: Child Survey: Rating of Personal Doctor	87.9	91.2	88.3	87.7	88.6	88.6	87.4	87.6	88.6	88.8	89.3	87.7	89.0	88.7	♦♦
Child Survey: Rating of Specialist Seen Most Often	82.7	83.8	91.2	83.1	75.2	^	80.3	85.6	85.6	^	^	82.0	81.5	89.9	♦♦♦♦

⌘ CAHPS percentiles are from NCQA Quality Compass 2017 (MY 2016)

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

Appendix 5 – Status of Recommendations from Measurement Year 2015 Review

Delmarva Foundation provided recommendations to all four MCOs based on the results of the 2015 SPR, PIP, and PMV activities with the expectation that they would be addressed. The tables below provide the recommendations made and the actions, if any, that have been undertaken by each of the MCOs in 2016 to address these recommendations. Summaries are presented below by MCO and activity.

Table A5-1. ABHWV 2015 Recommendations and 2016 Status

ABHWV 2015 Recommendations and 2016 Status	
Systems Performance Review	
Enrollee Rights	**Requirements and Recommendations** • In its Exit Letter to all MCOs, Delmarva Foundation provided a general requirement for all MCOs to review and revise as necessary, any policies, procedures, and member materials (e.g. Member Handbook) that contains information on the appeals process. Any practitioner is able to file an appeal on behalf of a member, not just doctors, as stated in several documents. In all documents that refer to the appeals process, the MCO must review and assess whether or not the appropriate language regarding providers and practitioners is used consistently and appropriately. Because all of the MCOs are required to be NCQA accredited, Delmarva Foundation is requiring use of the term 'provider' to refer to such entities as hospitals, clinics, and so forth. The term 'practitioner' is to be used to refer to doctors, PCPs, physician assistants, or any person providing direct services to enrollees. As the MCO's documents come up for review/revision, the MCO must make these changes.
	Status • ABHWV has updated their policies as they come up for review.
Grievance Systems	**Requirements and Recommendations** • There were no requirements or recommendations as the MCO achieved 100% compliance on this standard in MY 2015.
	Status • Not applicable.
Quality Assessment and Performance Improvement	**Requirements and Recommendations** • There were no requirements or recommendations as the MCO achieved 100% compliance on this standard in MY 2015.
	Status • Not applicable.
Fraud and Abuse	**Requirements and Recommendations** • There were no requirements or recommendations as the MCO achieved 100% compliance on this standard in MY 2015.
	Status • Not applicable.

Performance Improvement Projects	
Annual Monitoring for Patients on Persistent Medications	**Requirements and Recommendations** • There were no recommendations from last year because MY 2016 was their initial PIP submission for this project.
	Status • Not applicable.
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Requirements and Recommendations** • There were no requirements or recommendations from last year because MY 2016 was the Baseline Year.
	Status • Not applicable.
Diabetes Collaborative	**Requirements and Recommendations** • Implement a mechanism to monitor and require follow-up as part of the Gaps-in-Care lists intervention to track provider follow-up with getting members into care.
	Status • The MCO sent Gaps-in-Care Lists to practitioners for providers to follow-up with members and schedule members for office visits to get the necessary services. While these lists were sent to the practitioners, there was no follow-up with the provider to encourage outreach to the member. In MYs 2013 through 2015, it was recommended that the MCO put a mechanism in place to monitor or follow-up on getting members into care. The MCO recognized Gaps-in-Care lists as an opportunity in their PIP analysis, and reported that these lists should be placed on the provider portal for all practitioners. This method was considered insufficient for proper follow-up to get members into care and a continuing opportunity for improvement still exists.

Performance Measure Validation
Requirements and Recommendations • Be fully prepared to provide a complete and updated ISCA for the next reporting period. • Fully validate the PMV Rate Reporting Worksheet prior to submitting the final product to Delmarva Foundation. The MCO is required to provide all requested data elements for performance measures selected for validation and those that are essential for the measures used in the Withhold Program. Missing or incorrect data elements may lead to a measure receiving an audit designation of "Not Report[able?]." • Be prepared to report the modified Behavioral Health Risk Assessment measuring during the next PMV cycle. • Be prepared for an increase in membership with the enrollment of the SSI population scheduled for January 1, 2017.

ABHWV 2015 Recommendations and 2016 Status
Status • ABHWV provided a complete and comprehensive ISCA that complemented information documented in their 2017 HEDIS Roadmap for review. • The MCO fully validated the rates reported in the final worksheet. No issues were discovered. • ABHWV successfully reported the modified Behavioral Health Risk Assessment measure. • The MCO successfully incorporated the additional enrollees without any issues.

Table A5-2. THP 2015 Recommendations and 2016 Status

THP 2015 Recommendations and 2016 Status	
Systems Performance Review	
Enrollee Rights	**Requirements and Recommendations** • In its Exit Letter to all MCOs, Delmarva Foundation provided a general requirement for all MCOs to review and revise as necessary, any policies, procedures, and member materials (e.g. Member Handbook) that contains information on the appeals process. Any practitioner is able to file an appeal on behalf of a member, not just doctors, as stated in several documents. In all documents that refer to the appeals process, the MCO must review and assess whether or not the appropriate language regarding providers and practitioners is used consistently and appropriately. Because all of the MCOs are required to be NCQA accredited, Delmarva Foundation is requiring use of the term 'provider' to refer to such entities as hospitals, clinics, and so forth. The term 'practitioner' is to be used to refer to doctors, PCPs, physician assistants, or any person providing direct services to enrollees. As the MCO's documents come up for review/revision, the MCO must make these changes.
	Status • THP has updated their policies as they come up for review.
Grievance Systems	**Requirements and Recommendations** • Any provider is able to file an appeal on behalf of a member. In all documents pertaining to appeals, especially in the Appeals Policies and Member Handbook, the MCO must review and assess whether or not the appropriate language regarding providers, practitioners, and doctors, and so forth, is used consistently and appropriately. Because all of the MCOs are required to be NCQA accredited, Delmarva Foundation is requiring use of the term 'provider' to refer to such entities as hospitals, clinics, and so forth. The term 'practitioner' is to be used to refer to doctors, PCPs, physician assistants, or any person providing direct services to enrollees. As the MCO's documents come up for review/revision, the MCO can make these recommended changes.
	Status • THP has updated their documents as they come up for review.

THP 2015 Recommendations and 2016 Status	
Quality Assessment and Performance Improvement	**Requirements and Recommendations** • ***QM Program Description*** **-** The Quality Management Program Description does not specifically designate the President and CEO as the senior executives responsible for the QM Program, although it states that the EMT can act on his behalf. It is recommended that the Quality Management Program Description explicitly state that the President and CEO are the senior executives responsible for the QM Program. • ***EPSDT –*** It is recommended that the MCO update policy ME-7-MHT Health Check to include the ICD-10 codes which came into use in 2015. • ***Access and Availability –*** The MCO must be prepared to analyze and report BH provider access and availability as required by the BMS Contract. • ***Access and Availability –*** The MCO is encouraged to work with BMS and the other MHT MCOs to standardize measurement for the 24/7 access standard.
	Status • ***QM Program Description –*** The 2016 QM Program Description states that the President and CEO serve as Chairman of the Executive Management Team which is responsible for the QM Program and process. • ***EPSDT –*** The MCO updated its ME-7-MHT Health Check Policy to reference ICD-10 codes. • ***Access and Availability –*** The MCO reported BH provider geo access and availability as required by the BMS Contract. • ***Access and Availability –*** The MCOs continue to work with BMS and the EQRO to identify best methods to assess the 24/7 access standard.
Fraud and Abuse	**Requirements and Recommendations** • A general recommendation was made to all MCOs to encourage them to continue efforts to work with the MFCU and the other MCOs to collaborate on cases that affect entire MHT and share best practices.
	Status • Not applicable.
Performance Improvement Projects	
Members Establishment with PCP of Record Project	**Requirements and Recommendations** • There were no recommendations from the MY 2015 submission.
	Status • Not applicable.
Diabetes Collaborative	**Requirements and Recommendations** • Continue with targeted member and provider specific interventions
	Status • The expansion of the W&HP Call Center allows the MCO to follow-up with members who have gaps in care, as well as reach out to providers with the gaps-in-care lists.

THP 2015 Recommendations and 2016 Status	
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Requirements and Recommendations** • There were no requirements or recommendations from last year because MY 2015 was the Baseline year.
	Status • Not applicable.
Performance Measure Validation	
Requirements and Recommendations • Be fully prepared to provide a complete and updated ISCA for the next reporting period. • Fully validate the PMV Rate Reporting Worksheet prior to submitting the final product to Delmarva Foundation. The MCO is required to provide all requested data elements for performance measures selected for validation and those that are essential for the measures used in the Withhold Program. Missing or incorrect data elements may lead to a measure receiving an audit designation of "Not Report [able?]." • Be prepared to report the modified Behavioral Health Risk Assessment measure during the next PMV cycle. • Be prepared for an increase in membership with the enrollment of the SSI population scheduled for January 1, 2017. • The MCO should also consider utilizing its HEDIS software for Adult and Child Core measures where appropriate.	
Status • The MCO provided a complete and comprehensive ISCA as well as their 2017 HEDIS Roadmap for review. • The MCO Final PMV Rate Reporting Workbook was accurate and complete. • The MCO successfully reported the BHRA measure. • The MCO successfully incorporated the additional enrollees without any issues. • THP's NCQA-certified software does not support non-HEDIS Adult and Child Core measures.	

Table A5-3. UHP 2015 Recommendations and 2016 Status

UHP 2015 Recommendations and 2016 Status	
Systems Performance Review	
Enrollee Rights	**Requirements and Recommendations** • In its Exit Letter to all MCOs, Delmarva Foundation provided a general requirement for all MCOs to review and revise as necessary, any policies, procedures, and member materials (e.g. Member Handbook) that contains information on the appeals process. Any practitioner is able to file an appeal on behalf of a member, not just doctors, as stated in several documents. In all documents that refer to the appeals process, the MCO must review and assess whether or not the appropriate language regarding providers and practitioners is used consistently and appropriately. Because all of the MCOs

UHP 2015 Recommendations and 2016 Status	
	are required to be NCQA accredited, Delmarva Foundation is requiring use of the term 'provider' to refer to such entities as hospitals, clinics, and so forth. The term 'practitioner' is to be used to refer to doctors, PCPs, physician assistants, or any person providing direct services to enrollees. As the MCO's documents come up for review/revision, the MCO must make these changes.
	Status • UHP has updated their policies as they come up for review.
Grievance Systems	**Requirements and Recommendations** • A recommendation from 2015 was to change the term "doctor" in the NOA letters to the term "provider."
	Status • The NOA letters have been updated to include the term "provider."
Quality Assessment and Performance Improvement	**Requirements and Recommendations** • ***Access and Availability*** **–** UHP must achieve at least a 90% compliance rating for each type of appointment to ensure that members have timely access to care and services. • ***Credentialing and Recredentialing*** **–** The MCO must ensure that all required databases are queried on a monthly basis. • ***Utilization Management*** **–** As in the Grievance System Requirements section, in general, the NOA letters include the required components. However, some UM policies and procedures use the term "doctor," but should state "provider" since not all providers are doctors. These documents and any similar documents in use by UHP *must* be revised as they come up for review and revisions.
	Status • ***Access and Availability*** **–** UHP continued its CAQI program started in 2015. The results of the most recent access and availability survey found that PCPs met the 90% threshold for Urgent Care (96%), but not for any of the other categories. • ***Credentialing and Recredentialing*** **–** Documented both in policies and procedures, all databases are queried on a monthly basis. • ***Utilization Management*** **–** All reviewed documents have been updated with the term "provider."
Fraud and Abuse	**Requirements and Recommendations** • There were no requirements or recommendations as the MCO achieved 100% full compliance for this standard in 2015.
	Status • Not Applicable
Performance Improvement Projects	
Follow-Up After Hospitalization for Mental Illness	**Requirements and Recommendations** • There were no previous recommendations.
	Status

UHP 2015 Recommendations and 2016 Status	
	• Not applicable.
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Requirements and Recommendations** • There were no previous recommendations.
	Status • Not applicable.
Diabetes Collaborative	**Requirements and Recommendations** • There were no recommendations from MY 2015.
	Status • Not applicable.
Performance Measure Validation	
Requirements and Recommendations • Be fully prepared to provide a complete and updated ISCA for the next reporting period. • Fully validate the PMV Rate Reporting Worksheet prior to submitting the final product to Delmarva Foundation. The MCO is required to provide all requested data elements for performance measures selected for validation and those that are essential for the measures used in the Withhold Program. Missing or incorrect data elements may lead to a measure receiving an audit designation of Not Reportable. • Be prepared to report the modified Behavioral Health Risk Assessment measure during the next PMV cycle. • Be prepared for an increase in membership with the enrollment of the SSI population scheduled for January 1, 2017. • Continue to evaluate the use of supplemental data in measures in the Withhold Program. • Continue to explore new data sources and incentive programs for measures in the Withhold Program.	
Status • The MCO provided a complete and comprehensive ISCA as well as their 2017 HEDIS Roadmap for review. • UHP successfully submitted final rates after corrections were made to their first worksheet. • The MCO successfully reported the BHRA measure. • The MCO successfully incorporated the additional enrollees without any issue. • UHP continues to evaluate the use of supplemental data for different performance measures. • UHP explores new data sources and incentive programs for all performance measures.	

Table A5-4. WVFH 2015 Recommendations and 2016 Status

WVFH 2015 Recommendations and 2016 Status	
Systems Performance Review	
Enrollee Rights	**Requirements and Recommendations** • 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. • Implement the January 2016 Advance Directives policy. • Develop and implement a policy on the appropriate treatment of minors. • Review and revise the Procedures for Obtaining Printed Materials in Alternate Formats Policy (FI-027-ALL) as it has not been reviewed since 8/31/2012.
	Status • The MCO updated the language in the 2017 Member Handbook. However, evidence was not provided as to whether or not the updated version was distributed to members in CY 2017. Delmarva Foundation will look for this in the MY 2017 SPR. • The Advance Directives policy was implemented in MY 2016. • The MCO did not develop and implement a policy on the appropriate treatment of minors. Delmarva Foundation will review for this policy in MY 2017. • The MCO reviewed and updated their Procedures for Obtaining Printed Materials in Alternate Formats Policy on 2/20/17.
Grievance Systems	**Requirements and Recommendations** • Include all required content of the NOAs in the appropriate policies and procedures (e.g. date completed, reason for action, right to file an appeal). • Include all six conditions under which enrollees can request continuation of benefits in the WVFH Formal and Informal Appeals Policy. The two conditions that must be added to the NOA are that benefits can continue if (1) the services being appealed were ordered by an authorized provider and (2) the enrollee or provider is appealing a decision to terminate, suspend, or reduce a previously authorized course of treatment. • Revise the WVFH Formal and Informal Appeals Policy to allow the member's representative, or the legal representative of a deceased enrollee's estate, to act as parties of the appeal. The present policy only includes members as parties to the appeal process.

	Status • The NOA was updated to include the required content. • The MCO did not update the Formal and Informal Appeals Policy as required. Delmarva Foundation will review for the updates in MY 2017. • The WVFH Formal and Informal Appeals Policy was updated to state that the member or the member's representative may act as parties of the appeal.
Quality Assessment and Performance Improvement	**Requirements and Recommendations** • Assess provider compliance with all standards at least annually and document the results. • Increase the WVFH threshold of 80% for the access and availability standards to meet the minimum compliance rate set by BMS (90%). Policies and Procedures must be updated to reflect this requirement. • Update the WVFH's Member Handbook to allow OB/GYN specialists as PCPs for female enrollees. • Revised the Gateway Timeframes and Procedures for Standard and Expedited Requests Notifications Policy to address the requirement that the NOA for termination, suspension, or reduction of previously authorized Medicaid-covered service must be mailed at least 10 days prior to the action. • Revise the Credentialing/Recredentialing of Practitioners Desktop Procedure to include high volume specialists in the list of providers requiring an on-site review. There must be evidence that the on-site reviews are conducted per the requirements. • Revise the Credentialing/Recredentialing of Practitioners Desktop Procedure to include the WV Dental Anesthesiologist requirements. • Share survey findings with providers (e.g. CAHPS® and HEDIS®). • Medical record reviews must be conducted and documented as outlined in the Medical Record Review Policy.
	Status • Projects were in place for improved monitoring of provider compliance to all standards for 2017. • Policies and procedures were updated in 2016 to reflect the 90% minimum performance threshold as required by BMS. • The 2017 Member Handbook was updated to include OB/GYN to be PCPs for female enrollees. • The Gateway Timeframes and Procedures for Standard and Expedited Requests Notifications Policy was updated to include the notice of action for termination, suspension, or reduction of previously authorized Medicaid-covered service is mailed 10 days prior to the action. • CAHPS® results were shared in the provider newsletter published in November 2016. • The Credentialing/Recredentialing of Practitioners Desktop Procedure was updated to include high volume specialists in the list of providers requiring an on-site review. During the 2016 SPR review, credentialing documents revealed that this process is occurring. • The Credentialing/Recredentialing of Practitioners Desktop Procedure was

	updated to include the Dental Anesthesiologist requirements for WV. • The Disenrollment Processing Procedure was updated to include all the reasons the MCO may not request disenrollment.
Fraud and Abuse	**Requirements and Recommendations** • The FWA and Compliance Plan must be updated to refer to WVFH and describe the relationship among the entities conducting the FWA and compliance activities for WVFH. The FWA Compliance plan must also describe the relationship among the entities conducting the FWA and compliance activities to WVFH. This must include the reporting structure.
	Status • The FWA and Compliance Plan was updated to appropriately identify WVFH, provide a description of the relationship among the entities conducting the FWA, and compliance activities on behalf of WVFH.
Performance Improvement Projects	
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	**Requirements and Recommendations** • There were no recommendations from MY 2015.
	Status • Not applicable.
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	**Requirements and Recommendations** • There were no recommendations from MY 2015.
	Status • Not applicable.
Diabetes Collaborative	**Requirements and Recommendations** • There were no recommendations from MY 2015.
	Status • Not applicable.
Performance Measure Validations	
Requirements and Recommendations • Be fully prepared to provide a complete and updated ISCA for the next reporting period. • Fully validate the PMV Rate Reporting Worksheet prior to submitting the final product to Delmarva Foundation. The MCO is required to provide all requested data elements for performance measures selected for validation and those that are essential for the measures used in the Withhold Program. Missing or incorrect data elements may lead to a measure receiving an audit designation of "Not Report." • Be prepared to report the modified Behavioral Health Risk Assessment measure during the next PMV cycle. • Be prepared for an increase in membership with the enrollment of the SSI population scheduled for January 1, 2017.	

Status

- Provided a complete and comprehensive ISCA as well as their 2017 HEDIS Roadmap for review.
- Submitted an accurate rate workbook. No issues were found with the final submission.
- Reported the BHRA measure.
- Successfully incorporated the additional enrollees from the SSI population.

Appendix 6 – SPR Compliance Ratings Matrix MY 2016

The SPR Compliance Matrix provides a comparison of individual MCO performance on each element within each of the four standards (Enrollee Rights, Grievance Systems, Quality Assessment and Performance Improvement, and Fraud and Abuse). An "**M**" indicates that all requirements for the elements were fully met; a "**PM**" indicates that the requirements were partially met; a "**U**" indicates the requirements were unmet, and "**N/A**" means the element was not applicable for this review.

Table A6-1. SPR Compliance Ratings Matrix

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
ER - Enrollee Rights and Protections	**100%**	**100%**	**100%**	**98%**
ER.1 - The MCO must provide to the enrollees written information in a manner and format that may be easily understood.	**M**	**M**	**M**	**M**
ER.2 - The MCO must make information on providers available to the enrollees upon enrollment and annually thereafter, and give enrollees reasonable notice of any changes regarding providers.	**M**	**M**	**M**	**M**
ER.3 - The MCO must provide enrollees with information on enrollee rights and responsibilities.	**M**	**M**	**M**	**PM**
ER.4 - The MCO must inform enrollees about grievance and fair hearing procedures upon enrollment, annually, and at least 30 days prior to any change.	**M**	**M**	**M**	**M**
ER.5 - The MCO must inform enrollees about benefits available to the enrollee upon enrollment, annually, and at least 30 days prior to any change in benefits.	**M**	**M**	**M**	**M**
ER.6 - The MCO must inform enrollees about after-hours and emergency coverage and do so upon enrollment, annually, and at least 30 days prior to any change.	**M**	**M**	**M**	**M**
ER.7 - The MCO must provide information to its enrollees on grievance, appeal, and fair hearing procedures and time frames in a State-developed or State-approved description.	**M**	**M**	**M**	**M**
ER.8 - The MCO must provide information to enrollees regarding advance directives.	**M**	**M**	**M**	**M**
ER.9 - The MCO must provide information to their enrollees regarding physician incentive plans.	**M**	**M**	**M**	**M**
ER.10 - The MCO must ensure that its Medicaid enrollees are not held liable for any debts of the MCO or payments for covered services.	**M**	**M**	**M**	**M**
ER.11 - The MCO's policies may not prohibit or otherwise restrict a health care professional, acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his or her patient.	**M**	**M**	**M**	**M**
ER.12 - The MCO must have policies and procedures regarding	**M**	**M**	**M**	**U**

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
the appropriate treatment of minors that are in keeping with all state regulations regarding disclosure circumstances.				
ER.13 - The MCO must ensure through its provider contracts that providers disclose individually identifiable health information in accordance with the privacy requirements (HIPAA provisions).	**M**	**M**	**M**	**M**
ER.14 - The MCO shall submit its annual report to BMS by April 1 and make copies of the annual report available at the local Department of Health and Human Resources (DHHR) offices in which it operates.	**M**	**M**	**M**	**M**
GS - Grievance System	**100%**	**100%**	**100%**	**98%**
GS.1 - The MCO must have a system in place for enrollees that includes a grievance process, an appeal process, and access to the State's Fair Hearing system.	**M**	**M**	**M**	**M**
GS.2 - The MCO's grievance process must be timely.	**M**	**M**	**M**	**M**
GS.3 - The MCO must maintain written requirements regarding the filing of a grievance.	**M**	**M**	**M**	**M**
GS.4 - The MCO must adhere to the State's regulations regarding the content of the notice of action (NOA).	**M**	**M**	**M**	**PM**
GS.5 - The MCO must handle grievances and appeals according to regulations.	**M**	**M**	**M**	**M**
GS.6 - The MCO must dispose of each grievance and resolve each appeal, and provide notice, as expeditiously as the enrollee's health condition requires, within State-established time frames.	**M**	**M**	**M**	**M**
GS.7 - The MCO must notify any enrollee who has entered a grievance or appeal of the outcome of his or her case.	**M**	**M**	**M**	**PM**
GS.8 - The MCO must provide an expedited review process for appeals.	**M**	**M**	**M**	**M**
GS.9 - The MCO must provide information about the grievance system to all providers and subcontractors at the time they enter into a contract.	**M**	**M**	**M**	**M**
GS.10 - The MCO must maintain records of grievances and appeals and must review the information as part of the State's Quality Strategy.	**M**	**M**	**M**	**M**
GS.11 - The MCO must continue to provide benefits to the enrollee while the appeal and the State Fair Hearing are pending.	**M**	**M**	**M**	**M**
GS.12 - The MCO may recover the cost of the services furnished to the enrollee while the appeal is pending if the final resolution of the appeal is adverse to the enrollee, to the extent that they were furnished solely because of the requirements of this section, and in accordance with the policy set forth in 42 CFR § 431.230.b.	**M**	**M**	**M**	**M**

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
GS.13- The MCO must authorize or provide the disputed services promptly, and as expeditiously as the enrollee's health condition requires, if the MCO or the State Fair Hearing officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending.	M	M	M	M
GS.14 - The MCO or the State must pay for those services, in accordance with State policy and regulations, if the MCO or the State Fair Hearing officer reverses a decision to deny authorization of services and the enrollee received the disputed services while the appeal was pending.	M	M	M	M
QA - Quality Assessment and Performance Improvement	**100%**	**99%**	**97%**	**97%**
Access and Availability				
AA.1 - The MCO must maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract.	M	M	M	M
AA.2 - Each MCO, consistent with the scope of the contracted services, must provide female enrollees with direct access to a women's health specialist, provide for a second opinion, cover out-of-network services they are unable to provide, and must coordinate payment with out-of-network providers.	M	M	M	M
AA.3 - The MCO must furnish services timely.	M	PM	PM	PM
Continuity of Care				
CC.1 - The MCO must implement procedures to deliver primary care to and coordinate health care services for all MCO enrollees.	M	M	M	PM
CC.2 - The MCO must coordinate services for enrollees with special health care needs.	M	M	M	M
CC.3 - The MCOs must develop a treatment plan for enrollees with special health care needs who are determined through assessment to need a course of treatment or regular care monitoring.	M	M	M	M
CC.4 - The MCO must have a mechanism in place to allow enrollees with special health care needs to directly access a specialist.	M	M	M	M
CC.5 - The MCO must have in effect mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs.	M	M	M	M
CC.6 - The MCO must have mechanisms in place for assigning enrollees into case management according to established criteria.	M	M	M	M
Utilization Management				
UM.1 - The MCO's written notice of action for termination,	M	M	M	M

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
suspension, or reduction of previously authorized Medicaid-covered service must be mailed in a timely manner.				
UM.2 - The MCO must have written procedures in place for processing requests for initial and continuing services.	M	M	M	M
UM.3 - The MCO must notify the requesting provider and give the enrollee written notice of any decision by the MCO to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested.	M	M	PM	M
UM.4 - The MCO must provide timely authorization decisions.	M	M	M	M
UM.5 - The MCO must not structure compensation to individuals or entities that conduct utilization management activities so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee.	M	M	M	M
UM.6 - The MCO must maintain practice guidelines based on valid and reliable clinical evidence or a consensus of health care professionals in the field.	M	M	M	M
UM.7 - The MCO must have in effect mechanisms to detect both under- and over-utilization of services.	M	M	M	M
Emergency Services				
ES 1. - The MCO must cover and pay for emergency services and post-stabilization care services.	M	M	M	M
Credentialing, Recredentialing and Delegation				
CR.1 - The MCO must implement written policies and procedures for selection and retention of providers.	M	M	M	M
CR.2 - The MCO's provider selection policies and procedures must not discriminate against particular practitioners that serve high-risk populations or specialize in conditions that require costly treatment.	M	M	M	M
CR.3 - The MCO must oversee and is accountable for any functions and responsibilities that it delegates to any subcontractor.	M	M	M	M
CR.4 - The MCO must request information on the provider from the National Practitioner Data Banks (NPDB) and appropriate state licensing boards.	M	M	M	M
CR.5 - The MCO must perform monthly federal database checks.	M	M	M	M
CR.6 - The MCO must comply with any additional requirements established by the State. Additional credentialing and recredentialing criteria for specialty areas (PCPs, OB/GYN, high-volume specialists, and dental providers) must be applied.	M	M	PM	M
CR.7 - The MCO's formal selection and retention criteria may not discriminate.	M	M	M	M

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
CR.8 - The MCO must oversee and are accountable for any functions and responsibilities that it delegates to any subcontractor. The following conditions must be met.	M	M	M	M
Enrollment and Disenrollment Policies				
ED.1 - The MCO must have disenrollment procedures that comply with the enrollment and disenrollment requirements and limitations set forth in the regulations.	M	M	M	M
ED.2 - The disenrollment procedures must address BMS initiated disenrollments.	M	M	M	M
ED.3 - The disenrollment procedures must address enrollee-initiated disenrollments. The MCO disenrollment procedures must provide that a recipient may request disenrollment for cause at any time and for any reason.	M	M	M	M
Quality Assessment				
QA.1 - The MCO must develop and implement written policies for an ongoing Quality Assessment and Performance Improvement Program (QAPI). The QAPI should be designed to achieve, through ongoing measurement and intervention, significant improvement in clinical and nonclinical areas of care that are expected to have a favorable effect on health outcomes and enrollee satisfaction. It must include a review of the entire range of services provided by the MCO.	M	M	M	M
QA.2 - The QA Program/Plan must specify clinical or health services delivery areas to be studied that represent the population served by the MCO in terms of age groups, disease categories, and special risk status.	M	M	M	M
QA.3 - The QA Program/Plan must designate appropriate clinicians and other professionals to monitor and evaluate individual cases where there is a question about care, patterns of care, or service. If the MCO utilizes a multidisciplinary team approach, the QA Program/Plan must direct the team to analyze and address delivery systems issues.	M	M	M	M
QA.4 - The QA Program/Plan must include written procedures for taking appropriate remedial action whenever inappropriate or substandard services are furnished, or services that should have been furnished were not.	M	M	M	M
QA.5 - The QA Program/Plan must include a written description of the QA committee, composed of qualified staff, namely QA professionals, RNs, and non-technical staff.	M	M	M	M
QA.6 - There must be evidence that participating physicians and other providers are kept informed about the written QA Program/Plan.	M	M	M	M

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
QA.7 - There must be documentation that the governing body routinely receives and reviews written reports from the QA Program/Plan, describing actions taken, progress in meeting QA objectives, and improvements made.	M	M	M	M
QA.8 - The QA Program/Plan requires that the QA Committee meet on a regular basis, no less than quarterly, to oversee QA activities and to verify that all findings and required actions are being monitored and followed.	M	M	M	M
QA.9 - The QAPI requires that the QA Committee meet on a regular basis, no less than quarterly, and documentation should demonstrate that this occurs.	M	M	M	M
QA.10 - The findings, conclusions, recommendations, actions taken, and results of QA activity must be documented and reported to appropriate individuals within the organization and through the established QA channels.	M	M	M	M
Member Satisfaction				
MS.1 - The MCO must survey a sample of its adult and child members at least annually.	M	M	M	M
MS.2 - The MCO must conduct the most recent version of the Adult and Child Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey annually.	M	M	M	M
MS.3 - The MCO shall use survey results to identify and investigate areas of enrollee dissatisfaction and outline action steps to follow-up on the survey findings.	M	M	M	M
MS.4 - The MCO must share findings with providers.	M	M	M	M
Medical Records				
MR.1 - The MCO must have a medical record system in place	M	M	M	M
MR.2 - The MCO must have a record review process to monitor conformance to the Medical Records Standards.	M	M	M	M
Performance Measurement				
PM.1 - The MCO must submit performance measurement data.	M	M	M	M
PM.2 - The MCO must maintain a health information system that collects, analyzes, integrates, and reports data. The system must provide information on areas including, but not limited to, utilization, grievances, and disenrollments for other than loss of eligibility.	M	M	M	M
Health Education				
HE.1 - The MCO must provide a continuous program of general health education for disease, injury prevention, and identification without cost to the enrollees.	M	M	M	M
HE.2 - The MCO must provide for qualified staff to develop and conduct educational programs.	M	M	M	M

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
HE.3 - There must be evidence that the MCO makes Health Education programs available to the enrollee population and that the MCO periodically reminds and encourages enrollees to use benefits.	M	M	M	M
HE.4 - The MCO must offer periodic health education and screening programs to enrollees that in the opinion of the medical staff would effectively identify conditions indicative of a health problem.	M	M	M	M
HE.5 - The MCO shall instruct each enrollee that receives a screen and shall ensure that each enrollee receives a printed summary of the assessment information to take to his or her PCP.	M	M	N/A	M
HE.6 - The MCO must provide wellness education programs.	M	M	M	M
HE.7 - The MCO must keep a record of all activities it has conducted to satisfy the Health Education requirements.	M	M	M	M
HE.8 - The MCO periodic health screening programs must include evidence of coverage for wellness screens.	M	M	M	M
Early and Periodic Screening, Diagnosis, and Treatment				
EPSDT.1 - MCOs must have written policies and procedures providing the full range of EPSDT services to all eligible children and young adults up to age twenty-one (21).	M	M	M	M
EPSDT.2 - The MCO must have an established tracking system that provides up-to-date information on compliance with EPSDT service requirements.	M	M	M	M
Fraud and Abuse	100%	100%	100%	100%
FA.1 - The MCO must have in place internal controls, policies, and procedures to prevent and detect fraud and abuse. The MCO must have a formal fraud and abuse plan with clear goals, assignments, measurements, and milestones.	M	M	M	M
FA.2 - The Fraud and Abuse plan must include procedures for conducting regular reviews and audits to guard against fraud and abuse, verifying whether services reimbursed were actually furnished, educating employees, network providers, and enrollees about fraud and abuse and how to report it, effectively organizing resources to respond to complaints of fraud and abuse, establishing procedures for reporting information to BMS, and developing procedures to monitor service patterns.	M	M	M	M
FA.3 - The MCO must monitor provider fraud for underutilization of services and beneficiary/provider fraud for overutilization of services. Monitoring should include identifying provider fraud and abuse by reviewing for a lack of referrals, improper coding, billing for services never rendered, and inflating bills for services and/or	M	M	M	M

SPR Compliance Ratings Matrix by Element	ABHWV	THP	UHP	WVFH
goods provided.				
FA.4 - The MCO must monitor provider fraud for underutilization of services and beneficiary/provider fraud for overutilization of services. Monitoring should include identifying beneficiary fraud by reviewing access to services, inappropriate emergency care, and card sharing.	**M**	**M**	**M**	**M**
FA.5 - The MCO must take part in coordination activities within the state to maximize resources for fraud and abuse issues. The MCO must meet regularly with BMS, the Medicaid Fraud Control Unit (MFCU) and the External Quality Review Organization (EQRO) to discuss plans of action, and attend fraud and abuse training sessions as scheduled by the state.	**M**	**M**	**M**	**M**
FA.6 - The MCO must submit a report to BMS by the 15th of each month regarding any suspected fraud and abuse cases identified during the prior calendar month.	**M**	**M**	**M**	**M**
FA.7 - The MCO must promptly comply with requests from BMS or the MFCU for access to and copies of any records, computerized data, or information kept by MCO providers to which BMS is authorized to have access.	**M**	**M**	**M**	**M**
FA.8 - Pursuant to Section 6032 of the Deficit Reduction Act of 2005, any entity who receives or makes Title XIX (Medicaid) payments of at least $5,000,000 annually must establish written or electronic policies and procedures for the education of employees of affected entities regarding false claims recoveries.	**M**	**M**	**M**	**M**
FA.9 – In order to facilitate cooperation with the state:	**M**	**M**	**M**	**M**

M=Requirements were fully met. P=Requirements were partially met. U=Requirements were unmet. N/A=Not applicable.