



West Virginia Department of Health and Human Resources



Bureau for Medical Services

Mountain Health Trust Program

Annual Technical Report

2019 External Quality Review

March 2020

Qlarant 

Table of Contents

Executive Summary	i
Background	i
Purpose	i
Key Findings	ii
Conclusion	iv
Introduction	1
Background	1
Purpose	1
Methodology	3
Systems Performance Review	3
Performance Improvement Project Validation	4
Performance Measure Validation	6
Aggregation and Analysis of EQR Results	8
MCO External Quality Review Results	9
Systems Performance Review	9
Performance Improvement Project Validation	10
Performance Measure Validation	25
Quality of, Access to, and Timeliness of Care and Services	27
Quality	27
Access	34
Timeliness	38
Strengths and Opportunities for Improvement	42
ABHWV Strengths	42
ABHWV Opportunities for Improvement	43
THP Strengths	43
THP Opportunities for Improvement	44
UHP Strengths	44
UHP Opportunities for Improvement	45
WVFH Strengths	45
WVFH Opportunities for Improvement	46
Status of MY 2017 MCO Recommendations	46
Conclusions and Recommendations	49
Appendix 1 - PMV	A1-1

Appendix 2 - HEDIS.....A2-1
Appendix 3 - CAHPS.....A3-1

West Virginia Mountain Health Trust Program

2019 Annual Technical Report for Measurement Year (MY) 2018 Performance

Executive Summary

Background

West Virginia's (WV) Medicaid managed care program, Mountain Health Trust (MHT), aims to improve access to high-quality health care for Medicaid beneficiaries. Established in 1996, the West Virginia Department of Health and Human Resources' Bureau for Medical Services (BMS) administers the program. During 2018, BMS contracted with four managed care organizations (MCOs) to provide services to West Virginia's managed care beneficiaries including:

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

Purpose

The Code of Federal Regulations (42 CFR §438.350) requires states contracting with MCOs to conduct annual, independent reviews of the managed care program. To meet these requirements, BMS contracts with Qlarant, an independent external quality review organization (EQRO). Qlarant evaluates the quality, accessibility, and timeliness of health care services furnished by the MCOs through various mandatory activities following Centers for Medicare and Medicaid Services (CMS)-developed EQRO protocols.¹ Qlarant completed the following external quality review (EQR) activities in 2019 to evaluate MCO performance for measurement year (MY) 2018:²

- Systems performance review (SPR)
- Performance improvement project (PIP) validation
- Performance Measure Validation (PMV)

In addition to completing federally mandated EQR activities, 42 CFR §438.364(a) requires the EQRO to produce a detailed technical report describing the manner in which data from all activities conducted were aggregated and analyzed, and conclusions drawn as to the quality, accessibility, and timeliness of care furnished by the MCOs. This document serves as Qlarant's report to BMS on the assessment of MY 2018 MCO performance.

¹ The EQRO Protocols are available for download at: www.cms.gov

² Measurement Year 2018 corresponds to calendar year 2018 (January 1, 2018 to December 31, 2018).

Key Findings

Systems Performance Review

MCOs are expected to be fully compliant with federal and contract requirements. SPRs evaluate MCO compliance with structural and operational standards. For the MY 2018 review, Qlarant reviewed the Grievance and Appeal System standard, CFR §438.402 - §438.424. Executive Summary (ES) Table 1 displays MY 2018 MCO results for this standard.

ES Table 1. MY 2018 MCO SPR Results

SPR Standard	ABHWV	THP	UHP	WVFH
Subpart F: §438.402 - §438.424 - Grievance and Appeal System	100%	95%	92%	80%

Results varied for the MCOs, ranging from 80% (WVFH) to 100% (ABHWV). WVFH scored substantially lower compared to all other MCOs and has the most opportunities for improvement. BMS requires MCOs to be 100% compliant and to develop corrective action plans (CAPs) to address any elements or components of the standard that are not fully met.

Performance Improvement Project Review and Validation

BMS requires MCOs to conduct three PIPs annually to improve health care outcomes through quality improvement efforts. PIPs must be designed, implemented, and analyzed in a methodologically sound manner. Qlarant reviewed and validated the following PIPs for the MCOs:

- PIP 1: State-mandated PIP - Prenatal Behavioral Health Risk Assessment and Postpartum Care
- PIP 2: State-mandated PIP - Annual Dental Visits
- PIP 3: MCO-specific PIPs:
 - Annual Monitoring of Patients on Persistent Medications (ABHWV)
 - Promoting Health and Wellness in Children and Adolescents (THP)
 - Follow-Up for Hospitalization for Mental Illness (UHP)
 - Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (WVFH)

ES Table 2 displays MCO results for each PIP completed.

ES Table 2. MY 2018 MCO PIP Results

PIP Topic	ABHWV Score	THP Score	UHP Score	WVFH Score
State-Mandated PIPs				
Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	100%	85%	82%	71%
Annual Dental Visits	100%	84%	88%	92%
MCO-Specific PIPs				
Annual Monitoring of Patients on Persistent Medications (ABHWV)	100%	NA	NA	NA
Promoting Health and Wellness in Children and Adolescents (THP)	NA	87.5%	NA	NA

PIP Topic	ABHWV Score	THP Score	UHP Score	WVFH Score
Follow-Up for Hospitalization for Mental Illness (UHP)	NA	NA	78%	NA
Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life (WVFH)	NA	NA	NA	85%

NA - Not applicable

ABHWV scored 100% for each PIP. Results varied for the remaining three MCOs:

- THP’s scores ranged from 84% to 87.5%.
- UHP’s scores ranged from 78% to 88%.
- WVFH’s scores varied the most and ranged from 71% to 92%.

MY 2018 MCO PIPs included remeasurement results and described multifaceted interventions. Three of the four MCOs (ABHWV, THP, and UHP) demonstrated improvement in the Postpartum Care performance measure for the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP. However, only ABHWV and UHP sustained improvement. For the Annual Dental Visits PIP, all MCOs demonstrated improvement in the Annual Dental Visits for 2-3 Year Olds performance measure. Each MCO is in various stages of reporting for their MCO-selected projects.

Performance Measure Validation

Performance measures offer a snapshot of MCO quality care provided during a given time period. Quality improvement results from a combination of measurement, reporting performance, actions to improve performance, and remeasurement. It is essential to have confidence in the MCO’s systems, procedures, and algorithms used to calculate performance measure rates. Qlarant conducted PMV activities for 18 performance measures selected by BMS. Selected measures support MHT program goals and gauge the quality of and access to health care services provided to the MHT beneficiaries. ES Table 3 displays PMV results for each MCO.

ES Table 3. MY 2018 PMV Results

PMV Results	ABHWV	THP	UHP	WVFH
Overall Results for:				
• Documentation				
• Denominator	100%	100%	93%	100%
• Numerator				
• Sampling				

Overall, the four MCOs used satisfactory information systems (IS) and processes for data integration, data control, and interpretation of the selected PMV performance measures. Procedures and documentation used to calculate performance measures with the certified Healthcare Effectiveness Data and Information Set (HEDIS^{®3}) software were reviewed and found to be acceptable. Programming language source code and test cases were reviewed for core measures not calculated with the certified

³ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

software, and were found to be acceptable. Sampling and medical record review activities were evaluated and met requirements.

Three of the four MCOs (ABHWV, THP, and WVFH) received an overall audit score of 100% while UHP received a score of 93%. UHP has an opportunity for improvement and should include additional quality checks on performance measure rates prior to submission. The MCO's final rates were accepted as valid after their third submission. All MCOs received a reporting designation of "Reportable."

Conclusion

The MHT MCOs provided evidence of meeting most federal and contract requirements for compliance and quality-related reporting. Overall, the MCOs are performing well. ABHWV demonstrated full compliance and effective quality improvement initiatives. THP, UHP, and WVFH have opportunities for improvement in SPRs and PIPs. MCOs developed CAPs for each deficiency identified in the SPR. For PMV, the MCOs' performance measure results were deemed reportable; however, UHP should include additional quality checks to ensure accurate reporting with its first submission.

BMS continues to encourage an environment of compliance and quality improvement and sets high standards to promote access to quality care. The MY 2018 review activities provided evidence of the MCOs' continuing progression and demonstration of their abilities to ensure the delivery of quality health care and services for WV managed care beneficiaries.

West Virginia Mountain Health Trust Program

2019 Annual Technical Report for Measurement Year (MY) 2018 Performance

Introduction

Background

The West Virginia (WV) Department of Health and Human Resources’ Bureau for Medical Services (BMS) administers the state’s Medicaid managed care program, Mountain Health Trust (MHT). Operating since 1996 under a 1915(b) waiver, the program emphasizes effective organization, financing, and delivery of health care services. The MHT program aims to improve quality and access to coordinated services for Medicaid beneficiaries. Approximately 396,448 beneficiaries, or members, were enrolled in the MHT program as of December 2018. Four managed care organizations (MCOs) provided services to West Virginia’s Medicaid managed care beneficiaries for measurement year (MY) 2018 (January 1, 2018 through December 31, 2018):

- Aetna Better Health of West Virginia (ABHVV)
- The Health Plan of the Upper Ohio Valley (THP)
- UniCare Health Plan of West Virginia (UHP)
- West Virginia Family Health (WV FH)

Table 1 highlights MHT MCO profiles and quality characteristics.

Table 1. 2018 MCO Profiles

MCO	Contracted Since	Enrollment*	NCQA Accreditation Status ⁴
ABHVV	1996	111,660	Commendable
THP	1996	80,803	Accredited ⁵
UHP	2003	139,377	Accredited
WV FH	2014	64,608	Accredited

*Medicaid enrollment as of 12/31/18.

Purpose

The Code of Federal Regulations (42 CFR §438.350) requires states contracting with MCOs to conduct annual, independent reviews of the managed care program. To meet these requirements, BMS contracts with Qlarant, an independent external quality review organization (EQRO). Qlarant evaluates the quality, accessibility, and timeliness of health care services furnished by the MCOs through various mandatory activities following Centers for Medicare and Medicaid Services (CMS)-developed EQRO

⁴ BMS requires the MCOs to meet certain quality requirements including attaining and maintaining accreditation with the National Committee for Quality Assurance (NCQA).

⁵ In 2019, THP’s accreditation status was reduced to provisional.

Protocols.⁶ Qlarant completed the following external quality review (EQR) activities in 2019 to evaluate MCO performance for MY 2018:

- **Systems Performance Review (SPR).** SPRs, also known as compliance reviews, are designed to assess MCO compliance with structural and operational standards, which may impact the quality, timeliness, or accessibility of health care services provided to MHT beneficiaries.
- **Performance Improvement Project (PIP) Validation.** A PIP serves as an effective tool in assisting the MCO in identifying barriers and implementing targeted interventions to obtain and sustain improvement in clinical or non-clinical processes. Review and validation of PIPs provide BMS a level of confidence in MCO reported results.
- **Performance Measure Validation (PMV).** The PMV activity evaluates the accuracy and reliability of the performance measure rates produced and reported by MCOs and determines the extent to which the MCOs followed specifications established by BMS for calculating and reporting measures. Accuracy and reliability of reported performance measure rates is essential to determining whether MCOs' quality improvement efforts have resulted in improved health outcomes.

In addition to completing federally mandated EQR activities, 42 CFR §438.364(a) requires the EQRO to produce a detailed technical report describing the manner in which data from all activities conducted were aggregated and analyzed, and conclusions drawn as to the quality, accessibility, and timeliness of care furnished by the MCOs. This document is Qlarant's report to BMS on the assessment of MY 2018 MCO performance.

Qlarant's Annual Technical Report (ATR) describes EQR methodologies for completing activities, results for compliance and performance, and includes an overview of the quality, access, and timeliness of health care services provided to the West Virginia's Medicaid managed care beneficiaries. Recommendations for improvement are made, and if acted upon, may positively impact beneficiary outcomes.

⁶ The EQRO Protocols are available for download at: www.cms.gov

Methodology

Systems Performance Review

Qlarant conducts SPRs 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*.⁷ The MCOs are expected to be fully compliant with federal and contractual requirements. To determine MCO compliance, Qlarant obtains information from document reviews, interviews with MCO staff, observation of processes, and file reviews. Information is collected pre-site, on-site, 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.

At BMS’s preference, Qlarant reviews one-third of the required SPR standards annually, completing a comprehensive review within a three year period. This method meets CMS requirements. For the 2019 review of MY 2018 performance, Qlarant reviewed the following:

- Subpart F: §438.402 - §438.424 - Grievance and Appeal System

SPR Activities

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

Table 2. SPR Activities

Pre-site Review Activities
Provide an orientation to the MCOs on the SPR task
Provide MCOs with standards under review
Receive pre-site documentation including enrollee handbook, provider directory, and policies and procedures from MCOs and begin review activities
Receive complete lists of grievance, appeal, and denial files of the MY from the MCOs for file reviews during the on-site SPRs
Select samples for record reviews and notify the MCOs
Complete pre-site review of documents
On-site Review Activities
Complete on-site reviews including interviews, process demonstrations, and file reviews
Request follow-up documents/evidence of compliance
Post-site Review Activities
Receive and review follow-up documentation
Determine preliminary results
Develop and submit Exit Letter to the MCOs identifying all noncompliant results
Receive responses from MCOs
Complete review of MCO responses and supporting documentation
Finalize results
Submit MCO SPR reports to BMS

⁷ At the time of the review, the following protocol was required: *Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review, Protocol 1, Version 2.0, September 2012*. Since the review period, CMS updated EQR protocols.

SPR Assessment and Scoring

Qlarant evaluates each standard by assessing compliance with all related elements and components. Qlarant uses a three-point scale for scoring compliance, displayed in Table 3.

Table 3. SPR Three-Point Scoring Scale

Assessment	Scoring	Rationale
Met	1 point	The MCO demonstrates full compliance.
Partially Met	0.5 Point	The MCO demonstrates at least some, but not full, compliance.
Unmet	0 Points	The MCO does not demonstrate compliance on any level.

Using compliance scores, a level of confidence in each MCO's SPR results is determined. Table 4 describes the confidence levels.

Table 4. SPR Level of Confidence

Level of Confidence	Compliance Score
High Confidence in MCO compliance	95% - 100%
Confidence in MCO compliance	85% - 94%
Low Confidence in MCO compliance	75% - 84%
MCO reported results are Not Credible	≤74%

The MY 2018 SPR includes a review of MCO documentation and reference materials from January 1, 2018 through December 31, 2018. BMS sets a minimum compliance threshold of 100% for each standard. MCOs not achieving 100% are required to develop and implement a corrective action plan (CAP) to address all areas of non-compliance. All CAPs are submitted to Qlarant for review, approval, and monitoring. CAPs are closed after Qlarant determines the deficiencies are corrected and the MCO is fully compliant.

Performance Improvement Project Validation

Qlarant conducts PIP review and validation activities consistent with CMS Protocol 3: *Validating Performance Improvement Projects (PIPs), A Mandatory Protocol for External Quality Reviews, Version 2.0, September 2012*.⁸ PIP validation results for 2019 MCO-reported PIPs including MY 2018 results are identified in this report. BMS requires the MCOs to conduct three PIPs. For 2019, these PIPs included:

- State-mandated: Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP
- State-mandated: Annual Dental Visits PIP
- MCO-selected PIP: topics varied based on MCO opportunity for improvement

⁸ At the time of the review, the following protocol was required: *Validating Performance Improvement Projects (PIPs), A Mandatory Protocol for External Quality Reviews, Version 2.0, September 2012*. Since the review period, CMS updated EQR protocols.

PIP Activities

Table 5 summarizes Qlarant’s 10-step validation process below.

Table 5. PIP Validation Process

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

PIP Assessment and Scoring

Qlarant evaluates each step following a series of questions based on the CMS PIP Review Worksheet. As reviewers conduct the validation, each component within a step is assessed for compliance and results for each step are rolled up and receive a determination of met, partially met, unmet, or not applicable. Table 6 provides a description of each determination below.

Table 6. PIP Validation Assessments

Assessment	Rationale
Met	The MCO demonstrates full compliance.
Partially Met	The MCO demonstrates at least some, but not full, compliance.
Unmet	The MCO does not demonstrate compliance on any level.
Not Applicable	The MCO is not required to demonstrate compliance.

Each step then receives a numeric score as defined in Table 7, based on whether the PIP is mandated by BMS or is selected by the MCO. Steps evaluated as fully met receive all available points. Partially met scores receive half of the available points. Steps not meeting requirements do not receive any points. Each component assessed within a step is of equal value. PIP validation assessment scores, received from the sum of all steps, are used to evaluate whether the PIP is designed, conducted, and reported in a sound manner and provide the degree of confidence BMS can have in the reported results.

Table 7. PIP Scoring Methodology

Step	Assessment Area	State-mandated PIP Points	MCO-selected PIP Points
1	Review the Selected Study Topic	0	10
2	Review the Study Question	0	5
3	Review the Identified Study Indicator(s)	12	10
4	Review the Identified Study Population(s)	7	5
5	Review the Sampling Methods	7	5
6	Review Data Collection Procedures	12	10
7	Assess Improvement Strategies	22	20
8	Review Data Analysis and Interpretation of Study	22	20
9	Assess Whether Improvement is “Real” Improvement	12	10
10	Assess Sustained Improvement	6	5
Total Assessment Points		100	100

Using numeric scoring, based on applicable validation steps, a level of confidence in the MCO’s PIP results is determined. Table 8 describes the confidence levels.

Table 8. PIP Confidence Levels

MCO Reported Results	PIP Validation Score
High Confidence in MCO reported results	90%-100%
Confidence in MCO reported results	75%-89%
Low Confidence in MCO reported results	60%-74%
MCO reported results are Not Credible	≤59%

Performance Measure Validation

Qlarant’s PMV audit team utilizes methods consistent with the EQR Protocol, *Validation of Performance Measures Reported by the MCO, Protocol 2, Version 2.0, September 2012*, to assess the MCO’s performance measure data collection and reporting processes.⁹ The validation process is interactive and concurrent to the MCO calculating the performance measures.

PMV Activities

The PMV audit team works closely with MCO quality staff to obtain appropriate documentation, prepare for the site visit, and follow-up on issues not resolved during the site visit. Table 9 describes pre-site, on-site, and post-site validation activities.

⁹ At the time of the review, the following protocol was required: *Validation of Performance Measures Reported by the MCO, Protocol 2, Version 2.0, September 2012*. Since the review period, CMS updated EQR protocols.

Table 9. PMV Activities

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

PMV Assessment and Scoring

The MCO’s final PMV report details MCO performance against information systems (IS) standards and measure specifications. When the MCO is fully compliant with the standard, MCOs receive a designation of met (M), or unmet (UM), if the MCO is not fully compliant. Additionally, each performance measure receives a reporting designation. Table 10 describes the four designations.

Table 10. PMV Performance Measure Designations

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

Qlarant scores MCO audit findings using a 100-point scale. The assessment provides BMS a level of confidence in MCO reported results. Table 11 identifies Qlarant’s scoring system.

Table 11. PMV Confidence Levels

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

The MCOs are expected to demonstrate full compliance and produce reportable performance measure rates.

Additionally, BMS requires the MCOs to calculate and submit audited performance measures, Healthcare Effectiveness Data and Information Set (HEDIS^{®10}) measures, and Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®11}) survey results. Qlarant receives and aggregates each MCO’s final results and compares performance to national benchmarks for BMS. Results of the measures help develop a comprehensive picture related to the quality, accessibility, and timeliness of care provided to MHT’s beneficiaries. Comprehensive tables of the audited performance measures, HEDIS measures, and CAHPS survey results are included in Appendices A1 through A3.

Aggregation and Analysis of EQR Results

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

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

- Quality**, as stated in the federal regulations as it pertains to EQR, is the degree to which an MCO... “increases the likelihood of desired outcomes of its enrollees through (1) its structural and operational characteristics, (2) the provision of services that are consistent with current professional, evidenced-based-knowledge, and (3) interventions for performance improvement.” (CFR §438.320).

¹⁰ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

- **Access** (or accessibility), as defined by NCQA, is “the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of scheduling an appointment. The intent is that each organization provides and maintains appropriate access to primary care, behavioral health care, and member services” (*NCQA Health Plan Standards and Guidelines*).
- **Timeliness**, as stated by the Institute of Medicine is “reducing waits and sometimes harmful delays” and is interrelated with safety, efficiency, and patient-centeredness of care. Long waits in physicians’ offices or emergency rooms and long waits for test results may result in physical harm. For example, a delay in test results can cause delayed diagnosis or treatment—resulting in preventable complications.

Qlarant compares findings across MCOs, to the MHT averages, and to national Medicaid benchmarks where available.

MCO External Quality Review Results

Systems Performance Review

Qlarant reviewed the Grievance and Appeal System standard during the annual SPR. Table 12 displays MY 2018 MCO scores and identifies the MHT average score for this standard.

Table 12. MY 2018 MCO SPR Scores

SPR Standard	ABHWV	THP	UHP	WVFH	MHT Average
Subpart F: §438.402 - §438.424 - Grievance and Appeal System	100%	95%	92%	80%	92%

Results varied across MCOs, ranging from 80% (WVFH) to 100% (ABHWV). All but one MCO performed above the MHT average of 92%. WVFH scored noticeably lower at 80%.

Table 13 includes MCO results for each element within the Grievance and Appeal System standard. Results identify as M, PM, UM, or NA.

Table 13. SPR Grievance and Appeal System Standard Elements, MCO Results

SPR Standard	ABHWV	THP	UHP	WVFH
Subpart F: Grievance and Appeal System				
§438.402 General Requirements	M	PM	PM	PM
§438.404 Timely and Adequate Notice of Adverse Benefit Determination	M	M	M	PM
§438.406 Handling of Grievances and Appeals	M	M	PM	PM
§438.408 Resolution and Notification: Grievances and Appeals	M	PM	PM	PM
§438.410 Expedited Resolution of Appeals	M	M	M	M
§438.414 Information About the Grievance and Appeal System to Providers and Subcontractors	M	M	M	PM

SPR Standard	ABHWV	THP	UHP	WVFH
Subpart F: Grievance and Appeal System				
§438.416 Record Keeping Requirements	M	M	PM	PM
§438.420 Continuation of Benefits while the MCO Appeal and the State Fair Hearing are Pending	M	M	M	M
§438.424 Effectuation of Reversed Appeal Resolutions	M	M	M	PM

Overall, the MCOs provided mixed results for the Grievance and Appeal System standard.

- ABHWV met all elements.
- All MCOs met two elements: (1) Expedited Resolution of Appeals and (2) Continuation of Benefits while the MCO Appeal and the State Fair Hearing are Pending
- WVFH was partially compliant with seven out of nine elements.
- Qlarant provided explicit recommendations on how to achieve full compliance in each MCO’s SPR Report.
- There were no unmet elements.

Performance Improvement Project Validation

MHT’s pursuit of improved health care outcomes through quality improvement requires the MCOs to conduct and report three PIPs annually. Qlarant reviewed and validated the following PIPs for the MCOs:

- State-mandated PIP: Prenatal Behavioral Health Risk Assessment and Postpartum Care
- State-mandated PIP: Annual Dental Visits
- MCO-specific PIPs:
 - Annual Monitoring of Patients on Persistent Medications (ABHWV)
 - Promoting Health and Wellness in Children and Adolescents (THP)
 - Follow-Up for Hospitalization for Mental Illness (UHP)
 - Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (WVFH)

Prenatal Behavioral Health Risk Assessment and Postpartum Care PIP Results

All MHT MCOs are required by BMS to participate in the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP. MY 2018 was the second remeasurement year for the PIP with aims to improve performance in these perinatal measures:

Performance Measure 1: Behavioral Health Risk Assessment (BHRA) (modified Core Set) measures the percentage of women who received a BHRA screening at one of their prenatal care visits.

Performance Measure 2: Prenatal and Postpartum Care - Postpartum Care (PPC) (HEDIS) measures women who have had a PPC visit for a pelvic exam or postpartum care on or between 21 to 56 days after delivery.

Supplemental measures identifying the percent of women who had a PPC visit, but the visit fell outside the HEDIS 21-56 day window. HEDIS-like measures include:

1. **Postpartum Care <21 Days** (HEDIS-like)
2. **Postpartum Care 21-56 Days** (HEDIS-like)
3. **Postpartum Care >56 Days** (HEDIS-like)

Table 14 includes Prenatal Behavioral Health Risk Assessment and Postpartum Care PIP validation results for each MCO.

Table 14. Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP Validation Results

PIP Validation Step	ABHWV	THP	UHP	WVFH
1. Assess the Study Topic	NA	NA	NA	NA
2. Review the Study Questions	NA	NA	NA	NA
3. Review the Selected Study Indicator(s)	M	M	M	M
4. Review the Study Population	M	M	M	M
5. Review Sampling Methodologies	M	M	M	M
6. Review Data Collection Procedures	M	M	M	PM
7. Assess Improvement Strategies	M	PM	PM	PM
8. Review Data Analysis & Interpretation of Study Results	M	PM	PM	PM
9. Assess Whether Improvement is Real Improvement	M	PM	PM	PM
10. Assess Sustained Improvement	M	UM	M	UM
Total Score	100%	85%	82%	71%
Confidence Level	High	Confidence	Confidence	Low

The MCOs scored between 71% (WVFH) and 100% (ABHWV) for the Prenatal Behavioral Health Risk Assessment and Postpartum Care PIP. Steps 1 and 2 were not applicable as the State mandated the study topic and question. All four MCOs were fully compliant with Steps 3-5 and appropriately reported study indicators, study populations, and sampling methodologies. Only one MCO (ABHWV) reported real improvement compared to previous annual results for Step 9. Two MCOs (ABHWV and UHP) demonstrated sustained improvement in Step 10, providing evidence that at least one performance measure consistently compared favorably to baseline performance.

Table 15 displays Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP performance measure results.

Table 15. Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP Performance Measure Results

PIP Performance Measure	MY	Measurement	ABHWV %	THP %	UHP %	WVFH %
Behavioral Health Risk Assessment (modified)	2016	Baseline	44.81	48.42	39.58	38.19
	2017	Remeasurement 1	34.55	50.36	28.22	46.35
	2018	Remeasurement 2	37.71	41.61	26.76	9.72
Prenatal and Postpartum Care - Postpartum Care	2016	Baseline	61.93	63.26	62.04	74.45
	2017	Remeasurement 1	60.83	59.61	68.13	73.48
	2018	Remeasurement 2	63.50	61.56	68.86	63.50
Supplemental Measure: HEDIS Like - Postpartum Care: < 21 days	2016	Baseline	4.25	3.65	5.09	4.21
	2017	Remeasurement 1	5.60	2.43	5.11	10.28
	2018	Remeasurement 2	5.35	2.43	2.19	NR
Supplemental Measure: HEDIS Like - Postpartum Care: 21-56 days	2016	Baseline	60.61	63.26	62.04	61.79
	2017	Remeasurement 1	60.83	59.61	68.13	59.14
	2018	Remeasurement 2	63.50	61.56	68.86	NR
Supplemental Measure: HEDIS Like - Postpartum Care: >56 days	2016	Baseline	9.43	2.43	5.79	4.56
	2017	Remeasurement 1	7.30	4.14	4.14	2.88
	2018	Remeasurement 2	6.33	1.46	3.41	NR

NR – Not reported by MCO

MCO PIP indicator findings are summarized below:

- **Behavioral Health Risk Assessment (modified).** ABHWV demonstrated improvement in performance from remeasurement 1 to remeasurement 2. THP, UHP, and WVFH reported declines in performance. WVFH’s decline was statistically significant.
- **Prenatal and Postpartum Care - Postpartum Care (HEDIS).** Three of the four MCOs (ABHWV, THP and UHP) demonstrated increases in performance from remeasurement 1 to remeasurement 2. WVFH demonstrated a decline in this measure.
- **Supplemental Postpartum Care (HEDIS-like).** Results varied.

Prenatal Behavioral Health Risk Assessment PIP Interventions. On an annual basis, the MCOs are required to evaluate and update their interventions for each PIP. Examples of the MCO specific interventions in place during MY 2018 include:

- **ABHWV Interventions**
 - **Member \$50 Incentive.** Members receive a \$50 gift card for a postpartum visit occurring 21-56 days after delivery. In 2018, 357 member incentives were awarded.
 - **Practitioner \$75 Incentive.** Obstetrician (OB)/ gynecologist (GYN) practitioners receive \$75 for each compliant postpartum visit that occurs 21-56 days after delivery. In 2018, 818 provider incentives were awarded.

- **All Provider HEDIS Training Webinar.** Quality Management (QM) collaborated with Provider Relations to deliver a HEDIS training webinar, including PPC and BHRA education during an all-provider webinar. All provider types, PCPs, OB/GYNs, specialists, Federally Qualified Healthcare Centers (FQHCs)/Rural Health Clinics (RHCs), health departments, hospitals and ancillary providers, were included. Approximately 88 individuals joined the webinar and received the included PPC/BHRA information, which discussed PPC measure requirements, common barriers to members having a postpartum visit, member/provider PPC incentives, and documentation requirements in the medical record.
 - **Integrated Care Management Pod Design and Care Connections Teams.** Each interdisciplinary team supports an assigned region, with each region maintaining a Case Management (CM) Manager, as well as CM and Utilization Management (UM) staff. Embedded case managers in provider offices and facilities have also expanded. At the end of 2018, there were 16 embedded nurse case managers. Care Connections Teams live locally in their assigned regions, and have expertise in social determinants of health unique to the region and available community resources in each area. Care Connections teams also have weekly CM medical rounds, and case managers also sit in on daily UM rounds. Goals include closing gaps in care, increasing face-to-face member interaction, increasing post discharge and service coordination needs such as postpartum visits.
 - **Member Cultural and Health Disparity Analysis.** A cultural analysis was incorporated into the data review to identify disparities and trends that may be impacting the overall PPC rate. This involves an evaluation of geographical area/counties, lines of business, race/ethnicity/language, and certain health conditions such as Behavioral Health diagnoses, Special Health Care Needs and Substance Use/Neonatal Abstinence syndrome. Findings observed from cultural analysis will continue to be used to develop initiatives and interventions to target identified disparities and trends impacting overall PPC compliance.
 - **Three additional Embedded Case Managers with OB expertise.** ABHWV has embedded case managers at CAMC Women's and Children's Center, Cabell-Marshall OB/ GYN, and Lily's place. Three additional OB case managers were placed at Thomas Memorial Hospital, Wheeling Hospital NAS unit, and an OB provider office in Charleston. Embedded case managers provide face-to-face interaction focusing on postpartum visit education, resources, and assessment for any discharge needs.
 - **1:1 recurring HEDIS Provider Education.** 1:1 recurring HEDIS provider education meetings with the Practice Transformation Specialist at the Clinically Integrated Network, impacted 203 practitioners. Clinically Integrated Networks serve a significant volume of ABHWV membership, including large OB practices, OB clinics, and high risk OB clinics. These Clinically Integrated Networks have the potential to impact rates positively.
- **THP Interventions**
 - **Postpartum Incentive Program.** THP offers a \$50 CVS gift card incentive to members with a qualifying claim for a postpartum exam.
 - **Gaps in Care Reports.** HEDIS software provides detailed information on gaps in care at the member and provider level. THP educates providers regarding the members on their rosters that need postpartum exams and provides appropriate performance for compliance with HEDIS timeframes.
 - **Scheduling Postpartum Care Visits Prior to Delivery Discharge.** THP partners with Wheeling Hospital to schedule postpartum care visits for members prior to the member's delivery

- discharge. THP also contacts members who were discharged from the hospital on holidays or weekends and did not have a postpartum exam scheduled.
- **BHRA screenings.** THP performs BHRA screenings upon initial contact with pregnant members. Depending on the results of the screening, the provider and a THP employed high-risk prenatal nurse follow the member throughout the pregnancy.
 - **Provider Engagement Teams.** Focusing on different regions of the state, provider engagement teams provide one-on-one education to providers on gaps in care reports as well as any billing issues that may close those gaps.
- **UHP Interventions**
 - **Engage Discharge Planning Staff at Pilot Site(s) to Schedule PPC Visit Prior to Discharge.** UHP is working with the following practitioners, Michael Shockley, Peter Filo of, Shenandoah Valley Medical, and Community Health Systems who deliver at Raleigh General Hospital, Berkley Medical Center, and Camden Clark Medical Center to schedule postpartum care visits within the HEDIS 21 to 56 day window before the new mother is discharged from the hospital.
 - **Healthy Rewards Incentive.** Members are given a car seat or portable crib for attending at least six prenatal visits.
 - **Prenatal Risk Screening Instrument (PRSI) Forms.** UHP implemented a process to use the PRSI form as the notification of pregnancy. This will allow an OB case manager to review and initiate case management during the prenatal period.
 - **OB/GYN Practice Consultant.** A UHP OB/GYN practice consultant meets with and educates providers about maternity programs available to UHP's members.
 - **WVFH Interventions**
 - **Provider Incentive for Gap in Care.** A \$50 incentive was paid to providers for completing a postpartum visit or pelvic exam within the 21-56 day postpartum window.
 - **Gateway to Lifestyle Management (GTLM) Mom Matters Program.** Mom Matters is a multidisciplinary, continuum-based holistic approach to health care delivery that proactively identifies expectant mothers and encourages them to receive timely prenatal and postpartum care.
 - **Member Incentive.** Offers \$50 gift cards to members who attend their postpartum care visit within the 21-56 day window. Members are reminded of the availability of the incentive through various messaging, including the website, newsletters, the prenatal packet, postpartum flyer, and telephonic interaction with WVFH staff.
 - **Provider Education.** A provider education resource about properly filling out the BHRA form is available on the WVFH provider portal page.

Annual Dental Visits PIP Results

All MHT MCOs are required by BMS to participate in the Annual Dental Visits for 2-3 Year Olds PIP. MY 2018 was the first remeasurement year for Annual Dental Visits PIP that aims to improve the overall dental health of children enrolled in the MHT program.

Performance Measure 1: Annual Dental Visits for 2-3 Year Olds (ADV) (HEDIS) measures the percentage of children aged 2-3 who had an annual dental visit during the year.

Performance Measure 2: Percentage of Eligibles that Received Preventative Dental Services (PDENT) (Core Set) measures the percentage of individuals ages 1 to 20 who were eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period.

Performance Measure 3: Dental Sealants for 6-9 Year Old Children at Elevated Risk (SEAL) (Core Set) – measures the percentage of enrolled children ages 6 to 9 at elevated risk of dental caries (i.e., “moderate” or “high” risk) who received a sealant on a permanent first molar tooth within the MY. Only UHP selected and reported this measure.

Table 16 includes the State-mandated Annual Dental Visits PIP validation results for each MCO.

Table 16. Annual Dental Visits PIP Validation Results

PIP Validation Step	ABHWV	THP	UHP	WVFH
1. Assess the Study Topic	NA	NA	NA	NA
2. Review the Study Questions	NA	NA	NA	NA
3. Review the Selected Study Indicator(s)	M	M	M	M
4. Review the Study Population	M	M	M	M
5. Review Sampling Methodologies	NA	NA	NA	NA
6. Review Data Collection Procedures	M	M	M	M
7. Assess Improvement Strategies	M	PM	PM	PM
8. Review Data Analysis & Interpretation of Study Results	M	PM	PM	M
9. Assess Whether Improvement is Real Improvement	M	M	M	M
10. Assess Sustained Improvement	NA	NA	NA	NA
Total Score	100%	84%	88%	92%
Confidence Level	High	Confidence	Confidence	High

The MCOs scored between 84% (THP) and 100% (ABHWV) for the Annual Dental Visits PIP. Steps 1 and 2 were not applicable as the State mandates the study topic and question. The MCOs were fully compliant with validation steps 3, 4, 6, and 9. Step 5, Sampling, was not applicable as the entire population was studied. Only one MCO (ABHWV) reported appropriate, targeted interventions. All four MCOs demonstrated improvement in the Annual Dental Visits performance measure and three MCOs (ABHWV, THP, and WVFH) achieved improvement for the Preventative Dental Services performance measure compared to previous annual reporting. Sustained Improvement, Step 10, will be assessed for MY 2019—after two years of remeasurement results are available.

Annual Dental Visits PIP Performance Results. Table 17 displays Annual Dental Visits PIP performance measure results.

Table 17. Annual Dental Visits PIP Performance Measure Results

PIP Performance Measure	MY	Measurement	ABHWV %	THP %	UHP %	WVFH %
Annual Dental Visits for 2-3 Year Olds	2017	Baseline	37.73	27.40	39.87	28.68
	2018	Remeasurement 1	37.81	36.29	41.17	34.38
Percentage of Eligible that Received Preventative Dental Services	2017	Baseline	48.85	34.89	51.33	30.13
	2018	Remeasurement 1	50.24	43.35	51.32	34.01
Dental Sealants for 6-9 Year Old Children at Elevated Risk	2017	Baseline	NA	NA	25.02*	NA
	2018	Remeasurement 1	NA	NA	38.25*	NA

*Only UHP included this optional PIP performance measure

MCO PIP performance measure findings are summarized below:

- **Annual Dental Visits for 2-3 Year Olds.** All four MCOs demonstrated improvement in remeasurement 1 compared to baseline performance. The improvement for THP and WVFH was significant. UHP exceeded their goal of exceeding the MY 2017 NCQA Quality Compass National Medicaid Average (NMA).
- **Percentage of Eligibles that Received Preventative Dental Services.** Three MCOs (ABHWV, THP and WVFH) demonstrated statistically significant improvement in this indicator compared to baseline performance.
- **Dental Sealants for 6-9 Year Old Children at Elevated Risk.** UHP reported significant improvement in this measure and achieved its goal of five percentage points above baseline (30.02%).

Examples of the MCO specific interventions in place during MY 2018 include:

- **ABHWV Interventions**
 - **Provider Well Child \$25 Incentive.** Providers will receive \$25 for advising members who come in for the well child (3-6 years) and adolescent well care (12-20 years) visits about the importance of a dental home, advising to see a dentist every 6 months, and age appropriate dental hygiene education.
 - **Ted E. Bear MD Cub Club.** Members of the club are offered exclusive opportunities to earn prizes by participating in a variety of wellness activities and challenges, including oral health and dental care.
 - **Dynamo Gaps in Care Member Outreach.** QM and Member Services makes gaps in care calls throughout the year to members aged 2-20 needing a dental visit.
 - **Member Cultural and Health Disparity Analysis.** Findings observed from cultural analyses will be utilized to develop initiatives to target non-compliant trends identified.
 - **Member Incentive.** Members aged 12-18 received a \$25 gift card for having a well-child visit where they will receive guidance from the PCP regarding the importance of dental health.

- **HEDIS Provider Toolkit Distribution Expansion.** This toolkit is a provider resource for HEDIS measures, including ADV, and is available on the provider portal throughout the year. For two large organizations – West Virginia Primary Care Association and Clinically Integrated Network, provider toolkits were personally distributed to their practitioner membership due to its exceptional value for closing gaps in care.
 - **Provider HEDIS Training Webinar.** QM collaborated with Provider Relations to deliver a HEDIS training webinar, which included ADV education. Approximately 88 individuals joined the webinar and received ADV information, which emphasized the need for PCP to perform dental home assessments, education for members to see a dentist, and age appropriate oral health education.
 - **1:1 recurring HEDIS Provider Education.** 1:1 recurring HEDIS provider education meetings with the Practice Transformation Specialist at the Clinically Integrated Network impacted 203 practitioners.
 - **Member Newsletter.** Welcome edition dental article, “Keep Your Child Smiling: Good health includes healthy teeth and gums,” stresses the importance of having a dental exam twice a year. New members receive this member newsletter.
- **THP Interventions**
 - **Member Education.** EPSDT and dental education postcards are mailed to members from the Member Outreach and Engagement call center. This group also organizes community events emphasizing the importance of early cleanings and provides instructions on how to brush properly. Finally, social media posts regularly educate and encourage change in member’s dental habits.
 - **FQHC Clinics Claim reports to catch billing codes.** Quality Improvement (QI) analysts run monthly reports to identify members receiving dental services through FQHC and School Based clinics.
 - **Transportation.** THP has interventions in place to educate members on the use of LogistiCare transportation services. The THP website and Member Handbook will provide information, and outreach specialists will educate members of the transportation provider change.
 - **Continuity of Care through Redetermination.** THP sends postcards to members in advance of redetermination to remind them it is time to re-enroll.
 - **UHP Interventions**
 - **Health Crowd for ADV.** Health Crowd is an outreach initiative via texts to remind and educate members on preventative services to close gaps in care.
 - **Member Incentive.** For a limited time, eligible UHP pregnant member can receive a \$25 gift card for preventive dental services.
 - **PCP ADV/PDENT Provider Education.** UHP partnered with SCION dental to educate the MCO and providers on the importance of dental care for 2-3 year olds and encouraging providers to accept this age group for initial appointments.
 - **Gaps in Care Outreach Calls.** Quality staff call members with gaps in care for preventive dental visits.

- **WV FH Interventions**

- **Member Incentive.** Members in the ADV age 2-3 group will receive a \$25 gift card for completing an eligible dental visit.
- **Provider Education.** SkyGen Provider Relations field representatives provide education to dentists during office visits about the importance of seeing members under 3 years of age.
- **Collaboration with WV Oral Health Department and WV Dental Association.** WV FH leadership will promote dental visits for young children to the WV Dental association and the State Dental Director.

MCO-Selected PIP Results

Qlarant reviewed and validated the following MCO-selected PIPs:

- Annual Monitoring of Patients on Persistent Medications (ABHWV)
- Promoting Health and Wellness in Children and Adolescents (THP)
- Follow-Up for Hospitalization for Mental Illness (UHP)
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (WV FH)

PIP validation and performance measure results are included in Tables 18-25 for each MCO-selected PIP. Validation steps rated as met M, PM, UM, or NA.

Annual Monitoring of Patients on Persistent Medications (ABHWV)

Table 18. ABHWV’s Annual Monitoring of Patients on Persistent Medications PIP Validation Results

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

For the Annual Monitoring of Patients on Persistent Medications PIP (a retired HEDIS measure), ABHWV received findings of Met for all applicable steps. The MCO provided a comprehensive project rationale, study question, and project goals for both indicators. Appropriate data collection methods were used as well as a complete barrier analysis and strong interventions. Step 5, Sampling Methodologies, was not applicable as the entire applicable population was studied. ABHWV completed a comprehensive quantitative and qualitative analysis and noted that the indicator rate increased over the first remeasurement year as well as over the baseline measurement year.

An assessment of the validity and reliability of the PIP’s study design and results reflects a detailed review of the MCO’s PIP and audited HEDIS findings and conclusions for the selected indicators.

ABHWV received a PIP Validation score of 100% which provides a high level of confidence in the reported results for the Annual Monitoring of Patients on Persistent Medications PIP.

Table 19 provides ABHWV’s results for the Annual Monitoring of Patients on Persistent Medications PIP.

Table 19. ABHWV’s Annual Monitoring of Patients on Persistent Medications PIP Results

Time Period	Measurement	Rate or Results
Annual Monitoring of Patients on Persistent Medications - Total Rate		
MY 2015 (HEDIS 2016)	Baseline	82.44%
MY 2016 (HEDIS 2017)	Remeasurement Year 1	88.23%
MY 2017 (HEDIS 2018)	Remeasurement Year 2	89.58%
MY 2018 (HEDIS 2019)	Remeasurement Year 3	88.99%

The MY 2018 statistical rate is significantly greater than the baseline rate. MY 2018’s rate, 88.99%, slightly decreased from MY 2017’s rate and fell short of the goal, 2016’s Medicaid Quality Compass 75th Percentile, by less than one percentage point.

Examples of ABHWV’s interventions for Annual Monitoring of Patients on Persistent Medications (MPM) during MY 2018 include:

- Integrated Care Management Pod Design and Care Connections Teams.** Each interdisciplinary team supports an assigned region, with each region consisting of a CM Manager, CM staff and UM staff. Embedded case managers in provider offices and facilities have also expanded. At the end of 2018, there were 16 embedded nurse case managers. Care Connections Teams live locally in their assigned regions, and have expertise in social determinants of health unique to the region and available community resources in each area. Care Connections teams also have weekly CM medical rounds, and case managers also sit in on daily UM rounds.
- Provider HEDIS Training Webinar.** QM collaborated with Provider Relations to deliver a HEDIS training webinar, which included MPM education. Approximately 88 individuals joined the webinar and received the included MPM information, which emphasized the need for PCP and specialist communication and coordination of care to ensure MPM therapeutic monitoring is completed.
- HEDIS Provider Toolkit.** This toolkit is a provider resource for HEDIS measures, including MPM, and is available on the provider portal throughout the year. This toolkit was also personally distributed to two large organizations – West Virginia Primary Care Association (encompassing an additional 32 FQHCs) and Clinically Integrated Network (encompassing an additional 203 practitioners).
- 1:1 HEDIS Provider Education.** 1:1 recurring HEDIS provider education meetings with the practice Transformation Specialist at the Clinically Integrated Network, impacted 203 practitioners.
- Targeted High Volume/Low Performing County Outreach.** Based upon Q3 cultural data analysis, the QM team performed targeted phone outreach to the top three non-compliant counties.

Promoting Health and Wellness in Children and Adolescents (THP)

Table 20 provides THP’s results for the Promoting Health and Wellness in Children and Adolescents PIP Validation.

Table 20. THP MY 2018 Promoting Health and Wellness in Children and Adolescents PIP Validation Results

PIP Validation Step	Finding
1. Assess the Study Topic	M
2. Review the Study Questions	M
3. Review the Selected Study Indicator(s)	M
4. Review the Study Population	M
5. Review Sampling Methodologies	M
6. Review Data Collection Procedures	M
7. Assess Improvement Strategies	PM
8. Review Data Analysis & Interpretation of Study Results	M
9. Assess Whether Improvement is Real Improvement	NA
10. Assess Sustained Improvement	NA
Total Score	87.5%
Confidence Level	Confidence

For the Promoting Health and Wellness in Children and Adolescents PIP, THP received findings of Met for Steps 1 through 6 and Step 8. The MCO provided a comprehensive project rationale, project goals, sampling method, data collection methods, and comprehensive quantitative and qualitative analysis. THP received a finding of Partially Met for Step 7, Improvement Strategies, because although an initial barrier analysis was completed, the MCO did not perform a comprehensive dive into their member data to determine member disparities in care. Determining why certain populations are not seeking preventive care will help target and identify effective interventions. Steps 9 and 10 cannot be assessed as the PIP submission was for the baseline study.

THP’s PIP validation score of 87.5% provides confidence in the reported results for the Promoting Health and Wellness in Children and Adolescents PIP.

Table 21 provides THP’s results for the Promoting Health and Wellness in Children and Adolescents PIP.

Table 21. THP Promoting Health and Wellness in Children and Adolescents PIP Results

Time Period	Measurement	Rate or Results
Performance Measure 1: Adolescent Well-Care Visits		
1/1/2018 - 12/31/2018	Baseline Year	42.82%
Performance Measure 2: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile Documentation		
1/1/2018 - 12/31/2018	Baseline Year	77.62%
Performance Measure 3: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition		
1/1/2018 - 12/31/2018	Baseline Year	67.88%

THP reported baseline performance measure results. Qlarant recommended THP implement all proposed interventions for MY 2019, as well as complete a more thorough barrier analysis. THP must perform a cultural and linguistical analysis of their data to identify disparities and trends within subpopulations. Findings from this analysis will help to develop initiatives and interventions to target identified disparities and trends impacting overall compliance.

Examples of THP’s specific interventions for Promoting Health and Wellness in Children and Adolescents that were in place during MY 2018 include:

- **Member Incentive Program.** THP will provide a \$25 CVS gift card for a qualifying Adolescent Well-Care (AWC) visit.
- **Member Advocate Outreach.** THP member advocates contact the member’s parent/guardian to educate them on the importance of well child visits.
- **Provider Engagement.** THP has provider engagement representatives located throughout the state who work closely on provider education of HEDIS medical record documentation specifications related to the PIP measures.
- **Free transportation provided by Logisticare.** Members will receive information on the free transportation service as well as the ability for parents to sign a waiver for their child to travel to appointments unaccompanied.

Follow-Up for Hospitalization for Mental Illness (UHP)

Table 22 provides UHP’s results for their Follow-Up for Hospitalization for Mental Illness PIP.

Table 22. UHP’s Follow-Up for Hospitalization for Mental Illness PIP Validation Results

PIP Validation Step	Finding
1. Assess the Study Topic	M
2. Review the Study Questions	M
3. Review the Selected Study Indicator(s)	M
4. Review the Study Population	M
5. Review Sampling Methodologies	NA
6. Review Data Collection Procedures	M
7. Assess Improvement Strategies	PM
8. Review Data Analysis & Interpretation of Study Results	PM
9. Assess Whether Improvement is Real Improvement	PM
10. Assess Sustained Improvement	M
Total Score	78%
Confidence Level	Confidence

For the Follow-Up for Hospitalization for Mental Illness PIP, UHP received a finding of met for steps 1-4, 6, and 10. The MCO provided a comprehensive project rationale, study question, appropriate project goals, and used appropriate data collection methods. Step 5, Sampling Methodologies, was not scored as the entire study population was used for this PIP. UHP received a Partially Met for Step 7 as the MCO did not implement any new targeted interventions for MY 2018 and failed to provide proper analysis of the ongoing interventions. Although the MCO completed a thorough data analysis that included both a quantitative and qualitative analysis from baseline measurement year through remeasurement 3, UHP failed to offer an interpretation of the extent to which the PIP was successful based upon the study result (Step 8). In addition, the MCO did not offer evidence of cultural or linguistic analysis of their data. UHP must begin to identify disparities and trends within their subpopulations that may impact indicator rates. The MCO received a partially met finding for Step 9, as there was no improvement compared to the previous annual measurement year. Step 10, Sustained Improvement, received a finding of met as all remeasurements exceeded baseline performance results.

UHP’s PIP validation score of 78% provides confidence in the reported results for the Follow-Up After Hospitalization for Mental Illness PIP.

Table 23 provides UHP’s results for the Follow-Up After Hospitalization for Mental Illness PIP.

Table 23. UHP’s Follow-Up After Hospitalization for Mental Illness PIP Results

Time Period	Measurement	Rate or Results
Performance Measure 1: Follow-Up After Hospitalization for Mental Illness - 7 Days		
MY 2015 (HEDIS 2016)	Baseline	15.48%
MY 2016 (HEDIS 2017)	Remeasurement Year 1	28.91%
MY 2017 (HEDIS 2018)	Remeasurement Year 2	34.47%
MY 2018 (HEDIS 2019)	Remeasurement Year 3	33.11%
Performance Measure 2: Follow-Up After Hospitalization for Mental Illness - 30 Days		
MY 2015 (HEDIS 2016)	Baseline	38.69%
MY 2016 (HEDIS 2017)	Remeasurement Year 1	62.81%
MY 2017 (HEDIS 2018)	Remeasurement Year 2	64.93%
MY 2018 (HEDIS 2019)	Remeasurement Year 3	57.13%

UHP’s MY 2018 rate of 31.11% for the 7-day follow-up performance measure decreased 1.36 percentage points from MY 2017 (34.47%). This rate falls short of the MCO’s goal to exceed the NMA by 5 percentage points. UHP’s MY 2018 rate of 57.13% for the 30-day follow-up performance measure decreased by 7.80 percentage points compared to MY 2017 (64.93%). This rate falls short of the MCO’s goal to exceed the NMA by 5 percentage points.

UHP’s Follow-Up After Hospitalization for Mental Illness PIP has completed three remeasurement years. Qlarant recommends UHP close this PIP after the MY 2019 submission and propose a replacement PIP to BMS/Qlarant for approval before MY 2020.

Examples of UHP’s interventions for Follow-Up After Hospitalization for Mental Illness during MY 2018 include:

- **Healthy Rewards Incentive.** Members who complete a transition appointment are eligible for a \$20 member incentive as part of the Healthy Rewards Program.
- **Behavioral Health CM.** 100% of members discharged from inpatient admission for mental illness are contacted by CM and offered CM services. Members are followed for 30 days, unless they are identified as high risk and enrolled in Complex CM.
- **Field Based Case Management.** UHP Case Managers visit high volume facilities where they offer case management to members, and educate members on the Healthy Rewards incentive and process for enrollment.
- **Lunch and Learn.** UHP educates providers on HEDIS specifications specific to the Follow-Up After Hospitalization for Mental Illness measure.

Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (WVFH)

Table 24 includes PIP validation results for WVFH’s Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life PIP.

Table 24. WVFH’s Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life PIP Validation Results

PIP Validation Step	Finding
1. Assess the Study Topic	M
2. Review the Study Questions	M
3. Review the Selected Study Indicator(s)	M
4. Review the Study Population	M
5. Review Sampling Methodologies	M
6. Review Data Collection Procedures	M
7. Assess Improvement Strategies	PM
8. Review Data Analysis & Interpretation of Study Results	M
9. Assess Whether Improvement is Real Improvement	PM
10. Assess Sustained Improvement	UM
	Total Score
	85%
	Confidence Level
	Confidence

For Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life PIP, WVFH received findings of met for steps 1 through 6 and 8. The MCO provided a comprehensive project rationale, project goals, proper sampling

and data collection methods, and comprehensive quantitative and qualitative analyses. Step 7, Improvement Strategies, received a finding of partially met because the MCO failed to complete an analysis on subpopulations and develop culturally and linguistically appropriate interventions. Step 9, Real Improvement, received a finding of partially met as the performance measure rate increased over the previous year, but remained below baseline and remeasurement year 1, indicating interventions did not offer face validity. Step 10, Sustained Improvement, received a finding of unmet as the MY 2018 rate remained below the MCO’s baseline rate.

WVFH’s PIP validation score of 85% provides confidence in the reported results for the Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life PIP.

Table 25 provides WVFH’s results for the Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life PIP.

Table 25. WVFH’s Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life PIP Results

Time Period	Measurement	Rate or Results
Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life		
1/1/2015 - 12/31/2015	Baseline	62.50%
1/1/2016 - 12/31/2016	Remeasurement Year 1	68.86%
1/1/2017 - 12/31/2017	Remeasurement Year 2	56.45%
1/1/2018 - 12/31/2018	Remeasurement Year 3	60.58%

WVFH’s remeasurement year 3 rate (60.58%) increased from remeasurement year 2 rate (56.45%) by 4.13 percentage points, but remained below both remeasurement year 1’s rate (68.86%) and the baseline rate (62.50%).

Examples of WVFH’s interventions for Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life during MY 2018 include:

- **Provider Incentive.** \$10 gap closure payment is offered to all assigned primary care providers (PCPs) that complete well-child visits for members for the Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life measure.
- **Member Incentive.** Members that complete an eligible well-child visit will receive a \$50 gift card.
- **Well-child Visit Pre-queue Message.** Members who call Customer Service hear a short message regarding well-child visit education before being connected to a customer service representative.
- **Well-Child Visit Outreach and Education.** Trainings are provided as needed to CMs and Outreach Nurses based on new well-child visit/EPSTD protocols, reward programs, and changes to evidence-based clinical guidelines.
- **Health Dialog.** Patients have access to a 24/7/365 phone service to speak with a health care professional after regular PCP appointment hours.
- **Welcome calls for new members.** Member Services’ welcome calls include information to help members navigate the health plan and provide a reminder to schedule a visit with their doctor(s).

- **Care Management Call Lists.** Identified members and family units with open well-child care gaps are targeted for outreach. During outreach, Care Management will assess barriers for scheduling appointments and facilitate the scheduling process.

Performance Measure Validation

Qlarant's PMV audit focused on selected performance measures specific to the MHT Medicaid managed care population. Performance measures for MY 2018 include:

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

Validation Results

Each MCO's ISCA provided insights into their IS and processes used to produce the required performance measures. Review of ISCA's and other pre-site documentation determined all MCOs had satisfactory processes for data integration, data control, and interpretation of the performance measure specifications for MY 2018. On-site PMV audits included interviews with each MCO's staff regarding their IS and associated procedures. These interviews enabled Qlarant's auditor to fully explore and understand claims systems and processes, enrollment system and processes, provider systems and processes, performance measurement team (programmers and analysts) quality assurance practices, and data warehouse overview.

The procedures and processes used by each MCO to calculate performance measures with certified HEDIS software were reviewed and found to be acceptable. MCO-developed source code for measures not calculated by certified HEDIS software was also reviewed and found to be suitable. The sampling and medical record abstraction methodologies for each MCO were reviewed and found to be adequate. During each on-site visit, medical records were examined for several measures and two measures were

selected for the medical record over-read review. All four MCOs scored an agreement rate of 100% for medical records reviewed.

The MCOs' scores for each of the four validation components and reporting designation are described in Tables 26 and 27, respectively.

Table 26. PMV Audit Designation Table for the BMS-selected Performance Measures

Validation Component	Audit Element	ABHWV	THP	UHP	WVFH
Documentation	Data integration and control procedures are assessed to determine whether the MCO has the appropriate processes and documentation in place to extract, link, and manipulate data for accurate and reliable measure rate construction. Measurement procedures and programming specifications including data sources, programming logic, and computer source codes are documented.	100%	100%	97.62%	100%
Denominator	Validation of the denominator calculations for the performance measures is conducted to assess the extent to which the MCO used appropriate and complete data to identify the entire population and to the degree to which the MCO followed measures specifications for calculating the denominator.	100%	100%	100%	100%
Numerator	Validation of the numerator determines if the MCO correctly identified and evaluated all qualifying medical events for appropriate inclusion or exclusion in the numerator for each measure and followed measure specifications for calculation of the numerator.	100%	100%	73.91%	100%
Sampling	The sample size and replacement methodology met specifications and the sample is unbiased.	100%	100%	100%	100%
Overall Audit Score		100%	100%	93%	100%

Three of the four MCOs (ABHWV, THP, and WVFH) received an overall audit score of 100% while UHP received a score of 93%. BMS and other stakeholders can have high confidence in MCO results.

Table 27. MCO Performance Measure Reporting Designations, 2019 (MY 2018)

Validation Component	Audit Element	ABHWV	THP	UHP	WVFH
Reporting Designation	Validation of reporting assesses whether the MCOs followed the State’s requirements for reporting the measures’ rates and followed specifications. The State requires the MCOs to report the denominator, specific numerator events, and calculated final rates.	R	R	R	R

All the MCOs received a reporting designation of “Reportable.” ABHWV, THP, and WVFH’s elements were found to be satisfactory and met requirements. Three elements for UHP were not met: one documentation element did not meet the MCO’s internal standards for reporting documentation and two numerator elements for data-entry and calculation errors were found in UHP’s rate workbook. UHP final rates were ultimately accepted as valid after three submissions.

Quality of, Access to, and Timeliness of Care and Services

Quality

Quality encompasses key areas of MCO operations likely to impact member health outcomes, care delivery, and the experience of receiving care. Therefore, the quality domain focuses on MCO compliance, PIP initiatives, and HEDIS and CAHPS results indicative of quality systems. Qlarant summarizes MCO quality performance by each EQR task in the following sections.

Systems Performance Review

Multiple SPR standards relate to the MCOs’ structural system that influences quality; however, the 2019 review of MY 2018 included one standard, Grievance and Appeal System. Table 28 includes MCO results of applicable Grievance and Appeal System quality-related elements.

Table 28. Quality-Related SPR Elements

Quality-Related SPR Elements	ABHWV	THP	UHP	WVFH
Subpart F: Grievance and Appeal System				
§438.402 General Requirements	M	PM	PM	PM
§438.406 Handling of Grievances and Appeals	M	M	PM	PM
§438.414 Information About the Grievance and Appeal System to Providers and Subcontractors	M	M	M	PM
§438.416 Record Keeping Requirements	M	M	PM	PM
§438.420 Continuation of Benefits while the MCO Appeal and the State Fair Hearing are Pending	M	M	M	M
§438.424 Effectuation of Reversed Appeal Resolutions	M	M	M	PM

Performance Improvement Project Validation

MHT's effort to improve health care outcomes through quality improvement requires the MCOs to conduct and report three PIPs annually. All PIP topics support quality initiatives and some also correlate to access or timeliness domains. Table 29 identifies quality-related PIPs and respective MCO results.

Table 29. Quality-Related PIPs

MCO	PIP Topic	Score
ABHWW	Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	100%
	Annual Dental Visits	100%
	Annual Monitoring of Patients on Persistent Medications	100%
THP	Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	85%
	Annual Dental Visits	84%
	Promoting Health and Wellness in Children and Adolescents	87.5%
UHP	Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	82%
	Annual Dental Visits	88%
	Follow-Up for Hospitalization for Mental Illness	78%
WVFH	Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	71%
	Annual Dental Visits	92%
	Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life	85%

Performance Measurement Validation

Five key performance measures were selected from the PMV activity to highlight quality. Selected performance measures include:

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

Individual MCO results from MY 2016 through MY 2018 are presented Table 30. The three-year illustration of results allows for trending, and assessments can be made to determine if performance is improving or declining. Positive trends (consecutive annual improvement in performance) appear in green, while negative trends (consecutive annual decline in performance) appear in red.

Table 30. Quality-Related Performance Measure Results, MY 2016 to MY 2018

Performance Measures	MY	ABHWV %	THP %	UHP %	WVFH %
Childhood Immunization Status - Combination 3	2016	67.22	67.88	71.99	62.04
	2017	71.78	56.40	68.37	67.88
	2018	66.91	70.80	71.53	65.45
Comprehensive Diabetes Care - HbA1c Testing	2016	90.07	91.00	86.34	90.69
	2017	83.70	87.35	89.78	89.29
	2018	87.10	86.13	88.81	85.16
Follow-Up After Hospitalization For Mental Illness - 7 days	2016	31.20	18.00	28.91	48.78
	2017	30.32	16.38	34.47	26.56
	2018	32.17	34.28	33.11	35.63
Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit	2016	73.50	71.31	69.85	76.19
	2017	75.75	73.52	73.12	75.96
	2018	75.25	75.46	75.12	77.00
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents - Counseling for Nutrition	2016	68.16	60.58	67.13	54.99
	2017	77.13	61.31	72.75	58.64
	2018	79.81	67.88	72.99	46.47

Analysis of quality-related performance measures includes:

- Childhood Immunization Status - Combination 3: Year over year performance was mixed for all four MCOs. Rates for THP and UHP improved between MY 2017 and MY 2018.
- Comprehensive Diabetes Care - HbA1c Testing: THP and WVFH results declined over the three-year period. ABHWV's rate improved between MY 2017 and MY 2018.
- Follow-Up after Hospitalization for Mental Illness - 7 days: ABHWV, THP, and WVFH's rates improved from MY 2017 to MY 2018.
- Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers to Quit: Rates for THP and UHP showed a positive annual trend (MY 2016 to MY 2018).
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: Rates for three MCOs (ABHWV, THP, and UHP) improved each year between MY 2016 and MY 2018.

Table 31 compares the MHT MCO weighted averages (MHT average) per measure over the same three-year period and compares the MY 2018 MHT average to national benchmarks: NQA Quality Compass NMA and National Medicaid 75th Percentile (NMP).

Table 31. Quality-Related Performance Measures, MHT Averages, MY 2016 to 2018

Performance Measure	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average MY 2018 %	MY 2018 Compared to Benchmarks
Childhood Immunization Status - Combination 3	69.16	67.07	69.07	◆◆
Comprehensive Diabetes Care - HbA1c Testing	89.52	87.59	86.93	◆
Follow-Up After Hospitalization For Mental Illness - 7 days	30.62	27.74	33.58	◆
Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit	72.71	74.59	75.71	◆

Performance Measure	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average MY 2018 %	MY 2018 Compared to Benchmarks
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	66.15	71.65	72.85	◆◆

◆ - The MHT Average is below the NCQA Quality Compass National Medicaid Average

◆◆ - The MHT Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile

◆◆◆ - The MHT Average is equal to or exceeds the NCQA Quality Compass National Medicaid 75th Percentile

Qlarant noted the following observations with the MHT average rates for the quality measures:

- The MY 2018 MHT average exceeded the NMA but did not meet the 75th NMP for two measures:
 - Childhood Immunization Status – Combination 3
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition
- The MHT average improved year over year between MY 2016 and MY 2018 for two measures:
 - 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 average declined every year between MYs 2016 and 2018 for Comprehensive Diabetes Care - HbA1c Testing measure

An opportunity for improvement was identified for three measures that did not meet the NMA:

- Comprehensive Diabetes Care - HbA1c Testing
- Follow-Up After Hospitalization For Mental Illness - 7 days
- Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit

CAHPS Survey Results

As required by BMS, MCOs annually survey adult members and parents/guardians of child members via the CAHPS survey. Respondents are asked to rate their experience of care. Key survey measures relating to quality are highlighted in Tables 31-32.

Table 32 reports the adult quality-related adult CAHPS survey measures for all four MCOs and includes results for surveys conducted in MY 2016-MY 2018.

Table 32. Quality-Related Adult CAHPS Survey Measure Results, MY 2016 to MY 2018.

CAHPS Survey Measures	MY	ABHWV %	THP %	UHP %	WVFH %
Customer Service Composite	2016	NA	NA	NA	84.95
	2017	NA	NA	NA	NA
	2018	NA	NA	NA	86.64
How Well Doctors Communicate Composite	2016	95.48	92.11	93.00	92.54
	2017	93.08	93.19	94.16	95.21
	2018	92.91	93.97	90.78	93.80
Shared Decision Making Composite (A lot/Yes)	2016	82.40	NA	81.38	80.60
	2017	78.36	84.77	82.99	79.95
	2018	81.05	80.08	80.81	80.54
Health Promotion and Education Composite	2016	72.94	77.09	69.23	72.50
	2017	71.76	70.82	70.34	70.78
	2018	72.73	70.54	70.14	66.92
Coordination of Care Composite	2016	85.95	87.74	85.00	86.06
	2017	86.47	85.11	83.05	86.43
	2018	86.49	85.61	81.69	85.07
Rating of Health Plan (8+9+10)	2016	62.91	75.82	71.36	72.05
	2017	69.85	79.57	76.82	72.43
	2018	68.50	77.93	75.73	72.11
Rating of All Health Care (8+9+10)	2016	68.35	67.22	71.14	73.98
	2017	70.61	75.57	70.42	72.11
	2018	68.81	73.33	70.73	71.43
Rating of Personal Doctor (8+9+10)	2016	79.02	77.99	80.07	84.47
	2017	83.33	85.11	83.78	85.13
	2018	78.60	80.50	81.94	85.05
Rating of Specialist Seen Most Often (8+9+10)	2016	71.97	82.35	81.88	75.90
	2017	78.42	82.03	82.51	78.40
	2018	75.78	80.15	78.62	77.43

NA – Not Applicable; response < 100

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

- While ABHWV demonstrated a negative trend, THP demonstrated a positive trend between MY 2016 and MY 2018 for the How Well Doctors Communicate Composite.
- Rates for THP and WVFH declined each year between MY 2016 and MY 2018 for the Health Promotion and Education Composite.
- ABHWV demonstrated a positive trend from MY 2016 to MY 2018 for the Coordination of Care Composite. UHP’s rate declined over the three-year period.
- WVFH demonstrated a negative performance trend between MY 2016 and MY 2018 for Rating of All Health Care.
- THP’s rate declined each year between MY 2016 and MY 2018 for Rating of Specialist Seen Most Often.

Table 33 reports the MHT Average quality-related adult CAHPS Survey results for MY 2016 to MY 2018 and compares MY 2018 performance to national benchmarks.

Table 33. Quality-Related Adult CAHPS Survey Measures, MHT Averages, MY 2016 to MY 2018

CAHPS Survey Measures	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average MY 2018 %	MY 2018 Compared to Benchmarks
Customer Service Composite	NA	NA	86.64	♦
How Well Doctors Communicate Composite	93.28	93.91	92.87	♦♦
Shared Decision Making Composite	81.46	81.52	80.62	♦♦
Health Promotion and Education Composite	72.94	70.93	70.08	♦
Coordination of Care Composite	86.19	85.27	84.72	♦♦
Rating of Health Plan (8+9+10)	70.54	74.67	73.57	♦
Rating of All Health Care (8+9+10)	70.17	72.18	71.08	♦
Rating of Personal Doctor (8+9+10)	80.39	84.34	81.52	♦
Rating of Specialist Seen Most Often (8+9+10)	78.03	80.34	78.00	♦

♦ - The MHT Average is below the NCOA Quality Compass National Medicaid Average

♦♦ - The MHT Average is equal to or exceeds the NCOA Quality Compass National Medicaid Average, but does not meet the 75th Percentile

♦♦♦ - The MHT Average is equal to or exceeds the NCOA Quality Compass National Medicaid 75th Percentile

Analysis of MHT MCO averages indicated the following:

- The MY 2018 MHT average for three measures met or exceeded the NMA, but were below the 75th NMP:
 - How Well Doctors Communicate
 - Shared Decision Making Composite
 - Coordination of Care Composite
- No positive trends were identified
- The MCO average for two of the nine quality-related Adult CAHPS survey measures exhibited negative trends for the three year period from MY 2016 to MY 2018:
 - Health Promotion and Education Composite
 - Coordination of Care Composite

Table 34 reports the quality-related Child CAHPS survey measures for all four MCOs and includes results for MY 2016 to MY 2018.

Table 34. Quality-Related Child CAHPS Survey Measure Results, MY 2016 to MY 2018

CAHPS Survey Measures	MY	ABHWV %	THP %	UHP %	WVFH %
Customer Service Composite	2016	NA	NA	88.50	NA
	2017	NA	NA	88.49	85.56
	2018	NA	NA	NA	90.84
How Well Doctors Communicate Composite	2016	96.11	94.08	95.42	95.69
	2017	94.78	94.80	94.83	94.95
	2018	95.75	96.30	97.56	96.84
Shared Decision Making Composite (A lot/Yes)	2016	79.91	NA	80.49	79.82
	2017	NA	NA	78.32	83.56
	2018	NA	NA	80.62	83.06
Health Promotion and Education Composite	2016	70.66	67.43	72.86	69.31
	2017	75.38	72.26	74.94	72.65
	2018	72.51	72.49	67.84	72.57
Coordination of Care Composite	2016	84.15	84.51	84.73	88.70
	2017	82.28	88.98	82.86	86.23
	2018	83.97	83.72	89.40	88.17
Rating of Health Plan (8+9+10)	2016	82.06	89.09	87.02	81.68
	2017	84.95	88.64	83.78	82.62
	2018	85.83	88.05	87.47	85.93
Rating of All Health Care (8+9+10)	2016	85.14	86.09	85.04	87.90
	2017	86.36	87.73	86.57	83.33
	2018	88.40	86.03	88.73	86.55
Rating of Personal Doctor (8+9+10)	2016	88.34	88.64	88.35	89.32
	2017	87.99	86.87	86.73	87.26
	2018	91.59	90.55	93.03	91.08
Rating of Specialist Seen Most Often (8+9+10)	2016	91.15	NA	85.59	NA
	2017	82.00	NA	89.83	NA
	2018	NA	NA	NA	NA

NA - Not Applicable; response < 100

Analysis for the quality-related Child CAHPS survey measures revealed the following:

- THP’s rates for How Well Doctors Communicate Composite and Health Promotion and Education Composite improved each year between MY 2016 and MY 2018.
- Rates for ABHWV and WVFH improved each year of the three-year period for Rating of Health Plan; while THP showed decline over the three-year period.
- ABHWV and UHP’s rate for Rating of All Health Care also improved each year between MY 2016 and MY 2018.

Table 35 reports MHT Averages for quality-related Child CAHPS survey measures for MY 2016 to MY 2018 as compared to national benchmarks for MY 2018.

Table 35. Quality-Related Child CAHPS Survey Measures, MHT Averages, MY 2016 to MY 2018

CAHPS Survey Measures	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average MY 2018 %	MY 2018 Compared to Benchmarks
Customer Service Composite	NA	87.03	90.84	◆◆◆
How Well Doctors Communicate Composite	95.33	94.84	96.61	◆◆◆
Shared Decision Making Composite	80.07	80.94	81.84	◆◆
Health Promotion and Education Composite	70.07	73.81	71.35	◆
Coordination of Care Composite	85.52	85.09	86.32	◆◆
Rating of Health Plan (8+9+10)	84.96	85.00	86.82	◆◆
Rating of All Health Care (8+9+10)	86.04	86.00	87.43	◆
Rating of Personal Doctor (8+9+10)	88.66	87.21	91.56	◆◆
Rating of Specialist Seen Most Often (8+9+10)	89.87	85.92	NA	NC

◆ - The MHT Average is below the NCQA Quality Compass National Medicaid Average

◆◆ - The MHT Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile

◆◆◆ - The MHT Average is equal to or exceeds the NCQA Quality Compass National Medicaid 75th Percentile

NA - Not Applicable; response < 100

NC - No Comparison

Analysis of the MCO averages indicated the following:

- The MHT Averages met or exceeded the 75th NMP for Customer Service and How Well Doctors Communicate Composites.
- Four measures met or exceeded the NMA but did not meet the 75th NMP:
 - Share Decision Making
 - Coordination of Care Composite
 - Rating of Health Plan
 - Rating of Personal Doctor
- Positive trends were identified for two measures:
 - Shared Decision Making Composite
 - Rating of All Health Plan
- Three of the nine measures demonstrated consecutive annual improvements:
 - Shared Decision Making Composite
 - Rating of Health Plan

Access

An assessment of access considers the degree to which beneficiaries are inhibited or assisted in their ability to gain entry to and receive care and services from the health care system. Access to health care is the foundation of positive health outcomes. Qlarant evaluates access to care and services for each MCO through an analysis of PIP results, performance measures, and HEDIS and CAHPS results.

Systems Performance Review

Several SPR standards relate to accessibility of the MCOs’ provider networks and health care services; however, the 2019 SPR of MY 2018 included one standard, Grievance and Appeal System. The standard most closely aligns with quality and timeliness. Therefore, MCO SPR results are not analyzed in regard to access.

Performance Improvement Project Validation

MHT’s effort to improve health care outcomes through quality improvement requires the MCOs to conduct and report three PIPs annually. All PIP topics support quality initiatives; however, some relate to improving accessibility to care and services. Table 36 identifies access-related PIPs and respective MCO results.

Table 36. Access-Related PIPs

MCO	PIP Topic	Score
ABHWV	Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	100%
	Annual Dental Visits	100%
THP	Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	85%
	Annual Dental Visits	84%
UHP	Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	82%
	Annual Dental Visits	88%
WVFH	Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit	71%
	Annual Dental Visits	92%

Performance Measure Validation

Preventive health care measures provide information about how well an MCO provides services that maintain good health and prevent illness in adults and children. A regular source of care is vitally important in terms of providing appropriate preventive services and/or diagnosing and treating acute/chronic conditions in a timely manner. Regular access to preventive services should decrease the need for emergency and specialized services. Selected key performance measures related to access are reported in Tables 36-37.

Six performance measures from the PMV activities assess the access to care provided by the MHT MCOs. These measures are noted in Table 36 with MCO rates from MY 2016 through MY 2018. The six performance measures used to evaluate access are as follows:

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

Table 37 reports the access-related performance measures for MY 2016 through MY 2018 MCO rates.

Table 37. Access-Related Performance Measure Results, MY 2016 to MY 2018

Performance Measures	MY	ABHWV %	THP %	UHP %	WVFH %
Annual Dental Visits for 2-3 Year Olds	2016	34.27	32.21	37.11	26.50
	2017	37.73	27.40	39.87	28.68
	2018	37.81	36.29	41.17	34.38
Behavioral Health Risk Assessment For Pregnant Women- All Screenings	2016	44.81	48.42	39.58	38.19
	2017	34.55	50.36	28.22	46.35
	2018	37.71	41.61	26.76	9.72
Dental Sealants for 6-9 Year Old Children at Elevated Risk	2016	24.13	46.00	29.73	33.84
	2017	21.84	26.38	25.02	21.25
	2018	20.36	28.45	38.25	20.68
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD – Total	2016	44.66	45.01	42.11	61.09
	2017	48.40	49.84	46.29	40.69
	2018	47.30	53.89	47.89	47.18
Percentage of Eligibles That Received Preventive Dental Services	2016	46.69	40.00	49.37	30.96
	2017	48.85	34.89	51.33	30.13
	2018	50.24	43.35	51.32	34.01
Prenatal and Postpartum Care - Postpartum Care	2016	61.93	63.26	62.04	74.45
	2017	60.83	59.61	68.13	73.48
	2018	63.50	61.56	68.86	63.50

A three-year trend analysis of the access performance measures revealed the following:

- Annual Dental Visits for 2-3 Year Olds: ABHWV, UHP, and WVFH improved each year between MY 2016 and MY 2018.
- Behavioral Health Risk Assessment for Pregnant Women - All Screenings: UHP’s rate declined each year between MY 2016 and MY 2018.
- Dental Sealants for 6-9 Year Old Children at Elevated Risk: ABHWV and WVFH demonstrated a negative trend for the three-year period between MY 2016 and MY 2018.
- Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Total: Rates for THP and UHP improved each year between MY 2016 and MY 2018.
- Percentage of Eligibles That Received Preventive Dental Services: ABHWV’s rate improved year over year during the three-year period.
- Prenatal and Postpartum Care-Postpartum Care: UHP demonstrated a positive trend in performance for the three-year period; while WVFH declined in performance.

Table 38 reports the MHT average for access-related performance measures from MY 2016 to MY 2018 and compares MY 2018 performance to national benchmarks.

Table 38. Access-Related Performance Measures, MHT Averages, MY 2016 to MY 2018

Performance Measure	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average MY 2018 %	MY 2018 Compared to Benchmarks
Annual Dental Visits for 2-3 Year Olds	34.83	35.79	38.25	♦
Behavioral Health Risk Assessment For Pregnant Women- All Screenings	42.95	35.73	32.77	NC
Dental Sealants for 6-9 Year Old Children at Elevated Risk**	26.09	23.48	29.69	♦♦♦
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Total	47.45	46.89	49.45	♦♦♦
Percentage of Eligibles That Received Preventive Dental Services**	45.35	45.51	47.85	♦♦
Prenatal and Postpartum Care - Postpartum Care	63.92	65.36	65.03	♦♦

♦ - The MHT Average is below the NCOA Quality Compass National Medicaid Average

♦♦ - The MHT Average is equal to or exceeds the NCOA Quality Compass National Medicaid Average, but does not meet the 75th Percentile

♦♦♦ - The MHT Average is equal to or exceeds the NCOA Quality Compass National Medicaid 75th Percentile

** Benchmark data source: Quality of Care for Adults in Medicaid: Findings from the 2018 Adult Core Set Chart Pack, September 2019.

NC - No Comparison

Analysis of the MHT average for access measures shows the following:

- The MHT average exceeded the 75th NMP for two measures:
 - Dental Sealants for 6-9 Year Old Children at Elevated Risk
 - Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Total
- The MHT average met or exceeded the NMA but did not meet the 75th NMP for two measures:
 - Percentage of Eligibles That Received Preventive Dental Services
 - Prenatal and Postpartum Care - Postpartum Care
- The MHT average for Annual Dental Visits for 2-3 Year Olds improved each year between MY 2016 and MY 2018 but did not meet the NMA.
- Percentage of Eligibles That Received Preventive Dental Services increased each year between MY 2016 and MY 2018.
- The MHT average for Behavioral Health Risk Assessment for Pregnant Women - All Screenings decreased in performance over the three-year period.

CAHPS Survey Results

Results for the key access-related CAHPS Survey measures are highlighted in Tables 39-40.

Table 39 reports the access-related adult and child CAHPS survey measures for MY 2016 to MY 2018 for all four MCOs.

Table 39. Access-Related Adult and Child CAHPS Survey Measure Results, MY 2016 to MY 2018

CAHPS Survey Measures	MY	ABHWV %	THP %	UHP %	WVFH %
Getting Needed Care Composite – Adult	2016	82.72	84.07	83.99	83.59
	2017	85.09	84.31	84.84	83.82
	2018	79.71	83.95	83.06	83.73
Getting Needed Care Composite – Child	2016	93.27	89.57	90.65	89.29
	2017	89.30	92.27	90.26	92.87
	2018	93.02	91.05	90.97	88.84

An analysis of the MCO averages indicated the following:

- No trends were identified over the three-year period.
- All four MCOs declined in performance between MY 2017 and MY 2018 for the Adult Getting Needed Care Composite measure.
- ABHWV and UHP demonstrated annual improvement between MY 2017 and 2018 for Child Getting Needed Care Composite.

Table 40 reports the access-related CAHPS survey measure results for MY 2016 to MY 2018 for the MHT Averages compared to national benchmarks for MY 2018.

Table 40. Access-Related Adult and Child CAHPS Survey Measures, MHT Averages, MY 2016 to MY 2018

CAHPS Survey Measures	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average MY 2018 %	MY 2018 Compared to Benchmarks
Getting Needed Care Composite - Adult	83.59	84.52	82.61	◆◆
Getting Needed Care Composite - Child	90.70	91.18	90.97	◆◆◆

◆ - The MHT Average is below the NCQA Quality Compass National Medicaid Average

◆◆ - The MHT Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile

◆◆◆ - The MHT Average is equal to or exceeds the NCQA Quality Compass National Medicaid 75th Percentile

Analysis of the MCO averages indicated that Getting Need Care Composite - Adult met or exceeded the NMA, but did not meet the 75th NMP. Getting Needed Care Composite - Child met or exceeded the 75th NMP.

Timeliness

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

Timely health care assumes a beneficiary has access to providers and services as soon as they are needed. Postponing needed care may result in adverse health outcomes and can increase emergency department (ED) utilization and inpatient hospitalization. Qlarant evaluates timeliness to care and services for each MCO through an analysis of SPR grievance and appeal compliance with timelines, and HEDIS and CAHPS survey results.

Systems Performance Review

Several elements of the Grievance and Appeal System standard relates to the MCOs’ ability to process, resolve, and respond to member grievances and appeals in a timely manner. Table 41 includes timeliness-related SPR Elements.

Table 41. Timeliness-Related SPR Elements

SPR Standard	ABHVV	THP	UHP	WVFH
Subpart F: Grievance and Appeal System				
§438.404 Timely and Adequate Notice of Adverse Benefit Determination	M	M	M	PM
§438.408 Resolution and Notification: Grievances and Appeals	M	PM	PM	PM
§438.410 Expedited Resolution of Appeals	M	M	M	M

Performance Improvement Project Validation

All PIP topics support quality initiatives; however, some relate to improving timeliness. Table 42 identifies timeliness-related PIPs and respective MCO results.

Table 42. Timeliness-Related PIPs

MCO	PIP Topic	Score
THP	Promoting Health and Wellness in Children and Adolescents	87.5%
WVFH	Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life	85%

Performance Measurement Validation

Performance Measure Results

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

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

Table 43 reports timeliness-related performance measure results of MHT MCOs for MY 2016 to MY 2018.

Table 43. Timeliness-Related Performance Measure Results, MY 2016 to MY 2018

Performance Measures	MY	ABHWV %	THP %	UHP %	WVFH %
Adolescent Well-Care Visits	2016	55.90	44.28	55.09	36.01
	2017	58.39	39.39	66.18	39.17
	2018	61.31	42.82	70.07	36.74
PQI 01: Diabetes Short-Term Complications Admission Rate* (<i>lower rate is better</i>)	2016	12.16	18.56	14.03	19.83
	2017	15.90	26.38	12.80	20.86
	2018	23.39	25.08	21.24	20.06
PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate* (<i>lower rate is better</i>)	2016	27.84	43.82	30.98	40.84
	2017	64.93	92.52	76.63	74.85
	2018	65.02	60.74	69.07	61.83
PQI 08: Heart Failure Admission Rate* (<i>lower rate is better</i>)	2016	5.82	10.41	5.86	9.67
	2017	15.14	19.27	13.49	20.26
	2018	15.60	18.96	15.79	22.36
PQI 15: Asthma in Younger Adults Admission Rate* (<i>lower rate is better</i>)	2016	1.21	4.06	2.39	2.25
	2017	2.34	5.55	1.50	3.10
	2018	2.04	3.78	1.70	2.75
Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life	2016	71.93	73.48	76.63	68.86
	2017	75.91	68.42	79.32	56.45
	2018	76.40	74.94	77.37	60.58

*Observed rate per 100,000 member months

Analysis of WV’s performance measures for timeliness revealed the following:

- Adolescent Well-Care Visits: Rates improved year over year for ABHWV and UHP.
- PQI 01: Diabetes Short-Term Complications Admission Rate: ABHWV demonstrated a negative trend for the three-year period.
- PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission: ABHWV rate declined each year between MY 2016 and MY2018.
- PQI 08: Heart Failure Admission Rates: ABHWV, UHP, and WVFH declined in performance year over year.
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life: ABHWV demonstrated a positive trend for the three year period.

Table 44 reports the MHT averages of the six timeliness-related performance measures from MY 2016 to MY 2018 and compares MY 2018 performance to national benchmarks.

Table 44. Timeliness-Related Performance Measures, MHT Averages, MY 2016 to MY 2018

Performance Measure	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average MY 2018 %	MY 2018 Compared to Benchmarks
Adolescent Well-Care Visits	52.21	56.70	59.88	♦♦
PQI 01: Diabetes Short-Term Complications Admission Rate* (<i>lower rate is better</i>)	15.76	18.45	22.44	♦
PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate* (<i>lower rate is better</i>)	35.78	76.86	64.35	♦♦
PQI 08: Heart Failure Admission Rate* (<i>lower rate is better</i>)	7.67	16.73	17.83	♦♦♦
PQI 15: Asthma in Younger Adults Admission Rate* (<i>lower rate is better</i>)	2.36	2.93	2.45	♦♦♦
Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life	74.19	75.12	75.38	♦♦

♦ - The MHT Average is below the NCQA Quality Compass National Medicaid Average

♦♦ - The MHT Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile

♦♦♦ - The MHT Average is equal to or exceeds the NCQA Quality Compass National Medicaid 75th Percentile

* Observed rate per 100,000 member months, Benchmark data source: Quality of Care for Adults in Medicaid: Findings from the 2018 Adult Core Set Chart Pack, September 2019.

The MHT averages for two measures met or exceeded the 75th NMP:

- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate

The MHT averages for two measures improved each year between MY 2016 and MY 2018:

- Adolescent Well-Care Visits
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

Qlarant identified an opportunity for Improvement for the following measures that declined each year:

- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 08: Heart Failure Admission Rate

CAHPS Survey Results

Results for the key timeliness-related CAHPS survey measures are highlighted in Tables 45-46.

Table 45 reports the timeliness-related adult and child CAHPS survey measure results from MY 2016 to MY 2018 for all four MCOs.

Table 45. Timeliness-Related Adult and Child CAHPS Survey Measure Results, MY 2016 to MY 2018

CAHPS Survey Measures	MY	ABHWV %	THP %	UHP %	WVFH %
Getting Care Quickly Composite - Adult	2016	86.51	79.03	80.95	83.38
	2017	85.14	86.96	86.03	83.34
	2018	86.74	84.27	82.46	85.10
Getting Care Quickly Composite - Child	2016	96.11	93.91	96.09	96.65
	2017	94.83	97.23	96.62	95.70
	2018	95.92	95.78	95.89	95.65

A trend analysis of the CAHPS Survey measures revealed WVFH’s rate for Getting Care Quickly Composite - Child declined each year between MY 2016 and MY 2018.

Table 46 reports the MHT average timeliness-related adult and child CAHPS survey measures from MY 2016 to MY 2018 as compared to MY 2018 NMP.

Table 46. Timeliness-Related Adult and Child CAHPS Survey Measures, MHT Averages, MY 2016 to MY 2018

CAHPS Survey Measures	MHT Average MY 2016 %	MHT Average MY 2017 %	MHT Average MY 2018 %	MY 2018 Compared to Benchmarks
Getting Care Quickly Composite - Adult	82.47	85.37	84.64	◆◆
Getting Care Quickly Composite - Child	95.69	96.10	95.81	◆◆◆

- ◆ - The MHT Average is below the NCQA Quality Compass National Medicaid Average
- ◆◆ - The MHT Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile
- ◆◆◆ - The MHT Average is equal to or exceeds the NCQA Quality Compass National Medicaid 75th Percentile

The MCO average for the Getting Care Quickly Composite - Child met or exceeded the 75th NMP. The MCO average for Getting Care Quickly Composite - Adult met or exceeded the NMA, but did not meet the 75th NMP.

Strengths and Opportunities for Improvement

ABHWV Strengths

ABHWV:

- Achieved 100% compliance in the SPR Grievance and Appeal System standard (9 out of 9 elements were fully compliant).
- Completed PIP activities according to requirements and scored 100% on all three projects.
- Achieved statistically significant improvement compared to baseline performance for the Annual Monitoring of Patients on Persistent Medications PIP.
- Sustained improvement in the following PIPs:
 - Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP
 - Annual Monitoring of Patients on Persistent Medications
- Received a score of 100% for PMV. All performance measures were determined reportable.

- Demonstrated a positive trend in performance from MY 2016 to MY 2018 in the following performance measures:
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition
 - Annual Dental Visits for 2-3 Year Olds
 - Percentage of Eligibles That Received Preventive Dental Services
 - Adolescent Well Care Visits
 - Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Demonstrated a positive trend in performance from MY 2016 to MY 2018 in the following CAHPS survey measures:
 - Adult: Coordination of Care Composite
 - Child: Rating of Health Plan (8+9+10)
 - Child: Rating of All Health Care (8+9+10)

ABHWV Opportunities for Improvement

ABHWV:

- Demonstrated a negative trend in performance from MY 2016 to MY 2018 in the following performance measures:
 - Dental Sealants for 6-9 Year Old Children at Elevated Risk
 - 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
- Demonstrated a negative trend in performance from MY 2016 to MY 2018 in the following CAHPS survey measures:
 - Adult: How Well Doctors Communicate Composite

THP Strengths

THP:

- Achieved 95% compliance in the SPR Grievance and Appeal System standard (7 out of 9 elements were fully compliant).
- Received a score of 100% for PMV. All performance measures were determined reportable.
- Demonstrated a positive trend in performance from MY 2016 to MY 2018 in the following performance measures:
 - 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
 - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Initiation of AOD - Total
- Demonstrated a positive trend in performance from MY 2016 to MY 2018 in the following CAHPS survey measures:
 - Adult: How Well Doctors Communicate Composite
 - Child: How Well Doctors Communicate Composite

- Child: Health Promotion and Education Composite

THP Opportunities for Improvement

THP:

- Received partially met findings for two of nine SPR elements in the Grievance and Appeal System standard:
 - General Requirements
 - Resolution and Notification
- Received partially met and unmet findings for its PIP submissions resulting in the following scores:
 - Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit 85%
 - Annual Dental Visits 84%
 - Promoting Health and Wellness in Children and Adolescents 87.5%
- Demonstrated a negative trend in performance from MY 2016 to MY 2018 in the following performance measures:
 - Comprehensive Diabetes Care – HbA1c Testing
- Demonstrated a negative trend in performance from MY 2016 to MY 2018 in the following CAHPS survey measures:
 - Adult: Health Promotion and Education Composite
 - Adult: Rating of Specialist Seen Most Often (8+9+10)
 - Child: Rating of Health Plan (8+9+10)

UHP Strengths

UHP:

- Achieved statistically significant improvement compared to baseline for the Follow-up After Hospitalization for Mental Illness PIP performance measures.
- Sustained improvement in the following PIPs:
 - Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP
 - Follow-up for Hospitalization for Mental Illness
- Received a reportable designation for all performance measures audited as part of the PMV task
- Demonstrated a positive trend in performance from MY 2016 to MY 2018 in the following performance measures:
 - 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
 - Annual Dental Visits for 2-3 Year Olds
 - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation of AOD - Total
 - Prenatal and Postpartum Care – Postpartum Care
 - Adolescent Well Care Visits
- Demonstrated a positive trend in performance from MY 2016 to MY 2018 in the following CAHPS survey measure:
 - Child: Rating of All Health Care (8+9+10)

UHP Opportunities for Improvement

UHP:

- Received partially met findings for four of nine SPR elements in the Grievance and Appeal System standard:
 - General Requirements
 - Handling of Grievances and Appeals
 - Resolution and Notification
 - Record Keeping Requirements
- Received partially met findings for its PIP submissions resulting in the following scores:
 - Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit 82%
 - Annual Dental Visits 88%
 - Follow-Up for Hospitalization for Mental Illness 78%
- Received a 93% audit score for PMV with opportunities in the following components:
 - Documentation
 - Numerator
- Required three iterations of submitting performance measure results before final rates were accepted for the PMV activity. This was due to several data entry issues.
- Demonstrated a negative trend in performance from MY 2016 to MY 2018 in the following performance measures:
 - Behavioral Health Risk Assessment for Pregnant Women – All Screenings
 - PQI 08: Heart Failure Admission Rate
- Demonstrated a negative trend in performance from MY 2016 to MY 2018 in the following CAHPS survey measure:
 - Adult: Coordination of Care Composite

WVFH Strengths

WVFH:

- Received a score of 100% for PMV. All performance measures were determined reportable.
- Demonstrated a positive trend in performance from MY 2016 to MY 2018 in the following performance measure:
 - Annual Dental Visits for 2-3 Year Olds
- Demonstrated a positive trend in performance from MY 2016 to MY 2018 in the following CAHPS survey measure:
 - Child: Rating of Health Plan (8+9+10)

WVFH Opportunities for Improvement

WVFH:

- Received partially met findings for seven of nine SPR elements in the Grievance and Appeal System standard:
 - General Requirements
 - Timely and Adequate Notice of Adverse Benefit Determination
 - Handling of Grievances and Appeals
 - Resolution and Notification
 - Information About the Grievance and Appeal System to Providers and Subcontractors
 - Record Keeping Requirements
 - Effectuation of Reversed Appeal Resolutions
- Received partially met and unmet findings for its PIP submissions resulting in the following scores:
 - Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit 71%
 - Annual Dental Visits 92%
 - Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life 85%
- Demonstrated a negative trend in performance from MY 2016 to MY 2018 in the following performance measures:
 - Comprehensive Diabetes Care – HbA1c Testing
 - Dental Sealants for 6-9 Year Old Children at Elevated Risk
 - Prenatal and Postpartum Care – Postpartum Care
 - PQI 08: Heart Failure Admission Rate
- Demonstrated a negative trend in performance from MY 2016 to MY 2018 in the following CAHPS survey measures:
 - Adult: Health Promotion and Education Composite
 - Adult: Rating of All Health Care (8+9+10)
 - Child: Getting Care Quickly Composite

Status of MY 2017 MCO Recommendations

Results of the MY 2017 EQR activities revealed recommendations for improvement for the MCOs. The MCOs were advised of the recommendations and expected to act upon them during MY 2018. Tables 47-51 describes the status of each recommendation.

Table 47. ABHWV Status of MY 2017 Recommendations and MY 2018 Follow-Up

ABHWV	
MY 2017 Opportunity for Improvement	MY 2018 Follow-up
The Fraud, Waste and Abuse Plan must specify reporting procedures to BMS.	Met. The MCO updated the Medicaid Compliance Plan to state, “if ABHWV refers cases of suspected fraud and abuse to an entity other than BMS regarding its Medicaid product, the MCO must notify BMS of the suspected fraud and abuse case.”
The MCO reported a decline in the primary performance measures for the Prenatal	Met. The rate for both primary performance measures increased over MY 2017 indicating a

ABHWV	
MY 2017 Opportunity for Improvement	MY 2018 Follow-up
Behavioral Health Risk Assessment and Postpartum Care Visit PIP.	more thorough barrier analysis and targeted interventions.
Set performance goals to exceed the 75 th NMP for all HEDIS performance measures to drive improvement.	<p>Continues to require quality improvement efforts. ABHWV continues to improve their performance measures results. The number of measures that met or exceeded the 75th NMP increased from one to four between years:</p> <ul style="list-style-type: none"> • Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD – Total • PQI-08 Congestive Heart Failure (CHF) Admission Rate • PQI 15: Asthma in Younger Adults Admission Rate • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition.

Table 48. THP Status of MY 2017 Recommendations and MY 2018 Follow-Up

THP	
2017 Opportunity for Improvement	2018 Follow-up
The MCO reported a decline in one of the primary performance measures for the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP.	Met. THP improved performance in its Postpartum Care rate due to a more thorough barrier analysis and targeted interventions.
Set performance goals to exceed the 75 th NMP for all HEDIS performance measures to drive improvement.	<p>Continues to require quality improvement efforts. THP increased the number of measures that met or exceeded the 75th NMP from one to four between reporting periods:</p> <ul style="list-style-type: none"> • Dental Sealants for 6-9 Year Old Children at Elevated Risk • Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD – Total • PQI-08 Congestive Heart Failure (CHF) Admission Rate • PQI 15: Asthma in Younger Adults Admission Rate.

Table 49. UHP Status of MY 2017 Recommendations and MY 2018 Follow-Up

UHP	
2017 Opportunity for Improvement	2018 Follow-up
The MCO reported a decline in the primary indicator for the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP.	Unmet. The rate for the Prenatal Behavioral Health Risk Assessment performance measure continued to decline.
Set performance goals to exceed the 75 th NMP for all HEDIS performance measures to drive improvement.	Continues to require quality improvement efforts. The number of measures meeting or exceeding the 75 th NMP increased from two to five between MY 2017 and MY 2018: <ul style="list-style-type: none"> • Adolescent Well-Care Visits • Dental Sealants for 6-9 Year Old Children at Elevated Risk • Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD – Total • PQI-08 Congestive Heart Failure (CHF) Admission Rate • PQI 15: Asthma in Younger Adults Admission Rate.

Table 50. WVFH Status of MY 2017 Recommendations and MY 2018 Follow-Up

WVFH	
2017 Opportunity for Improvement	2018 Follow-up
Update the Health Risk Assessment of Members Policy to include the requirement that members receive an initial screening of each member’s needs within 90 days.	Met. The Health Risk Assessment of Members Policy was updated.
The MCO reported a decline in the primary performance measure for the Prenatal Behavioral Health Risk Assessment and Postpartum Care Visit PIP.	Unmet. The rate for the Postpartum Care performance measure continued to decline.
The MCO reported a decline in the primary performance measure for its Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life PIP.	Met. The rate for the primary performance measure increased over the measurement year.
Set performance goals to exceed the 75 th NMP for all HEDIS performance measures to drive improvement.	Continues to require quality improvement efforts. WVFH continued to make efforts to improve performance. Two measures exceeded the MY 2018 75th NMP: <ul style="list-style-type: none"> • Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD – Total • PQI 15: Asthma in Younger Adults Admission Rate.

Table 51. MHT Status of MY 2017 Recommendations and MY 2018 Follow-Up

MHT Program	
2017 Opportunity for Improvement	2018 Follow-up
The Annual Dental Visits PIP had limited success. Three of the MCOs (THP, UHP, and WVFH) were required to conduct a more robust barrier analysis and implement system level interventions (including culturally appropriate interventions) in the next submission.	Met. MCOs improved PIP performance based on compliance with recommendations. All MCOs improved performance in the Annual Dental Visits performance measure with two MCOs demonstrating statistically significant improvement. Additionally, three of the four MCOs demonstrated statistically significant improvement in the Percentage of Eligibles that Received Preventative Dental Services indicator.
Set performance goals to exceed the 75 th NMP for all HEDIS performance measures to drive improvement.	Continues to require quality improvement efforts. The MHT program continues to make improvements in performance measures rates. Four performance measures exceeded the 75 th NMP including Dental Sealants for 6-9 Year Old Children at Elevated Risk, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Total, PQI 08: Heart Failure Admission Rate, and PQI 15: Asthma in Younger Adults Admission Rate.

Conclusions and Recommendations

This ATR summarizes all EQR activities completed in 2019. Review activities and results are based on MCO MY 2018 performance. MCO summary results include:

- ABHWV consistently demonstrates excellence in the areas of SPR, PIPs, and PMV—scoring 100% in all activities.
- THP scored 95% on the SPR, between 84% and 87.5% on PIPs, and 100% on PMV.
- UHP scored 92% on the SPR, between 78% and 88% on PIPs, and 93% on PMV.
- WVFH scored 80% on the SPR, between 71% and 92% on PIPs, and 100% on PMV.

Three of four MCOs have opportunities for improvement based on Qlarant’s EQR findings. Explicit recommendations on how MCOs can meet all requirements are detailed in each MCO’s task specific report. Most of WVFH’s SPR recommendations for improvement focused on revisions to policies and procedures and compliance with grievance and appeal requirements. MCOs should also focus more attention on conducting thorough barrier analyses and developing and implementing system-level and culturally appropriate interventions for each PIP to achieve and sustain improvement. In regard to PMV, UHP should include additional quality checks on performance measure rates prior to their submission for approval.

BMS continues to promote and foster an environment of compliance and quality improvement. It sets high standards for the MHT program. As a result, the MHT MCOs have quality systems and procedures in place to promote high quality care with well-organized approaches to quality improvement. The MY 2018 review activities provided evidence of the MCOs' continuing progression and demonstration of their abilities to ensure the delivery of quality health care and services for WV managed care beneficiaries. BMS is encouraged to continue to hold MCOs accountable and further elevate quality. Improvements are having a positive effect on Medicaid beneficiary outcomes.

A three-year trend analysis of MHT averages demonstrated consecutive annual improvement in the following PMV performance measures:

- 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
- Annual Dental Visits for 2-3 Year Olds
- Percentage of Eligibles That Received Preventive Dental Services
- Adolescent Well-Care Visits
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

All MCOs have opportunity for improvement to continue to implement interventions that target HEDIS and non-HEDIS performance measures and CAHPS survey measures. MCOs should aim to meet or exceed the 75th NMP. BMS is encouraged to continue to further advance quality standards and hold the MCOs accountable for improving quality and access to coordinated services for WV's Medicaid beneficiaries.

The following reporting provides additional detail on MCO performance:

- Performance Measure Validation Results (Appendix 1)
- HEDIS Measures Results (Appendix 2)
- CAHPS Survey Results (Appendix 3)

Appendix 1 – Performance Measure Validation Results

The 2019 (MY 2018) Performance Measure Validation (PMV) table includes 18 HEDIS and non-HEDIS measures. Results for each MCO and the MHT Weighted Average (MHT Average) are displayed. The MHT Averages are also compared to the NCQA Quality Compass Medicaid HMO, Quality of Care: Adult Core Set Chart Pack, or Quality of Care: Child Core Set Chart Pack Benchmarks. Results of this comparison are made via a diamond rating system.

NCQA Quality Compass National Medicaid Percentile Ranges	Comparison to Benchmarks
The MHT Weighted Average is below the NCQA Quality Compass National Medicaid HMO Average.	◆
The MHT Weighted Average is equal to or exceeds the NCQA Quality Compass National Medicaid HMO Average, but does not meet the 75 th Percentile.	◆◆
The MHT Weighted Average is equal to or exceeds the NCQA Quality Compass 75 th Percentile for Medicaid HMO.	◆◆◆

Measure	ABHWV %	THP %	UHP %	WV FH %	MHT - WA %	Comparison to Benchmarks
Adolescent Well-Care Visits	61.31	42.82	70.07	36.74	59.88	◆◆
Annual Dental Visit (2-3 Yrs)	37.81	36.29	41.17	34.38	38.25	◆
Behavior Health Risk Assessment for Pregnant Women	37.71	41.61	26.76	9.72	32.77	NC
Childhood Immunization Status - Combination 3	66.91	70.80	71.53	65.45	69.07	◆◆
Comprehensive Diabetes Care - HbA1c Testing	87.10	86.13	88.81	85.16	86.93	◆
Dental Sealants for 6-9 Year Old Children at Elevated Risk**	20.36	28.45	38.25	20.68	29.69	◆◆◆
Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up (Total)	32.17	34.28	33.11	35.63	33.58	◆

Measure	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Total (Total)^	47.30	53.89	47.89	47.18	49.45	◆◆◆
Medical Assistance with Smoking and Tobacco Use Cessation: Advising Smokers to Quit	75.25	75.46	75.12	77.00	75.71	◆
Mental Health Utilization: Any Service Total	17.13	17.02	15.34	15.37	13.69	◆
Percentage of Eligible (Children) that Received Preventive Dental Services**	50.24	43.35	51.32	34.01	47.85	◆◆
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) (Observed rate*100,000)* <i>Lower Rate is Better</i>	23.39	25.08	21.24	20.06	22.44	◆
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (PQI05-AD) (observed rate*100,000)* <i>Lower Rate is Better</i>	65.02	60.74	69.07	61.83	64.35	◆◆
PQI-08 Congestive Heart Failure (CHF) Admission Rate (PQI08-AD) (observed rate*100,000)* <i>Lower Rate is Better</i>	15.60	18.96	15.79	22.36	17.83	◆◆◆
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) (observed rate* 100,000)* <i>Lower Rate is Better</i>	2.04	3.78	1.70	2.75	2.45	◆◆◆
Prenatal and Postpartum Care - Postpartum Care	63.50	61.56	68.86	63.50	65.03	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	79.81	67.88	72.99	46.47	72.85	◆◆
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	76.40	74.94	77.37	60.58	75.38	◆◆
Benchmark Source: 2019 Quality Compass National Medicaid * Benchmark data source: Quality of Care for Adults in Medicaid: Findings from the 2018 Adult Core Set Chart Pack, September 2019, ** Benchmark data source: Quality of Care for Children in Medicaid and CHIP: Findings for the 2018 Child Core Set Chart Pack, September 2019 ^THP and WVFH reported this measure rate per BMS requirement for PMV but excluded it for HEDIS reporting to NCQA. NC - No Comparison was made due to no benchmarks						

Appendix 2 - HEDIS® Measures Collected and Reported to NCQA

The HEDIS performance measure tables include 2019 (MY 2018) results. Results for each MCO and the MHT Weighted Averages (MHT Averages) are displayed. Each MCO average is also compared to the NCQA Quality Compass Medicaid HMO benchmarks. Results of this comparison are made via a diamond rating system.

NCQA Quality Compass National Medicaid Percentile Ranges	Comparison to Benchmarks
The MHT Weighted Average is below the NCQA Quality Compass National Medicaid HMO Average.	◆
The MHT Weighted Average is equal to or exceeds the NCQA Quality Compass National Medicaid HMO Average, but does not meet the 75th Percentile.	◆◆
The MHT Weighted Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid HMO.	◆◆◆

Effectiveness of Care Domain

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WV FH %	MHT - WA %	Comparison to Benchmarks
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	68.21	NB	71.62	NB	70.20	◆◆◆
Adult BMI Assessment	96.59	84.91	96.84	76.16	89.58	◆◆
Annual Monitoring for Patients on Persistent Medications - ACE or ARB	88.62	NB	90.13	NB	89.44	◆◆
Annual Monitoring for Patients on Persistent Medications - Diuretics	89.49	NB	91.12	NB	90.37	◆◆
Annual Monitoring for Patients on Persistent Medications - Total	88.99	NB	90.55	NB	89.83	◆◆
Antidepressant Medication Management - Effective Acute Phase Treatment	52.98	NB	62.77	NB	58.19	◆◆◆

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Antidepressant Medication Management - Effective Continuation Phase Treatment	38.40	NB	47.47	NB	43.23	◆◆◆
Appropriate Testing for Children With Pharyngitis	79.76	NB	78.45	NB	78.93	◆
Appropriate Treatment for Children with Upper Respiratory Infection	71.28	NB	68.35	NB	69.54	◆
Asthma Medication Ratio (5-11 Yrs)	80.48	NB	84.04	NB	82.55	◆◆◆
Asthma Medication Ratio (12-18 Yrs)	73.91	NB	74.92	NB	74.55	◆◆◆
Asthma Medication Ratio (19-50 Yrs)	60.12	NB	63.08	NB	61.68	◆◆◆
Asthma Medication Ratio (51-64 Yrs)	57.75	NB	55.32	NB	56.54	◆
Asthma Medication Ratio (Total)	66.57	NB	69.95	NB	68.46	◆◆
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	26.36	NB	24.23	NB	25.23	◆
Breast Cancer Screening	51.54	54.34	51.80	56.64	53.95	◆
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	NA	NA	NA	NA	89.47	◆◆◆
Cervical Cancer Screening	49.64	45.74	56.93	43.07	49.72	◆
Childhood Immunization Status - Combination 2	70.56	73.24	73.97	68.61	71.98	◆◆
Childhood Immunization Status - Combination 3	66.91	70.80	71.53	65.45	69.07	◆◆
Childhood Immunization Status - Combination 4	64.72	70.32	70.07	64.48	67.67	◆◆
Childhood Immunization Status - Combination 5	58.88	59.85	60.34	57.91	59.43	◆◆
Childhood Immunization Status - Combination 6	35.52	36.50	35.04	31.87	34.97	◆
Childhood Immunization Status - Combination 7	57.66	59.85	59.37	57.18	58.62	◆◆
Childhood Immunization Status - Combination 8	34.31	36.50	34.79	31.87	34.53	◆
Childhood Immunization Status - Combination 9	31.39	33.09	31.39	27.98	31.19	◆
Childhood Immunization Status - Combination 10	30.90	33.09	31.14	27.98	30.96	◆
Childhood Immunization Status - DTaP	72.99	75.67	78.35	76.64	75.97	◆◆
Childhood Immunization Status - Hepatitis A	85.40	89.29	88.81	85.89	87.44	◆◆
Childhood Immunization Status - Hepatitis B	94.89	92.21	92.70	82.97	91.73	◆◆
Childhood Immunization Status - HiB	90.51	91.73	91.48	87.83	90.67	◆◆
Childhood Immunization Status - Influenza	43.07	41.36	39.42	41.61	41.22	◆

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Childhood Immunization Status - IPV	91.73	89.05	93.67	87.35	91.20	◆◆
Childhood Immunization Status - MMR	87.59	89.05	89.78	86.86	88.53	◆◆
Childhood Immunization Status - Pneumococcal Conjugate	77.62	77.62	80.54	78.10	78.72	◆◆
Childhood Immunization Status - Rotavirus	75.18	72.02	72.26	74.94	73.49	◆◆
Childhood Immunization Status - VZV	88.56	89.54	88.08	87.35	88.39	◆◆
Chlamydia Screening in Women (16-20 Yrs)	40.85	36.66	39.38	40.38	39.34	◆
Chlamydia Screening in Women (21-24 Yrs)	53.98	47.88	53.58	47.07	51.41	◆
Chlamydia Screening in Women (Total)	46.82	42.08	45.36	44.87	45.05	◆
Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	71.05	63.75	69.83	42.58	62.42	◆◆
Comprehensive Diabetes Care - Eye Exams	47.69	39.42	46.96	38.44	43.49	◆
Comprehensive Diabetes Care - HbA1c Testing	87.10	86.13	88.81	85.16	86.93	◆
Comprehensive Diabetes Care - HbA1c Control (<7% for a Selected Population)	NQ	NR	NR	NR	NR	NC
Comprehensive Diabetes Care - HbA1c Control (<8%)	52.07	49.88	52.80	35.52	47.93	◆
Comprehensive Diabetes Care - Poor HbA1c Control (>9.0%) <i>Lower Rate is Better</i>	36.01	42.09	33.58	56.93	41.53	◆
Comprehensive Diabetes Care - Medical Attention for Nephropathy	89.05	84.67	93.43	88.32	89.20	◆
Controlling High Blood Pressure	66.91	61.56	68.86	45.01	61.08	◆◆
Diabetes Monitoring for People with Diabetes and Schizophrenia	74.14	75.18	74.16	73.28	74.22	◆◆
Diabetes Screening for People With Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication	83.03	NB	82.10	NB	82.51	◆◆
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	76.24	NB	70.52	NB	73.07	◆

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (13-17 Yrs)	NA	NA	NA	NA	7.14	◆◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (18+ Yrs)	29.89	28.96	30.55	26.98	29.28	◆◆◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (Total)	29.56	28.68	30.08	26.90	28.98	◆◆◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (13-17 Yrs)	NA	NA	NA	NA	7.14	◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (18+ Yrs)	36.45	34.71	36.73	30.95	35.04	◆◆◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (Total)	36.02	34.33	36.12	30.85	34.64	◆◆◆
Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (6-17 Yrs)*	47.75	37.84	41.20	38.10	41.65	◆
Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (18-64 Yrs)*	25.00	29.40	29.60	25.07	27.48	◆
Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (65+ Yrs)*	NA	NR	NA	NA	NA	NC
Follow-Up After Emergency Department Visit for Mental Illness - 7-days Follow-Up (Total)	29.72	31.12	33.25	26.39	30.64	◆
Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (6-17 Yrs)*	67.57	63.06	65.67	52.38	64.39	◆
Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (18-64 Yrs)*	38.92	45.60	46.11	38.01	42.53	◆

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WV FH %	MHT - WA %	Comparison to Benchmarks
Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (65+ Yrs)*	NA	NR	NA	NA	NA	NC
Follow-Up After Emergency Department Visit for Mental Illness - 30-days Follow-Up (Total)	44.86	49.17	52.17	39.47	47.38	♦
Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up (6-17 Yrs)*	39.18	40.36	36.12	34.48	37.82	♦
Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up (18-64 Yrs)*	29.27	32.69	31.80	35.80	32.19	♦
Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up (65+ Yrs)*	NR	NA	NA	NA	NA	NC
Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up (Total)	32.17	34.28	33.11	35.63	33.58	♦
Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up (6-17 Yrs)*	69.28	74.44	66.51	58.62	68.39	♦♦
Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up (18-64 Yrs)*	51.81	57.09	53.03	57.14	54.59	♦♦
Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up (65+ Yrs)*	NR	NA	NA	NA	NA	NC
Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up (Total)	56.92	60.80	57.13	57.33	58.03	♦♦
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	49.88	53.01	48.55	NB	49.27	♦♦
Follow-Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	63.43	NA	55.50	NB	58.41	♦♦
Immunizations for Adolescents - Combination 1	85.16	86.13	83.70	73.58	84.06	♦♦
Immunizations for Adolescents - Combination 2	27.74	22.87	28.95	17.90	26.86	♦
Immunizations for Adolescents-HPV	27.98	23.36	28.95	18.47	27.05	♦
Immunizations for Adolescents - Meningococcal	86.62	86.86	84.67	75.28	85.17	♦♦
Immunizations for Adolescents - Tdap/Td	85.64	87.59	85.40	76.14	85.40	♦
Lead Screening in Children	55.72	53.14	57.18	58.39	56.14	♦

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Medication Management for People With Asthma -Medication Compliance 50% (5-11 Yrs)	65.54	NB	69.60	NB	67.92	NC
Medication Management for People with Asthma - Medication Compliance 50% (12-18 Yrs)	64.63	NB	64.57	NB	64.59	NC
Medication Management for People with Asthma - Medication Compliance 50% (19-50 Yrs)	69.42	NB	76.55	NB	73.19	NC
Medication Management for People with Asthma - Medication Compliance 50% (51-64 Yrs)	80.20	NB	83.84	NB	82.00	NC
Medication Management for People with Asthma - Medication Compliance 50% (Total)	68.96	NB	72.09	NB	70.74	NC
Medication Management for People with Asthma -Medication Compliance 75% (5-11 Yrs)	44.07	NB	46.60	NB	45.55	◆◆◆
Medication Management for People with Asthma - Medication Compliance 75% (12-18 Yrs)	36.66	NB	37.95	NB	37.49	◆◆◆
Medication Management for People with Asthma - Medication Compliance 75% (19-50 Yrs)	46.93	NB	54.24	NB	50.80	◆◆◆
Medication Management for People with Asthma - Medication Compliance 75% (51-64 Yrs)	59.41	NB	68.18	NB	63.75	◆◆◆
Medication Management for People with Asthma - Medication Compliance 75% (Total)	45.79	NB	49.05	NB	47.64	◆◆◆
Metabolic Monitoring for Children and Adolescents on Antipsychotics (1-5 Yrs)	NA	NB	NA	NB	40.00	◆◆◆
Metabolic Monitoring for Children and Adolescents on Antipsychotics (6-11 Yrs)	64.66	NB	62.27	NB	63.17	◆◆◆
Metabolic Monitoring for Children and Adolescents on Antipsychotics (12-17 Yrs)	62.56	NB	62.50	NB	62.52	◆◆◆
Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)	63.06	NB	62.28	NB	62.55	◆◆◆
Non-Recommended Cervical Cancer Screening in Adolescent Females <i>Lower Rate is Better</i>	3.00	2.35	3.13	0.52	2.74	◆

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Persistence of Beta-Blocker Treatment after a Heart Attack	77.21	NB	85.00	NR	80.86	◆◆
Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	88.63	NB	85.92	NB	87.14	◆◆
Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	84.75	NB	73.63	NB	78.62	◆◆◆
Risk of Continued Opioid Use >= 15-Days (18-64 Yrs)* <i>Lower is Better</i>	9.32	NB	10.02	NB	9.70	NC
Risk of Continued Opioid Use >= 15-Days (65 Yrs)* <i>Lower Rate is Better</i>	NA	NB	NA	NB	NA	NC
Risk of Continued Opioid Use >= 15-Days (Total)* <i>Lower is Better</i>	9.32	NB	10.02	NB	9.70	NC
Risk of Continued Opioid Use >= 30-Days (18-64 Yrs)* <i>Lower Rate is Better</i>	3.80	NB	4.87	NB	4.38	NC
Risk of Continued Opioid Use >= 30-Days (65 Yrs)* <i>Lower Rate is Better</i>	NA	NB	NA	NB	NA	NC
Risk of Continued Opioid Use >= 30-Days (Total)* <i>Lower Rate is Better</i>	3.79	NB	4.87	NB	4.38	NC
Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (21-75 Yrs Male)	79.65	NB	78.89	NB	79.25	◆◆
Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (40-75 Yrs Female)	79.49	NB	77.78	NR	78.54	◆◆
Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (Total)	79.58	NB	78.33	NR	78.90	◆◆
Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (21-75 Yrs Male)	63.99	NB	69.96	NR	67.13	◆◆

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (40-75 Yrs Female)	66.49	NB	68.57	NR	67.63	◆◆
Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (Total)	65.18	NB	69.26	NR	67.37	◆◆
Statin Therapy for Patients with Diabetes - Received Statin Therapy	63.73	NB	65.13	NB	64.49	◆◆
Statin Therapy for Patients with Diabetes - Statin Adherence 80%	62.32	NB	67.87	NB	65.35	◆◆
Use of Imaging Studies for Low Back Pain	58.92	61.62	59.97	60.83	60.18	◆
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (1-5 Yrs) <i>Lower Rate is Better</i>	NA	NB	NA	NB	NA	NC
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (6-11 Yrs) <i>Lower Rate is Better</i>	1.20	NB	0.74	NB	0.91	◆◆
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (12-17 Yrs) <i>Lower Rate is Better</i>	1.72	NB	0.00	NB	0.61	◆◆◆
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Total) <i>Lower Rate is Better</i>	1.49	NB	0.28	NB	0.72	◆◆◆
Use of Opioids at High Dosage* <i>Lower Rate is Better</i>	1.37	NB	2.34	NB	1.90	◆◆◆
Use of Opioids from Multiple Providers - Multiple Pharmacies* <i>Lower Rate is Better</i>	15.53	NB	3.18	NB	8.81	◆
Use of Opioids from Multiple Providers - Multiple Prescribers* <i>Lower Rate is Better</i>	12.90	NB	10.54	NB	11.62	◆◆◆

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Use of Opioids from Multiple Providers - Multiple Prescribers and Multiple Pharmacies* <i>Lower Rate is Better</i>	3.02	NB	1.38	NB	2.13	◆◆◆
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	28.98	31.54	28.35	31.11	29.90	◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (3-11 Yrs)	75.86	75.70	85.37	58.91	78.96	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (12-17 Yrs)	78.00	80.63	85.45	52.21	80.37	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	76.64	77.62	85.40	56.69	79.51	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (3-11 Yrs)	80.08	69.72	76.42	47.64	74.89	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (12-17 Yrs)	79.33	65.00	67.88	44.12	69.56	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	79.81	67.88	72.99	46.47	72.85	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (3-11 Yrs)	71.65	60.16	69.11	40.36	66.82	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (12-17 Yrs)	78.00	60.62	72.73	39.71	70.31	◆◆

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	73.97	60.34	70.56	40.15	68.19	◆◆
* – New Measure introduced in MY 2018 NA – Not Applicable (Small denominator < 30) NB – No Benefit NC – No Comparison was made due to no MHT average rates or benchmarks NQ – Not Required. The organization was not required to report the measure NR – Not Reported. The organization chose not to report the measure						

Access and Availability Domain

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Adults' Access to Preventive/Ambulatory Health Services (20-44 Yrs)	81.43	80.76	81.63	79.68	81.03	◆◆
Adults' Access to Preventive/Ambulatory Health Services (45-64 Yrs)	86.14	86.66	87.55	86.06	86.61	◆◆
Adults' Access to Preventive/Ambulatory Health Services (65+ Yrs)	NA	84.62	NA	84.62	84.83	◆
Adults' Access to Preventive/Ambulatory Health Services (Total)	83.16	83.10	83.70	82.81	83.23	◆◆
Annual Dental Visit (2-3 Yrs)	37.81	36.29	41.17	34.38	38.25	◆
Annual Dental Visit (4-6 Yrs)	74.02	69.46	73.63	65.20	72.53	◆◆◆
Annual Dental Visit (7-10 Yrs)	72.76	70.91	74.14	67.05	72.78	◆◆
Annual Dental Visit (11-14 Yrs)	68.70	67.37	70.25	60.27	68.67	◆◆
Annual Dental Visit (15-18 Yrs)	60.65	59.03	62.01	53.66	60.48	◆◆◆
Annual Dental Visit (19-20 Yrs)	40.72	41.48	41.34	36.21	40.68	◆◆
Annual Dental Visit (Total)	64.18	61.19	65.68	53.11	63.51	◆◆

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Children and Adolescents' Access To PCP (12-24 Months)	98.02	96.91	97.89	88.44	96.18	◆◆
Children and Adolescents' Access To PCP (25 Months-6 Yrs)	92.17	87.84	90.97	83.32	90.11	◆◆
Children and Adolescents' Access To PCP (7-11 Yrs)	96.14	90.84	93.37	86.25	93.57	◆◆◆
Children and Adolescents' Access To PCP (12-19 Yrs)	94.64	88.93	91.98	84.86	91.80	◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Alcohol Abuse or Dependence (13-17 Yrs)	NA	NB	NA	NB	28.57	◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Alcohol Abuse or Dependence (18+ Yrs)	35.90	NB	37.46	NB	36.68	◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Alcohol Abuse or Dependence (Total)	35.81	NB	37.84	NB	36.83	◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Opioid Abuse or Dependence (13-17 Yrs)	NA	NB	NA	NB	NA	NC
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Opioid Abuse or Dependence (18+ Yrs)	67.36	NB	66.26	NB	66.83	◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Opioid Abuse or Dependence (Total)	67.28	NB	66.04	NB	66.68	◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Other Drug Abuse or Dependence (13-17 Yrs)	25.00	NB	29.55	NB	27.28	◆

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Other Drug Abuse or Dependence (18+ Yrs)	38.24	NB	40.57	NB	39.41	♦
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Other drug abuse or dependence (Total)	37.70	NB	40.12	NB	38.91	♦
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Total (13-17 Yrs)	24.75	NB	32.17	NB	28.70	♦
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Total (18+ Yrs)	47.81	NB	48.30	NB	48.05	♦♦♦
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Total (Total)*	47.30	NB	47.89	NB	47.59	♦♦♦
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Alcohol Abuse or Dependence (13-17 Yrs)	NA	NB	NA	NB	7.14	♦
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Alcohol Abuse or Dependence (18+ Yrs)	10.43	NB	12.97	NB	11.71	♦♦
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Alcohol Abuse or Dependence (Total)	10.39	NB	12.95	NB	11.68	♦♦
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Opioid Abuse or Dependence (13-17 Yrs)	NA	NB	NA	NB	NA	NC

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WV FH %	MHT - WA %	Comparison to Benchmarks
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Opioid Abuse or Dependence (18+ Yrs)	50.41	NB	49.36	NB	49.90	◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Opioid Abuse or Dependence (Total)	50.26	NB	49.06	NB	49.68	◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Other Drug Abuse or Dependence (13-17 Yrs)	5.68	NB	11.36	NB	8.52	◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Other Drug Abuse or Dependence (18+ Yrs)	10.26	NB	13.30	NB	11.78	◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Other Drug Abuse or Dependence (Total)	10.07	NB	13.22	NB	11.65	◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Total (13-17 Yrs)	5.94	NB	10.43	NB	8.33	◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Total (18+ Yrs)	25.59	NB	25.78	NB	25.68	◆◆◆
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Total (Total)	25.16	NB	25.39	NB	25.27	◆◆◆
Prenatal and Postpartum Care - Timeliness of Prenatal Care	87.10	86.37	88.81	79.56	86.27	◆◆
Prenatal and Postpartum Care - Postpartum Care	63.50	61.56	68.86	63.50	65.03	◆◆

HEDIS Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA %	Comparison to Benchmarks
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1-5 Yrs)	NA	NB	NA	NB	NA	NC
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (6-11 Yrs)	41.82	NB	42.11	NB	41.99	♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12-17 Yrs)	45.24	NB	45.80	NB	45.58	♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	43.36	NB	44.29	NB	43.91	♦
<small>NA – Not Applicable (Small denominator < 30) NB – No Benefit NC – No Comparison was made due to no MHT average rates or benchmarks *THP and WVFH reported this measure rate per BMS requirement for PMV but excluded it for HEDIS reporting to NCQA</small>						

Utilization Domain

HEDIS® Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA Average %	Comparison to Benchmarks
Adolescent Well-Care Visits	61.31	42.82	70.07	36.74	59.88	♦♦
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	76.40	74.94	77.37	60.58	75.38	♦♦
Well-Child Visits in the First 15 Months of Life (0 Visits)	1.22	1.19	0.24	9.49	2.25	♦
Well-Child Visits in the First 15 Months of Life (1 Visit)	1.22	1.35	1.46	2.43	1.53	♦
Well-Child Visits in the First 15 Months of Life (2 Visits)	3.41	2.54	3.89	3.16	3.36	♦♦
Well-Child Visits in the First 15 Months of Life (3 Visits)	3.89	4.23	3.41	3.41	3.71	♦
Well-Child Visits in the First 15 Months of Life (4 Visits)	8.27	8.13	7.54	8.03	7.95	♦

HEDIS® Performance Measures	ABHWV %	THP %	UHP %	WVFH %	MHT - WA Average %	Comparison to Benchmarks
Well-Child Visits in the First 15 Months of Life (5 Visits)	8.76	14.31	17.52	11.92	13.40	♦
Well-Child Visits in the First 15 Months of Life (6 or More Visits)	73.24	68.25	65.94	61.56	67.80	♦♦

Appendix 3 – CAHPS® Survey Measure Results

The CAHPS® survey measure tables include 2019 (MY 2018) results. Results for each MCO and the MHT Averages are displayed. Each MHT average is also compared to the NCQA Quality Compass Medicaid HMO benchmarks. Results of this comparison are made via a diamond rating system.

NCQA Quality Compass National Medicaid Percentile Ranges	Comparison to Benchmarks
The MHT Average is below the NCQA Quality Compass National Medicaid HMO Average.	◆
The MHT Average is equal to or exceeds the NCQA Quality Compass National Medicaid HMO Average, but does not meet the 75 th Percentile.	◆◆
The MHT Average is equal to or exceeds the NCQA Quality Compass 75 th Percentile for Medicaid HMO.	◆◆◆

Adult CAHPS Measures

Adult CAHPS Survey Measures	ABHWV %	THP %	UHP %	WVFH %	MHT Average %	Comparison to Benchmarks
Customer Service Composite	NA	NA	NA	86.64	86.64	◆
Getting Needed Care Composite	79.71	83.95	83.06	83.73	82.61	◆◆
Getting Care Quickly Composite	86.74	84.27	82.46	85.10	84.64	◆◆
How Well Doctors Communicate Composite	92.91	93.97	90.78	93.80	92.87	◆◆
Shared Decision Making Composite	81.05	80.08	80.81	80.54	80.62	◆◆
Health Promotion and Education Composite	72.73	70.54	70.14	66.92	70.08	◆
Coordination of Care Composite	86.49	85.61	81.69	85.07	84.72	◆◆
Rating of Health Plan (8+9+10)	68.50	77.93	75.73	72.11	73.57	◆
Rating of All Health Care (8+9+10)	68.81	73.33	70.73	71.43	71.08	◆
Rating of Personal Doctor (8+9+10)	78.60	80.50	81.94	85.05	81.52	◆
Rating of Specialist Seen Most Often (8+9+10)	75.78	80.15	78.62	77.43	78.00	◆

Adult CAHPS Survey Measures	ABHWV %	THP %	UHP %	WVFH %	MHT Average %	Comparison to Benchmarks
Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers to Quit	75.25	75.46	75.12	76.99	75.71	♦
Medical Assistance with Smoking and Tobacco Use Cessation - Discussing Cessation Medications	51.83	49.45	47.80	51.95	50.26	♦
Medical Assistance with Smoking and Tobacco Use Cessation - Discussing Cessation Strategies	46.36	44.24	44.58	42.83	44.50	♦
Flu Measure - Had Flu Shot or Spray in the Nose since July 1, 2018	43.59	37.37	36.60	42.08	39.91	♦
Benchmark Source: Quality Compass National Medicaid MY 2018 NA – Responses <100, too small to calculate a reliable rate						

Child CAHPS for General Population (GP)

Child CAHPS Survey Measures	ABHWV %	THP %	UHP %	WVFH %	MHT Average %	Comparison to Benchmarks
Child Survey - General Population: Customer Service Composite	NA	NA	NA	90.84	90.84	◆◆◆
Child Survey - General Population: Getting Needed Care Composite	93.02	91.05	90.97	88.84	90.97	◆◆◆
Child Survey - General Population: Getting Care Quickly Composite	95.92	95.78	95.89	95.65	95.81	◆◆◆
Child Survey - General Population: How Well Doctors Communicate Composite	95.75	96.30	97.56	96.84	96.61	◆◆◆
Child Survey - General Population: Shared Decision Making Composite	NA	NA	80.62	83.06	81.84	◆◆
Child Survey - General Population: Health Promotion and Education Composite	72.51	72.49	67.84	72.57	71.35	◆
Child Survey - General Population: Coordination of Care Composite	83.97	83.72	89.40	88.17	86.32	◆◆
Child Survey - General Population: Rating of Health Plan (8+9+10)	85.83	88.05	87.47	85.93	86.82	◆◆
Child Survey - General Population: Rating of All Health Care (8+9+10)	88.40	86.03	88.73	86.55	87.43	◆
Child Survey - General Population: Rating of Personal Doctor (8+9+10)	91.59	90.55	93.03	91.08	91.56	◆◆
Child Survey - General Population: Rating of Specialist Seen Most Often (8+9+10)	NA	NA	NA	NA	NA	NC
Benchmark Source: Quality Compass National Medicaid MY 2018 NA – Responses <100, too small to calculate a reliable rate NC – No comparison						