Bureau for Medical Services

Managed Care Programs

Mountain Health Trust

Mountain Health Promise

2023 External Quality Review

Annual Technical Report

April 2024

WEST VIRGINIA DEPARTMENT OF
HUMAN SERVICES

Qlarant

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West Virginia Managed Care Programs

2023 Annual Technical Report

Executive Summary

Introduction

The West Virginia Department of Human Services' Bureau for Medical Services (BMS) contracts with Qlarant, an external quality review organization (EQRO), to evaluate the state's managed care programs: Mountain Health Trust (MHT) and Mountain Health Promise (MHP). The MHT program, which covers physical and behavioral health services, has served qualifying Medicaid beneficiaries since 1996. On January 1, 2021, the MHT program expanded to additionally cover Children's Health Insurance Program (CHIP) beneficiaries. Managed care plans (MCPs) contracted to provide MHT services include:

- Aetna Better Health of West Virginia (ABHWV)
- The Health Plan of West Virginia (THP)
- UniCare Health Plan of West Virginia (UHP)

The MHP program serves Medicaid beneficiaries who are in foster care or receive adoption services, and qualifying children with serious emotional disorders. The program provides comprehensive physical and behavioral health services, children's residential care services, and socially necessary services. ABHWV is the single MCP contracted to provide these services. Operations for this program commenced on March 1, 2020.

As the West Virginia EQRO, Qlarant evaluates MCP compliance with federal and state-specific requirements by conducting multiple external quality review (EQR) activities, including:

- Performance Improvement Project (PIP) Validation
- Performance Measure Validation (PMV)
- Compliance Review, also referenced as Systems Performance Review (SPR)
- Network Adequacy Validation (NAV) – 24/7 Access to Care
- Encounter Data Validation (EDV)
- Grievance, Appeal, and Denial (GAD) Focused Study

Qlarant conducted EQR activities throughout 2023 and evaluated MCP compliance and performance for measurement years (MYs) 2022 and 2023, as applicable. Qlarant followed Centers for Medicare and Medicaid Services (CMS) EQR Protocols to conduct activities.[1] This report summarizes results from all EQR activities and includes conclusions drawn regarding the quality, accessibility, and timeliness of care furnished by the MCPs.

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[1] CMS EQR Protocols

Key Findings

Key findings are summarized below for the MHT and MHP MCPs. Strengths, weaknesses, and recommendations for each MCP are identified within the MCP Quality, Access, and Timeliness Assessment section of the report. MCP findings correspond to performance areas, including the quality, accessibility, and timeliness of services provided to their members.

Performance Improvement Project Validation. The MCPs conducted three PIPs each and reported MY 2022 results, as applicable. MHT MCPs reported their fifth and final remeasurement rates for the state-mandated Annual Dental Visits PIP. All MCPs achieved improvement; validation scores raged from 95-100%. All three MHT MCPs initiated a new state-mandated PIP, Follow-Up After Emergency Department Visit for Mental Health, and reported baseline performance. All MCPs received a validation score of 100%. Each MHT MCP's third PIP topic was self-selected and the MCPs are at various stages of development with their projects. All MHT MCPs improved performance in at least one PIP measure in their self-selected PIPs. Validation scores ranged from 90-100%. MHP ABHWV submitted its first remeasurement results for both state-mandated projects, Annual Dental Visits and Care for Adolescents. MHP ABHWV achieved statistically significant improvement and a validation score of 100% for its Annual Dental Visits PIP. Performance declined in the MCP's Care for Adolescents PIP; the MCP achieved a score of 86%. MHP ABHWV submitted second remeasurement results for the self-selected topic, Reducing Out-of-State Placement for Children in Foster Care. Performance declined in this PIP, and the MCP received a validation score of 81%.

Performance Measure Validation. Information Systems Capability Assessments determined all MHT and MHP MCPs had appropriate systems in place to capture and process data required for reporting. Validation activities confirmed confidence in MCP capabilities in calculating accurate measures. All MCPs received a rating of 100%. MY 2022 performance measure results were assessed as "reportable."

Systems Performance Review. Qlarant evaluated MY 2022 MHT and MHP MCP compliance with the following Code of Federal Regulations standards: Information Requirements, Disenrollment Requirements and Limitations, and Enrollee Rights and Protections. MHT MCP scores ranged from 99-100%. THP was the only MCP required to develop and implement a corrective action plan (CAP) to address a deficiency in the Information Requirements Standard. The MCP successfully remedied the deficiency and demonstrated compliance. MHP ABHWV scored 100% in the standards reviewed.

Network Adequacy Validation. Surveyors, assessing MY 2023 24/7 access to care, were successful in contacting provider offices after regular business hours 75.0-88.3% of the time for the MHT MCPs. The successful contact rate for MHP ABHWV was 71.7%. Unsuccessful contact was most frequently due to the phone number not reaching the intended provider. For successful provider contacts, all MHT and MHP MCPs demonstrated 97.7% or greater compliance with directing members to care. A quarter 4 resurvey of providers not accessible during quarters 1-3, resulted in successful remediation for 30.0-100% of providers for the MHT MCPs and 61.1% for MHP providers.

Encounter Data Validation. All MCPs provided evidence of having the capability to produce accurate and complete encounter data. For claims paid during MY 2022, analysts found MCP claims volume was reasonable, most claims were submitted timely, data was complete and included valid values, and diagnosis and procedure codes were appropriate based on member demographics. A medical record review concluded documentation supported encounter data in most instances. The MHT MCPs achieved encounter data accuracy ratings of 89.7-97.1%. MHP ABHWV's accuracy rating was 60.5%; this poor

performance was largely attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed.

Grievance, Denial, and Appeal Focused Study. An assessment of state fiscal year (SFY) 2023 MCP grievances, denials, and appeals was completed and concluded all MHT MCPs achieved 100% compliance in processing grievances. MHT MCP compliance for processing and handling denials ranged from 98.3-100%. MHT MCP compliance for resolving and providing appeal resolution notices ranged from 97.5-100%. MHP ABHWV achieved 100% compliance in all areas.

Conclusion

West Virginia's MCPs continue to demonstrate their commitment to quality improvement. They are largely compliant with federal and state managed care requirements. When deficiencies are identified, the MCPs respond quickly with corrective actions. The MCPs demonstrated some improvement in the quality and effectiveness of their PIP interventions. The MCPs performed better, on average, when compared to national average benchmarks in Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures, as reported in Appendix A1 and A2.[2, 3] MCP performance continues to trend in a positive direction and provides evidence of improved quality, accessibility, and timeliness of health care. The State should continue to monitor performance and adjust goals to encourage the positive trend in performance in their managed care programs.

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[2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[3] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

West Virginia Managed Care Programs

2023 External Quality Review

Annual Technical Report

Introduction

Background

The West Virginia (WV) Department of Human Services (DoHS) operates two managed care programs: Mountain Health Trust (MHT) and Mountain Health Promise (MHP). These programs coordinate care and services for qualifying West Virginians meeting specific income or vulnerable population requirements.

Mountain Health Trust.[4] This managed care program, administered by the WV DoHS's Bureau for Medical Services (BMS) and West Virginia's Children's Health Insurance Program (WVCHIP) Board of Directors, operates under a 1915(b) waiver and provides physical and behavioral health services to Medicaid and CHIP beneficiaries. The MHT program has provided Medicaid services since 1996 and added CHIP services on January 1, 2021. The program emphasizes effective organization, financing, and delivery of health care services and aims to improve quality and access to coordinated services for qualifying beneficiaries through three managed care plans (MCPs). These plans, serving more than 431,000 members, include:[5]

- Aetna Better Health of West Virginia (ABHWV)
- The Health Plan of West Virginia (THP)
- UniCare Health Plan of West Virginia (UHP)

Mountain Health Promise.[6] This specialized Medicaid managed care program provides comprehensive physical and behavioral health care, children's residential care, and socially necessary services to select beneficiaries who are in foster care or receive adoption assistance, and children eligible for serious emotional disorder home and community based services. The program, administered by BMS and operating under 1915(b) and 1915(c) waivers, has been providing services since March 1, 2020. MHP aims to reduce fragmentation and deliver services and supports in a seamless, integrated, and cost-effective manner. ABHWV is the single MCP providing these services to approximately 26,000 members.[7]

Enrollment numbers for both managed care programs peaked in April 2023 due to the COVID-19 public health emergency continuous enrollment requirement. This requirement, which aimed to reduce gaps in coverage and care, expired in April and disenrollments for those no longer meeting eligibility requirements began in May 2023.

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[4] Mountain Health Trust
[5] *West Virginia Medicaid Managed Care and Fee for Service Monthly Report 2023* – December 2023 statistics for MHT Managed Care, Managed Care Enrollment Reports
[6] Mountain Health Promise
[7] *West Virginia Medicaid Managed Care and Fee for Service Monthly Report 2023* – December 2023 statistics for MHP Managed Care, Managed Care Enrollment Reports

BMS and WVCHIP collaboratively strive to ensure the delivery of high quality, accessible care for managed care program members. The *West Virginia Managed Care Quality Strategy* identifies five managed care program goals.[8]

Goal 1. Promoting a health care delivery system that consistently offers: timely access to health care; high clinical quality, including use of evidence-based models of treatment; care at the appropriate time to deter avoidable use of emergency and acute care; and children and adolescents' access to primary care according to the periodicity schedule.
Goal 2. Offering tools and supports that empower individuals to self-manage their health, whole-person and whole-household wellness and use of health care services.
Goal 3. Promoting effective communication and team-based care to better coordinate care across the full continuum of health care.
Goal 4. Reducing the incidence of targeted conditions that negatively impact health and quality of life.
Goal 5. Strengthening State oversight of programs to maximize partnership with contracted MCPs as committed partners to driving health impacts and acting as good stewards of resources.

The State uses a three-pronged approach to meet goals.

Monitoring. BMS and WVCHIP monitor MCP compliance with managed care quality standards.
Assessment. BMS and WVCHIP analyze a variety of health care data to measure performance and identify areas for improvement.
Improvement. BMS, WVCHIP, and MCPs implement interventions targeting priority areas to maximize the benefit to managed care program members.

The State requires MCPs to attain and maintain National Committee for Quality Assurance (NCQA) accreditation. The accreditation signifies a plan's commitment to quality improvement. NCQA evaluates health care quality provided by plans to their members. The accreditation encompasses an audit of NCQA standards, Healthcare Effectiveness Data and Information Set (HEDIS®), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®).[9, 10]

Table 1 provides MCP NCQA accreditation status and other descriptive information.[11]

Table 1. MCP NCQA Accreditation Status

MCP	NCQA Health Plan Accreditation	NCQA Health Plan Rating	Other NCQA Accreditations, Certifications, and Distinctions	Next NCQA Review Date
ABHWV	Accredited	4.0 out of 5 Stars	Health Equity Accreditation	6/24/25
THP	Accredited	3.5 out of 5 Stars	None	9/17/24
UHP	Accredited	3.5 out of 5 Stars	Health Equity Accreditation, Health Equity Accreditation Plus	6/11/24

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[8] West Virginia Managed Care Quality Strategy (wv.gov)
[9] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[10] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[11] https://reportcards.ncqa.org/health-plans, status: January 15, 2024.

Applicable NCQA accreditations, certifications, and distinctions achieved by one or more MCPs are described below:

Health Equity Accreditation. This program offers distinction to organizations that engage in efforts to improve culturally and linguistically appropriate services and reduce health care disparities.
Health Equity Accreditation Plus. This program offers distinction to organizations that engage in efforts to improve culturally and linguistically appropriate services and reduce health care disparities.

Purpose

The Code of Federal Regulations (42 CFR §438.350) requires the State to contract with an external quality review organization (EQRO) to conduct annual, independent reviews of WV's managed care programs. To meet these requirements, BMS contracts with Qlarant. As the EQRO, Qlarant evaluates each WV MCP's compliance with federal and WV-specific requirements in a manner consistent with the Centers for Medicare and Medicaid Services (CMS) External Quality Review (EQR) Protocols. During 2023, Qlarant conducted the following EQR activities:

- Performance Improvement Project (PIP) Validation
- Performance Measure Validation (PMV)
- Compliance Review, also referenced as Systems Performance Review (SPR)
- Network Adequacy Validation (NAV)
- Encounter Data Validation (EDV)
- Grievance, Denial, and Appeal (GAD) Focused Study

In addition to completing 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 MCPs. This Annual Technical Report (ATR) summarizes Qlarant's EQR findings based on MCP audits conducted during 2023. The report describes objectives, methodologies, results, and conclusions for each EQR activity. Qlarant identifies MCP strengths and weaknesses relating to quality, access, and timeliness of care provided to managed care members. The report also includes recommendations for improvement for the MCPs and the State, which if acted upon, may positively impact member outcomes and experiences.

Performance Improvement Projects

Objective

MCPs conduct PIPs as part of their quality assessment and performance improvement program in accordance with 42 CFR §438.330(d). PIPs use a systematic approach to quality improvement and can be effective tools to assist MCPs in identifying barriers and implementing targeted interventions to achieve and sustain improvement in clinical outcomes or administrative processes. PIP EQR activities verify the MCP used sound methodology in its design, implementation, analysis, and reporting. PIP review and validation assesses the MCP level of improvement and provides the State and other stakeholders a level of confidence in results.

Methodology

BMS and WVCHIP required the MCPs to report three PIPs during 2023. Two PIPs were state-mandated initiatives and one was MCP-selected, which required BMS and EQRO approval.

Description of Data Obtained. The MCPs documented measurement year (MY) 2022 PIP-related activities, improvement strategies, and results in their 2023 reports. Using Qlarant-developed reporting templates and worksheets, they submitted a separate report for each PIP topic to Qlarant in July 2023. The reports included validated performance measure results, a data and barrier analysis, and identified PIP follow-up activities. Qlarant provided technical assistance to the MCPs, as requested.

Technical Methods of Data Collection and Analysis. Qlarant assessed a narrative report and calculations worksheet for each PIP report. Validation activities were completed in a manner consistent with the *CMS EQR Protocol 1 – Validation of Performance Improvement Projects*.[12] PIP validation includes the following nine steps:

1. **Review the selected PIP topic.** Qlarant determines if the PIP topic targets an opportunity for improvement and is relevant to the MCP's population.
2. **Review the PIP aim statement.** Qlarant evaluates the adequacy of the PIP aim statement, which should frame the project and define the improvement strategy, population, and time period.
3. **Review the identified PIP population.** Qlarant determines whether the MCP identifies the PIP population in relation to the aim statement.
4. **Review the sampling method.** If the MCP studied a sample of the population, rather than the entire population, Qlarant assesses the appropriateness of the MCP's sampling technique.
5. **Review the selected PIP variables and performance measures.** Qlarant assesses whether the selected PIP variables are appropriate for measuring and tracking improvement. Performance measures should be objective and measurable, clearly defined, based on current clinical knowledge or research, and focused on member outcomes.
6. **Review the data collection procedures.** Qlarant evaluates the validity and reliability of MCP procedures used to collect the data informing PIP measurements.
7. **Review data analysis and interpretation of PIP results.** Qlarant assesses the quality of data analysis and interpretation of PIP results. The review determines whether appropriate techniques were used, and if the MCP analysis and interpretation were accurate.
8. **Assess the improvement strategies (interventions).** Qlarant assesses the appropriateness of interventions for achieving improvement. The effectiveness of an improvement strategy is determined by measuring changes in performance according to the PIP's predefined measures. Data should be evaluated on a regular basis, and subsequently, interventions should be adapted based on what is learned.
9. **Assess the likelihood that significant and sustained improvement occurred.** Qlarant evaluates improvement by validating statistical significance testing results and evaluating improvement compared to baseline performance.

Qlarant PIP reviewers evaluated each element of PIP development and reporting by answering a series of applicable questions for each step, consistent with CMS protocol worksheets and requirements. Steps 7-9, critical to PIP success, had the most impact on the validation score. Reviewers sought additional information and/or corrections from MCPs, when needed, during the evaluation. Qlarant determined an

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[12] CMS EQR Protocols

overall validation rating, or level of confidence, for each PIP based on the total validation score.[13] Table 2 includes validation ratings.

Table 2. Validation Ratings

Score	Level of Confidence
90% - 100%	**High confidence** in MCP compliance
75% - 89%	**Moderate confidence** in MCP compliance
60% - 74%	**Low confidence** in MCP compliance
≤59%	**No confidence** in MCP compliance

Qlarant additionally provided a validation rating, using the ranges identified above, for the following:

- Overall confidence that the PIP adhered to acceptable methodology for all phases
- Overall confidence that the PIP produced evidence of significant improvement

The methodology confidence level is based on the MCP's performance in Steps 1-8 of the PIP validation. The significant improvement confidence level is centered on Step 9, less the achievement of sustained improvement. Specifically, the significant improvement confidence level is based on the MCP using a consistent rate calculation methodology to ensure comparability, achieving improvement at any level in at least one measure, achieving statistically significant improvement in at least one measure, and an assurance the improvement is likely the result of interventions. Sustained improvement is not factored into the confidence level to avoid penalizing the MCP for performance in the prior measurement year(s); the confidence level focuses on the most recent measurement year only.

Results

PIP validation results for 2023 MCP-reported PIPs, including MY 2022 activities and performance measure (PM) rates, are included in this report. Table 3 highlights key elements of the two state-mandated PIPs for the MHT program: (1) Annual Dental Visits and (2) Follow-Up After Emergency Department Visit for Mental Illness.

Table 3. MHT State-Mandated PIPs

PIPs	State Mandated	State Mandated
Program	MHT	MHT
Topic	Annual Dental Visits	Follow-Up After Emergency Department Visit for Mental Illness
Performance Measure(s), Measure Steward, & Population	**PM 1:** Annual Dental Visits for 2-3 Year Olds **Measure steward:** NCQA **Population:** Children 2-3 years of age **PM 2:** Percentage of Eligibles that Received Preventive Dental Services **Measure steward:** Formerly CMS*	**PM 1:** Follow-Up After Emergency Department Visit for Mental Illness – 30 Day Follow-Up (Total) **Measure steward:** NCQA **Population:** Children, adolescents, and adults 6 years of age and older

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[13] Validation rating refers to the overall confidence that an MCP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement (CMS EQR Protocol 1 – Validation of Performance Improvement Projects).

PIPs	State Mandated	State Mandated
	Population: Children, adolescents, and adults 1-20 years of age	
Aim	Will implementation of targeted member/provider/MCP interventions improve rates of annual dental visits for members 2-3 years old and eligibles receiving preventive dental services for members 1-20 years old each measurement year?	Will implementation of targeted member/provider/MCP interventions improve 30-day follow-up visit rates for members 6 years of age and older who had an emergency department visit with a principal diagnosis of mental illness or intentional self-harm each measurement year?
Phase	Medicaid: 5th Remeasurement CHIP: 1st Remeasurement	Medicaid and CHIP (combined): Baseline measurement

* The Percentage of Eligibles that Received Preventive Dental Services measure was retired from the 2022 Child Core Set.

Table 4 provides an overview of each MHT MCP-selected PIP.

Table 4. MHT MCP-Selected PIPs

PIPs	ABHWV	THP	UHP
Program	MHT	MHT	MHT
Topic	Care for Adolescents	Promoting Health and Wellness in Children and Adolescents	Immunizations for Adolescents
Performance Measure(s), Measure Steward, & Population	**PM 1:** Immunizations for Adolescents - Combination 2 **Measure steward:** NCQA **Population:** Adolescents 13 years of age **PMs 2 and 3:** Child and Adolescent Well-Care Visits - • 12-17 Year Olds • 18-21 Year Olds **Measure steward:** NCQA **Population:** Adolescents and adults 12-21 years of age	**PM 1:** Child and Adolescent Well-Care Visits - Total **Measure steward:** NCQA **Population:** Children, adolescents, and adults 3-21 years of age **PMs 2 and 3:** Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – • Body Mass Index (BMI) Percentile Documentation • Counseling for Nutrition **Measure steward:** NCQA **Population:** Children and adolescents 3-17 years of age	**PMs 1 and 2:** Immunizations for Adolescents - • Combination 2 • Human Papillomavirus (HPV) **Measure steward:** NCQA **Population:** Adolescents 13 years of age
Aim	Will the implementation of member, provider, and MCP interventions increase the rates of adolescent care, including well visits and immunizations	Will member, provider, and MCP interventions focusing on improving children and adolescents' well-being increase rates for the Child and Adolescent Well Care	Will implementation of member, provider, and MCP interventions increase rates for Immunizations for Adolescents Combination 2

Qlarant

PIPs	ABHWV	THP	UHP
	received amongst members ages 9-21 enrolled with Aetna Better Health of West Virginia Mountain Health Trust, by the end of the measurement year?	Visits measure and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents BMI and Counseling for Nutrition measures by 10 percentage points over the life of the PIP?	and HPV over the life of the PIP?
Phase	**Medicaid:** PM 1 – Baseline measurement PMs 2 & 3 – 2ⁿᵈ Remeasurement **CHIP:** PM 1 – Baseline measurement PMs 2 & 3 – 1ˢᵗ Remeasurement	**Medicaid:** PM 1 – 2ⁿᵈ Remeasurement PMs 2 & 3 – 4ᵗʰ Remeasurement **CHIP:** PMs 1, 2 & 3 – 1ˢᵗ Remeasurement	**Medicaid:** 2ⁿᵈ Remeasurement **CHIP:** 1ˢᵗ Remeasurement

Table 5 highlights the MHP PIPs, including two state-mandated PIPs and one selected by ABHWV.

Table 5. MHP State and MCP-Selected PIPs

PIPs	State Mandated	State Mandated	MCP Selected
Program	MHP	MHP	MHP
Topic	Annual Dental Visits	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Performance Measure(s), Measure Steward, & Population	**PM 1:** Annual Dental Visits for 2-3 Year Olds **Measure steward:** NCQA **Population:** Children 2-3 years of age **PM 2:** Percentage of Eligibles that Received Preventive Dental Services **Measure steward:** CMS **Population:** Children, adolescents, and adults 1-20 years of age	**PM 1:** Immunizations for Adolescents (Combination 2) **Measure steward:** NCQA **Population:** Adolescents 13 years of age **PM 2 and 3:** Child and Adolescent Well-Care Visits – 12-17 Year Olds and 18-21 Year Olds **Measure steward:** NCQA **Population:** Adolescents and adults 12-21 years of age	**PM 1:** Reducing Out-of-State Placement for Children in Foster Care **Measure steward:** Homegrown measure **Population:** Child and adolescent members in foster care
Aim	Will the implementation of collaborative member, provider, and MCP interventions improve Annual Dental Visit rates among children ages 2-3 and Preventive Dental	Will the implementation of member, provider, and MCP interventions increase the rates of adolescent care, including well visits and immunizations received amongst members	Will implementation of member, provider, and MCP interventions decrease the rate of Out-of-State Placement for MHP members by the end of the measurement year?

PIPs	State Mandated	State Mandated	MCP Selected
	Services rates among children 1-20 enrolled in the Aetna Better Health of West Virginia Mountain Health Promise program, by the end of the measurement year?	ages 9-21 with Aetna Better Health of West Virginia Mountain Health Promise, by the end of the measurement year?	
Phase	1st Remeasurement	1st Remeasurement	2nd Remeasurement

Key MCP improvement strategies and results for each PIP for the year under review are identified below.

MHT Annual Dental Visits PIP

ABHWV Interventions

ABHWV completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Member incentive.** Provided members with a $25 gift card for completing a dental visit.
- **No cost transportation.** Promoted member no cost transportation services via member outreach; gaps in care and case management calls; and member handbook, newsletters, and website.
- **Gaps in care education.** Conducted educational provider webinars, which explained why members have gaps in care and provided education on how to close the gaps, including appropriate dental coding. Education included provider best practice descriptions.
- **Provider incentive.** Incentivized providers to complete well-child visits and encouraged them to discuss dental care and benefits during these visits.
- **Children's wellness club.** Offered exclusive opportunities to members 13 years of age and under to earn prizes by participating in a variety of wellness activities, including oral health and dental care.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

ABHWV PIP Measure Results

Table 6 displays ABHWV's Annual Dental Visits PIP measure results and level of improvement.

Table 6. ABHWV Annual Dental Visits PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Annual Dental Visits for 2-3 Year Olds	MY 2017 37.73%	MY 2022 41.35%	Yes	Yes
Percentage of Eligibles that Received Preventive Dental Services	MY 2017 48.85%	MY 2022 48.89%	Yes	No
CHIP⁁				
Annual Dental Visits for 2-3 Year Olds	MY 2021 40.79%^	MY 2022 39.29%	No	Ø
Percentage of Eligibles that Received Preventive Dental Services	MY 2021 52.68%^	MY 2022 55.24%	Yes	Yes

^ Performance was likely influenced by the COVID-19 public health emergency.
Ø - There was no improvement. Statistically significant improvement cannot be assessed.
⁁ WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

THP Interventions

THP completed member, provider, and MCP interventions. Key interventions include:

- **Member incentive.** Provided members with a $25 gift card for a completed preventive dental service.
- **Pay-for-performance incentive.** Continued a pay-for-performance program with federally qualified health centers and rural health clinics. Providers were incentivized to appropriately code preventive dental service claims.
- **Social media educational posts.** Promoted dental health and encouraged members to schedule a dental visit.
- **Provider gaps in care reports.** Distributed gaps in care reports to primary care providers (PCPs) with the intention the PCPs educate members who are in need of a dental visit.
- **Member education.** Mailed dental care awareness and education postcards to members during their birthday month.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

THP PIP Measure Results

Table 7 includes THP's Annual Dental Visits PIP measure results and level of improvement.

Table 7. THP Annual Dental Visits PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Annual Dental Visits for 2-3 Year Olds	MY 2017 27.40%	MY 2022 32.77%	Yes	Yes
Percentage of Eligibles that Received Preventive Dental Services	MY 2017 34.89%	MY 2022 43.87%	Yes	Yes
CHIP ⅄				
Annual Dental Visits for 2-3 Year Olds	MY 2021 35.32%^	MY 2022 36.41%	Yes	No
Percentage of Eligibles that Received Preventive Dental Services	MY 2021 49.61%^	MY 2022 54.85%	Yes	Yes

^ Performance was likely influenced by the COVID-19 public health emergency.
⅄ WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

UHP Interventions

UHP completed member, provider, and MCP interventions. Key interventions include:

- **Text message reminders.** Texted messages to remind members to complete dental visits, stressed the importance of dental care in children, and reassured members of dental office safety precautions during the pandemic.
- **Member incentive.** Provided a $20 incentive reward for members 0-20 years who completed an annual dental exam.
- **Gap in care reports.** Provided PCPs with a list of assigned members who were due for an annual dental visit, which provided opportunities for outreach and referral.
- **Provider incentive program.** Continued a PCP shared savings agreement with a provider group and included the Annual Dental Visits for 2-3 Year Olds measure in the program and set a quality threshold requiring improvement.
- **Member outreach.** Contacted members to educate them on the importance of preventive services/oral health.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

UHP PIP Measure Results

Table 8 reports UHP's Annual Dental Visits PIP measure results and level of improvement.

Table 8. UHP Annual Dental Visits PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Annual Dental Visits for 2-3 Year Olds	MY 2017 39.87%	MY 2022 37.27%	No	Ø
Percentage of Eligibles that Received Preventive Dental Services	MY 2017 51.33%	MY 2022 47.48%	No	Ø
CHIP⬥				
Annual Dental Visits for 2-3 Year Olds	MY 2021 40.79%^	MY 2022 42.74%	Yes	No
Percentage of Eligibles that Received Preventive Dental Services	MY 2021 49.20%^	MY 2022 59.32%	Yes	Yes

^ Performance was likely influenced by the COVID-19 public health emergency.

Ø - There was no improvement. Statistically significant improvement cannot be assessed.

⬥ WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

MHT MCP Annual Dental Visits PIP Weighted Average Measure Results

Table 9 details MHT MCP Annual Dental Visits PIP measure weighted averages for MYs 2017-2022.

Table 9. MHT MCP Weighted Averages - Annual Dental Visits PIP

Performance Measure	MY	Numerator	Eligible Population or Denominator	MHT MCP Weighted Average
Medicaid				
Annual Dental Visits for 2-3 Year Olds	2017	5,444	15,210	35.79%*
	2018	5,428	14,190	38.25%*
	2019	4,429	11,057	40.06%
	2020	5,266	15,232	34.57%^
	2021	6,068	17,545	34.59%^
	2022	6,822	18,208	37.47%
Percentage of Eligibles that Received Preventive Dental Services	2017	91,663	201,428	45.51%*
	2018	93,065	194,497	47.85%*
	2019	86,672	183,083	47.34%
	2020	73,757	176,797	41.72%^
	2021	79,396	178,813	44.40%^
	2022	89,508	190,056	47.10%
CHIP⬥				
Annual Dental Visits for 2-3 Year Olds	2021	396	1,007	39.32%^
	2022	327	816	40.07%
Percentage of Eligibles that Received Preventive Dental Services	2021	10,043	19,914	50.43%^
	2022	10,578	18,618	56.82%

* WV MHT weighted average includes a fourth MCP, West Virginia Family Health (WVFH). BMS ended its contract with WVFH on 6/30/2019.

^ Performance was likely influenced by the COVID-19 public health emergency.

⬥ WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

Figure 1 displays annual individual MHT MCP Medicaid rates and MCP weighted averages (also shown as AVG) for the Annual Dental Visits for 2-3 Year Olds measure for MYs 2017-2022.

Figure 1. Annual Dental Visits for 2-3 Year Olds (Medicaid)
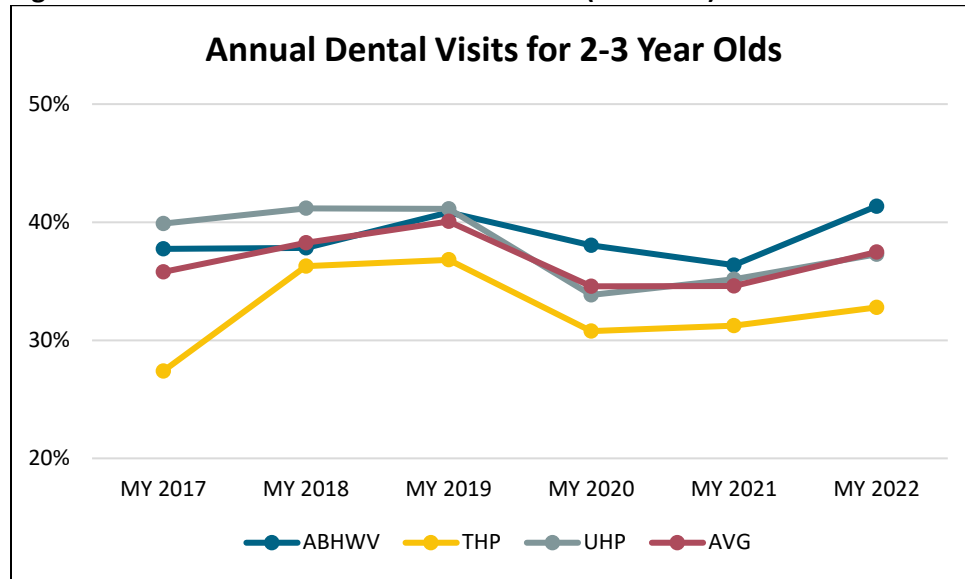
Figure 2 displays individual MHT MCP CHIP rates and MCP weighted averages for the Annual Dental Visits for 2-3 Year Olds measure for MYs 2021-2022. MY 2021 was the first year of CHIP reporting.

Figure 2. Annual Dental Visits for 2-3 Year Olds (CHIP)

Figure 3 displays annual individual MHT MCP Medicaid rates and MCP weighted averages for the Percentage of Eligibles that Received Preventive Dental Services measure for MYs 2017-2022.

Figure 3. Percentage of Eligibles that Received Preventive Dental Services (Medicaid)

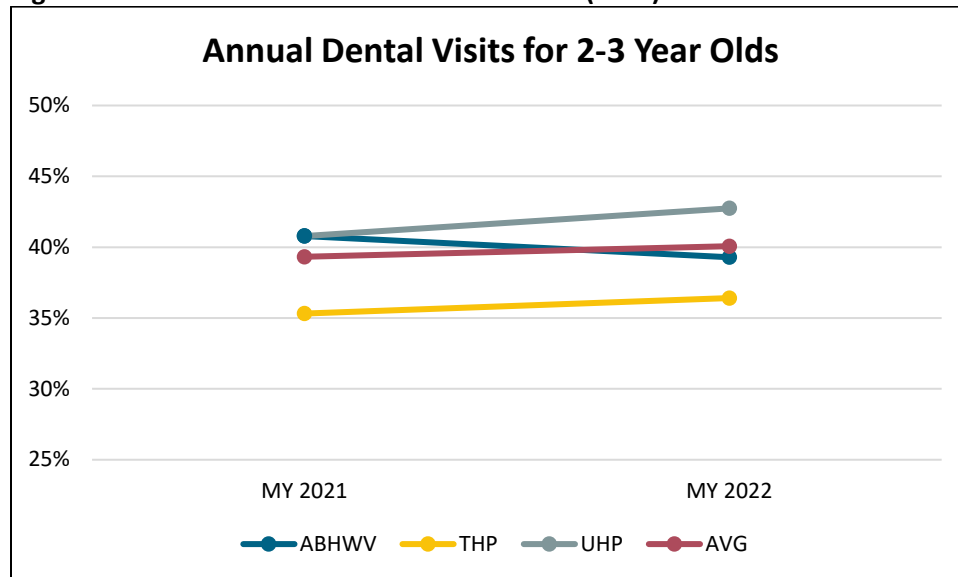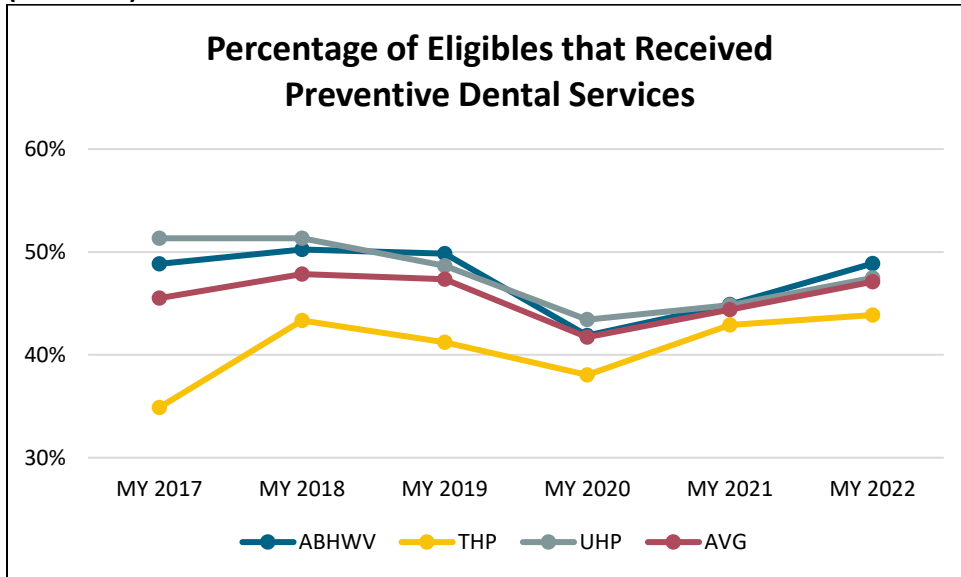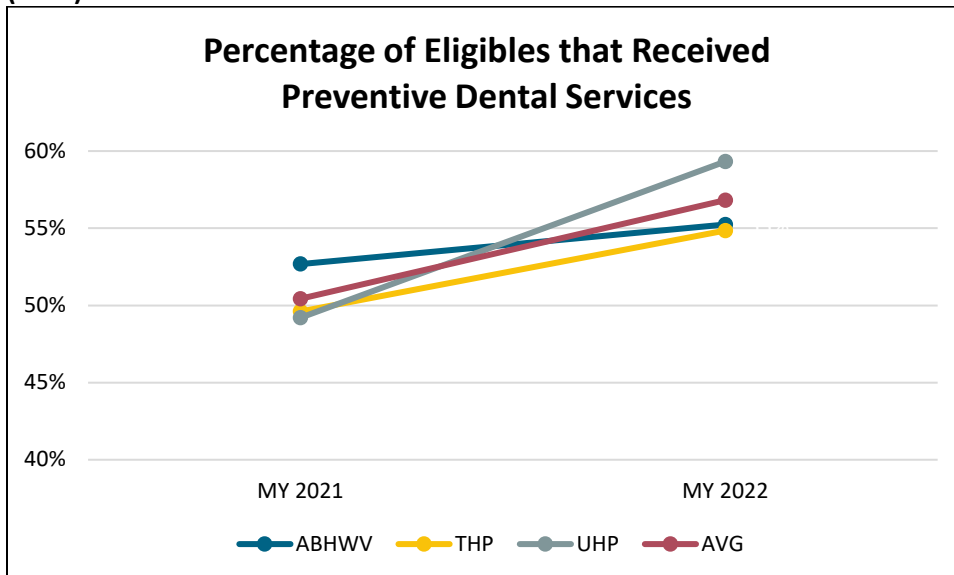
Figure 4 displays individual MHT MCP CHIP rates and MCP weighted averages for the Percentage of Eligibles that Received Preventive Dental Services measure for MYs 2021-2022. MY 2021 was the first year of CHIP reporting.

Figure 4. Percentage of Eligibles that Received Preventive Dental Services (CHIP)

MHT MCP Annual Dental Visits PIP Validation Results

Table 10 includes MCP results for each PIP validation step for the 2023 Annual Dental Visits PIP.

Table 10. MHT MCP PIP Validation Step Results - Annual Dental Visits PIP

PIP Validation Step	ABHWV	THP	UHP
1. Topic	Met	Met	Met
2. Aim Statement	Met	Met	Met
3. Population	Met	Met	Met
4. Sampling Method	Not Applicable	Not Applicable	Not Applicable
5. Variables and Performance Measures	Met	Met	Met
6. Data Collection Procedures	Met	Met	Met
7. Data Analysis and Interpretation of Results	Met	Met	Met
8. Improvement Strategies	Met	Met	Met
9. Significant and Sustained Improvement	Partially Met	Met	Partially Met

Table 11 includes 2023 overall validation scores for each MCP's Annual Dental Visits PIP based on performance in Steps 1-9.

Table 11. MHT MCP Overall Validation Scores - Annual Dental Visits PIP

2023 PIPs (MY 2022)	ABHWV	THP	UHP	MHT MCP AVG
Validation Score	95%	100%	95%	97%
Confidence Level	High	High	High	High

Table 12 reports 2023 confidence levels for each MCP adhering to an acceptable methodology and their level of significant improvement.

Table 12. MHT MCP Confidence in Methodology and Significant Improvement - Annual Dental Visits PIP

2023 PIPs (MY 2022)	ABHWV	THP	UHP
Overall confidence that the PIP adhered to acceptable methodology for all phases	High	High	High
Overall confidence that the PIP produced evidence of significant improvement	High	High	High

MHT Follow-Up After Emergency Department Visit for Mental Illness PIP

ABHWV Interventions

MY 2022 served as the baseline year for the Follow-Up After Emergency Department Visit for Mental Illness PIP. Implementation of interventions is not required until after the baseline year. ABHWV identified member, provider, and MCP barriers and began implementing interventions targeting barriers during 2023. These interventions will be evaluated and reported in the next annual report.

ABHWV PIP Measure Results

Table 13 displays ABHWV's Follow-Up After Emergency Department Visit for Mental Illness PIP measure result for the MY 2022 baseline year. The rate combines Medicaid and CHIP performance.

Table 13. ABHWV Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Performance Measure	Baseline Year MY 2022	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid and CHIP Combined				
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up (Total)	52.25%	NA	NA	NA

NA – Not Applicable; only baseline performance is available.

THP Interventions

MY 2022 served as the baseline year for the Follow-Up After Emergency Department Visit for Mental Illness PIP. Implementation of interventions is not required until after the baseline year. THP identified member, provider, and MCP barriers and began implementing interventions targeting barriers during 2023. These interventions will be evaluated and reported in the next annual report.

THP PIP Measure Results

Table 14 reports THP's Follow-Up After Emergency Department Visit for Mental Illness PIP measure result for the MY 2022 baseline year. The rate combines Medicaid and CHIP performance.

Table 14. THP Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Performance Measure	Baseline Year MY 2022	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up (Total)	49.38%	NA	NA	NA

NA – Not Applicable; only baseline performance is available.

UHP Interventions

MY 2022 served as the baseline year for the Follow-Up After Emergency Department Visit for Mental Illness PIP. Implementation of interventions is not required until after the baseline year. UHP identified member, provider, and MCP barriers and began implementing interventions targeting barriers during 2023. These interventions will be evaluated and reported in the next annual report.

UHP PIP Measure Results

Table 15 includes UHP's Follow-Up After Emergency Department Visit for Mental Illness PIP measure result for the MY 2022 baseline year. The rate combines Medicaid and CHIP performance.

Table 15. UHP Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Performance Measure	Baseline Year MY 2022	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up (Total)	52.52%	NA	NA	NA

NA – Not Applicable; only baseline performance is available.

MHT MCP Follow-Up After Emergency Department Visit for Mental Illness PIP Weighted Average Measure Results

Table 16 includes the MHT MCP Follow-Up After Emergency Department Visit for Mental Illness PIP measure weighted average for MY 2022.

Table 16. MHT MCP Weighted Average - Follow-Up After Emergency Department Visit for Mental Illness PIP

Performance Measure	MY	Numerator	Eligible Population or Denominator	MHT MCP Weighted Average
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up (Total)	2022	1,012	1,964	51.53%

Figure 5 displays annual individual MHT MCP Medicaid and CHIP combined rates and the weighted average for the Follow-Up After Emergency Department Visit for Mental Illness measure for MY 2022.

Figure 5. Follow-Up After Emergency Department Visit for Mental Illness (Medicaid and CHIP Combined)
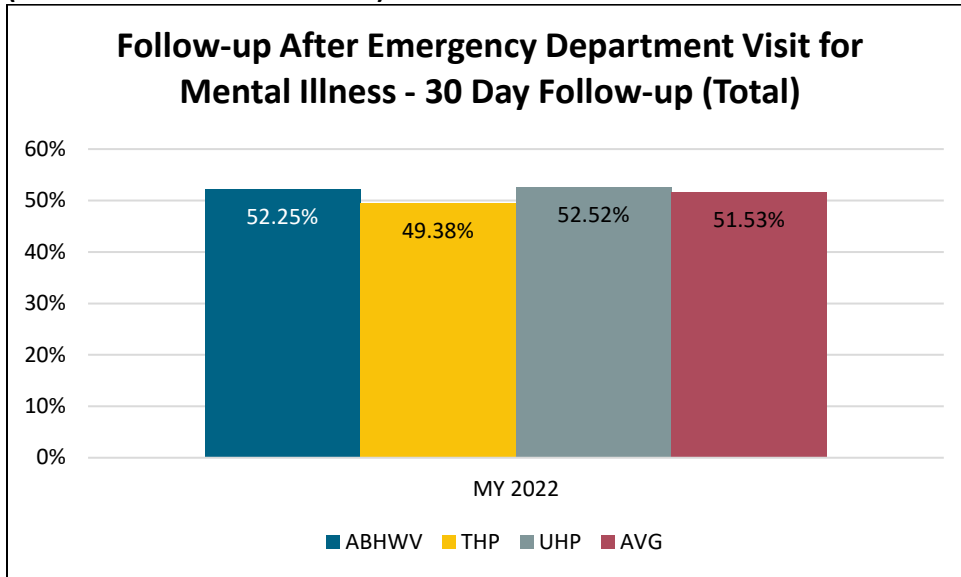
MHT MCP Follow-Up After Emergency Department Visit for Mental Illness PIP Validation Results

Table 17 includes MCP results for each PIP validation step for the 2023 Follow-Up After Emergency Department Visit for Mental Illness PIP. Not all steps were applicable for the baseline PIP submission.

Table 17. MHT MCP PIP Validation Step Results - Follow-Up After Emergency Department Visit for Mental Illness PIP

PIP Validation Step	ABHWV	THP	UHP
Topic	Met	Met	Met
Aim Statement	Met	Met	Met
Population	Met	Met	Met
Sampling Method	Not Applicable	Not Applicable	Not Applicable
Variables and Performance Measures	Met	Met	Met
Data Collection Procedures	Met	Met	Met
Data Analysis and Interpretation of Results	Met	Met	Met
Improvement Strategies	Not Applicable	Not Applicable	Not Applicable
Significant and Sustained Improvement	Not Applicable	Not Applicable	Not Applicable

Table 18 includes 2023 overall validation scores for each MCP's Follow-Up After Emergency Department Visit for Mental Illness PIP based on performance in Steps 1-9.

Table 18. MHT MCP Overall Validation Scores - Follow-Up After Emergency Department Visit for Mental Illness PIP

2023 PIPs (MY 2022)	ABHWV	THP	UHP	MHT MCP AVG
Validation Score	100%	100%	100%	100%
Confidence Level	High	High	High	High

Table 19 reports 2023 confidence levels for each MCP adhering to an acceptable methodology and their level of significant improvement.

Table 19. MHT MCP Confidence in Methodology and Significant Improvement - Follow-Up After Emergency Department Visit for Mental Illness PIP

2023 PIPs (MY 2022)	ABHWV	THP	UHP
Overall confidence that the PIP adhered to acceptable methodology for all phases	High	High	High
Overall confidence that the PIP produced evidence of significant improvement	Not applicable for baseline PIP	Not applicable for baseline PIP	Not applicable for baseline PIP

MHT MCP-Selected PIPs

ABHWV Care for Adolescents PIP Interventions

ABHWV completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Member incentives.** Awarded members 12-18 years of age a $25 gift card for completing an annual well-child visit.
- **Targeted outreach.** Contacted members enrolled in case management to encourage well-child visits and offered assistance in scheduling appointments.
- **No cost transportation.** Promoted member no cost transportation services via member outreach; gaps in care and case management calls; and member handbook, newsletters, and website.
- **Provider incentive.** Incentivized providers with $25 for completing and closing their gaps in well-child visits.
- **HEDIS provider toolkit.** Provided provider office staff with HEDIS measure education, including well-child and immunization-related measures, medical record documentation tips, and coding requirements.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

ABHWV Care for Adolescents PIP Measure Results

Table 20 displays ABHWV's Care for Adolescents PIP measure results and level of improvement.

Table 20. ABHWV Care for Adolescents PIP Measure Results

Performance Measure	Baseline Year○	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Immunizations for Adolescents - Combination 2	MY 2022 24.82%	NA	NA	NA
Child and Adolescent Well-Care Visits – 12-17 Year Olds	MY 2020 49.03%^	MY 2022 53.17%	Yes	Yes
Child and Adolescent Well-Care Visits – 18-21 Year Olds	MY 2020 27.13%^	MY 2022 25.05%	No	Ø
CHIP^				
Immunizations for Adolescents - Combination 2	MY 2022 28.57%	NA	NA	NA
Child and Adolescent Well-Care Visits – 12-17 Year Olds	MY 2021 50.39%^	MY 2022 54.66%	Yes	Yes
Child and Adolescent Well-Care Visits – 18-21 Year Olds	MY 2021 37.81%^	MY 2022 41.36%	Yes	No

○ The Immunizations for Adolescents – Combination 2 measure has a different baseline year compared to the other measures. ABHWV previously reported this rate using administrative data, but changed to a hybrid methodology after experiencing challenges obtaining data from the state's immunization registry. The change in methodology required a new baseline assessment.
^ Performance was likely influenced by the COVID-19 public health emergency.
NA - Not Applicable - Only baseline results are available.
Ø - There was no improvement. Statistically significant improvement cannot be assessed.
⋏ WVCHIP was effective January 1, 2021.

Table 21 includes ABHWV's Care for Adolescents PIP measure rates for MYs 2020-2022, as applicable.

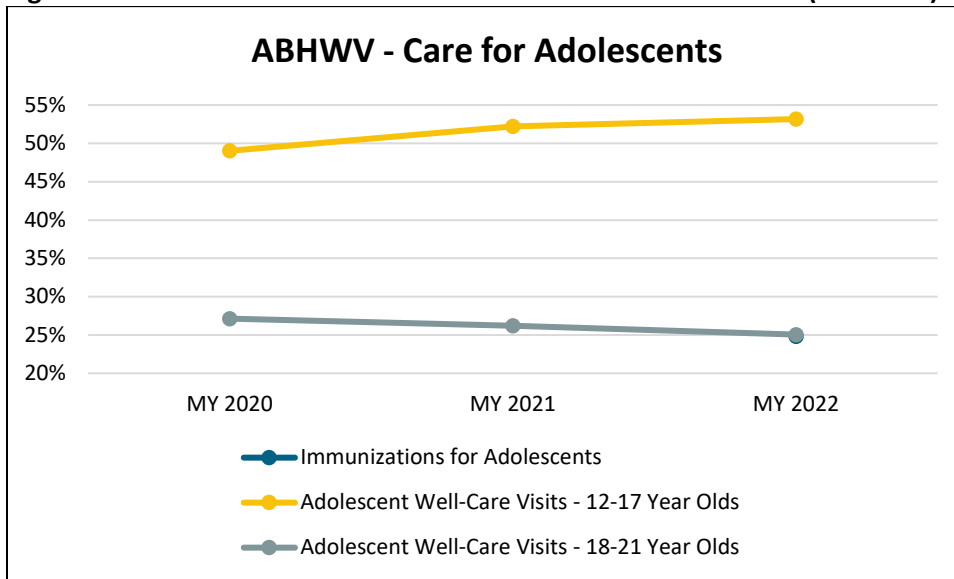**Table 21. ABHWV Care for Adolescents PIP Measure Annual Rates**

Performance Measure	MY	Numerator	Eligible Population or Denominator	Rate
Medicaid				
Immunizations for Adolescents - Combination 2	2022	102	411	24.82%
Child and Adolescent Well-Care Visits – 12-17 Year Olds	2020	6,665	13,594	49.03%^
	2021	7,964	15,250	52.22%^
	2022	8,363	15,730	53.17%
Child and Adolescent Well-Care Visits – 18-21 Year Olds	2020	1,429	5,268	27.13%^
	2021	1,922	7,337	26.20%^
	2022	1,968	7,855	25.05%
CHIP⌃				
Immunizations for Adolescents - Combination 2	2022	82	287	28.57%
Child and Adolescent Well-Care Visits – 12-17 Year Olds	2021	916	1,818	50.39%^
	2022	1,009	1,846	54.66%
Child and Adolescent Well-Care Visits – 18-21 Year Olds	2021	121	320	37.81%^
	2022	146	353	41.36%

^ Performance was likely influenced by the COVID-19 public health emergency.
⌃ WVCHIP was effective January 1, 2021.

Figure 6 illustrates ABHWV's annual Medicaid rates for the Care for Adolescents PIP measures for MYs 2020-2022, as applicable.

Figure 6. ABHWV Care for Adolescents PIP Measure Annual Rates (Medicaid)

The MY 2022 Adolescent Well-Care Visits – 18-21 Year Olds data point (25.05%) obscures the Immunizations for Adolescents data point (24.82%).
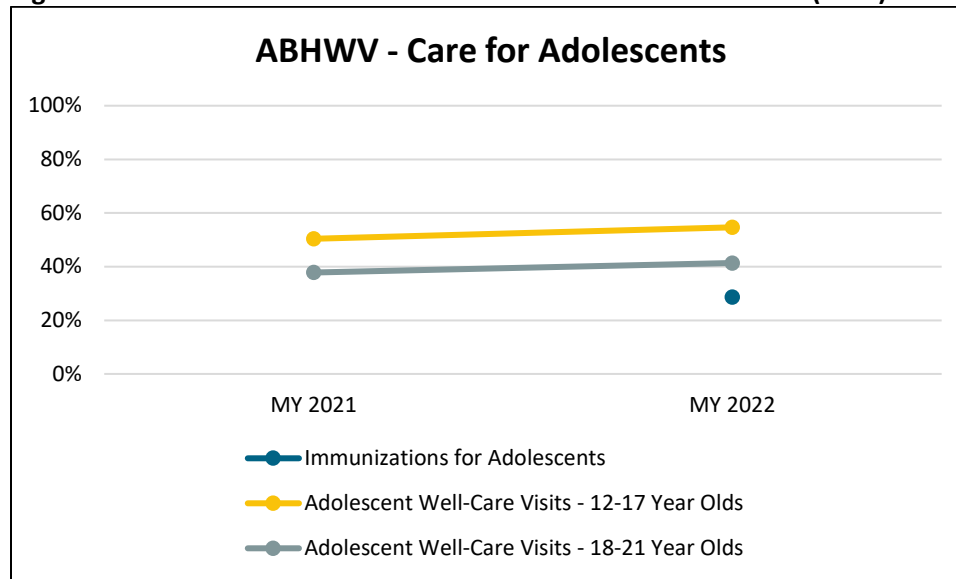
Figure 7 presents ABHWV's baseline CHIP rates for the Care for Adolescents PIP measures for MYs 2021-2022, as applicable.

Figure 7. ABHWV Care for Adolescents PIP Measure Annual Rates (CHIP)

ABHWV - Care for Adolescents

- Immunizations for Adolescents
- Adolescent Well-Care Visits - 12-17 Year Olds
- Adolescent Well-Care Visits - 18-21 Year Olds

THP Promoting Health and Wellness in Children and Adolescents PIP Interventions

THP completed member, provider, and MCP interventions. Key interventions include:

- **Member education.** Contacted member parents/guardians via telephone or postcard and educated them on the importance of well-care visits, COVID-19 safety protocols, and the availability of telehealth services. Information was also communicated through social media posts, THP's website, and the Member Handbook.
- **Member incentive.** Awarded members who completed an adolescent well-care visit a $25 gift card.
- **Provider gap in care reports.** Identified members in need of an annual well-care visit and distributed gap in care reports to PCPs, federally qualified health centers, and rural health clinics.
- **Alternate payment model agreement.** Continued an alternate payment agreement with select providers, which included well-care visits as a targeted area for improvement.
- **Transportation notice.** Informed members/parents/guardians of the availability of transportation to care during welcome calls.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

THP Promoting Health and Wellness in Children and Adolescents PIP Measure Results

Table 22 reports THP's Promoting Health and Wellness in Children and Adolescents PIP measure results and level of improvement.

Table 22. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Results

Performance Measure	Baseline Year⁰	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Child and Adolescent Well-Care Visits – Total	MY 2020 44.42%^	MY 2022 46.13%	Yes	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Documentation	MY 2018 77.62%	MY 2022 84.67%	Yes	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition	MY 2018 67.88%	MY 2022 73.24%	Yes	No
CHIPᴬ				
Child and Adolescent Well-Care Visits – Total	MY 2021 58.80%^	MY 2022 54.58%	No	Ø
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Documentation	MY 2021 81.27%^	MY 2022 88.08%	Yes	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition	MY 2021 75.91%^	MY 2022 77.62%	Yes	No

⁰ The Child and Adolescent Well-Care Visits measure has a different baseline year compared to the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measures, for Medicaid, as it was added to the PIP after implementation.
^ Performance was likely influenced by the COVID-19 public health emergency.
Ø - There was no improvement. Statistically significant improvement cannot be assessed.
ᴬ WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

Table 23 includes THP's annual Promoting Health and Wellness in Children and Adolescents PIP measure rates for MYs 2018-2022, as applicable.

Table 23. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Annual Rates

Performance Measure	MY	Numerator	Eligible Population or Denominator~	Rate
Medicaid				
Child and Adolescent Well-Care Visits – Total	2020	12,232	27,539	44.42%^
	2021	15,770	33,420	47.19%^
	2022	16,773	36,362	46.13%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index (BMI) Percentile Documentation	2018	319	411	77.62%
	2019	335	411	81.51%
	2020	331	411	80.54%^
	2021	334	411	81.27%^
	2022	348	411	84.67%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition	2018	279	411	67.88%
	2019	276	411	67.15%
	2020	285	411	69.34%^
	2021	299	411	72.75%^
	2022	301	411	73.24%
CHIP⅄				
Child and Adolescent Well-Care Visits – Total	2021	2,252	3,830	58.80%^
	2022	1,968	3,606	54.58%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index (BMI) Percentile Documentation	2021	334	411	81.27%^
	2022	362	411	88.08%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition	2021	312	411	75.91%^
	2022	319	411	77.62%

~ Sampling denominator
^ Performance was likely influenced by the COVID-19 public health emergency.
⅄ WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

Figure 8 illustrates THP's annual Medicaid rates for the Promoting Health and Wellness in Children and Adolescents PIP measures for MYs 2018-2022, as applicable.

Figure 8. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Annual Rates (Medicaid)
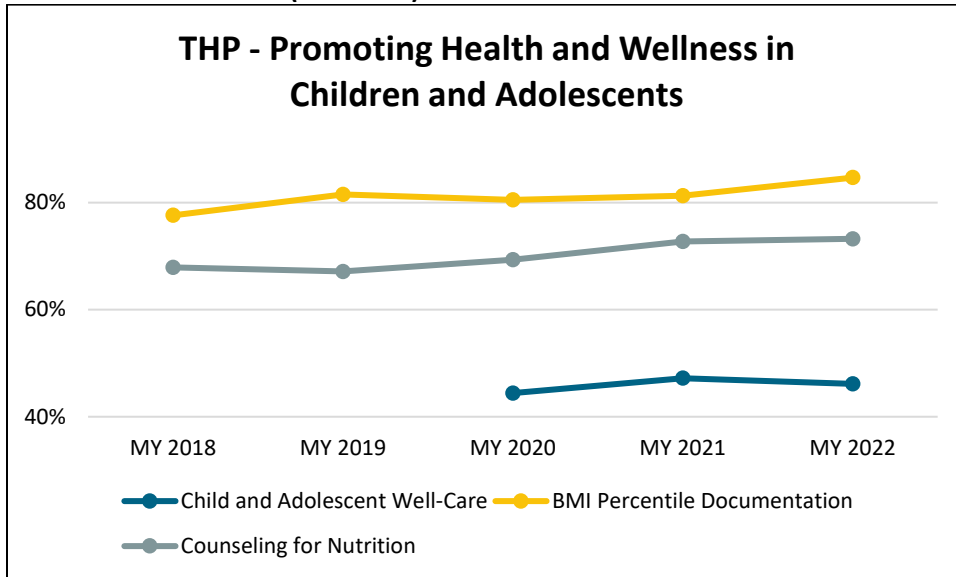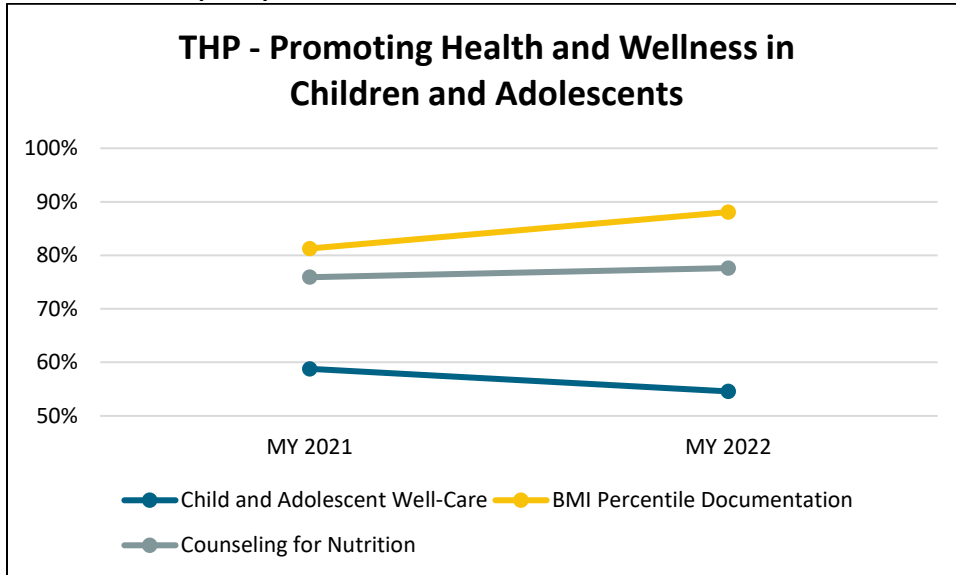

Figure 9 presents THP's annual CHIP rates for the Promoting Health and Wellness in Children and Adolescents PIP measures for MYs 2021-2022.

Figure 9. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Rates (CHIP)

UHP Immunizations for Adolescents PIP Interventions

UHP completed member, provider, and MCP interventions. Key interventions include:

- **Member education.** Texted messages to members, which aimed to educate using evidence-based guidelines and describe immunization purpose, safety, and efficacy. Conducted calls to members and mailed Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) birthday reminders to encourage members to obtain preventive care and vaccinations.
- **Member incentive.** Provided a $50 gift card to members who completed the HPV vaccine series on or before their 13th birthday.
- **Provider quality incentive program (expansion).** Expanded an incentive-based program to additional provider groups and included the Immunizations for Adolescents – Combination 2 measure as a key metric.
- **Pay for quality.** Incentivized providers to close gaps in care for members receiving one tetanus, diphtheria toxoids and acellular pertussis (TDAP) vaccine, one meningococcal vaccine, and human papillomavirus (HPV) on or before their 13th birthday ($50 per gap closure).
- **Provider action plans.** Worked with large primary care groups to develop action plans, interventions, and goals to improve vaccination rates. Gap in care reports are also distributed to the top ten providers with the largest gaps in care. Clinical Quality Auditors work with providers to improve performance.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

UHP Immunizations for Adolescents PIP Measure Results

Table 24 displays UHP's Immunizations for Adolescents PIP measure results and level of improvement.

Table 24. Immunization for Adolescents PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Immunizations for Adolescents – Combination 2	MY 2020 29.93%^	MY 2022 24.57%	No	Ø
Immunizations for Adolescents – Human Papillomavirus (HPV)	MY 2020 30.41%^	MY 2022 25.06%	No	Ø
CHIP⌃				
Immunizations for Adolescents – Combination 2	MY 2021 21.28%^	MY 2022 26.48%	Yes	No
Immunizations for Adolescents – Human Papillomavirus (HPV)	MY 2021 21.28%^	MY 2022 27.25%	Yes	No

^ Performance was likely influenced by the COVID-19 public health emergency.
Ø - There was no improvement. Statistically significant improvement cannot be assessed.
⌃ WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

Table 25 includes UHP's Immunization for Adolescents PIP measure rates for MYs 2020-2022.

Table 25. UHP Immunizations for Adolescents PIP Measure Annual Rates

Performance Measure	MY	Numerator	Eligible Population or Denominator~	Rate
Medicaid				
Immunizations for Adolescents – Combination 2	2020	123	411	29.93%^
	2021	132	411	32.12%^
	2022	101	411	24.57%
Immunizations for Adolescents – Human Papillomavirus (HPV)	2020	125	411	30.41%^
	2021	134	411	32.60%^
	2022	103	411	25.06%
CHIP ⅄				
Immunizations for Adolescents – Combination 2	2021	10	47	21.28%^
	2022	103	389	26.48%
Immunizations for Adolescents – Human Papillomavirus (HPV)	2021	10	47	21.28%^
	2022	106	389	27.25%

^ Performance was likely influenced by the COVID-19 public health emergency.

NA - Not Applicable - Only baseline results are available

⅄ WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

~ Sampling denominator

Figure 10 illustrates UHP's annual Medicaid rates for the Immunizations for Adolescents PIP measures for MYs 2020-2022.

Figure 10. UHP Immunizations for Adolescents PIP Measure Annual Rates (Medicaid)
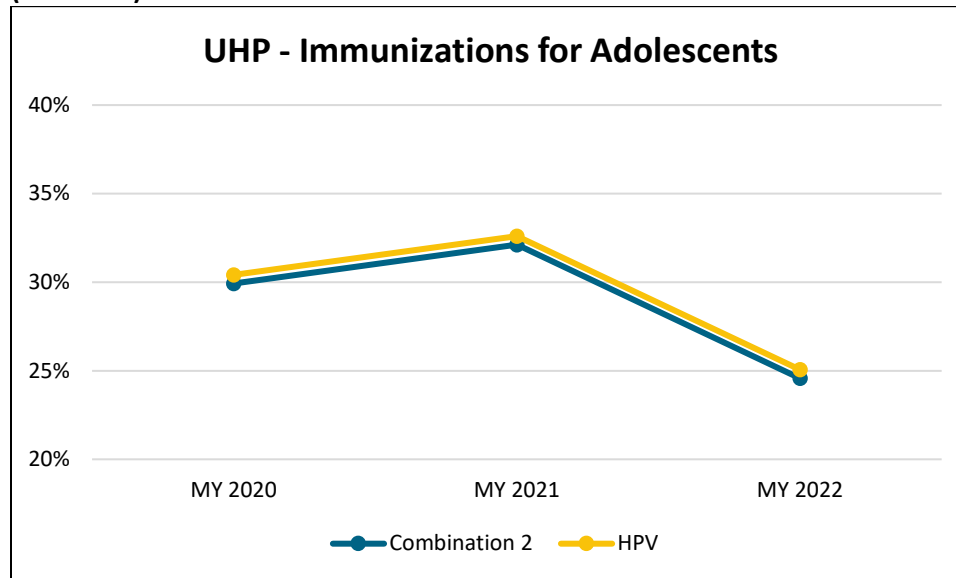
Figure 11 presents UHP's annual CHIP rates for the Immunizations for Adolescents PIP measures for MYs 2021-2022.

Figure 11. UHP Immunizations for Adolescents PIP Measure Annual Rates (CHIP)
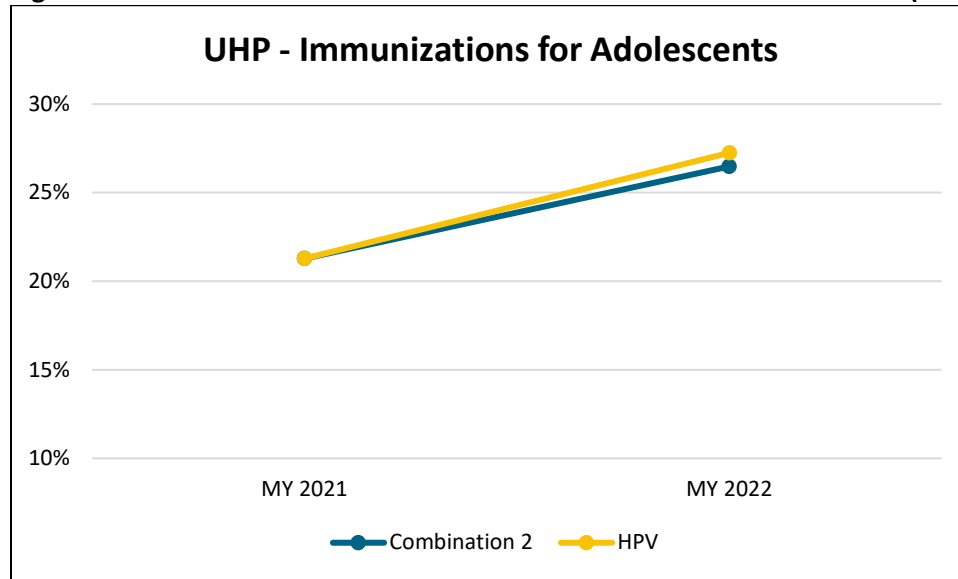
MHT MCP-Selected PIP Validation Results

Table 26 reports results for each validation step for each MHT MCP's selected 2023 PIP.

Table 26. MHT MCP PIP Validation Step Results – MHT MCP-Selected PIP

MCP-Selected PIPs	ABHWV	THP	UHP
PIP Validation Step	Care for Adolescents	Promoting Health and Wellness in Children and Adolescents	Immunizations for Adolescents
Topic	Met	Met	Met
Aim Statement	Met	Met	Met
Population	Met	Met	Met
Sampling Method	Met	Met	Met
Variables and Performance Measures	Met	Met	Met
Data Collection Procedures	Met	Met	Met
Data Analysis and Interpretation of Results	Met	Met	Met
Improvement Strategies	Met	Met	Met
Significant and Sustained Improvement	Met	Met	Partially Met

Table 27 includes 2023 overall validation scores for each MCP's selected PIP based on performance in Steps 1-9.

Table 27. MHT MCP Overall Validation Scores – MCP-Selected PIP

2023 PIPs (MY 2022)	ABHWV Care for Adolescents	THP Promoting Health and Wellness in Children and Adolescents	UHP Immunizations for Adolescents	MHT MCP AVG
Validation Score	100%	100%	90%	97%
Confidence Level	High	High	High	High

Table 28 reports 2023 confidence levels for each MCP adhering to an acceptable methodology and their level of significant improvement.

Table 28. MHT MCP Confidence in Methodology and Significant Improvement – MCP-Selected PIP

2023 PIPs (MY 2022)	ABHWV Care for Adolescents	THP Promoting Health and Wellness in Children and Adolescents	UHP Immunizations for Adolescents
Overall confidence that the PIP adhered to acceptable methodology for all phases	High	High	High
Overall confidence that the PIP produced evidence of significant improvement	High	High	Moderate

MHP Annual Dental Visits PIP

MHP ABHWV Interventions

ABHWV completed member, provider, and MCP interventions. Key interventions include:

- **No cost transportation.** The MCP promoted member no cost transportation services during member outreach, gap in care calls, case management calls, member newsletters, member website, and Member Handbook.
- **Children's wellness club.** Members age 13 and under were offered exclusive opportunities to earn prizes by participating in a variety of wellness activities, including oral health and dental care.
- **Member incentive.** Members 12-18 years of age received a $25 gift card for completing an annual well-child visit. Members 2-3 years of age received a $25 gift card for completing an annual dental visit.
- **Provider incentive.** Providers were incentivized to complete well-child visits for members 12-17 years of age and encouraged to discuss dental care and dental benefits during these visits.
- **Gaps in care education.** The MCP delivered Gaps in Care Lunch and Learn webinars, which described best practices and why members have gaps in care, and provided education on how to close the gaps, including appropriate dental coding.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

MHP ABHWV PIP Measure Results

Table 29 displays the Annual Dental Visits PIP measure results.

Table 29. MHP ABHWV Annual Dental Visits PIP Measure Results

Performance Measure	Baseline Year MY 2021	Last Measurement Year MY 2022	Improvement	Statistically Significant Improvement
Annual Dental Visits for 2-3 Year Olds	44.10%^	44.14%	Yes	No
Percentage of Eligibles that Received Preventive Dental Services	53.14%^	55.51%	Yes	Yes

^ Performance was likely influenced by the COVID-19 public health emergency.

Table 30 includes Annual Dental Visits PIP measure rates for MYs 2021-2022.

Table 30. MHP ABHWV Annual Dental Visits PIP Measure Rates

Performance Measure	MY	Numerator	Eligible Population or Denominator	Rate
Annual Dental Visits for 2-3 Year Olds	2021	859	1,948	44.10%^
	2022	923	2,091	44.14%
Percentage of Eligibles that Received Preventive Dental Services	2021	12,897	24,270	53.14%^
	2022	15,260	27,492	55.51%

^ Performance was likely influenced by the COVID-19 public health emergency.

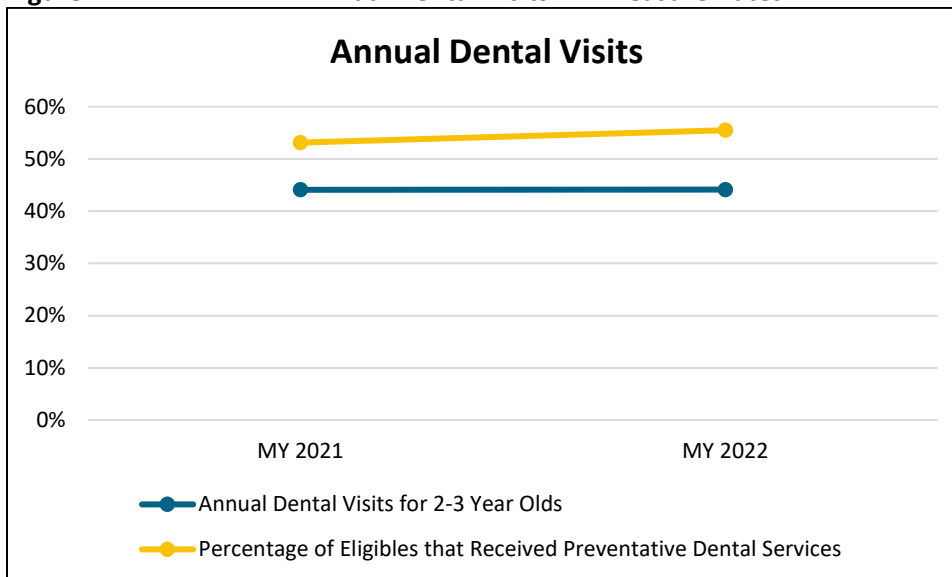Figure 12 illustrates Annual Dental Visits PIP measure baseline rates for MYs 2021-2022.

Figure 12. MHP ABHWV Annual Dental Visits PIP Measure Rates

MHP Care for Adolescents PIP

MHP ABHWV Interventions

ABHWV completed member, provider, and MCP interventions. Key interventions include:

- **No cost transportation.** The MCP promoted member no cost transportation services during member outreach, gap in care calls, case management calls, member newsletters, member website, and Member Handbook.
- **EPSDT mailers.** Members received an annual mailer approximately 42 days prior to their birthday reminding them to schedule their well-child visit.
- **Targeted outreach.** Members enrolled in case management received calls from case management staff, who encouraged well-child visits and offered assistance in scheduling appointments.
- **Member incentive.** Members 12-18 years of age received a $25 gift card for completing an annual well-child visit.
- **Provider incentive.** Providers were incentivized to complete well-child visits for members 12-17 years of age.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

MHP ABHWV PIP Measure Results

Table 31 displays the Care for Adolescents PIP measure results.

Table 31. MHP ABHWV Care for Adolescents PIP Measure Results

Performance Measure	Baseline Year°	Last Measurement Year	Improvement	Statistically Significant Improvement
Immunizations for Adolescents - Combination 2	MY 2022 32.12%	Not Applicable	Not Applicable	Not Applicable
Child and Adolescent Well-Care Visits – 12-17 Year Olds	MY 2021 58.81%^	MY 2022 57.78%	No	Ø
Child and Adolescent Well-Care Visits – 18-21 Year Olds	MY 2021 28.11%^	MY 2022 24.53%	No	Ø

° The Immunizations for Adolescents – Combination 2 measure has a different baseline year compared to the other measures. ABHWV previously reported this rate using administrative data, but changed to a hybrid methodology after experiencing challenges obtaining data from the state's immunization registry. The change in methodology required a new baseline assessment.
^Performance was likely influenced by the COVID-19 public health emergency.
Ø - There was no improvement. Statistically significant improvement cannot be assessed.

Table 32 includes Care for Adolescents PIP measure rates for MYs 2021-2022, as applicable.

Table 32. MHP ABHWV Care for Adolescents PIP Measure Rates

Performance Measure	MY	Numerator	Eligible Population or Denominator	Rate
Immunization for Adolescents – Combination 2	2022	132	411	32.12%
Child and Adolescent Well-Care Visits – 12-17 Year Olds	2021	4,324	7,353	58.81%^
	2022	4,848	8,390	57.78%
Child and Adolescent Well-Care Visits – 18-21 Year Olds	2021	783	2,785	28.11%^
	2022	999	4,072	24.53%

^Performance was likely influenced by the COVID-19 public health emergency.

Figure 13 illustrates Care for Adolescents PIP measure rates for MYs 2021-2022.

Figure 13. MHP ABHWV Care for Adolescents PIP Measure Rates
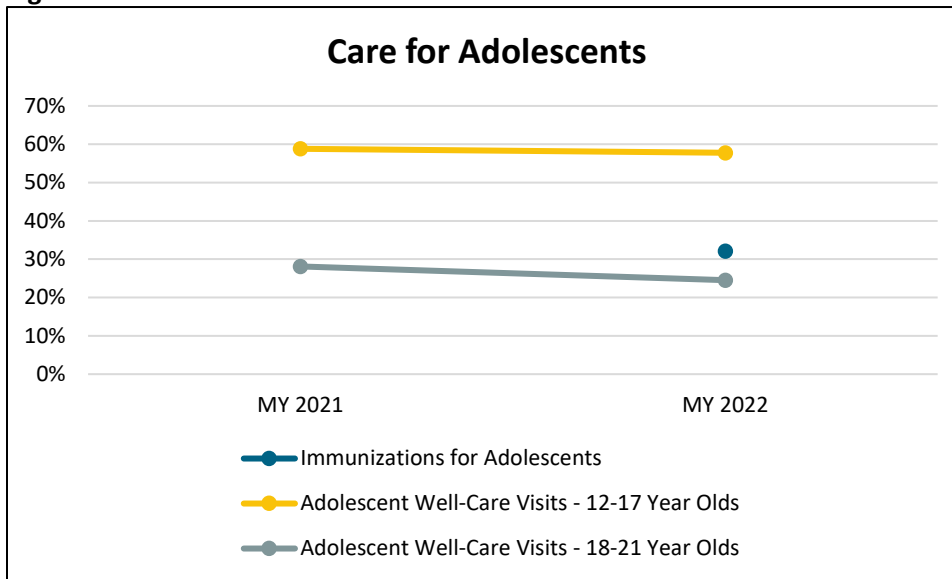
MHP Reducing Out-of-State Placement for Children in Foster Care PIP

MHP ABHWV Reducing Out-of-State Placement for Children in Foster Care PIP Interventions

ABHWV completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Country Road initiative.** Facilitated meetings and collaborated with providers to reduce length of stay in out-of-state placement, and bring youth home.
- **Increased provider capacity for children with severe emotional disorders.** Worked to build provider community capacity to offer intensive behavioral health services in the member's home to optimize the transition from placement to home. Expanded virtual provider capacity to support members affected by substance use disorders.
- **WV System of Care clinical review.** Coordinated efforts with WV System of Care to provide a comprehensive, objective, clinical review of designated youth. Out-of-state or at risk of going

out-of-state youth are reviewed to determine and reduce gaps in services, barriers to in-state services, and system issues.

- **Project Promise integrated case management.** A youth priority list is created and triaged based on placement needs. The list is evaluated weekly to prioritize members in foster care with placement needs.
- **Psychiatric residential treatment facility (PRTF) case management.** Provided weekly contact with PRTFs to maintain contact and provide case management services to ensure there are no gaps in care upon discharge. Case Managers review all members in this level of care and work with the PRTF, State, and guardians on transitions to reduce length of stay and minimize time spent in out-of-state facilities.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

MHP ABHWV Reducing Out-of-State Placement for Children in Foster Care PIP Measure Results

Table 33 displays ABHWV's Out-of-State Placement for Children in Foster Care PIP measure results and level of improvement.

Table 33. MHP ABHWV Reducing Out-of-State Placement for Children in Foster Care PIP Measure Results

Performance Measure	Baseline Year MY 2020	Last Measurement Year MY 2022	Improvement	Statistically Significant Improvement
Out-of-State Placement for Children in Foster Care *(lower rate is better)*	5.98%^	6.18%	No	Ø

^Performance was likely influenced by the COVID-19 public health emergency.
Ø - There was no improvement. Statistically significant improvement cannot be assessed.

Table 34 includes ABHWV's Reducing Out-of-State Placement for Children in Foster Care PIP measure rates for MYs 2020-2022.

Table 34. MHP ABHWV Reducing Out-of-State Placement for Children in Foster Care PIP Measure Annual Rates

Performance Measure	MY	Numerator	Eligible Population or Denominator	Rate
Reducing Out-of-State Placement for Children in Foster Care *(lower rate is better)*	2020	411	6,870	5.98%^
	2021	371	6,644	5.58%^
	2022	380	6,153	6.18%

Figure 14 illustrates ABHWV's Reducing Out-of-State Placement for Children in Foster Care PIP measure rates for MYs 2020-2022.

Figure 14. MHP ABHWV Reducing Out-of-State Placement for Children in Foster Care PIP Measure Annual Rate

Out-of-State Placements for Children in Foster Care
(lower rate is better)
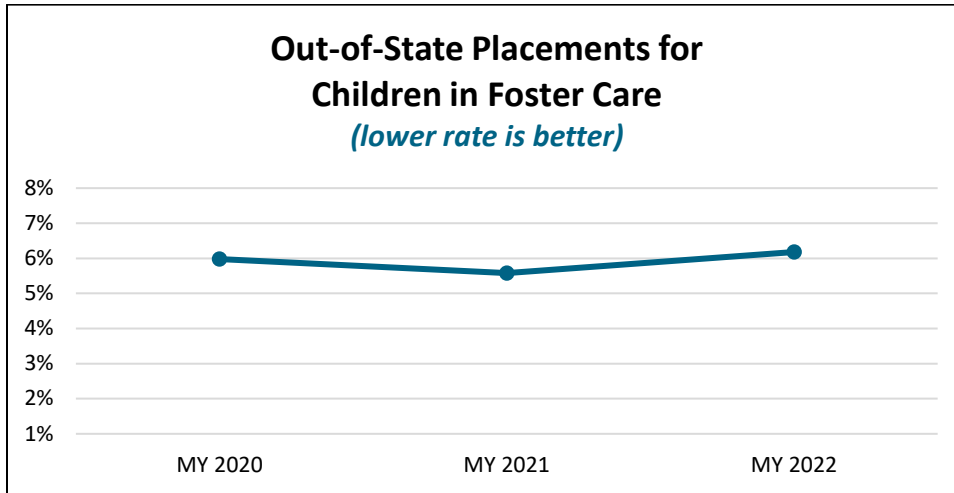
MHP PIP Validation Results

Table 35 reports results for each validation step for each 2023 MHP ABHWV PIP.

Table 35. MHP ABHWV PIP Validation Step Results

PIP Validation Step	Annual Dental Visits	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Topic	Met	Met	Met
Aim Statement	Met	Met	Met
Population	Met	Met	Met
Sampling Method	Not Applicable	Met	Not Applicable
Variables and Performance Measures	Met	Met	Met
Data Collection Procedures	Met	Met	Met
Data Analysis and Interpretation of Results	Met	Met	Met
Improvement Strategies	Met	Met	Met
Significant and Sustained Improvement	Met	Partially Met	Partially Met

Table 36 includes 2023 overall validation scores for each MHP PIP based on performance in Steps 1-9.

Table 36. MHP ABHWV Overall Validation Scores

2023 PIPs MY 2022	Annual Dental Visits	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Validation Score	100%	86%	81%
Confidence Level	High	Moderate	Moderate

Table 37 reports 2023 confidence levels for the MHP MCP adhering to an acceptable methodology and their level of significant improvement.

Table 37. MHP ABHWV Confidence in Methodology and Significant Improvement in PIPs

2023 PIPs (MY 2022)	Annual Dental Visits	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Overall confidence that the PIP adhered to acceptable methodology for all phases	High	High	High
Overall confidence that the PIP produced evidence of significant improvement	High	None	None

Conclusion

Summary conclusions drawn for the MHT and MHP State-mandated and MCP-selected PIPs are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 62-65 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

MHT Annual Dental Visits PIP

- The MHT MCPs reported their fifth Medicaid and first remeasurement rates for the Annual Dental Visits PIP.
- The MHT MCP Medicaid and CHIP weighted averages improved in both PIP measures when comparing MY 2022 rates to baseline performance.
- The MCPs received an average PIP validation score of 97%, indicating (overall) stakeholders can have high confidence the MCPs adhered to acceptable methodology for all phases of design, data collection, and analysis with results yielding improvement. Individual MCP validation results ranged from 95-100%.
- BMS elected to close the PIP after the MHT MCPs successfully demonstrated improvement; all MCPs achieved statistically significant improvement in at least one PIP measure.

MHT Follow-Up After Emergency Department Visit for Mental Illness PIP

- The MHT MCPs reported their baseline performance measure rates (Medicaid and CHIP combined) for the Follow-Up After Emergency Department Visit for Mental Illness PIP.
- All MHT MCPs completed a barrier analysis and identified member, provider, and MCP barriers to target with interventions.
- All MHT MCPs received a PIP validation score of 100% (high confidence).

MHT MCP-Selected PIPs

ABHWV Care for Adolescents PIP

- ABHWV reported separate Medicaid and CHIP remeasurement rates for the Care for Adolescents PIP measure, Child and Adolescent Well-Care Visits (12-17 and 18-21 Year Olds), and baseline performance for the Immunizations for Adolescents (Combination 2) measure.
- ABHWV demonstrated statistically significant improvement in the Medicaid and CHIP Adolescents Well-Care Visits 12-17 Year Olds measure.
- ABHWV's validation score was 100% (high confidence).

THP Promoting Health and Wellness in Children and Adolescents PIP

- THP reported separate Medicaid and CHIP remeasurement rates for the PIP measures: Child and Adolescent Well-Care Visits (Total) and Weight Assessment and Counseling for Nutrition - BMI Percentile Documentation and Counseling for Nutrition.
- THP achieved improvement in all Medicaid performance measures (totals) and both CHIP Weight Assessment and Counseling for Nutrition measures (BMI Percentile Documentation and Counseling for Nutrition).
- THP achieved statistically significant improvement in the Medicaid and CHIP measure, Weight Assessment and Counseling for Nutrition - BMI Percentile Documentation. The MCP achieved statistically significant improvement in the Medicaid measure, Child and Adolescent Well-Care Visits (Total).
- THP's validation score was 100% (high confidence).

UHP Immunizations for Adolescents PIP

- UHP reported separate Medicaid and CHIP remeasurement results for its Immunizations for Adolescents - Combination 2 and HPV measures.
- The MCP achieved improvement in the CHIP measures only; the improvement was not statistically significant.
- UHP's validation score was 90% (high confidence).

MHP ABHWV PIPs

Annual Dental Visits PIP

- MHP ABHWV reported remeasurement rates for its Annual Dental Visits PIP measures.
- The MCP achieved improvement in both PIP measures; the improvement in the Percentage of Eligibles that Received Preventative Dental Services measure was statistically significant.
- MHP ABHWV's validation score was 100% (high confidence).

Care for Adolescents PIP

- MHP ABHWV reported remeasurement rates for the Care for Adolescents PIP measure, Child and Adolescent Well-Care Visits (12-17 and 18-21 Year Olds), and baseline performance for the Immunizations for Adolescents (Combination 2) measure.

- The MCP did not improve performance in the Child and Adolescent Well-Care Visits measure (12-17 and 18-21 Year Olds).
- MHP ABHWV's validation score was 86% (moderate confidence).

Reducing Out-of-State Placement for Children in Foster Care PIP

- MHP ABHWV reported its second remeasurement results for its Reducing Out-of-State Placement for Children in Foster Care measure. There was no improvement in the measure.
- MHP ABHWV's validation score was 81% (moderate confidence).

Performance Measure Validation

Objective

The State uses performance measures to monitor the performance of individual MCPs at a point in time, track performance over time, and compare performance among MCPs. BMS and WVCHIP require MCPs to calculate and report measures as part of their quality assessment and performance improvement program in accordance with 42 CFR §438.330(c). The PMV activity evaluates the accuracy and reliability of measures produced and reported by the MCP and determines the extent to which the MCP followed specifications for calculating and reporting the measures. Accuracy and reliability of the reported rates are essential to ascertaining whether the MCP's quality improvement efforts resulted in improved health outcomes. Further, the validation process allows BMS and WVCHIP to have confidence in MCP measure results.

Methodology

Qlarant validated state-selected performance measures during the 2023 PMV activity. Designated HEDIS, CAHPS, and CMS Core Set measures were used to calculate MY 2022 MHT and MHP performance.

Description of Data Obtained. Information from several sources was used to satisfy validation requirements. These sources included, but were not limited to, the following documents and information provided by the MCP:

- Information Systems Capabilities Assessment
- HEDIS Record of Administration, Data Management and Processes (Roadmap)
- HEDIS Final Audit Report, if available
- Other documentation (e.g. specifications, data dictionaries, program source code, data queries, policies, and procedures)
- Demonstrations during the site visit
- Interviews with MCP staff
- Information submitted as part of the follow-up items requested after the site visit

Technical Methods of Data Collection and Analysis. Qlarant completed validation activities in a manner consistent with the *CMS EQR Protocol 2 – Validation of Performance Measures.*[14]

The validation process was interactive and concurrent to the MCP calculating the measures. Validation activities occurred before, during, and after a site visit to the MCP and included two principle components:

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

Essential PMV activities included:

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

Qlarant conducted site visit MCP PMV review activities in March 2023 and concluded all post-site visit review activities in June 2023 when MCPs reported final measure rates. After Qlarant approved each MCP's final rates, Qlarant reported findings for the following audit elements including: documentation (data integration and control and calculation process), denominator, numerator, sampling (if applicable), and reporting. Audit element descriptions are provided below.

Documentation. Assessment of data integration and control procedures determine whether the MCP had appropriate processes and documentation in place to extract, link, and manipulate data for accurate and reliable measure rate construction. Evaluation includes reviewing and assessing documentation of measurement procedures and programming specifications including data sources, programming logic, and computer source codes.

Denominator. Validation of measure denominator calculations assesses the extent to which the MCP used appropriate and complete data to identify the entire population and the degree to which the MCP followed measures specifications for calculating the denominator.

Numerator. Validation of the numerator determines if the MCP correctly identified and evaluated all qualifying medical events for appropriate inclusion or exclusion in the numerator for each measure and if the MCP followed measure specifications for calculation of the numerator.

Sampling. Evaluation of sample size and replacement methodology specifications confirms the sample was not biased, if applicable.

Reporting. Validation of measure reporting confirms if the MCP followed BMS and WVCHIP specifications.

Qlarant calculated a validation rating for the MCP based on audit element findings. The rating provides a level of confidence in the MCP's reported PM results. Table 38 includes validation ratings.

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[14] CMS EQR Protocols

Table 38. Validation Ratings

Score	Level of Confidence
95% - 100%	**High confidence** in MCP results
80% - 94%	**Moderate confidence** in MCP results
75% - 79%	**Low confidence** in MCP results
≤74%	**No confidence** in MCP results

Results

MHT Performance Measure Validation Results

All MHT MCPs had appropriate systems in place to process accurate claims and encounters. Table 39 includes 2023 MHT PMV results based on the MCP calculation of MY 2022 measure rates. Compliance with each PMV element is reported by MCP and MHT MCP average.

Table 39. MHT MCP PMV Results

PMV Element	ABHWV	THP	UHP	MHT MCP Average
Data Integration and Control	100%	100%	100%	100%
Data and Process Used to Produce Measures	100%	100%	100%	100%
Denominator	100%	100%	100%	100%
Numerator	100%	100%	100%	100%
Sampling	100%	100%	100%	100%
Reporting	100%	100%	100%	100%
Overall Rating	100%	100%	100%	100%
Reporting Designation	R	R	R	R**
Confidence Level	High	High	High	High

R – Reportable; measures were compliant with BMS and WVCHIP specifications.
** All MCPs received a reportable designation.

Table 40 displays the MHT MCP MY 2022 Medicaid performance measure rates. The table reports each measure's data collection methodology for informational purposes and compares each MHT MCP's performance measure rate to the MHT MCP Medicaid average. **Green** represents MCP performance equal to or above the MHT Medicaid average, while **red** represents MCP performance below the MHT Medicaid average.

Table 40. MHT MCP Medicaid Performance Measure Rates for MY 2022

Medicaid	Collection Method	ABHWV	THP	UHP	MHT AVG
(ADV) Annual Dental Visit (2-3 Years)^	A	41.4%	32.8%	37.3%	37.5%
(BCS) Breast Cancer Screening*	A	45.3%	45.9%	47.0%	46.1%
(EED) Eye Exam for Patients with Diabetes*	H	35.3%	46.5%	35.3%	38.5%
(FUA) Follow-Up After Emergency Department Visit for Substance Use – 30-Day Follow-Up (13-17)	A	24.0%$^{D <30}$	27.8%$^{D <30}$	34.5%$^{D <30}$	29.2%+
(FUA) Follow-Up After Emergency Department Visit for Substance Use – 30-Day Follow-Up (18+)	A	57.5%	60.0%	59.1%	58.9%
(FUA) Follow-Up After Emergency Department Visit for Substance Use – 30-Day Follow-Up (Total)*	A	57.0%	59.7%	58.8%	58.5%
(FUM) Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-Up (6-17 Years)	A	74.5%	63.2%	66.8%	68.1%
(FUM) Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-Up (18-64 Years)	A	44.8%	44.7%	45.2%	44.9%
(FUM) Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-Up (Total)^	A	52.1%	48.8%	52.3%	51.3%
(IMA) Immunizations for Adolescents - Combination 2*	H	24.8%^^	24.1%	24.6%^^	24.5%
(IMA) Immunizations for Adolescents – HPV	H	25.5%	24.6%	25.1%^^	25.1%
(PDENT) Percentage of Eligibles Who Received Preventive Dental Services^	A	48.9%	43.9%	47.5%	47.1%
(W30) Well-Child Visits in the First 30 Months of Life (0-15 Months)*	A	57.3%	59.0%	42.9%	51.3%
(W30) Well-Child Visits in the First 30 Months of Life (15-30 Months)*	A	74.2%	68.2%	70.9%	71.3%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	H	84.4%	84.7%^^	88.1%	86.1%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	H	71.0%	73.2%^^	66.2%	69.3%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	H	70.3%	67.9%	66.4%	68.0%
(WCV) Child and Adolescent Well-Care Visits (3-11 Years)	A	62.1%	55.5%^^	57.6%	58.6%

Qlarant

Medicaid	Collection Method	ABHWV	THP	UHP	MHT AVG
(WCV) Child and Adolescent Well-Care Visits (12-17 Years)	A	53.2%^^	44.4%^^	46.1%	47.9%
(WCV) Child and Adolescent Well-Care Visits (18-21 Years)	A	25.1%^^	21.8%^^	21.9%	22.8%
(WCV) Child and Adolescent Well-Care Visits (Total)*	A	53.4%	46.1%^^	47.4%	49.0%

The MCP's data collection is identified as administrative (A) or hybrid (H). Administrative data collection: rates are calculated using claims and other supplemental data. Hybrid data collection: rates are calculated using administrative and medical record data. The data collection methodology is specified as "H" when one or more MCPs use this methodology.
^ State mandated PIP measure
^^ MCP selected PIP measure
* Measure is under consideration for the State's Withhold Arrangement
D <30 Small denominator (<30); caution should be used when interpreting rates based on small denominators
+ Small denominator (<30) for one or more MCPs used to calculate weighted average; caution should be used when interpreting rates based on small denominators

Table 41 displays the MHT MCP MY 2022 CHIP performance measure rates. The table reports each measure's data collection methodology for informational purposes and compares each MHT MCP's performance measure rate to the MHT MCP CHIP average. **Green** represents MCP performance equal to or above the MHT CHIP average, while **red** represents MCP performance below the MHT CHIP average.

Table 41. MHT MCP CHIP Performance Measure Rates for MY 2022

CHIP	Collection Method	ABHWV	THP	UHP	MHT AVG
(ADV) Annual Dental Visit (2-3 Years)^	A	39.3%	36.4%	42.7%	40.1%
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up (13-17)	A	0.0%$^{D <30}$	100%$^{D <30}$	50.0%$^{D <30}$	40.0%+
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (6-17 Years)	A	53.8%$^{D <30}$	71.4%$^{D <30}$	57.1%$^{D <30}$	60.4%+
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (Total)^	A	57.1%$^{D <30}$	71.4%$^{D <30}$	59.1%$^{D <30}$	62.0%+
(IMA) Immunizations for Adolescents - Combination 2	H	28.6%^^	27.6%	26.5%^^	27.4%
(IMA) Immunizations for Adolescents – HPV	A	29.6%	29.0%	27.2%^^	28.5%
(PDENT) Percentage of Eligibles Who Received Preventive Dental Services^	A	55.2%	54.9%	59.3%	56.8%
(W30) Well-Child Visits in the First 30 Months of Life (0-15 Months)	A	43.2%	52.0%$^{D <30}$	29.8%	38.7%+
(W30) Well-Child Visits in the First 30 Months of Life (15-30 Months)	A	72.5%	85.3%	77.7%	78.3%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	A	84.7%	88.1%^^	87.8%	86.9%

CHIP	Collection Method	ABHWV	THP	UHP	MHT AVG
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	A	74.0%	77.6%^^	77.1%	76.3%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	A	75.9%	74.2%	73.0%	74.2%
(WCV) Child and Adolescent Well-Care Visits (3-11 Years)	A	58.7%	59.7%^^	62.4%	60.5%
(WCV) Child and Adolescent Well-Care Visits (12-17 Years)	A	54.7%^^	52.5%^^	53.4%	53.6%
(WCV) Child and Adolescent Well-Care Visits (18-21 Years)	A	41.4%^^	35.0%^^	39.7%	39.0%
(WCV) Child and Adolescent Well-Care Visits (Total)	A	55.6%	54.6%^^	56.8%	55.8%

The MCP's data collection is identified as administrative (A) or hybrid (H). Administrative data collection: rates are calculated using claims and other supplemental data. Hybrid data collection: rates are calculated using administrative and medical record data. The data collection methodology is specified as "H" when one or more MCPs use this methodology.

^ State mandated PIP measure

^^ MCP selected PIP measure

D <30 Small denominator (<30); caution should be used when interpreting rates based on small denominators

+ Small denominator (<30) for one or more MCPs used to calculate weighted average; caution should be used when interpreting rates based on small denominators

MHP Performance Measure Validation Results

Similar to the MHT PMV, ABHWV had appropriate systems in place to process accurate claims and encounters for the MHP program. Table 42 includes 2023 MHP PMV results based on the MCP calculation of MY 2022 measure rates. Compliance with each PMV element is reported.

Table 42. MHP ABHWV PMV Results

PMV Element	ABHWV
Data Integration and Control	100%
Data and Process Used to Produce Measures	100%
Denominator	100%
Numerator	100%
Sampling	100%
Reporting	100%
Overall Rating	100%
Reporting Designation	R
Confidence Level	High

R – Reportable; measures were compliant with BMS specifications

Table 43 displays the MHP MCP MY 2022 performance measure rates and data collection methodology.

Table 43. MHP ABHWV Performance Measure Rates for MY 2022

MHP	Collection Method	ABHWV
(ADV) Annual Dental Visit (2-3 Years)^	A	44.1%
(FUA) Follow-Up After Emergency Department Visit for Substance Use – 30-Day Follow-Up (13-17)	A	63.2%
(FUA) Follow-Up After Emergency Department Visit for Substance Use – 30-Day Follow-Up (Total)	A	56.0%
(FUM) Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-Up (6-17 Years)	A	76.7%
(FUM) Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-Up (Total)	A	73.1%
(IMA) Immunizations for Adolescents - Combination 2^	A	32.1%
(IMA) Immunizations for Adolescents – HPV	H	32.8%
(PDENT) Percentage of Eligibles Who Received Preventive Dental Services^	A	55.5%
(W30) Well-Child Visits in the First 30 Months of Life (0-15 Months)	A	60.8%
(W30) Well-Child Visits in the First 30 Months of Life (15-30 Months)	A	78.2%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	H	83.0%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	H	74.2%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	H	73.0%
(WCV) Child and Adolescent Well-Care Visits (3-11 Years)	A	65.7%
(WCV) Child and Adolescent Well-Care Visits (12-17 Years)^	A	57.8%
(WCV) Child and Adolescent Well-Care Visits (18-21 Years)^	A	24.5%
(WCV) Child and Adolescent Well-Care Visits (Total)	A	55.9%
Out-of-State Placements in Foster Care^^ (lower rate is better)	A	6.2%

The MCP's data collection is identified as administrative (A) or hybrid (H). Administrative data collection: rates are calculated using claims and other supplemental data. Hybrid data collection: rates are calculated using administrative and medical record data.
^ State mandated PIP measure
^^ MCP selected PIP measure

Conclusion

Aggregate summary conclusions for the PMV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 62-65 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- All MHT and MHP MCPs had information systems capable of capturing and processing data required for reporting.
- All MCPs received overall PMV ratings of 100%, providing high confidence in MCP measure calculations and reporting.
- An analysis of MHT MCP Medicaid PMV measures compared to MHT averages revealed:
    - ABHWV performed equal to or above the MHT Medicaid average in 14 of 21 measures
    - THP performed equal to or above the MHT Medicaid average in 5 of 21 measures
    - UHP performed equal to or above the MHT Medicaid average in 10 of 21 measures
- An analysis of MHT MCP CHIP PMV measures compared to MHT averages revealed:

- o   ABHWV performed equal to or above the MHT CHIP average in 6 of 16 measures
- o   THP performed equal to or above the MHT CHIP average in 10 of 16 measures
- o   UHP performed equal to or above the MHT CHIP average in 8 of 16 measures

Systems Performance Review

Objective

SPRs, also referred to as compliance reviews in the CFR, assess MCP compliance with structural and operational standards, which may impact the quality, timeliness, or accessibility of health care services provided to managed care members. The comprehensive review determines compliance with federal and state managed care program requirements. The SPR provides BMS and WVCHIP an independent assessment of MCP capabilities, which can be used to promote accountability and improve quality-related processes and monitoring.

Methodology

Qlarant conducts a comprehensive review of applicable managed care standards, within a three-year period, in compliance with 42 CFR §438.358(b)(iii). Qlarant reviews the following 42 CFR §438 standards:

- Subpart A §438.10: Information Requirements
- Subpart B §438.56: Disenrollment Requirements and Limitations
- Subpart C §438.100 - §438.114: Enrollee Rights and Protections
- Subpart D §438.206 - §438.242: [Managed Care Organization] MCO Standards
- Subpart E §438.330: Quality Assessment and Performance Improvement Program
- Subpart F §438.402 - §438.424: Grievance and Appeal System
- Subpart H §438.608: Program Integrity Requirements Under the Contract

Table 44 identifies the three-year review schedule Qlarant follows for the SPR.

Table 44. Three-Year SPR Schedule

Standard	Year 1	Year 2	Year 3*
§438.10 Information Requirements			✓
§438.56 Disenrollment Requirements and Limitations			✓
§438.100 - §438.114 Enrollee Rights and Protections			✓
§438.206 - §438.242 MCO Standards	✓		
§438.330 Quality Assessment and Performance Improvement Program		✓	
§438.402 - §438.424 Grievance and Appeal System		✓	
§438.608 Program Integrity Requirements Under the Contract	✓		

*Year 3 standards were evaluated in 2023 for MY 2022 compliance.

Description of Data Obtained. MCPs provided documentation to support MY 2022 compliance with Information Requirements, Disenrollment Requirements and Limitations, and Enrollee Rights and Protections standards (Year 3 standards), in January 2023. Supporting data was obtained during all three phases of review: pre-site visit, site visit, and post-site visit. Qlarant review activities occurred before, during, and after a site visit to the MCP in March 2023. Pre-site visit activities included evaluating policies, reports, meeting minutes, and other supporting documents submitted by the MCP. Site visit

activities focused on MCP staff interviews, process demonstrations, and record reviews, as applicable. Post-site visit activities included an opportunity for the MCP to respond to preliminary findings and provide additional evidence of compliance, if available.

Technical Methods of Data Collection and Analysis. The 2023 SPR, which evaluated MY 2022 compliance, was conducted in a manner consistent with *CMS EQR Protocol 3 – Review of Compliance with Medicaid and CHIP Managed Care Regulations.*[15] Qlarant conducted an interactive review with the MCP, and reviewed and scored all applicable elements and components of each standard requiring evaluation. Qlarant evaluated MCP compliance for each element and/or component as met, partially met, not met, or not applicable:

- **Met.** Demonstrates full compliance. 1 point. Documentation and data sources provide evidence of compliance and MCP staff are able to describe processes consistent with documentation provided, if applicable.
- **Partially Met.** Demonstrates at least some, but not full, compliance. 0.5 point. Documentation is present, but staff are unable to articulate processes or show evidence of implementation during interviews; or staff are able to describe and verify the existence of processes, but documentation is incomplete or inconsistent with practice.
- **Not Met.** Does not demonstrate compliance on any level. 0 points. Documentation and data sources are not present or do not provide evidence of compliance, and staff are unable to describe and/or verify the existence of processes required to demonstrate compliance.
- **Not Applicable.** Requirement does not apply and is not scored.

Aggregate points earned are reported by standard and receive a compliance score based on the percentage of points earned. All assessments are weighted equally, which allows standards with more elements and components to have more influence on a final score. Finally, an overall SPR compliance rating is calculated. Based on this overall score, a level of confidence in the MCP's SPR results is determined. Table 45 includes compliance ratings.

Table 45. Compliance Ratings

Score	Level of Confidence
95% - 100%	**High confidence** in MCP compliance
80% - 94%	**Moderate confidence** in MCP compliance
75% - 79%	**Low confidence** in MCP compliance
<74%	**No confidence** in MCP compliance

Results

MHT Systems Performance Review Results

Table 46 displays 2023 (MY 2022) MHT MCP SPR results by standard and identifies an overall weighted score. A level of confidence in each MCP's compliance is assigned based on their overall weighted score. The table also includes MCP averages.

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[15] CMS EQR Protocols

Table 46. 2023 MHT MCP SPR Results (MY 2022 Compliance)

Standard	ABHWV	THP	UHP	MHT MCP AVG
§438.10 Information Requirements	100.00%	98.21%	100.00%	99.40%
§438.56 Disenrollment Requirements and Limitations	100.00%	100.00%	100.00%	100.00%
§438.100 - §438.114 Enrollee Rights and Protections	100.00%	100.00%	100.00%	100.00%
Overall Weighted Score	100.00%	99.04%	100.00%	99.68%
Confidence Level	High	High	High	High

Figure 15 illustrates 2023 MHT MCP SPR scores including the MHT MCP weighted average of 99.68%.

Figure 15. 2023 MHT MCP SPR Overall Compliance Scores (MY 2022)
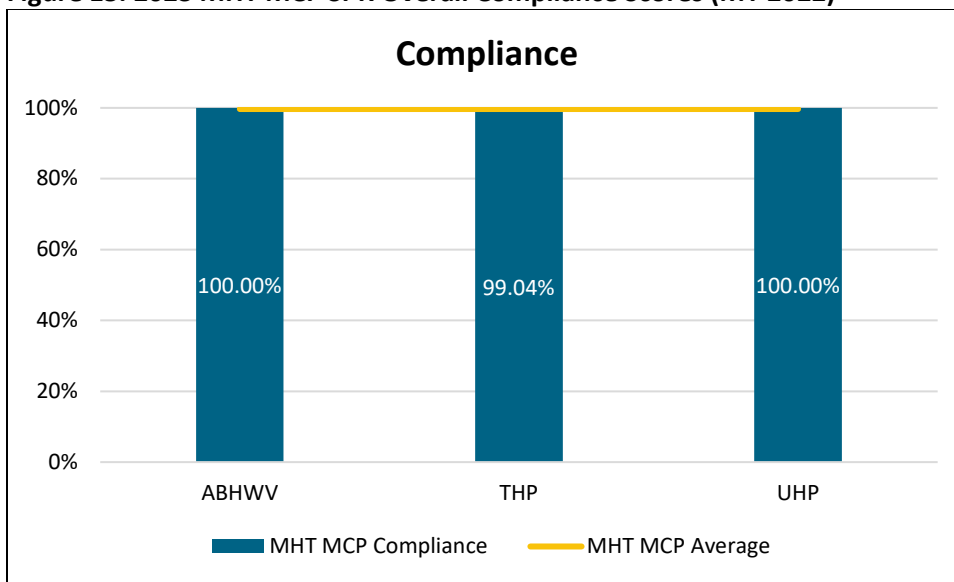
ABHWV and UHP scored 100% compliance in the 2023 SPR. THP had an overall score of 99.04%. In response to these results, only THP was required to develop a corrective action plan (CAP) for the element/component not meeting full compliance. THP was required to develop one CAP for the Enrollee Rights Standard. Figure 16 identifies the single CAP required by THP.

Figure 16. 2023 MHT MCP SPR Elements/Components by Standard Requiring CAPs

SPR Elements/Components Requiring CAPs*

THP — 1 (Information Requirements)
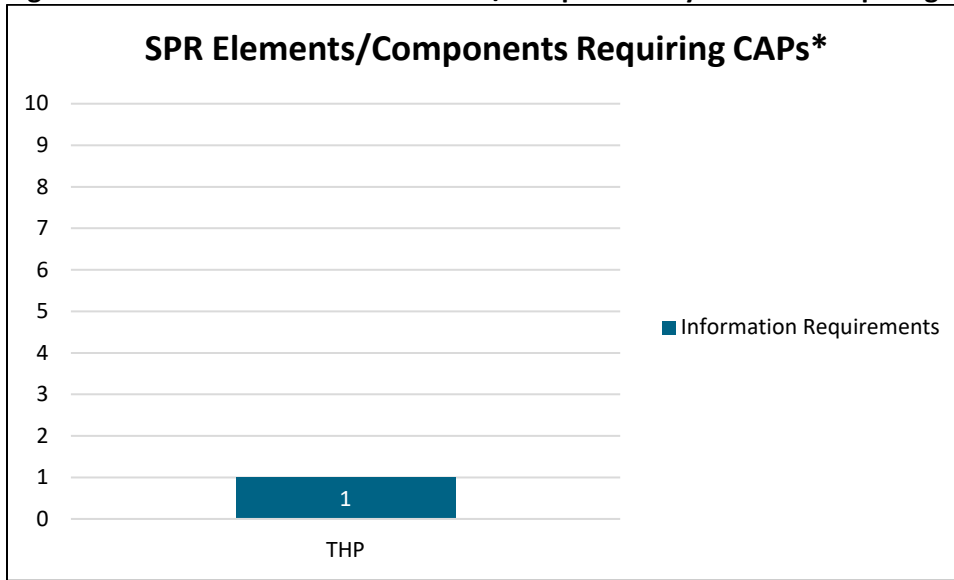
*The count identified in this table reflects the total number of noncompliant elements/components from the 2023 SPR. THP corrected its deficiency before the formal CAP process was initiated. For purposes of reporting, this element/component was still counted as requiring a CAP due to not meeting requirements in the 2023 SPR.

THP developed and completed its CAP, as required. Qlarant and BMS approved the CAP and Qlarant monitored it quarterly until the CAP was closed, as applicable. Figure 17 illustrates THP's CAP was closed or resolved during 2023.

Figure 17. 2023 MHT MCP SPR CAP Status

MHT MCP SPR CAP Status

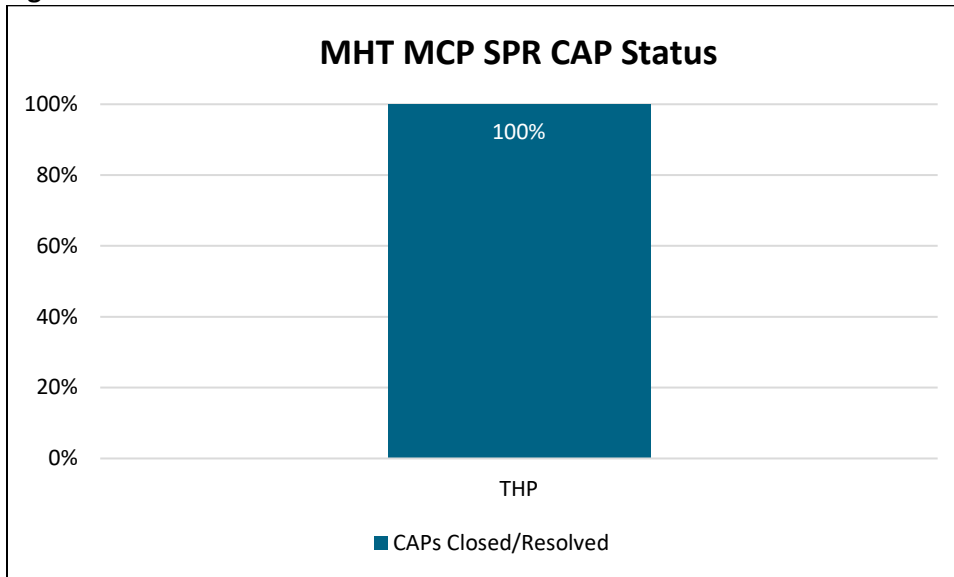THP — 100% (CAPs Closed/Resolved)

Table 47 includes MHT MCP SPR results of all standards within the last three-year review period.

Table 47. MHT MCP SPR Results of All Standards Within the Last Three Years

Standard	Year Reviewed	ABHWV	THP	UHP	MHT MCP AVG
§438.10 Information Requirements	2023 (MY 2022)	100.00%	98.21%	100.00%	99.40%
§438.56 Disenrollment Requirements and Limitations	2023 (MY 2022)	100.00%	100.00%	100.00%	100.00%
§438.100 - §438.114 Enrollee Rights and Protections+	2023 (MY 2022)	100.00%	100.00%	100.00%	100.00%
§438.206 - §438.242 MCO Standards (see Table 48 for additional detail)	2021 (MY 2020)	100.00%	98.53%	95.52%	98.01%
§438.330 Quality Assessment and Performance Improvement Program	2022 (MY 2021)	100.00%	100.00%	100.00%	100.00%
§438.402 - §438.424 Grievance and Appeal System	2022 (MY 2021)	100.00%	98.25%	90.35%	96.20%
§438.608 Program Integrity Requirements Under the Contract	2021 (MY 2020)	100.00%	100.00%	100.00%	100.00%

+The Enrollee Rights and Protections Standard includes Enrollee Rights Requirements (438.100) and Emergency and Post-Stabilization Services (438.114).

Table 48 details MHT MCP results of the MCO Standards (§438.206 - §438.242) from the 2021 SPR (MY 2020). Performance for each area of review is reported as met, partially met, or not met.

- **Met.** All elements and components for the standard were fully met.
- **Partially Met.** Some, but not all, elements and components for the standard were met.
- **Not Met.** None of the elements and components for the standard were met.

Table 48. §438.206 - §438.242 MCO Standards – 2021 MHT MCP SPR Results (MY 2020 Compliance)

MCO Standards	ABHWV	THP	UHP
438.206 Availability of Services	Met	Partially Met	Partially Met
438.207 Assurances of Adequate Capacity and Services	Met	Met	Partially Met
438.208 Coordination and Continuity of Care	Met	Met	Partially Met
438.210 Coverage and Authorization of Services	Met	Met	Met
438.214 Provider Selection	Met	Met	Met
438.224 Confidentiality	Met	Met	Met
438.228 Grievance and Appeal Systems	Standard reviewed separately in 2022*		
438.230 Subcontractual Relationships and Delegation	Met	Met	Met
438.236 Practice Guidelines	Met	Met	Met
438.242 Health Information Systems+	Met	Met	Met

* See Table 47 for MHT MCP Grievance and Appeal System Standard results.
+ MCP Health Information Systems were evaluated as part of the PMV activity.

MHP Systems Performance Review Results

The 2023 SPR was the third annual review conducted for the MHP program. Table 49 displays 2023 (MY 2022) MHP ABHWV SPR results by standard and identifies an overall weighted score. A level of confidence is assigned based on ABHWV's overall weighted score.

Table 49. 2023 MHP ABHWV SPR Results (MY 2022 Compliance)

Standard	MHP ABHWV
§438.10 Information Requirements	100.00%
§438.56 Disenrollment Requirements and Limitations	100.00%
§438.100 - §438.114 Enrollee Rights and Protections	100.00%
Overall Weighted Score	100.00%
Confidence Level	High

Figure 18 illustrates the 2023 (MY 2022) MHP ABHWV SPR overall weighted score of 100%.

Figure 18. 2023 MHP ABHWV SPR Overall Compliance Score (MY 2022)
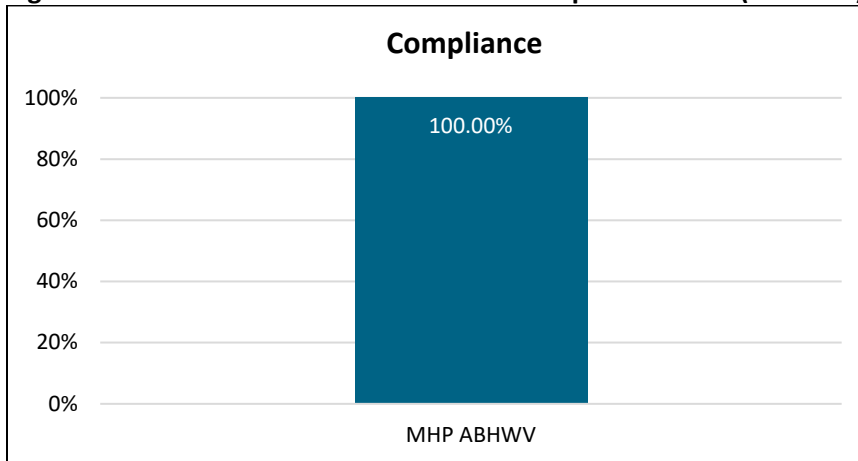
ABHWV achieved 100% compliance; therefore, CAPs were not required.

Table 50 includes MHP ABHWV SPR results of the standards within the last three-year review period.

Table 50. MHP ABHWV SPR Results of All Standards

Standard	Year Reviewed	MHP ABHWV
§438.10 Information Requirements	2023 (MY 2022)	100.00%
§438.56 Disenrollment Requirements and Limitations	2023 (MY 2022)	100.00%
§438.100 - §438.114 Enrollee Rights and Protections+	2023 (MY 2022)	100.00%
§438.206 - §438.242 MCO Standards (see Table 51 for additional detail)	2021 (MY 2020)	100.00%
§438.330 Quality Assessment and Performance Improvement Program	2022 (MY 2021)	100.00%
§438.402 - §438.424 Grievance and Appeal System	2022 (MY 2021)	100.00%
§438.608 Program Integrity Requirements Under the Contract	2021 (MY 2020)	100.00%

+The Enrollee Rights and Protections Standard includes Enrollee Rights Requirements (438.100) and Emergency and Post-Stabilization Services (438.114).

Table 51 details the results of the MCO Standards (§438.206 - §438.242) from the 2021 SPR (MY 2020). Performance for each area of review is reported as met, partially met, or not met.

Table 51. §438.206 - §438.242 MCO Standards – 2021 MHP ABHWV SPR Results (MY 2020 Compliance)

MCO Standards	ABHWV
438.206 Availability of Services	Met
438.207 Assurances of Adequate Capacity and Services	Met
438.208 Coordination and Continuity of Care	Met
438.210 Coverage and Authorization of Services	Met
438.214 Provider Selection	Met
438.224 Confidentiality	Met
438.228 Grievance and Appeal Systems	Standard reviewed separately in 2022*
438.230 Subcontractual Relationships and Delegation	Met
438.236 Practice Guidelines	Met
438.242 Health Information Systems+	Met

* See Table 50 for MHP ABHWV MCP Grievance and Appeal System Standard results.
+ MCP Health Information Systems were evaluated as part of the PMV activity.

Conclusion

Summary conclusions for the SPR activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 62-65 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- The MHT MCPs received overall weighted scores ranging from 99.04-100.00% for the 2023 SPR, which evaluated MY 2022 compliance with the Information Requirements, Disenrollment Requirements and Limitations, and Enrollee Rights and Protections standards. The MHT MCP average was 99.68%. Overall, stakeholders can have high confidence in the MHT MCPs' level of compliance.
- THP effectively developed and completed a CAP based on 2023 SPR findings. The CAP is detailed in the MCP Quality, Access, Timeliness Assessment section.
- The third annual SPR was conducted for the MHP MCP, ABHWV. The MCP achieved 100.00% compliance in the standards reviewed, yielding high confidence in its level of compliance.

Network Adequacy Validation – 24/7 Access Survey

Objective

NAV evaluates whether MCPs are maintaining adequate provider networks and meeting availability service requirements. The Code of Federal Regulations, 42 CFR §438.206 - Availability of Services, requires MCPs to make services included in their contracts available 24 hours a day, 7 days a week (24/7), when medically necessary. If providers are not readily available after regular business hours, they should have a process in place to direct members to care. NAV results provide BMS, WVCHIP, and other stakeholders with a level of confidence in provider compliance with the 24/7 requirement including directing members to care during nonbusiness hours.

Methodology

Qlarant conducted quarterly telephone surveys to complete the NAV activity, which evaluated MY 2023 compliance.

Description of Data Obtained. MCPs submitted their most up-to-date provider directories, in an electronic file, to Qlarant on a quarterly basis. MCPs submitted provider name, specialty, practice name, address, phone number, and other requested demographic information.

Technical Methods of Data Collection and Analysis. During quarters 1-3 2023, Qlarant completed validation activities by randomly selecting and surveying a sample of providers from each MCP's provider directory. For the MHT program, Qlarant surveyed a combination of PCPs providing services to all members and PCPs providing services to children. For the MHP program, Qlarant surveyed a combination of PCPs and behavioral health providers serving children. Qlarant surveyors called each provider office during nonbusiness hours to determine provider compliance with the access standard. Information collected during telephone surveys evaluated the accessibility of each MCP's provider network and instructions given to members after the provider offices closed for the day.

Compliance is assessed as meeting one of the following criteria. Calls are answered by a(n):

- Live person employed by the practice who provided guidance to the caller seeking care
- Answering service (live person provided guidance to the caller seeking care)
- On-call provider who provided guidance to the caller seeking care
- Recorded or automated message that provided instruction to go to the nearest emergency room or call 911 for an emergency situation, call a nurse line, or similar instruction on how to obtain care

Each quarter, Qlarant provided the MCP with their results, including a list of providers that (1) were not successfully contacted or (2) were successfully contacted, but failed to demonstrate compliance. Qlarant recommended the MCP follow up with each provider and remedy any issue that prevented successful contact or compliance with directing members to care during nonbusiness hours. During quarter 4 2023, Qlarant resurveyed these providers using contact information included in the MCP's most current provider directory.

Results

MHT Network Adequacy Validation Results

Table 52 includes the total percentage of 2023 provider surveys resulting in successful contact for each MHT MCP. Surveys were deemed successful if contact was made with a live person, answering service, on-call provider, or recorded/automated message that identified the provider or practice. MCP successful contact performance ranged from 75.0-88.3% for MY 2023.

Table 52. Successful Contact Per MHT MCP for MY 2023

MY 2023 NAV	ABHWV	THP	UHP	MHT MCP AVG
Successful Contact	75.0%	88.3%	85.0%	82.8%

Figure 19 illustrates the percentage of provider surveys that resulted in successful contact for MY 2023. MHT MCP results are compared to the MHT MCP average, 82.8%.

Figure 19. Successful Contact Per MHT MCP for MY 2023

Figure 20. MHT MCP Reasons for Unsuccessful Contact
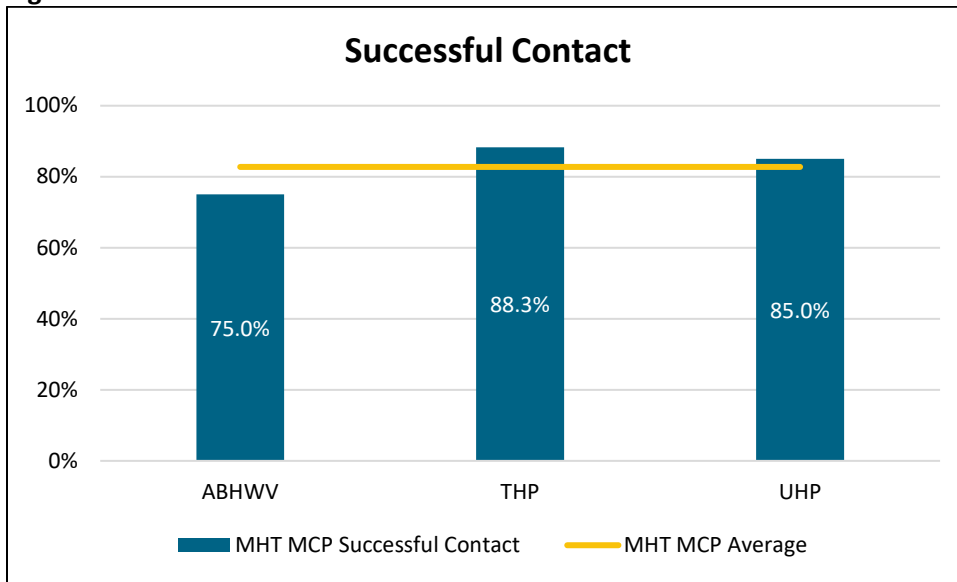
Figure 20 displays reasons, in aggregate, for unsuccessful contact.
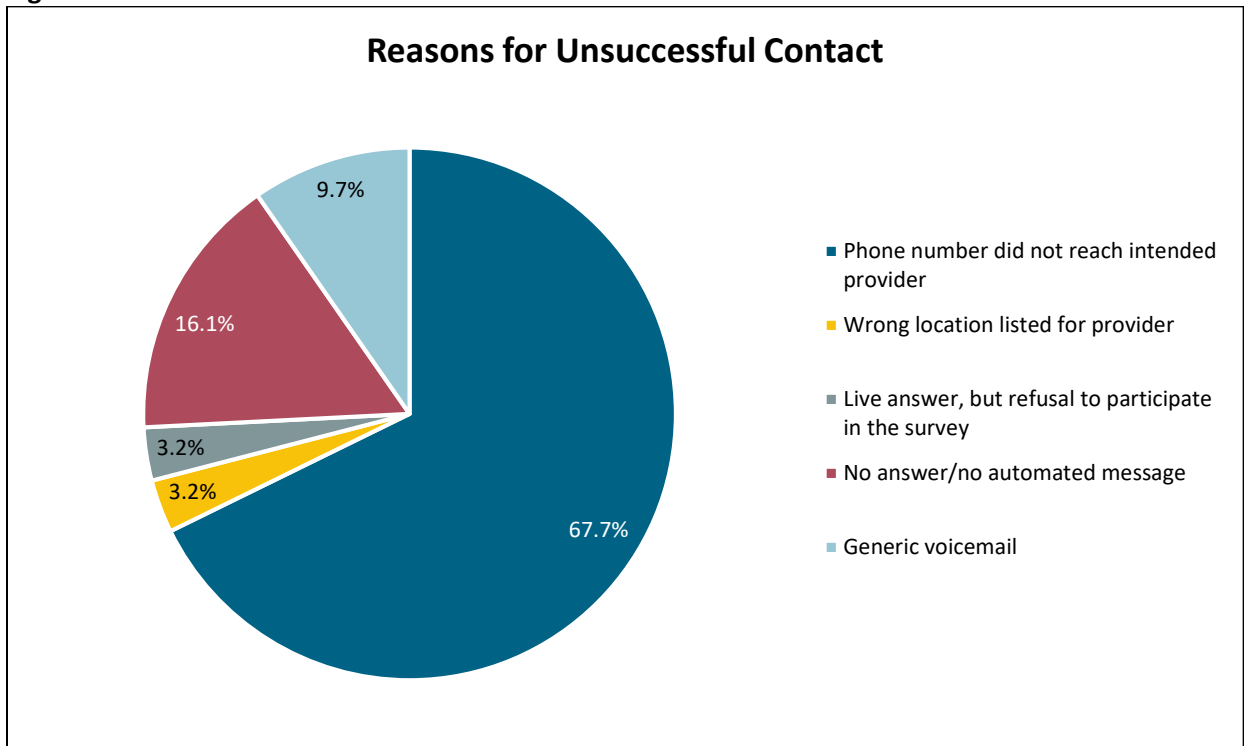
Most unsuccessful surveys were due to the phone number not reaching the intended provider (67.7%). This was followed by no answer/no automated message (16.1%); generic voicemail (9.7%); live answer, but refusal to participate (3.2%); and wrong location listed for provider (3.2%).

For each successful contact, Qlarant evaluated the provider's compliance with the 24/7 access requirement. Table 53 reports each MHT MCP's rate of provider compliance; performance ranged from 98.0-100% for MY 2023.

Table 53. MHT MCP Provider Compliance with 24/7 Access Requirements for MY 2023

MY 2023 NAV	ABHWV	THP	UHP	MHT MCP AVG
Compliance with 24/7 Access Requirements	100.0%	98.1%	98.0%	98.7%

Figure 21 displays MY 2023 MHT MCP provider compliance with 24/7 access requirements compared to the MHT MCP average, 98.7%.

Figure 21. MHT MCP Provider Compliance with 24/7 Access Requirements for MY 2023
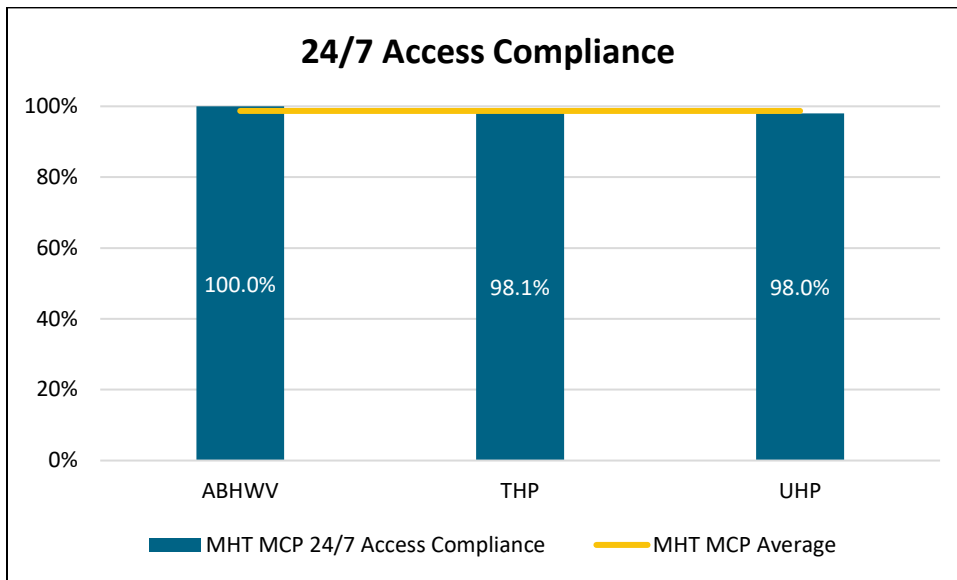
Figure 22 displays reasons, in aggregate, for MY 2023 compliance.

Figure 22. MHT MCP Reasons for Compliance
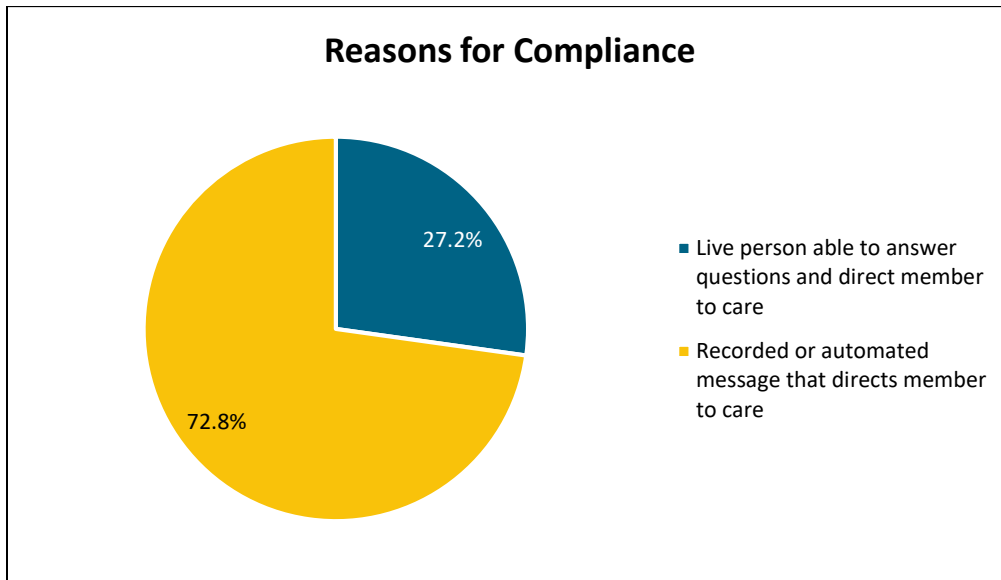
MHT MCPs demonstrated compliance through a recorded/automated message that directed members to care (72.8%) or a live person who answered questions/directed members to care (27.2%).

Figure 23 compares annual MHT MCP successful contact performance for MYs 2021-2023.

Figure 23. MHT MCP Successful Contact for MYs 2021-2023
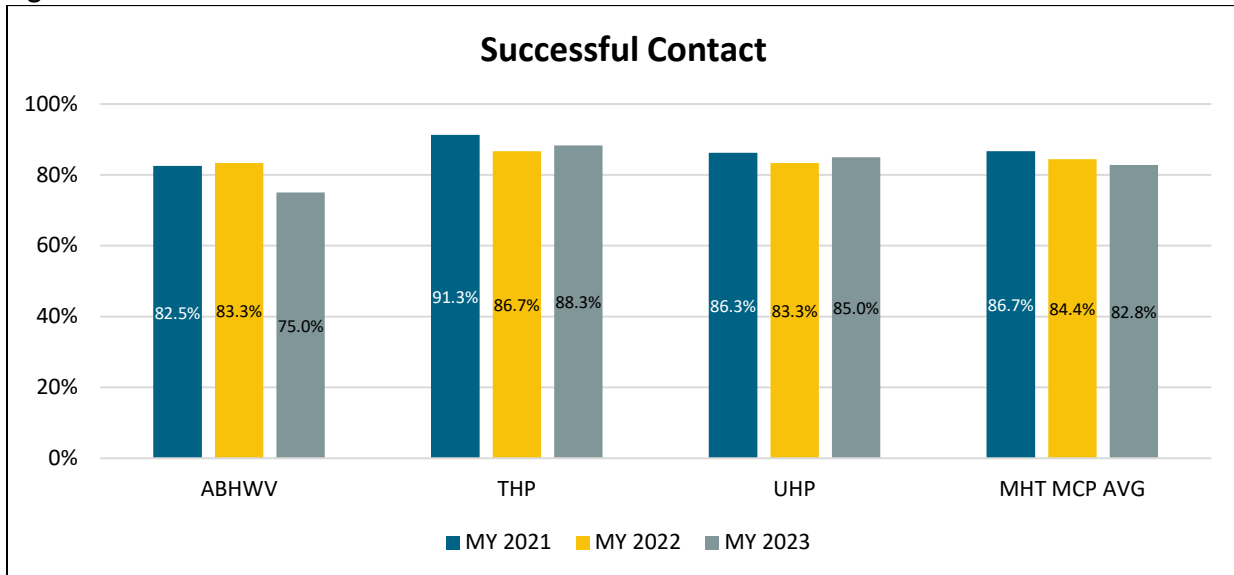
ABHWV demonstrated a decline in successful contact over this last year, while THP and UHP improved compliance. The MHT MCP average demonstrated a negative year-over-year trend (MY 2021: 86.7%, MY 2022: 84.4%, and MY 2023: 82.8%).

Figure 24 compares annual MHT MCP compliance with the 24/7 access requirement for MYs 2021-2023.

Figure 24. MHT MCP Compliance with 24/7 Access Requirement for MYs 2021-2023
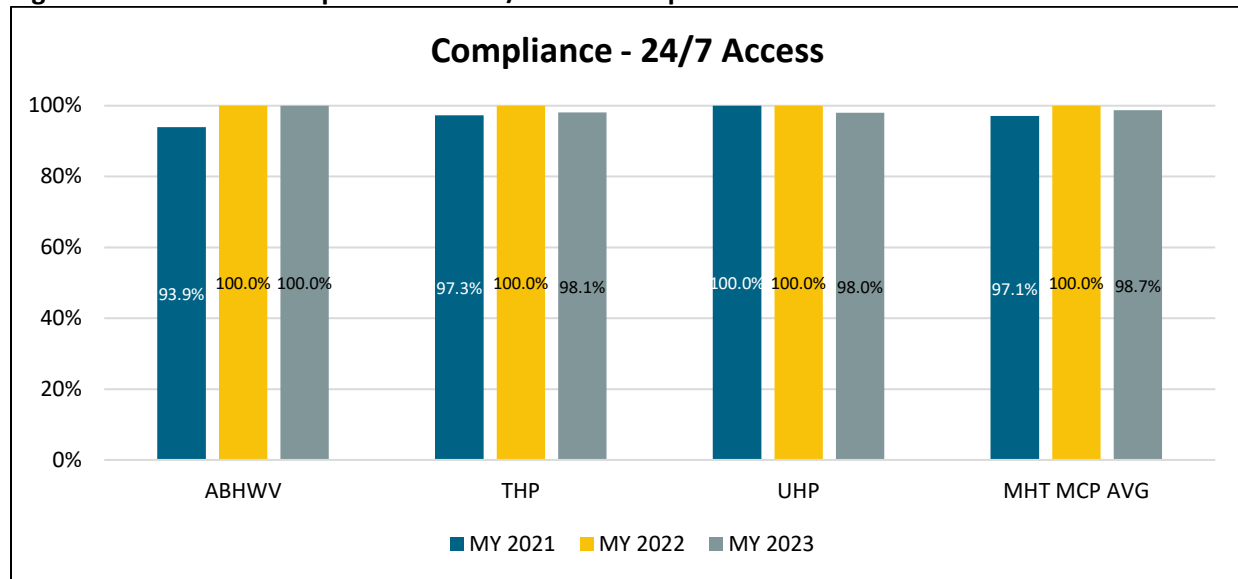
ABHWV achieved 100% compliance for the last two years. THP and UHP marginally declined from 100% in MY 2022; this decline was consistent with the MHT MCP average.

Any PCP that was not accessible during quarters 1-3 2023 surveys was resurveyed during quarter 4. Prior to the resurvey, the MCPs had sufficient time to follow up with each provider and remedy any issue that prevented successful contact or compliance with directing members to care during nonbusiness hours, and update their provider directories accordingly. Results of the resurvey, using the most current provider directories, are displayed in Table 54. Caution is advised when interpreting results, as percentages are based on small denominators.

Table 54. MY 2023 Resurvey Results

| MY 2023 Resurvey	ABHWV	THP	UHP
Providers Requiring Resurvey			
Percentage of providers requiring a resurvey	25.0%	13.3%	16.7%
Number of providers requiring a resurvey	15	8	10
Resurvey Results*			
Successful Remediation			
Removed from Q4 provider directory	1	3	2
Successfully contacted and demonstrated compliance	7	5	1
Percentage of successful remediation	53.3%	100.0%	30.0%
Unsuccessful Remediation			
Successfully contacted but did not demonstrate compliance	0	0	0
Not successfully contacted	7	0	7
Percentage of unsuccessful remediation	46.7%	0.0%	70.0%

*Caution is advised when interpreting resurvey results, as percentages are based on small denominators.

Only THP remedied 100% of the providers that required a resurvey during quarter 4 2024.

MHP Network Adequacy Validation Results

Figure 25 displays the percentage of MY 2023 MHP ABHWV provider surveys resulting in successful contact, 71.7%.

Figure 25. MHP ABHWV Successful Contact for MY 2023
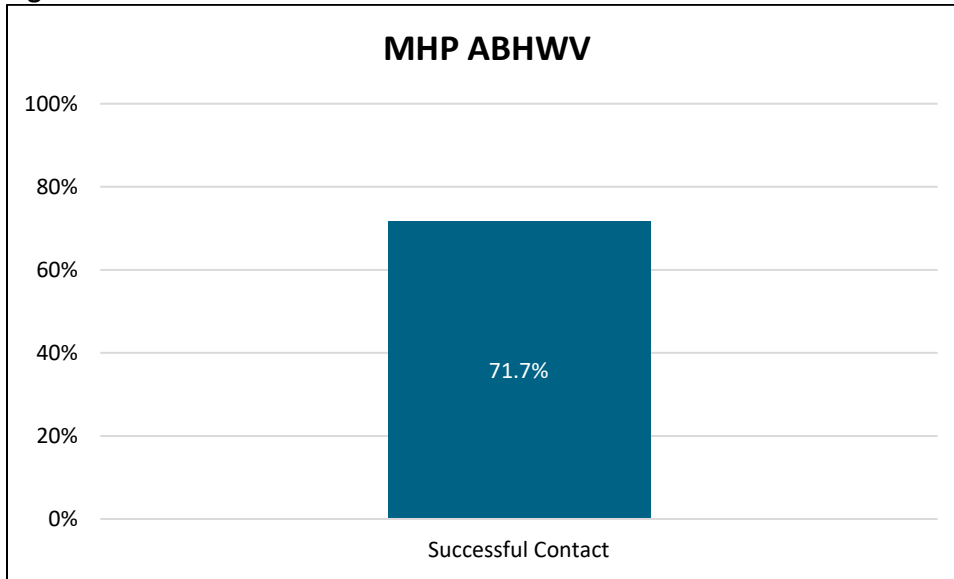
Figure 26. Reasons for Unsuccessful Contact
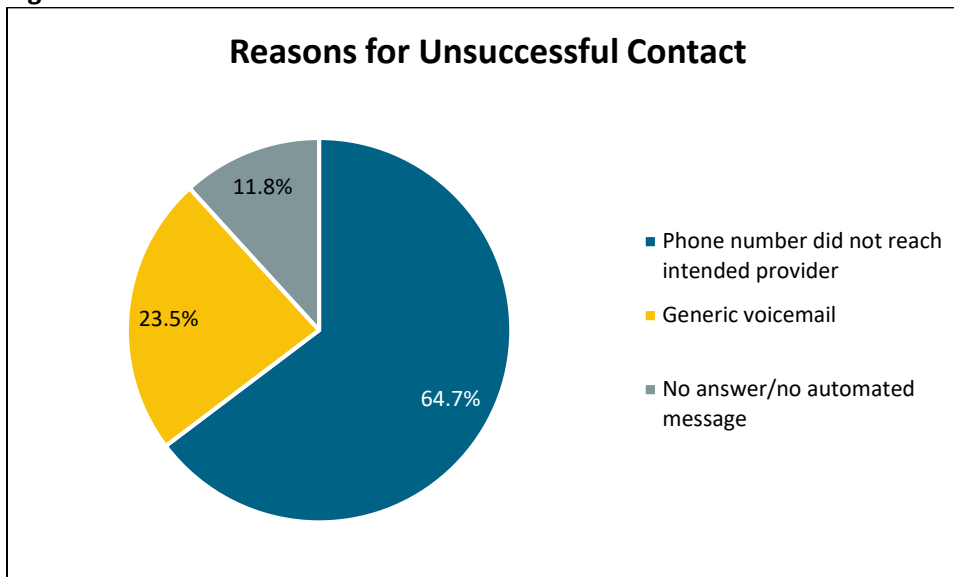
Similar to the MHT survey findings, most MHP ABHWV unsuccessful surveys were due to the phone number not reaching the intended provider (64.7%). This was followed by generic voicemail that did not identify the provider or practice (23.5%), and no answer/no automated message (11.8%).

Figure 27 displays the MY 2023 MHP ABHWV level of provider compliance with the 24/7 access requirement.

Figure 27. MHP ABHWV Provider Compliance with 24/7 Access Requirements for MY 2023
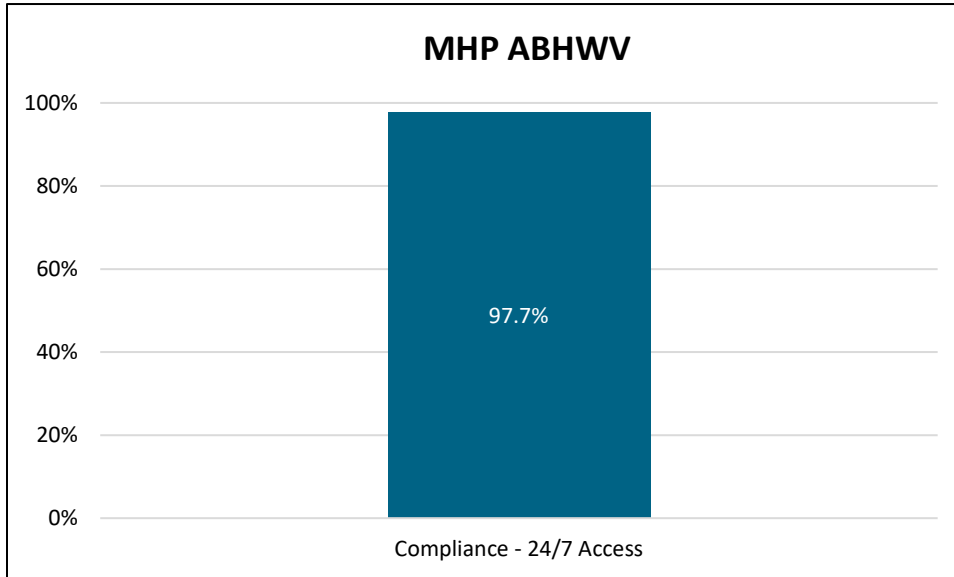
For the providers who were successfully contacted, 97.7% demonstrated compliance with the 24/7 access requirement. Figure 28 displays reasons for compliance.

Figure 28. MHP ABHWV Reasons for Compliance
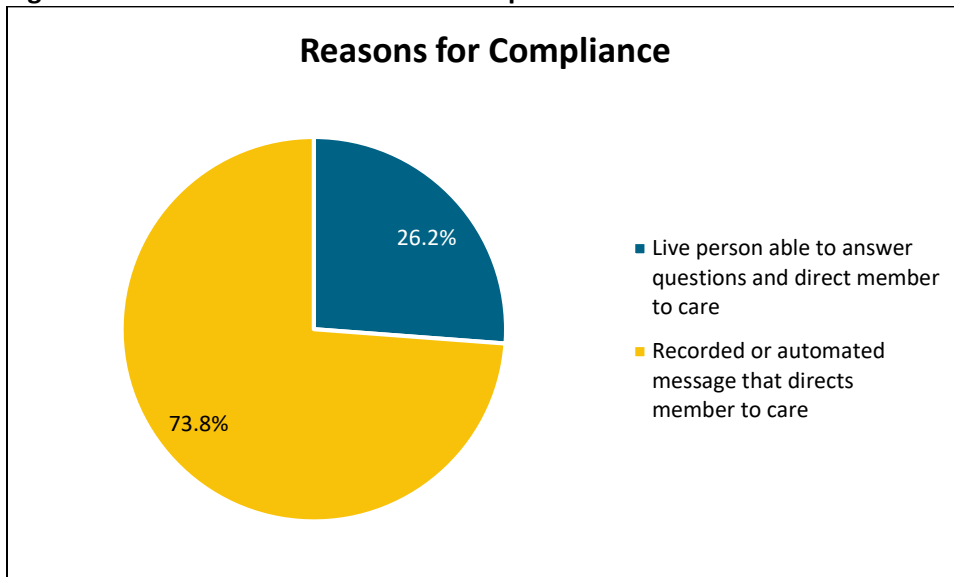
Consistent with the MHT MCP findings, most MHP ABHWV provider compliance was attributed to a recorded/automated message that directed members to care (73.8%). A live person, who was able to answer questions and direct members to care, also contributed to compliance with the 24/7 access requirement (26.2%).

Figure 29 compares annual MHP ABHWV successful contact performance for MYs 2021-2023.

Figure 29. MHP ABHWV Successful Contact for MYs 2021 - 2023
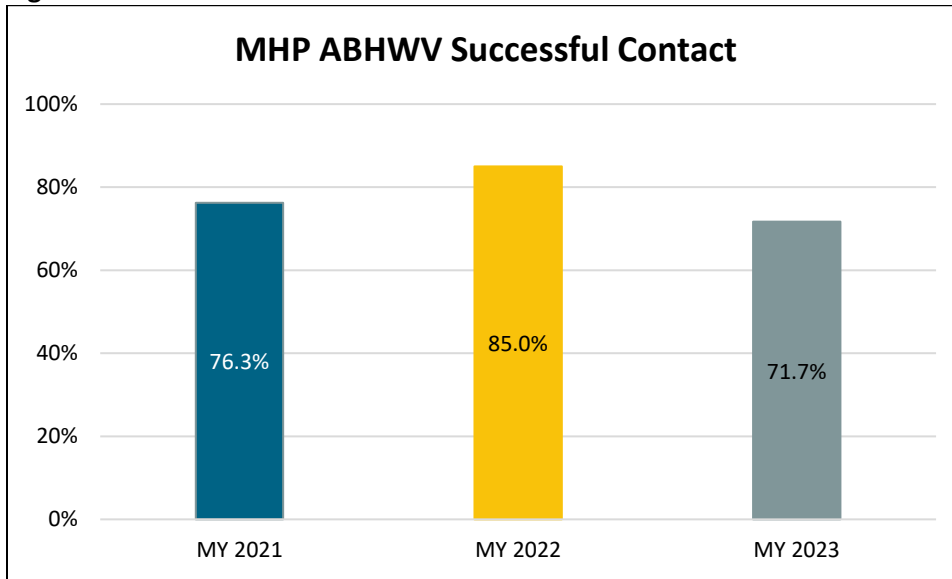
After successful contact improved in MY 2022 (85.0%), it declined to its lowest level in MY 2023 (71.7%). Figure 30 compares annual MHP ABHWV compliance with the 24/7 access requirement for MYs 2021-2023.

Figure 30. MHP ABHWV Compliance with 24/7 Access Requirement for MYs 2021 - 2023
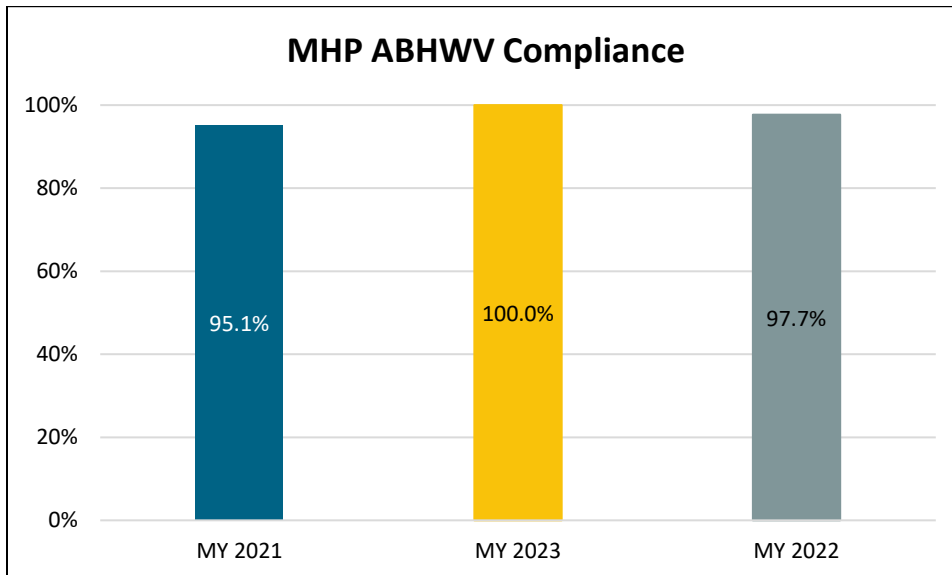
Overall, the MHP MCP has maintained a high level of compliance with the 24/7 access requirement for providers in which contact was successful. A slight decline occurred within the last year (MY 2022: 100%, MY 2023: 97.7%).

Any PCP or behavioral health provider that was not accessible during quarters 1-3 2023 surveys was resurveyed during quarter 4. Prior to the resurvey, the MCP had sufficient time to follow up with each provider and remedy any issue that prevented successful contact or compliance with directing members to care during nonbusiness hours, and update their provider directories accordingly. Results of the resurvey, using the most current provider directory, are displayed in Table 55. Caution is advised when interpreting results, as percentages are based on small denominators.

Table 55. MY 2023 Resurvey Results

MY 2023 Resurvey	ABHWV
Providers Requiring Resurvey	
Percentage of providers requiring a resurvey	30.0%
Number of providers requiring a resurvey	18
Resurvey Results*	
Successful Remediation	
Removed from Q4 provider directory	1
Successfully contacted and demonstrated compliance	10
Percentage of successful remediation	61.1%
Unsuccessful Remediation	
Successfully contacted but did not demonstrate compliance	1
Not successfully contacted	6
Percentage of unsuccessful remediation	38.9%

*Caution is advised when interpreting resurvey results, as percentages are based on small denominators.

Conclusion

Qlarant conducted quarterly surveys evaluating provider compliance with 24/7 access requirements. Aggregate summary conclusions for the NAV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 62-65 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- The MY 2023 MHT MCP average rate for successful contact with the intended provider was 82.8%. A negative trend in this average was observed. Most unsuccessful contacts, 67.7%, were due to the phone number not reaching the intended provider.
- The MY 2023 MHT MCP average rate for provider compliance with the 24/7 access requirement was 98.7% (for successfully contacted providers). This average was 100% in MY 2022.
- A resurvey of PCPs that were not accessible during quarters 1-3 was conducted for each MHT MCP during quarter 4. The resurvey of these providers yielded mixed remediation results (ABHWV: 53.3%, THP: 100%, and UHP: 30.0%).
- The MY 2023 MHP ABHWV rate for successful contact with the intended provider was 71.7%, a 13.3 percentage point decrease from the MY 2022 rate, 85.0%. The majority of unsuccessful contacts, 64.7%, were attributed to the phone number not reaching the intended provider.
- The MY 2023 MHP ABHWV rate for provider compliance with 24/7 access requirements was 97.7%, a 2.3 percentage point decline in performance from the MY 2022 rate of 100%.
- A quarter 4 resurvey of PCPs and behavioral health providers that were not accessible during quarters 1-3 resulted in 61.1% successful remediation.

Encounter Data Validation

Objective

States rely on valid and reliable encounter/claims data submitted by MCPs to make key decisions.[16] For example, states may use data to establish goals, assess and improve the quality of care, monitor program integrity, and set capitation payment rates. As payment methodologies evolve and incorporate value-based payment elements, collecting complete and accurate encounter data is critical. Results of the EDV study provide BMS and WVCHIP with a level of confidence in the completeness and accuracy of encounter data submitted by the MCPs.

Methodology

Qlarant's 2023 EDV activities focused an evaluation of provider office encounters including claims paid during MY 2022.

Description of Data Obtained. Qlarant obtained the following data to complete the EDV study:

- Claims data from BMS's fiscal agent, which included provider office claims paid January 1, 2022 through December 31, 2022
- Information Systems Capabilities Assessment documentation from the MCPs
- Medical records from providers

Technical Methods of Data Collection and Analysis. Qlarant completed validation activities in a manner consistent with the *CMS EQR Protocol 5 – Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan*.[17] To assess the completeness and accuracy of MCP encounter data, Qlarant completed the following activities:

- Reviewed state requirements for collecting and submitting encounter data
- Reviewed each MCP's capability to produce accurate and complete encounter data, which included an evaluation of the MCP's Information Systems Capabilities Assessment and interviews with key MCP staff
- Analyzed MCP electronic encounter data for accuracy and completeness including an examination for consistency, accuracy, and completeness
- Reviewed medical records gathered from provider offices to confirm electronic encounter data accuracy

To complete the medical record reviews, Qlarant reviewers compared medical record documentation to electronic encounter data to confirm the accuracy of reported encounters. Specifically, reviewers evaluated the accuracy of diagnosis and procedure codes for the randomly selected provider office encounters. When documentation supported the diagnosis and procedure codes for the encounter under review, results were assessed as matching. When documentation did not support the diagnosis or procedure codes, results were assessed as not matching (or deemed as "no match").

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[16] Encounter data consists of claims; therefore, these terms, encounter data and claims, are used interchangeably in this report.
[17] CMS EQR Protocols

Results

MHT Encounter Data Validation Results

Qlarant found all MHT MCPs had the capability to produce accurate and complete encounter data. Qlarant concluded:

- Encounter volume was reasonable.
- Encounter submissions appeared timely.
- Required data fields contained complete and/or valid values.
- Diagnosis and procedure codes were appropriate according to members' age and/or gender.

Qlarant's medical record review evaluated the accuracy of diagnoses and procedure codes in the electronic encounter data. Table 56 displays MHT MCP accuracy or "match rates." A match occurs when the electronic diagnosis and procedure codes are supported by medical record documentation.

Table 56. MHT MCP Encounter Data Accuracy

MY 2022 MHT EDV	ABHWV	THP	UHP	MHT MCP AVG
Accuracy or Match Rate	89.7%	97.1%	96.9%	95.3%

The 2023 medical record reviews, evaluating claims paid during MY 2022, confirmed high encounter data accuracy based on the MHT MCP average. MHT MCP performance ranged from 89.7-97.1%. Figure 31 illustrates MHT MCP encounter data accuracy compared to the average.

Figure 31. MHT MCP Encounter Data Accuracy (MY 2022)
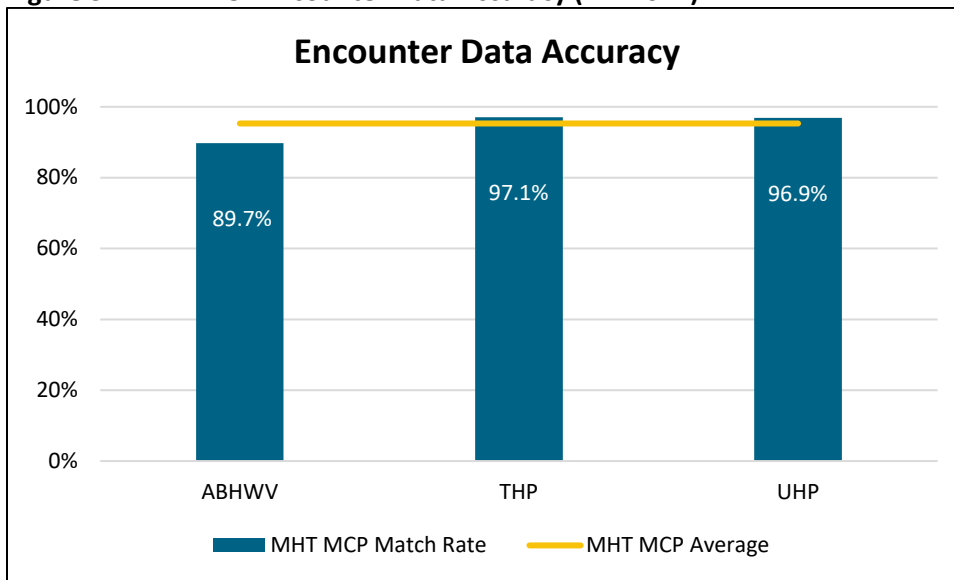
Table 57 provides additional detail and includes match rates at the diagnosis code and procedure code levels.

Table 57. MHT MCP Diagnosis and Procedure Code Match Rates

MY 2022 MHT EDV	ABHWV Match Rates	THP Match Rates	UHP Match Rates	MHT MCP AVG Match Rates
Diagnosis Codes	83.0%	96.3%	95.0%	92.8%
Procedure Codes	99.6%	98.4%	99.6%	99.2%
Overall (Total)*	89.7%	97.1%	96.9%	95.3%

* The overall match rate is calculated using total number of codes reviewed and total number of codes matched.

For MY 2022, 7.2% of diagnosis codes and 0.8% of procedure codes resulted in "no match" findings. Overall, 4.7% of MHT MCP record elements reviewed resulted in a "no-match" finding.

Figure 32 illustrates reasons for "no match" in diagnosis codes based on the medical record review activity, by MCP and in aggregate.

Figure 32. Reasons for "No Match" in Diagnosis Codes
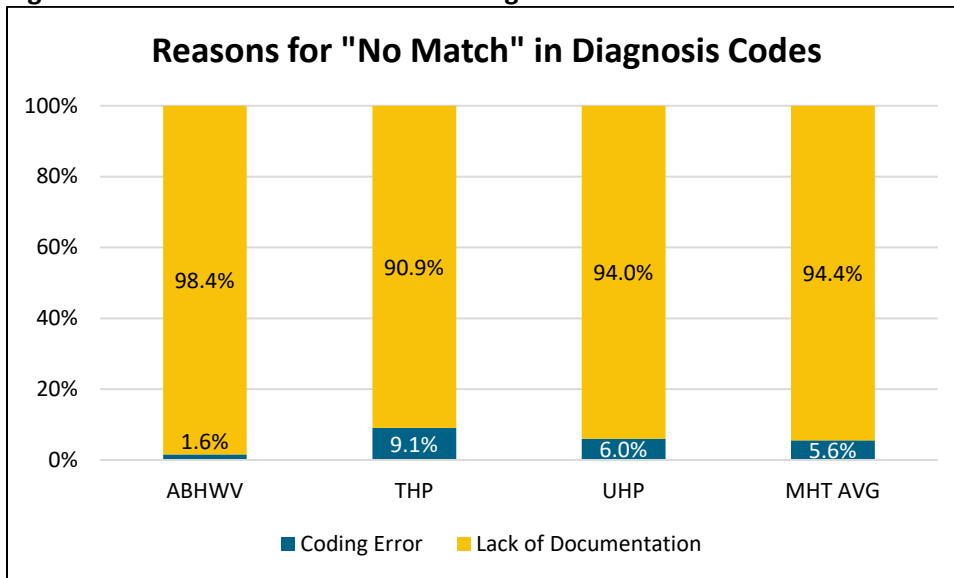
Most diagnosis code "no match" findings were due to a lack of documentation in the record (94.4%), compared to coding errors (5.6%).

Figure 33 illustrates reasons for "no match" in procedure codes based on the medical record review activity, by MCP and in aggregate.

Figure 33. Reasons for "No Match" in Procedure Codes

Reasons for "No Match" in Procedure Codes
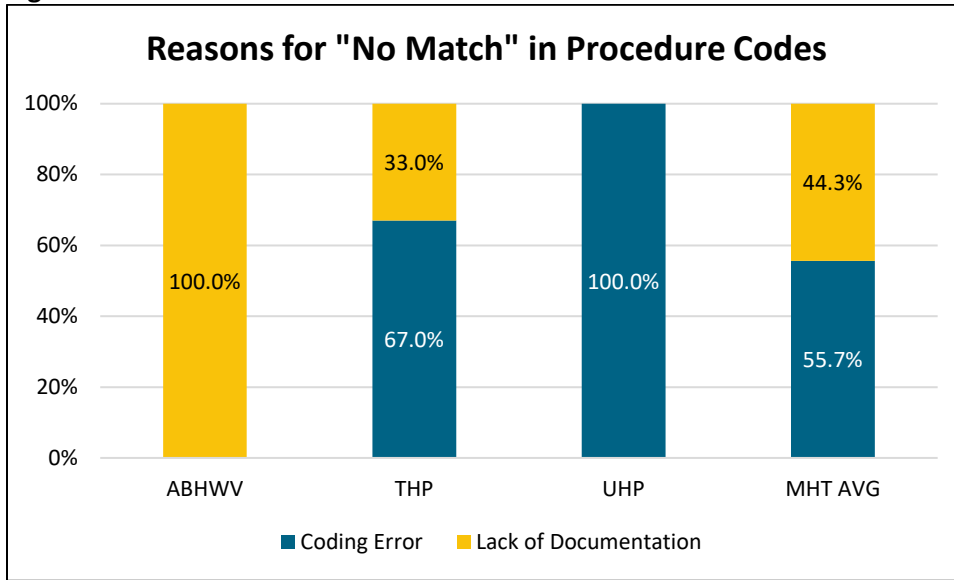
Most procedure code "no match" findings were due to coding errors (55.7%), compared to lack of documentation in the record (44.3%).

Figure 34 illustrates encounter data accuracy for the last three years.

Figure 34. MHT MCP Encounter Data Accuracy for MYs 2020-2022

Encounter Data Accuracy
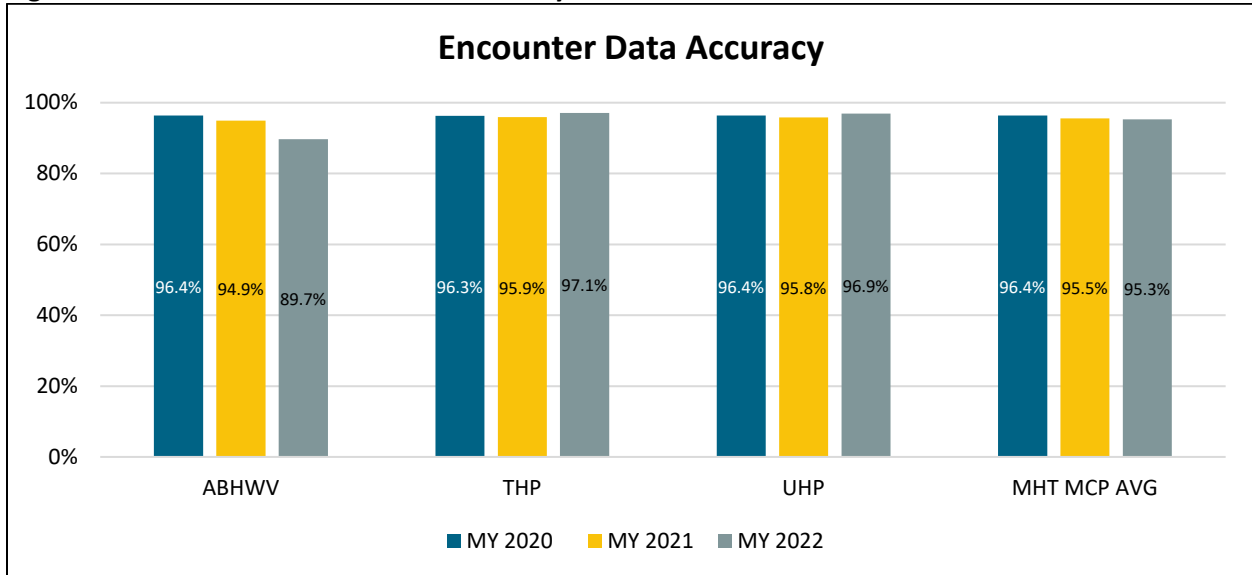
All MHT MCPs achieved 89.7%, or greater, accuracy rates. The MHT MCP average experienced a marginal decline over this last year.

MHP Encounter Data Validation Results

Qlarant found MHP ABHWV had the capability to produce accurate and complete encounter data. Qlarant concluded:

- Encounter volume was reasonable.
- Encounter submissions appeared timely.
- Required data fields contained complete and/or valid values.
- Diagnosis and procedure codes were appropriate according to members' age and/or gender.

Figure 35 displays the MHP ABHWV accuracy or "match rate" for MY 2022.

Figure 35. MHP ABHWV Encounter Data Accuracy for MY 2022
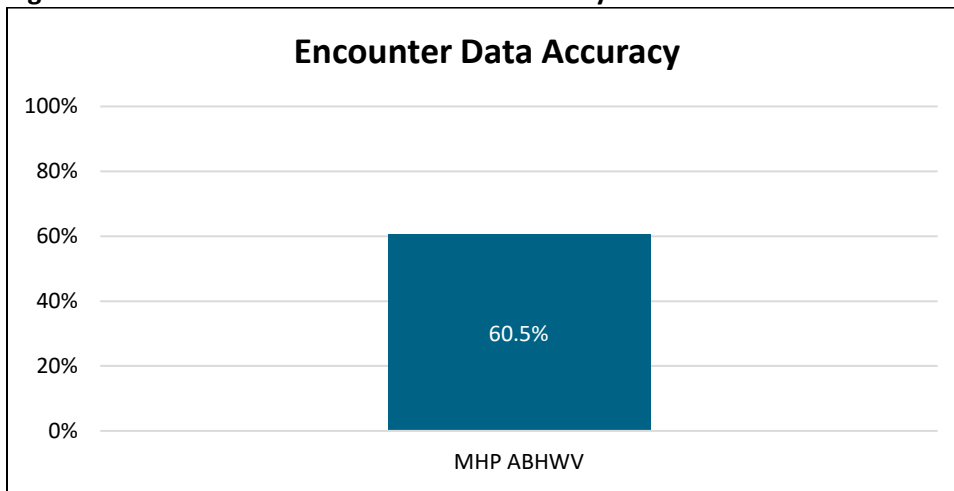
The MHP MCP's accuracy or "match rate" for MY 2022 was 60.5%; 39.5% of MHP ABHWV record elements reviewed resulted in a "no-match" finding. Table 58 provides additional detail and includes match rates at the diagnosis code and procedure code levels.

Table 58. MHP ABHWV Diagnosis and Procedure Code Match Rates

MY 2022 MHP EDV	ABHWV Match Rates
Diagnosis Codes	42.7%
Procedure Codes	98.5%
Overall (Total)*	60.5%

* The overall match rate is calculated using total number of codes reviewed and total number of codes matched.

More than half, 57.3%, of diagnosis codes and 1.5% of procedure codes resulted in "no match" findings. Poor performance in diagnosis code accuracy was largely attributed to one high-volume provider who did not consistently provide evidence of diagnosis code documentation. Figure 36 illustrates reasons for "no match" in diagnosis codes based on the medical record review activity.

Figure 36. Reasons for "No Match" in Diagnosis Codes

Figure 36. Reasons for "No Match" in Diagnosis Codes
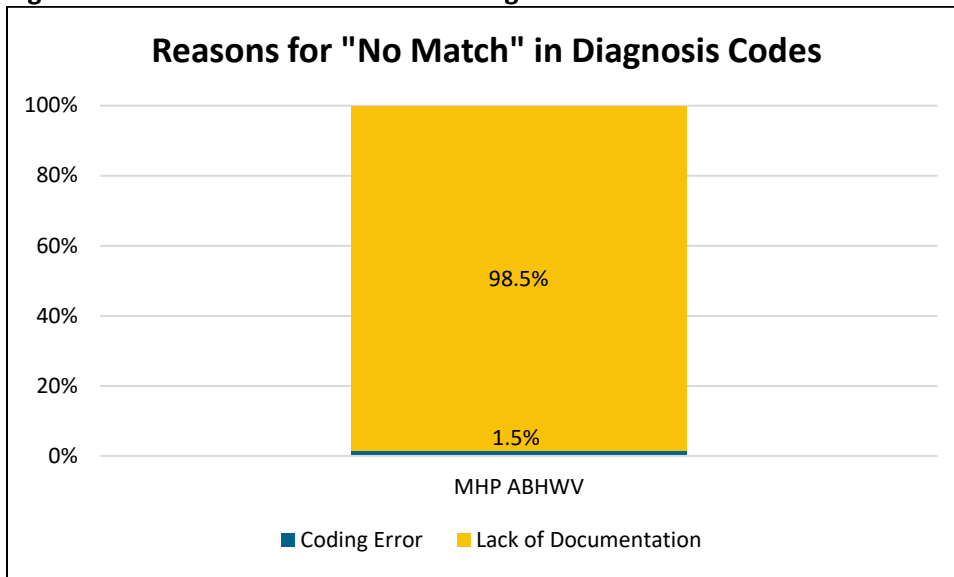
Most MHP ABHWV diagnosis code "no match" findings were due to a lack of documentation in the record (98.5%), compared to coding errors (1.5%).

Figure 37 illustrates reasons for "no match" in procedure codes based on the medical record review activity.

Figure 37. Reasons for "No Match" in Procedure Codes

Figure 37. Reasons for "No Match" in Procedure Codes
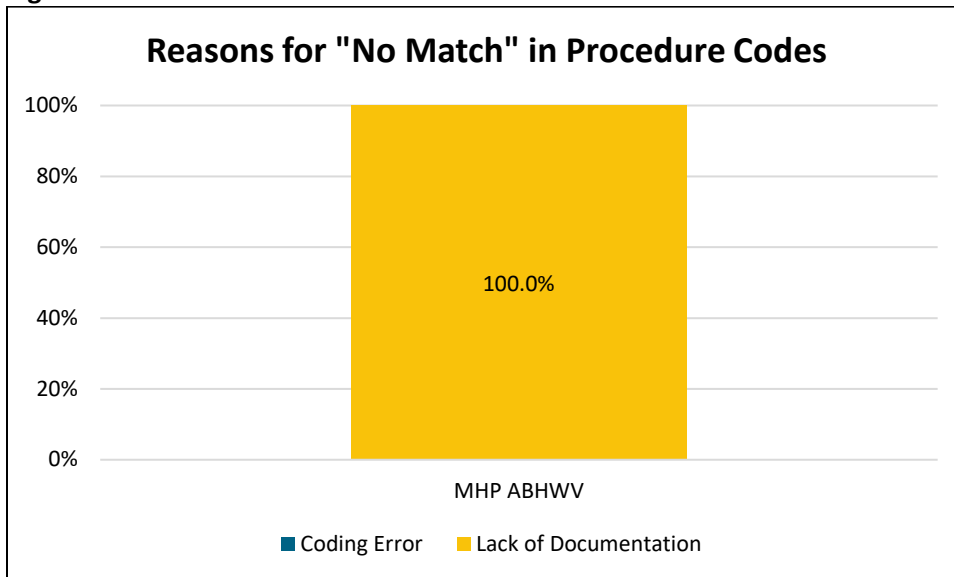
All MHP ABHWV procedure code "no match" findings were due to lack of documentation (100%).

Figure 38 illustrates MHP ABHWV's encounter data accuracy for the last three years.

Figure 38. MHP ABHWV Encounter Data Accuracy for MYs 2020-2022

Encounter Data Accuracy
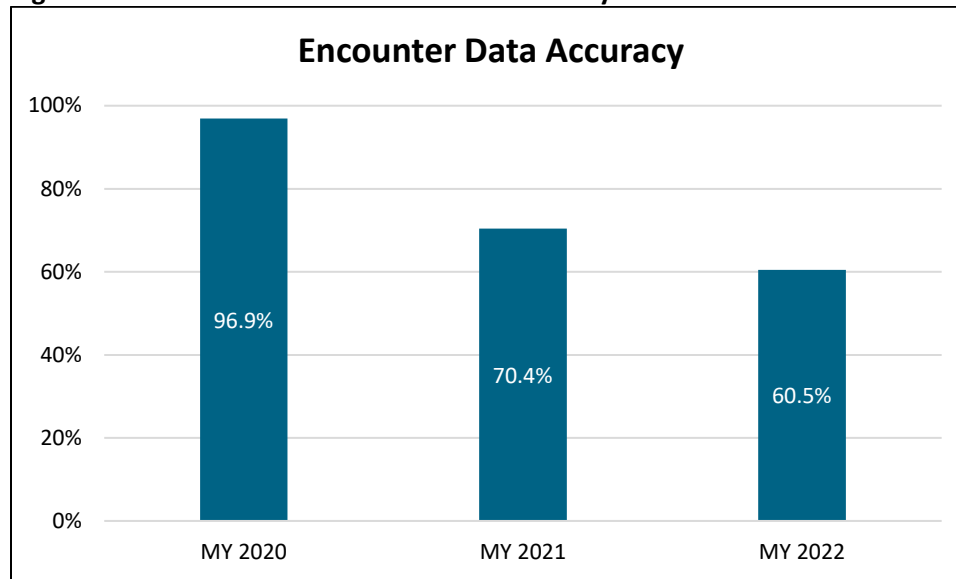
The encounter data accuracy rate declined each year demonstrating a negative trend from MY 2020 (96.9%) to MY 2022 (60.5%).

Conclusion

Aggregate summary conclusions for the EDV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 62-65 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- An evaluation of each MCP's Information Systems Capabilities Assessment determined all MCPs had the capability to produce accurate and complete encounter data for MY 2022.
- Analysis of provider office claims paid in MY 2022 confirmed reasonable encounter volume, timely submission, complete and/or valid values, and appropriate usage of codes for all MCPs.
- A medical record review determined an overall high level of encounter data accuracy for the MHT MCPs. The MHT MCP average encounter data accuracy rate was 95.3% for MY 2022. A slight negative trend is observed in the MHT MCP averages when comparing annual performance over the last three years. The decline is due to ABHWV's performance.
- The EDV audit for MHP ABHWV resulted in a lower encounter data accuracy assessment. A negative trend in performance was observed; performance declined annually (MY 2020: 96.9%, MY 2021: 70.4%, and MY 2022: 60.5%). This lower performance was largely attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed.

Grievance, Denial, and Appeal Focused Study

Objective

MCP members have the right to file a grievance when they are not satisfied with care or services and the right to file a request to appeal when they do not agree with a decision made by the MCP. The MCPs must follow federal and state requirements when:

- Responding to a member grievance
- Making a decision to deny, reduce, or terminate a member service or benefit (adverse determination)
- Reviewing a member appeal and upholding or overturning a decision to deny, reduce, or terminate a service or benefit

Qlarant conducts a focused study by collecting information on grievances, denials, and appeals from each MCP; completing random sample record reviews; and evaluating MCP compliance with federal and state requirements. The focused study activities and validation findings provide BMS and WVCHIP with a level of confidence in MCP procedures and compliance with requirements.

Methodology

Qlarant's 2023 focused study activities centered on an evaluation of member grievances, pre-service denials, and appeals received during the state fiscal year (SFY) 2023 (July 1, 2022-June 30, 2023). The MCPs are expected to comply with 42 CFR 438.400-438.424, the Grievance and Appeal System Standard. This standard includes requirements for the following elements:

- §438.404 - Timely and adequate notice of adverse benefit determination
- §438.406 - Handling of grievances and appeals
- §438.408 - Resolution and notification: grievances and appeals
- §438.410 - Expedited resolution of appeals

Description of Data Obtained. Using Qlarant-developed reporting templates, MCPs submitted their grievance, denial, and appeal "universes" to Qlarant. The universe files included a list of all members who filed a grievance, received a pre-service denial, or made a request for appeal during the SFY. Qlarant selected a random sample of members from each category and notified each respective MCP. In turn, the MCPs collected the corresponding grievance, denial, and appeal member records and submitted them to Qlarant for review and validation activities. The records contained all internal and member-facing documentation related to the specific grievance, denial, or appeal.

Technical Methods of Data Collection and Analysis. The study, which examined and evaluated MCP compliance with federal and state requirements, was conducted in a manner consistent with *CMS EQR Protocol 9 – Conducting Focus Studies of Health Care Quality.*[18] Grievance records were evaluated to ensure the MCP provided a timely acknowledgment and resolution notification. Denials, or adverse determination records, were reviewed to assess compliance with timely notification of decisions and required letter content, such as communication of a member's right to file an appeal and procedures on

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[18] CMS EQR Protocols

how to do so. Appeal records were evaluated to ensure the MCP provided timely member acknowledgment and resolution notification and required letter content, such as communication of a member's right to request a state fair hearing and procedures on how to make such request.

A level of confidence in the MCP's results is determined for each area of review. Table 59 includes compliance ratings.

Table 59. Compliance Ratings

Score	Level of Confidence
95.0% - 100.0%	**High confidence** in MCP compliance
85.0% - 94.9%	**Moderate confidence** in MCP compliance
75.0% - 84.9%	**Low confidence** in MCP compliance
<u><</u>74.9%	**No confidence** in MCP compliance

Results

Table 60 includes MHT MCP grievance, denial, and appeal compliance results for SFY 2023. The MHT MCP average is also provided for each category.

Table 60. MHT MCP Grievance, Denial, and Appeal Compliance (SFY 2023)

SFY 2023 Compliance	ABHWV Compliance	THP Compliance	UHP Compliance	MHT MCP AVG Compliance
Grievances				
Grievance Compliance	100.0%	100.0%	100.0%	100.0%^
Confidence Level	High	High	High	High
Denials				
Denials	100.0%	100.0%	98.3%	99.4%
Confidence Level	High	High	High	High
Appeals				
Appeals	100.0%	97.5%	100.0%	99.2%
Confidence Level	High	High	High	High

Overall, the MCPs performed well in meeting grievance, denial, and appeal requirements; each MCP achieved a high confidence level rating.

Figure 39 graphically displays MHT MCP SFY 2023 results for the grievance, denial, and appeal focused study.

Figure 39. MHT MCP Grievance, Denial, and Appeal Compliance (SFY 2023)
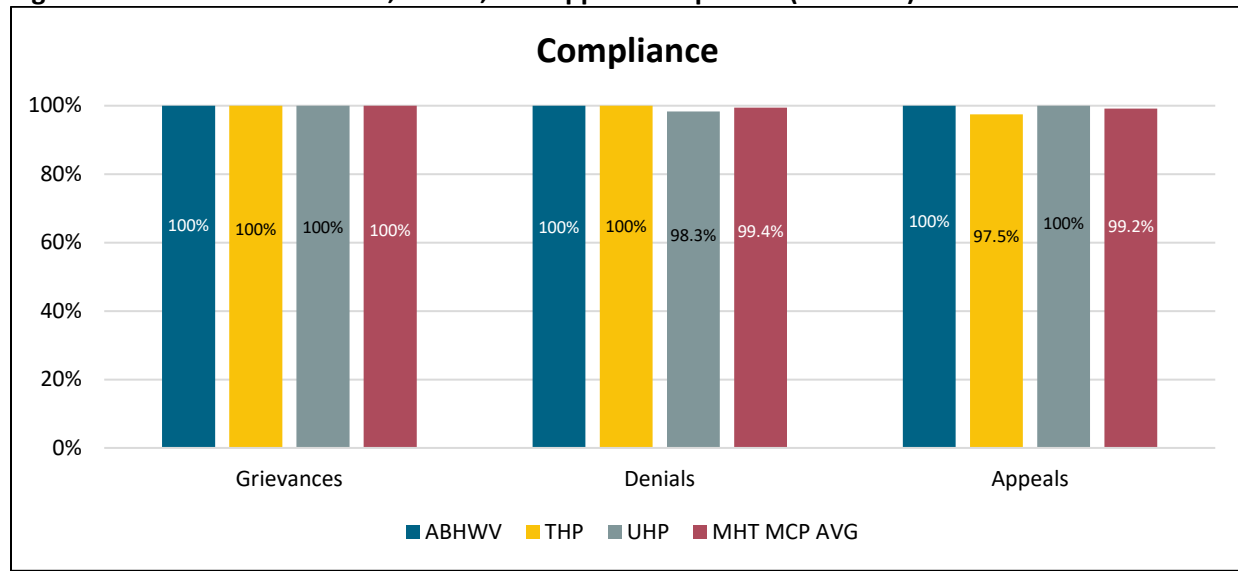
In 2022, the reporting measurement period transitioned from calendar year to SFY and there were minor changes in the scoring methodology. For these reasons, only the last two annual performance evaluations are being compared in Figures 40-42. The next annual report will include a three-year trend.

Figure 40 compares MHT MCP average grievance compliance results for SFYs 2022 and 2023. The MHT MCP average increased from 99.8% in SFY 2022 to 100% in SFY 2023.

Figure 40. MHT MCP Grievance Compliance (SFYs 2022-2023)
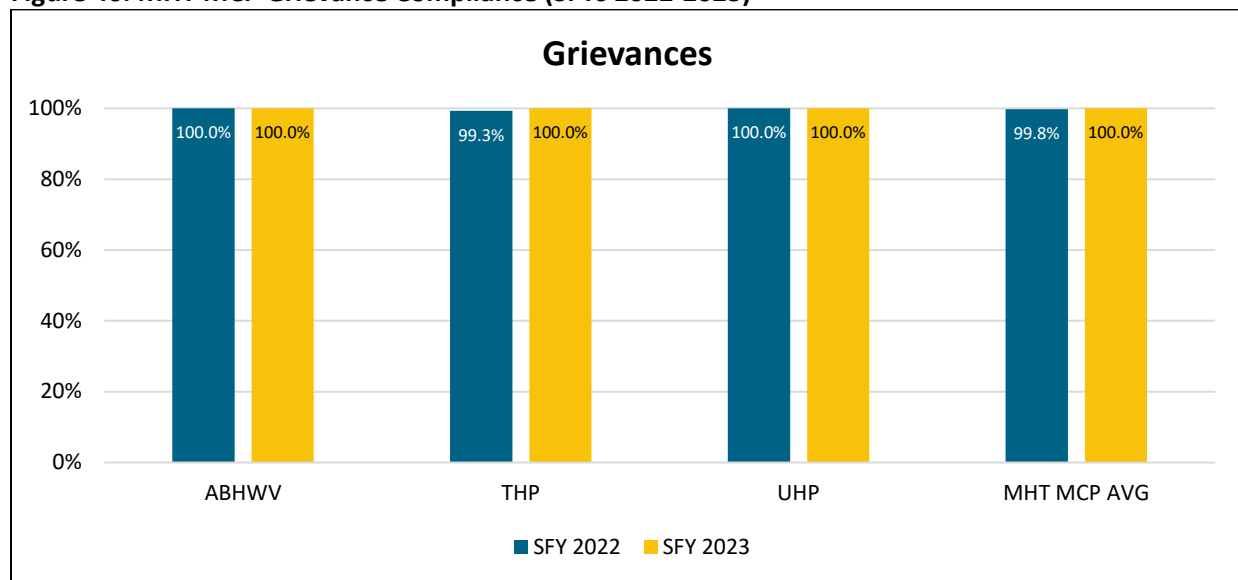
Figure 41 compares MHT MCP average denial compliance results for SFYs 2022 and 2023. The MHT MCP average experienced a marginal decline from 100% in SFY 2022 to 99.4% in SFY 2023.

Figure 41. MHT MCP Denial Compliance (SFYs 2022-2023)
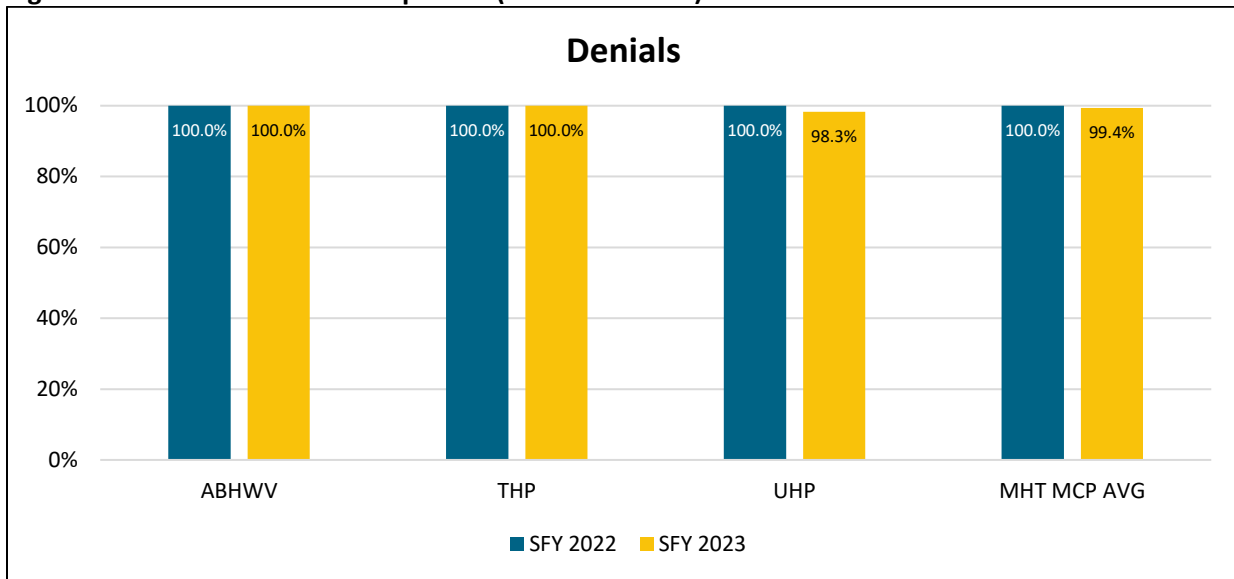
Figure 42 compares MHT MCP average appeal compliance results for SFYs 2022 and 2023. The MHT MCP average increased from 91.2% in SFY 2022 to 99.2% in SFY 2023.

Figure 42. MHT MCP Appeal Compliance (SFYs 2022-2023)
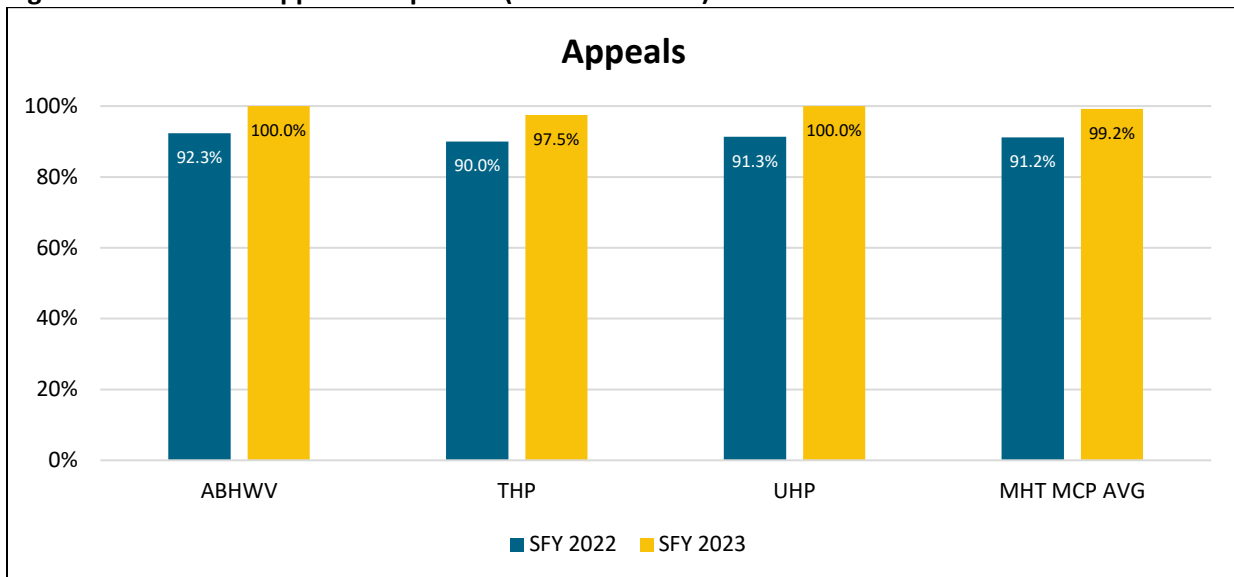
Table 61 includes MHP ABHWV grievance, denial, and appeal compliance results for SFY 2023.

Table 61. MHP ABHWV Grievance, Denial, and Appeal Compliance (SFY 2023)

Category	MHP ABHWV Compliance	Confidence Level
Grievances	100.0%	High
Denials	100.0%	High
Appeals	100.0%	High

The MHP MCP achieved 100% compliance in all reporting areas. Figure 43 graphically displays ABHWV's SFY 2023 results for the grievance, denial, and appeal focused study.

Figure 43. MHP ABHWV Grievance, Denial, and Appeal Compliance (SFY 2023)
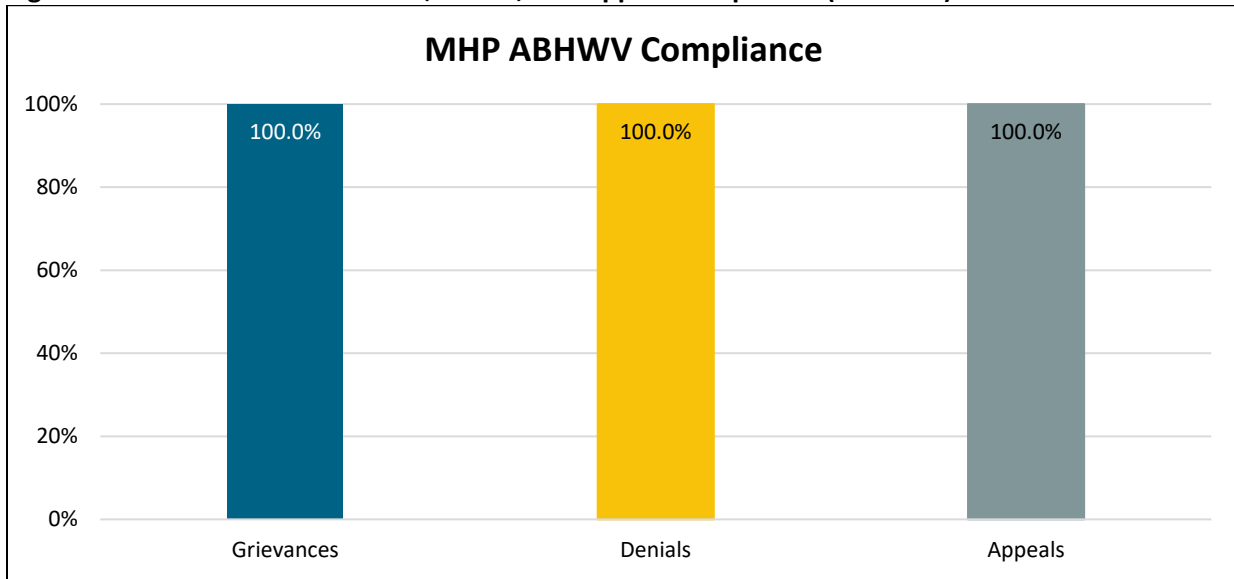
Due to methodology changes that occurred with the 2022 analysis, only two years of results are being compared. The next annual report will include a three-year trend.

Figure 44 compares MHP ABHWV average grievance, denial, and appeal compliance results for SFYs 2022 and 2023. Compliance remained stable at 100% for grievances and denials. The appeal compliance rate improved from 96.5% in SFY 2022 to 100% in SFY 2023.

Figure 44. MHT MCP Grievance, Denial, and Appeal Compliance (SFYs 2022-2023)
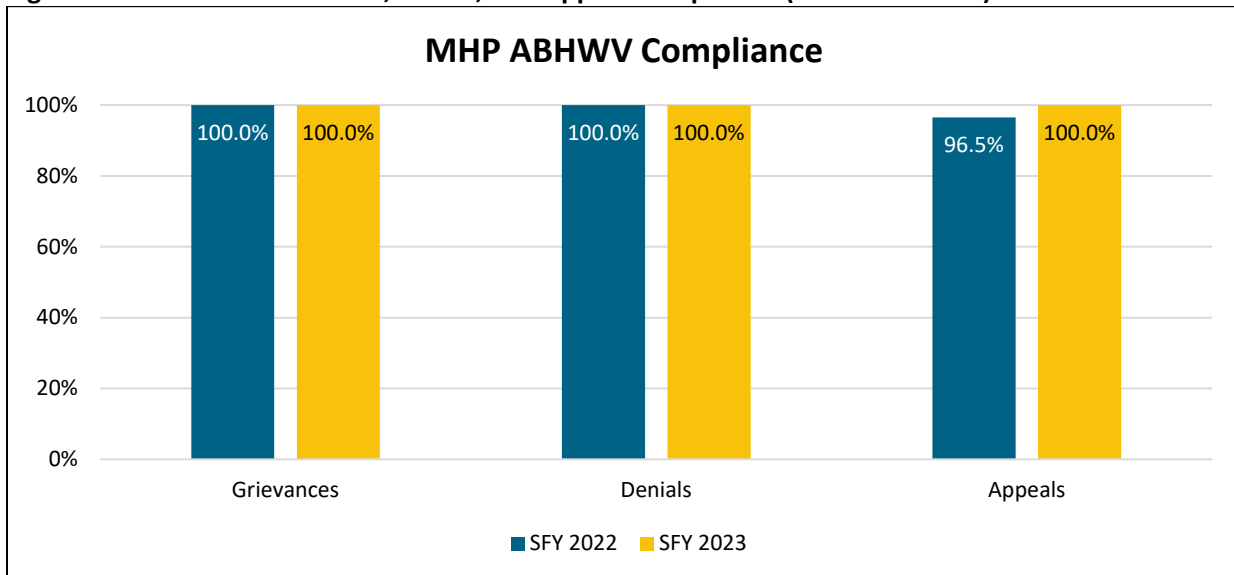
Conclusion

Aggregate summary conclusions for the focused study are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 62-65 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- All MHT MCPs achieved grievance compliance scores of 100% (high confidence).
- MHT MCP denial compliance scores ranged from 98.3-100% (high confidence).
- MHT MCP appeal compliance scores ranged from 97.5-100% (high confidence).

When comparing SFY 2023 performance to SFY 2022, the MHT MCP averages increased for grievance and appeal compliance. A marginal decline is noted for denial compliance. The eight-percentage point increase with appeal compliance (91.2% to 99.2%) is attributed to improvement with documenting the appeal resolution date within the member appeal resolution notice.

MHP ABHWV achieved 100% compliance in all three areas for SFY 2023. This performance was consistent with SFY 2022 compliance in grievances and denials. A 3.5 percentage point improvement was demonstrated in appeals (96.5% to 100%). Stakeholders can have high confidence in the MCP's procedures for processing and/or providing resolution notice of grievances, denials, and appeals.

MCP Quality, Access, Timeliness Assessment

Quality, Access, Timeliness

Qlarant identified strengths and weaknesses for each MCP based on the results of the EQR activities. These strengths and weaknesses correspond to the quality, access, and timeliness of services provided to members. Qlarant adopted the following definitions for these domains:

Quality, as stated in the federal regulations as it pertains to EQR, is the degree to which an MCP "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." [19]

Access (or accessibility), as it pertains to EQR, "means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services)." [20] Qlarant further defines enrollee access as ease of ability to schedule provider appointments, obtain health plan or provider information, and receive communications on enrollee rights and grievance and appeal procedures.

Timely, as defined by the Institute of Medicine is "reducing waits and sometimes harmful delays for those who receive and those who give care." [21] Long waits to obtain care in provider offices or emergency departments and long waits to obtain procedures or results may result in physical harm. Qlarant expands the timeliness definition to encompass meeting state standards and timeframes for

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[19] CFR's quality definition
[20] CFR's access definition
[21] Timeliness definition from the National Center for Biotechnology Information at the National Library of Medicine

obtaining provider appointments and resolving and issuing notice for standard and expedited grievances and appeals.

Tables 62-65 highlight strengths and weaknesses for each MCP. Identified strengths and weaknesses correspond to the quality, access, and/or timeliness of services delivered to MCP members. Only applicable domains for each strength or weakness are identified with a (★) or (●) indicating a positive or negative impact as described below. Not all domains were impacted by each strength or weakness. The absence of a symbol indicates no impact. Where appropriate, weaknesses include recommendations.

> ★ The MCP strength identified positively impacts quality, access, and/or timeliness.
> ● The MCP weakness identified negatively impacts quality, access, and/or timeliness.

Examples of the quality, access, and timeliness analysis include:

- If the MCP demonstrated full compliance in the Quality Assessment and Performance Improvement Program Standard, performance would be identified with a ★ in the quality domain.
- If the MCP did *not* provide female enrollees with direct access to a women's health specialist to provide routine and preventive health care services, performance would be identified with a ● in the access domain.
- If the MCP demonstrated statistically significant improvement in an Annual Dental Visits PIP measure, performance would be identified with a ★ in all three domains as the PIP is a quality project, which focuses on improving access to preventive dental care in a timely manner.

MHT ABHWV

Table 62. MHT ABHWV Strengths, Weaknesses, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHT ABHWV - PERFORMANCE IMPROVEMENT PROJECT VALIDATION			
Annual Dental Visits PIP			
★	★	★	**Strength.** ABHWV received a PIP validation score of 95% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. ABHWV demonstrated statistically significant improvement in the Annual Dental Visits for 2-3 Year Olds measure for Medicaid and Percentage of Eligibles that Received Preventive Dental Services for CHIP.
Follow-Up After Emergency Department Visit for Mental Illness PIP			
★	★	★	**Strength.** ABHWV received a PIP validation score of 100% (high confidence). The MCP provided a meaningful project rationale, completed a comprehensive baseline data analysis, and identified barriers to target to improve performance.
Care for Adolescents PIP			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
★	★	★	**Strength.** ABHWV received a PIP validation score of 100% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. ABHWV demonstrated statistically significant improvement in the Child and Adolescent Well-Care Visits – 12-17 Years Old measure (for Medicaid and CHIP). The MCP sustained improvement, each year, in same measure for Medicaid.
MHT ABHWV - PERFORMANCE MEASURE VALIDATION			
★	★	★	**Strength.** ABHWV received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as "reportable."
MHT ABHWV - SYSTEMS PERFORMANCE REVIEW			
Information Requirements Program Standard			
★	★	★	**Strength.** ABHWV received a score of 100% in the Information Requirements Standard, contributing to the MCP's overall high confidence score. The MCP communicates required information on benefits and providers, and how to access services.
Disenrollment Requirements and Limitations			
	★	★	**Strength.** ABHWV received a score of 100% (high confidence) in the Disenrollment Requirements and Limitations Standard. The MCP communicates disenrollment options and procedures to members and has established disenrollment procedures compliant with BMS requirements.
Enrollee Rights and Protections			
★	★	★	**Strength.** ABHWV received a score of 100% (high confidence) in the Enrollee Rights and Protections Standard. The MCP maintains a policy, which includes all enrollee rights and protections, and communicates information to enrollees.
MHT ABHWV - NETWORK ADEQUACY VALIDATION			
	🔴		**Weakness.** ABHWV scored 75.0% in successful provider contact for the 24/7 access survey during quarters 1-3 2023. **Recommendation.** ABHWV should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.
	★	★	**Strength.** For providers successfully contacted, ABHWV received a score of 100% with the 24/7 access requirement. Survey results determined providers directed members to care during nonbusiness hours.
	🔴	🔴	**Weakness.** For the 25.0% of providers requiring a resurvey due to unsuccessful contact, there was successful remediation for only 53.3% of the providers resurveyed. **Recommendation.** ABHWV should follow up with providers who could not be contacted and/or did not demonstrate compliance, and remedy deficiencies. Provider education and/or corrective action may be required.
MHT ABHWV - ENCOUNTER DATA VALIDATION			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
🔴			**Weakness.** ABHWV scored 89.7% in the encounter data validation study. Lower performance, compared to the previous annual rate of 94.9%, was attributed to a decline in diagnosis code match rates. **Recommendation.** ABHWV should follow up and educate the noncompliant providers with diagnosis documentation requirements.
MHT ABHWV - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY			
Grievance Acknowledgement and Resolution Notification			
★	★	★	**Strength.** ABHWV scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Denial Resolution Notification			
★	★	★	**Strength.** ABHWV scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
Appeal Acknowledgement and Resolution Notification			
★	★	★	**Strength.** ABHWV scored a 100% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification. The right to and procedures for requesting a state fair hearing were also communicated to members.

MHT THP

Table 63. MHT THP Strengths, Weaknesses, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHT THP - PERFORMANCE IMPROVEMENT PROJECT VALIDATION			
Annual Dental Visits PIP			
★	★	★	**Strength.** THP received a PIP validation score of 100% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. THP demonstrated statistically significant improvement in both Medicaid PIP measures and in the CHIP Percentage of Eligibles that Received Preventative Dental Services measure. The MCP achieved sustained improvement in both Medicaid measure.
Follow-Up After Emergency Department Visit for Mental Illness PIP			
★	★	★	**Strength.** THP received a PIP validation score of 100% (high confidence). The MCP provided a meaningful project rationale, completed a comprehensive baseline data analysis, and identified barriers to target to improve performance.
Promoting Health and Wellness in Children and Adolescents PIP			

Qlarant

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
★	★	★	**Strength.** THP received a PIP validation score of 100% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. The MCP demonstrated statistically significant and sustained improvement in the Child and Adolescent Well-Care Visits and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Documentation measures for Medicaid. The MCP achieved statistically significant improvement in the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Documentation measure for CHIP.
MHT THP - PERFORMANCE MEASURE VALIDATION			
★	★	★	**Strength.** THP received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as "reportable."
MHT THP - SYSTEMS PERFORMANCE REVIEW			
Information Requirements Program Standard			
★	★	★	**Strength.** THP received a score of 98.21% in the Information Requirements Standard, contributing to the MCP's overall high confidence score. Overall, the MCP communicates required information on benefits and providers, and how to access services.
	🔴	🔴	**Weakness.** THP's Member Handbook specified the member must file an appeal with 10 calendar days to continue benefits during the appeal process. **Recommendation.** THP should amend the "Appeals" section of the Member Handbook and state the request for appeal must be filed within 13 calendar days, rather than 10 calendar days, to continue benefits, consistent with BMS requirements. *(THP immediately revised the Member Handbook to meet requirements.)*
Disenrollment Requirements and Limitations			
	★	★	**Strength.** THP received a score of 100% (high confidence) in the Disenrollment Requirements and Limitations Standard. The MCP communicates disenrollment options and procedures to members and has established disenrollment procedures compliant with BMS requirements.
Enrollee Rights and Protections			
★	★	★	**Strength.** THP received a score of 100% (high confidence) in the Enrollee Rights and Protections Standard. The MCP maintains a policy, which includes all enrollee rights and protections, and communicates information to enrollees.
MHT THP - NETWORK ADEQUACY VALIDATION			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
	●		**Weakness.** THP scored 88.3% in successful provider contact for the 24/7 access survey during quarters 1-3 2023. **Recommendation.** THP should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.
	★	★	**Strength.** For providers successfully contacted, THP received a score of 98.1% with the 24/7 access requirement. Survey results determined providers directed members to care during nonbusiness hours.
	★	★	**Strength.** For the 13.3% of providers requiring a resurvey due to unsuccessful contact or noncompliance, there was successful remediation for 100% of the providers resurveyed.
			**MHT THP - ENCOUNTER DATA VALIDATION**
★			**Strength.** THP achieved an encounter data accuracy, or match rate, of 97.1%. Stakeholders can have confidence in the MCP's encounter/claims data.
			MHT THP - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY
			Grievance Acknowledgement and Resolution Notification
★	★	★	**Strength.** THP scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
			Denial Resolution Notification
★	★	★	**Strength.** THP scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
			Appeal Acknowledgement and Resolution Notification
★	★	★	**Strength.** THP scored a 97.5% compliance rating (high confidence) for processing appeals. In most instances, the MCP provided timely acknowledgement and resolution notification. The right to and procedures for requesting a state fair hearing were also communicated to members.
●		●	**Weakness.** THP did not consistently acknowledge appeals timely, nor did resolution notices consistently include the date of appeal resolution. **Recommendation.** THP should monitor and ensure all appeals are acknowledged in a timely manner and ensure all appeal resolution templates, including those used by delegates, include a field for the date of appeal resolution.

MHT UHP

Table 64. MHT UHP Strengths, Weaknesses, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
			**MHT UHP - PERFORMANCE IMPROVEMENT PROJECT VALIDATION**
Annual Dental Visits PIP			
★	★	★	**Strength.** UHP received a PIP validation score of 95% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. UHP demonstrated statistically significant improvement in the Percentage of Eligibles that Received Preventative Dental Services measure for CHIP.
Follow-Up After Emergency Department Visit for Mental Illness PIP			
★	★	★	**Strength.** UHP received a PIP validation score of 100% (high confidence). The MCP provided a meaningful project rationale, completed a comprehensive baseline data analysis, and identified barriers to target to improve performance.
Immunizations for Adolescents PIP			
★	★	★	**Strength.** UHP received a PIP validation score of 90% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. While UHP achieved improvement in both CHIP Immunizations for Adolescents measures, the improvement was not statistically significant.
🔴	🔴	🔴	**Recommendation.** UHP should continue efforts to examine barriers and modify current intervention strategies or implement new ones to achieve statistically significant improvement.
			MHT UHP - PERFORMANCE MEASURE VALIDATION
★	★	★	**Strength.** UHP received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as "reportable."
			MHT UHP - SYSTEMS PERFORMANCE REVIEW
Information Requirements Program Standard			
★	★	★	**Strength.** UHP received a score of 100% in the Information Requirements Standard, contributing to the MCP's overall high confidence score. The MCP communicates required information on benefits and providers, and how to access services.
Disenrollment Requirements and Limitations			
	★	★	**Strength.** UHP received a score of 100% (high confidence) in the Disenrollment Requirements and Limitations Standard. The MCP communicates disenrollment options and procedures to members and has established disenrollment procedures compliant with BMS requirements.
Enrollee Rights and Protections			
★	★	★	**Strength.** UHP received a score of 100% (high confidence) in the Enrollee Rights and Protections Standard. The MCP maintains a policy, which includes all enrollee rights and protections, and communicates information to members.
			MHT UHP - NETWORK ADEQUACY VALIDATION

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
	●		**Weakness.** UHP scored 85.0% in successful provider contact for the 24/7 access survey during quarters 1-3 2023. **Recommendation.** UHP should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.
	★	★	**Strength.** For providers successfully contacted, UHP received a score of 98.0% with the 24/7 access requirement. Survey results determined providers directed members to care during nonbusiness hours.
	●	●	**Weakness.** For the 16.7% of providers requiring a resurvey due to unsuccessful contact or noncompliance, there was successful remediation for only 30.0% of the providers resurveyed. **Recommendation.** UHP should follow up with providers who could not be contacted and/or did not demonstrate compliance, and remedy deficiencies. Provider education and/or corrective action may be required.
			**MHT UHP - ENCOUNTER DATA VALIDATION**
★			**Strength.** UHP achieved an encounter data accuracy, or match rate, of 96.9%. Stakeholders can have confidence in the MCP's encounter/claims data.
			MHT UHP - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY
			Grievance Acknowledgement and Resolution Notification
★	★	★	**Strength.** UHP scored a 100% compliance rating for processing grievances, including timely acknowledgment and resolution.
			Denial Resolution Notification
★	★	★	**Strength.** UHP scored a 98.3% compliance rating (high confidence) for processing denials. In most instances, the MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
●	●		**Weakness.** UHP did not eliminate outdated language that required verbal appeals be followed by written/signed appeals in all of its denial resolution notices. **Recommendation.** UHP should ensure that denial resolution notice templates do not have any outdated language. MCPs are prohibited from requiring verbal appeals be followed by written/signed appeals.
			Appeal Acknowledgement and Resolution Notification
★	★	★	**Strength.** UHP scored a 100% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification. The right to and procedures for requesting a state fair hearing were also communicated to members.

MHP ABHWV

Table 65. MHP ABHWV Strengths, Opportunities, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHP ABHWV - PERFORMANCE IMPROVEMENT PROJECT VALIDATION
Annual Dental Visits PIP			
★	★	★	**Strength.** ABHWV received a PIP validation score of 100% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. ABHWV demonstrated improvement in both PIP measures; the improvement in the Percentage of Eligibles that Received Preventative Dental Services measure was statistically significant.
Care for Adolescents PIP			
🔴	🔴	🔴	**Weakness.** ABHWV received a PIP validation score of 86% (moderate confidence). Performance declined in both PIP measures that included remeasurement. **Recommendation.** ABHWV should continue with intervention strategies and make adjustments as needed by using a Plan-Do-Study-Act or similar quality improvement approach. The MCP should also continue to work with the State to address barriers in obtaining immunization data from the West Virginia Statewide Immunization Information System.
Reducing Out-of-State Placement for Children in Foster Care PIP			
🔴	🔴	🔴	**Weakness.** ABHWV received a PIP validation score of 81% (moderate confidence). The MCP failed to improve performance in its Reducing Out-of-State Placement for Children in Foster Care measure. **Recommendation.** ABHWV should continue with intervention strategies and make adjustments as needed by using a Plan-Do-Study-Act or similar quality improvement approach.
MHP ABHWV - PERFORMANCE MEASURE VALIDATION
★	★	★	**Strength.** ABHWV received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as "reportable."
MHP ABHWV - SYSTEMS PERFORMANCE REVIEW
Information Requirements Program Standard			
★	★	★	**Strength.** ABHWV received a score of 100% in the Information Requirements Standard, contributing to the MCP's overall high confidence score. The MCP communicates required information on benefits and providers, and how to access services.
Disenrollment Requirements and Limitations			
	★	★	**Strength.** ABHWV received a score of 100% (high confidence) in the Disenrollment Requirements and Limitations Standard. The MCP communicates disenrollment options and procedures to members and has established disenrollment procedures compliant with BMS requirements.
Enrollee Rights and Protections			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
★	★	★	**Strength.** ABHWV received a score of 100% (high confidence) in the Enrollee Rights and Protections Standard. The MCP maintains a policy, which includes all enrollee rights and protections, and communicates information to members.
MHP ABHWV - NETWORK ADEQUACY VALIDATION			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
	●		**Weakness.** ABHWV scored 71.7% in successful provider contact for the 24/7 access survey during quarters 1-3 2023. **Recommendation.** ABHWV should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.
	★	★	**Strength.** For providers successfully contacted, ABHWV received a score of 97.7% with the 24/7 access requirement. Survey results determined providers directed members to care during nonbusiness hours.
	●	●	**Weakness.** For the 30.0% of providers requiring a resurvey due to unsuccessful contact or noncompliance, there was successful remediation for only 61.1% of the providers resurveyed. **Recommendation.** ABHWV should follow up with providers who could not be contacted and/or did not demonstrate compliance, and remedy deficiencies. Provider education and/or corrective action may be required.
MHP ABHWV - ENCOUNTER DATA VALIDATION			
●			**Weakness.** ABHWV scored 60.5% in the encounter data validation study. Poor performance was attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed. **Recommendation.** ABHWV should follow up and educate this specific noncompliant provider, as well as others, with diagnosis documentation requirements.
MHP ABHWV - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY			
Grievance Acknowledgement and Resolution Notification			
★	★	★	**Strength.** ABHWV scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Denial Resolution Notification			
★	★	★	**Strength.** ABHWV scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
Appeal Acknowledgement and Resolution Notification			
★	★	★	**Strength.** ABHWV scored a 100% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification and communicated required information to members, including the right to a fair hearing.

Qlarant

Assessment of Previous Recommendations

During the course of conducting 2023 EQR activities, Qlarant evaluated MCP compliance in addressing previous annual recommendations.[22] Assessment outcomes, included in Tables 66-69, identify if the MCP adequately addressed 2022 recommendations. Color coded symbols specify results:

- ⏶ The MCP adequately addressed the recommendation.
- ◉ The MCP demonstrated some improvement, but did not fully address the recommendation.
- ⏷ The MCP did not adequately address the recommendation.

MHT ABHWV

Qlarant made recommendations for ABHWV during the 2022 EQR. The 2023 assessment evaluated the MCP's response to these recommendations. Table 66 includes follow-up assessment results.

Table 66. MHT ABHWV Assessment of Previous Annual Recommendations

2022 Recommendation	2023 Assessment
MHT ABHWV - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
There were no formal 2022 recommendations for ABHWV.	
MHT ABHWV - PERFORMANCE MEASURE VALIDATION	
There were no formal 2022 recommendations for ABHWV.	
MHT ABHWV - SYSTEMS PERFORMANCE REVIEW	
There were no formal 2022 recommendations for ABHWV.	
MHT ABHWV - NETWORK ADEQUACY VALIDATION	
ABHWV scored 83.3% compliance with successful provider contact in the quarters 1-3 2022 surveys. During quarter 4, the providers who were previously not successfully contacted were resurveyed, and 80% of these specific providers were successfully contacted during the resurvey. The MCP should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.	⏷ ABHWV scored 75.0% compliance with successful provider contact in the quarters 1-3 2023 surveys. A resurvey of noncompliant providers during quarter 4 occurred. ABHWV achieved a successful remediation rate of 53.3%. The MCP continues to have opportunity for improvement. This recommendation remains in place.
MHT ABHWV - ENCOUNTER DATA VALIDATION	
There were no formal 2022 recommendations for ABHWV.	
MHT ABHWV - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY	
Appeal Acknowledgement and Resolution Notification	
ABHWV scored a 92% compliance rating for processing appeals. While the MCP issued timely acknowledgement and resolution notices, the notices did not consistently include the date of appeal resolution. ABHWV should modify its appeal resolution templates and include a field for the date of appeal resolution.	⏶ ABHWV amended its process to ensure appeal resolution notices ensured the date of appeal resolution. A random sample review of appeal resolution notices demonstrated 100% compliance (high confidence).

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[22] In some instances one recommendation may summarize or capture multiple, but similar, issues. The number of recommendations per MCP should not be used to gauge MCP performance alone.

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MHT THP

Qlarant made recommendations for THP during the 2022 EQR. The 2023 assessment evaluated the MCP's response to these recommendations. Table 67 includes follow-up assessment results.

Table 67. MHT THP Assessment of Previous Annual Recommendations

2022 Recommendation	2023 Assessment
MHT THP - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
There were no formal 2022 recommendations for THP.	
MHT THP - PERFORMANCE MEASURE VALIDATION	
There were no formal 2022 recommendations for THP.	
MHT THP - SYSTEMS PERFORMANCE REVIEW	
Grievance and Appeal System	
THP should amend its grievance policy to ensure the individual making a decision on a grievance is not a subordinate of an individual who was involved in the previous level of review.	⬟ THP amended its grievance policy to require the individual making a decision on a grievance is not a subordinate of an individual who was involved in the previous level of review.
THP should amend its appeal policy to eliminate the (outdated) requirement to obtain written confirmation of oral appeals.	⬟ THP amended its appeal policy and eliminated the (outdated) requirement to obtain written confirmation of oral appeals.
MHT THP - NETWORK ADEQUACY VALIDATION	
THP scored 87% compliance with successful provider contact in the quarters 1-3 2022 surveys. During quarter 4, the providers who were previously not successfully contacted were resurveyed, and 71% of these specific providers were successfully contacted during the resurvey. The MCP should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.	⬟ THP scored 88.3% compliance with successful provider contact in the quarters 1-3 2023 surveys. A resurvey of noncompliant providers during quarter 4 occurred. THP achieved a successful remediation rate of 100%.
MHT THP - ENCOUNTER DATA VALIDATION	
There were no formal 2022 recommendations for THP.	
MHT THP - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY	
Appeal Acknowledgement and Resolution Notification	
THP scored a 90% compliance rating for processing appeals. The MCP did not consistently issue timely acknowledgement and resolution notices, and resolution notices did not consistently include the date of appeal resolution. By year's end, THP amended its process to ensure timely appeal acknowledgement and resolution notice; the MCP should continue to comply with the new process. THP should also modify its appeal resolution templates and include a field for the date of appeal resolution.	⬤ A random sample review found THP improved performance, but did not consistently acknowledge appeals in a timely manner, nor did resolution notices consistently include the date of appeal resolution. Compliance improved from 90% in 2022 to 97.5% compliance in 2023. THP should continue to monitor and ensure all appeals are acknowledged in a timely manner and ensure all appeal resolution templates, including those used by delegates, include a field for the date of appeal resolution.

MHT UHP

Qlarant made recommendations for UHP during the 2022 EQR. The 2023 assessment evaluated the MCP's response to these recommendations. Table 68 includes follow-up assessment results.

Table 68. MHT UHP Assessment of Previous Annual Recommendations

2022 Recommendation	2023 Assessment
MHT UHP - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
There were no formal 2022 recommendations for UHP.	
MHT UHP - PERFORMANCE MEASURE VALIDATION	
There were no formal 2022 recommendations for UHP.	
MHT UHP - SYSTEMS PERFORMANCE REVIEW	
Grievance and Appeal System	
UHP should amend its grievance policy and state an enrollee may file a grievance with UHP at any time.	⋏ UHP amended its grievance policy and stated an enrollee may file a grievance with UHP at any time.
UHP should amend its appeal policy and remove the (outdated) requirement for written confirmation of an oral request for appeal.	⋏ UHP amended its appeal policy and removed the (outdated) requirement for written confirmation of an oral request for appeal.
UHP should revise its Notice of Action Statement and appeal policy to provide the enrollee a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments as it relates to the member appeal. UHP must state in its appeals policy that it informs the enrollee of the limited time available for this opportunity, sufficiently in advance of the resolution timeframe for appeals as specified in §438.408(b) and (c) in the case of expedited resolution.	⋏ UHP revised its Notice of Action Statement and appeal policy to comply with the regulation which permits the enrollee a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments during the appeal resolution process. UHP amended its appeals policy and states that it informs the enrollee of the limited time available for this opportunity, sufficiently in advance of the resolution timeframe for appeals as specified in §438.408(b) and (c) in the case of expedited resolution.
UHP should revise its appeal resolution notice templates and include a field for the date of resolution.	⋏ UHP revised its appeal resolution notice templates to include a field for the date of resolution.
UHP should amend its appeals policy and document procedures to follow should the MCP deny a request for expedited resolution. UHP must transfer the appeal to the timeframe for standard resolution in accordance with §438.408(b)(2); and follow the requirements in §438.408(c)(2).	⋏ UHP amended its appeals policy and documented procedures to follow should the MCP deny a request for expedited resolution. UHP indicated compliance with transferring the appeal to the timeframe for standard resolution in accordance with §438.408(b)(2); and following the requirements in §438.408(c)(2).
UHP should amend its appeals policy and align language with the MCP contract. UHP must continue enrollee benefits while an appeal or state fair hearing are pending when the enrollee or the provider files the appeal timely (timely filing means on or before the later of 13 calendar days of the MCP mailing of the notice of adverse benefit determination or the intended effective date of the MCP's proposed adverse benefit determination).	⋏ UHP amended its appeals policy and aligned language with the MCP contract. The policy asserts it will continue enrollee benefits while an appeal or state fair hearing are pending when the enrollee or the provider files the appeal timely (timely filing means on or before the later of 13 calendar days of the MCP mailing of the notice of adverse benefit determination or the intended effective date of the MCP's proposed adverse benefit determination).

2022 Recommendation	2023 Assessment
MHT UHP - NETWORK ADEQUACY VALIDATION	
UHP scored 83% compliance with successful provider contact in the quarters 1-3 2022 surveys. During quarter 4, the providers who were previously not successfully contacted were resurveyed, and 50% of these specific providers were successfully contacted during the resurvey. The MCP should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.	ⅴ UHP scored 85.0% compliance with successful provider contact in the quarters 1-3 2023 surveys. A resurvey of noncompliant providers during quarter 4 occurred. UHP achieved a successful remediation rate of 30.0%. The MCP continues to have opportunity for improvement. This recommendation remains in place.
MHT UHP - ENCOUNTER DATA VALIDATION	
There were no formal 2022 recommendations for UHP.	
MHT UHP - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY	
Appeal Acknowledgement and Resolution Notification	
UHP scored a 91% compliance rating for processing appeals. The MCP did not consistently issue timely acknowledgement and resolution notices. In some instances, there was a lag in time from appeal receipt by the MCP to the Appeals Department; this negatively impacted timeliness. Additionally, the resolution notices did not consistently include the date of appeal resolution. UHP should identify reasons for delays in receiving appeals by the Appeals Department and initiate procedures to eliminate or reduce this lag time. The MCP should also modify its appeal resolution templates and include a field for the date of appeal resolution.	⋏ UHP amended its process to ensure timely appeal acknowledgement. The MCP also modified its process to include the date of appeal resolution within appeal resolution notices. A random sample review of appeals found UHP demonstrated 100% compliance.

MHP ABHWV

Qlarant made recommendations for MHP ABHWV during the 2022 EQR. The 2023 assessment evaluated the MCP's response to these recommendations. Table 69 includes follow-up assessment results.

Table 69. MHP ABHWV Assessment of Previous Annual Recommendations

2022 Recommendation	2023 Assessment
MHP ABHWV - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
There were no formal 2022 recommendations for ABHWV.	
MHP ABHWV - PERFORMANCE MEASURE VALIDATION	
There were no formal 2022 recommendations for ABHWV.	
MHP ABHWV - SYSTEMS PERFORMANCE REVIEW	
There were no formal 2022 recommendations for ABHWV.	
MHP ABHWV - NETWORK ADEQUACY VALIDATION	
ABHWV scored 85% compliance with successful provider contact in the quarters 1-3 2022 surveys. During quarter 4, the providers who were previously not successfully contacted were resurveyed, and 78% of these specific providers were successfully contacted during the resurvey. The MCP should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.	⍦ ABHWV scored 71.7% compliance with successful provider contact in the quarters 1-3 2023 surveys. A resurvey of noncompliant providers during quarter 4 occurred. ABHWV achieved a successful remediation rate of 61.1%. The MCP continues to have opportunity for improvement. This recommendation remains in place.
MHP ABHWV - ENCOUNTER DATA VALIDATION	
ABHWV scored 70.4% in the 2022 encounter data validation study. Poor performance was attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed. ABHWV should follow up and educate the noncompliant provider with diagnosis documentation requirements.	⍦ ABHWV scored 60.5% in the 2023 encounter data validation study. Performance declined further when compared to 2022. Again, poor performance was attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed. This recommendation remains in place.
MHP ABHWV - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY	
There were no formal 2022 recommendations for ABHWV.	

State Recommendations

As identified in the introduction of this report, the State aims to deliver high quality, accessible care to managed care members. To achieve this goal, BMS and WVCHIP developed a framework to focus quality improvement efforts for the managed care programs. Table 70 identifies goals and objectives described in the *West Virginia Managed Care Quality Strategy*, published in 2021.

Table 70. West Virginia Managed Care Program Goals and Objectives

Goal	Objective
1. Promote a health care delivery system that consistently offers: • Timely access to health care • High clinical quality, including use of evidence-based models of treatment • Care at the appropriate time to deter avoidable use of emergency and acute care • Children and adolescents' access to primary care according to the periodicity schedule	1. Offer a wide range of physical, behavioral health, and social services to address whole-person health. 2. Improve child wellness and PCP visit rates. 3. Improve the rate of medically necessary EPSDT utilization. 4. Expand use of health care services that offer preventive value (e.g., vaccinations, well-child visits, annual examinations).
2. Offer tools and supports that empower individuals to self-manage their health, whole-person and whole-household wellness, and use of health care services.	1. Implement sound person-centered planning that addresses the whole person and advances individual and family goals. 2. Improve screening and referral for social determinants of health (SDoH) including the use of Z-Codes for need and impact measurement. 3. Use care transition supports to empower patient education, timely and effective post-discharge follow-up while assessing strategies to avoid re-hospitalization and risk reduction
3. Promote effective communication and team-based care to better coordinate care across the full continuum of health care.	1. Improve acute care hospitalization follow-up rates. 2. Improve care for mothers and infants (e.g., immunization rates, postpartum visits, etc.). 3. Implement team-based care coordination models using evidence-based practices to move to holistic, multidisciplinary care coordination.
4. Reduce the incidence of targeted conditions that negatively impact health and quality of life, including: • Cardiovascular disease and its contributors (cholesterol and hypertension) • Chronic respiratory disease (chronic obstructive pulmonary disease (COPD), asthma, and other conditions related to smoking) • Depression • Diabetes • Opioid misuse • Obesity	1. Improve hospital-acquired infection metrics. 2. Improve chronic condition metrics (e.g., diabetes, smoking, etc.). 3. Implement population health management tailored to conditions using a combination of evidence-based practices and community-based customization. 4. Advance tools and supports that empower improved individual health behaviors related to priorities such as (a) nutrition, (b) exercise, (c) reduce/eliminate the use of tobacco, alcohol, and other substances, (d) sexual health and family planning, and (e) mental wellness.
5. Strengthen State oversight of programs to maximize partnership with contracted MCPs as committed partners to driving health impacts and acting as good stewards of resources.	1. Monitor member satisfaction scores. 2. Ensure timely MCP reporting per contract standards. 3. Implement updated continuous quality improvement practices to enhance partnership.

Source: *West Virginia Managed Care Quality Strategy Mountain Health Trust and Mountain Health Promise* [23]

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[23] West Virginia Managed Care Quality Strategy

Recommendations on How the State Can Target Quality Strategy Goals and Objectives

The intent of the Quality Strategy is to provide an overarching framework for BMS and WVCHIP to drive quality and performance improvement among its contracted MCPs, with the ultimate goal of improving health outcomes for its members. In many instances, MCPs have developed strategies to meet and achieve goals. An analysis of HEDIS and CAHPS survey measures included in Appendix A1 and A2, respectively, demonstrate MCP averages are meeting and exceeding national average benchmarks in many measures relating to the effectiveness of care, access and availability of services, preventive care utilization, and member experience.

Figure 45 illustrates equal to or better than national average performance for the West Virginia MCPs in select HEDIS measures.

Figure 45. MY 2022 HEDIS – WV MCP Average Performance (Medicaid and CHIP combined) Compared to Benchmarks
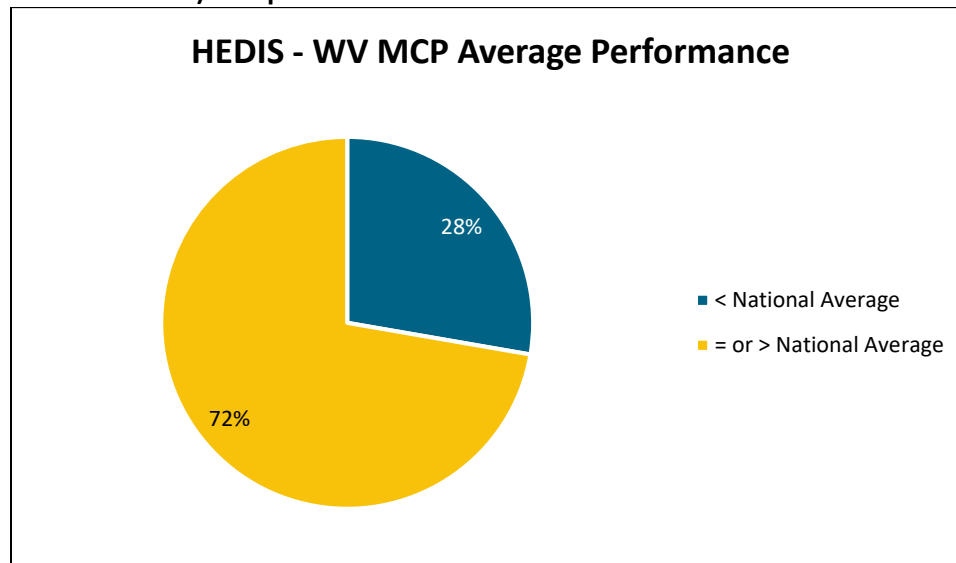
The West Virginia Medicaid MCP averages performed as well as or better than national average benchmarks in 72% of select HEDIS measures.

Figure 46 illustrates equal to or better than national average performance for West Virginia MCPs in select CAHPS survey measures.

Figure 46. MY 2022 CAHPS Survey – West Virginia MCP Average Performance (Medicaid and CHIP combined) Compared to Benchmarks
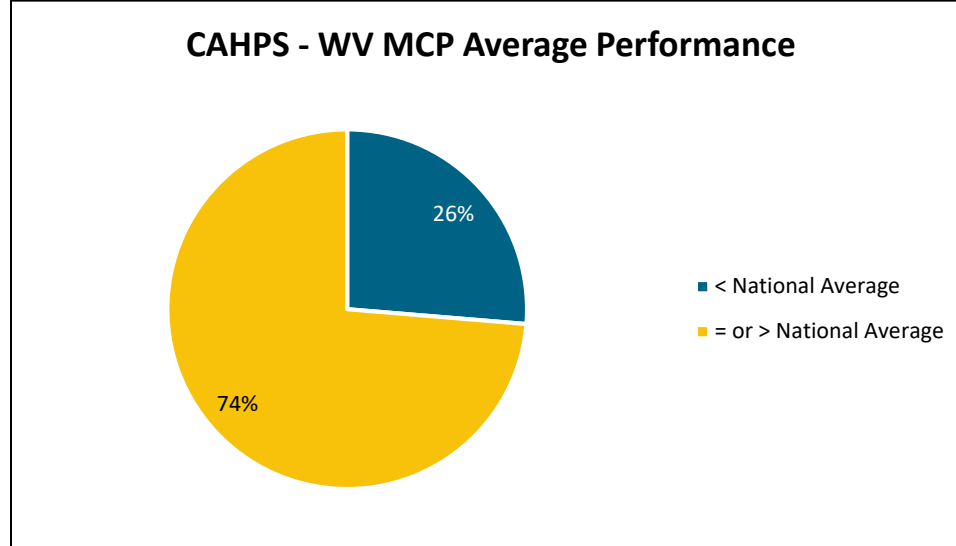
The West Virginia Medicaid MCP averages performed as well as or better than national average benchmarks in 74% of select CAHPS survey measures.

While the MCPs are demonstrating their commitment to quality and improving health outcomes and experiences, there continues to be opportunity to achieve additional improvements. Qlarant makes several recommendations below for BMS and WVCHIP to consider. Recommendations describe how the State can target Quality Strategy goals and objectives to better support improvement in the quality, timeliness, and accessibility of health care services furnished to managed care members.

Overall, MCPs performed as well as or better than average on many CAHPS survey measures compared to national benchmarks. However, one measure that continues to present as an opportunity for improvement each year includes Advising Smokers and Tobacco Users to Quit. The West Virginia MCP average is 72%—below the national average. *Qlarant recommends* the State consider requiring the MCPs to target and develop strategies to improve performance in the Advising Smokers and Tobacco Users to Quit measure. Reducing the incidence of targeted conditions that negatively impact health and quality of life, including conditions related to smoking addresses Goal 4. Specifically, MCPs can encourage and advance supports that empower improved individual health behaviors related to the use of tobacco.

After MCPs have reported five years of remeasurement results and statistically significant improvement in at least one measure in the Annual Dental Visits PIP, the State elected to close the PIP and introduce a new topic. The State is requiring a new PIP, Lead Screening in Children. *Qlarant recommends* the State include this priority area and measure in its revised Quality Strategy. This new PIP targets Goal 1, which includes promoting a health care delivery system that focuses on increasing child access to primary care and improving child wellness.

The MCPs are required to conduct an initial health assessment, or screening, of each member's needs upon enrollment. Barriers exist to obtaining health information from members, which can negatively impact care coordination and management. *Qlarant recommends* the State establish targets for the

MCPs to complete initial health assessments within 30, 60, and 90 days. MCPs should make multiple attempts to obtain and complete screenings. These assessments provide valuable information including identification of risk factors such as social determinants of health (SDoH), chronic conditions, substance use, mental health disorders, and other health and safety issues. If MCPs improve compliance in completing these screenings, they can achieve improvements related to Goals 1-3. Specifically, MCPs can offer or coordinate a wide range of physical, behavioral health, and social services to address whole-person health and promote effective communication and team-based care to better coordinate care across the full continuum of health care.

Opioid misuse continues to plague the health and wellbeing of West Virginia residents as evidenced by the State's Office of Drug Control Policy dashboard reports.[24] The West Virginia DoHS Bureau for Behavioral Health has initiated a State Opioid Response and developed goals and objectives including expanding treatment and addressing barriers.[25] *Qlarant recommends* the State elevate this priority within the managed care programs. BMS should consider requiring the MCPs develop quality improvement initiatives or engage in other opioid-related performance measure reporting. One option is to include additional measures in the MCP incentive-based withhold program, where MCPs are rewarded for improvements in performance. Targeting opioid misuse supports Goal 4, reduce the incidence of targeted conditions that negatively impact health and quality of life.

The MCPs have expressed challenges accessing child and adolescent immunization data via the State's immunization registry, which has potentially negatively impacted PIP performance. BMS is working to facilitate improved MCP access to the registry; however, the impact has been minimal as challenges continue for the MCPs. *Qlarant recommends* BMS continue to work with State partners to completely remedy access barriers to the data-rich immunization registry. This recommendation aligns with Goal 5, which strengthens State oversight of programs to maximize partnership with contracted MCPs, and more specifically implements updated continuous quality improvement practices to ensure MCP reporting per contract standards.

Conclusion

As West Virginia's contracted EQRO, Qlarant evaluated the MHT and MHP managed care programs to assess compliance with federal and state-specific requirements. Review and validation activities occurred over the course of 2023 and assessed MY 2022 and MY 2023 performance, as applicable. Qlarant evaluated each participating MCP and found:

- MCPs conduct PIPs in a methodical manner.
  - After experiencing a decline in performance due to the COVID-19 public health emergency, the MHT MCP Medicaid average demonstrated improvement in both state-mandated measures for the Annual Dental Visits PIP. Improvement was also demonstrated over this last year in the MHT MCP CHIP average for both PIP measures.
  - All MHT MCPs reported baseline performance for the Follow-Up After Emergency Department Visit for Mental Illness PIP.
  - For the MCP-selected PIPs, all MHT MCPs demonstrated improvement in at least one measure. The improvement was statistically significant for two of three MCPs—

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[24] Data Dashboard (wv.gov)
[25] State Opioid Response (SOR) (wv.gov)

- ABHWV: Adolescents Well-Care Visits 12-17 Year Olds (Medicaid and CHIP) and Adolescents Well-Care Visits 18-21 Year Olds (Medicaid)
        - THP: Adolescents Well-Care Visits Total (Medicaid) and Weight Assessment and Counseling for Nutrition - BMI Percentile Documentation (Medicaid and CHIP)
    - MHP ABHWV demonstrated improvement in both Annual Dental Visits PIP measures. The improvement was statistically significant in the Percentage of Eligibles that Received Preventive Dental Services measure.
    - MHP ABHWV failed to report improvement in its Care for Adolescents PIP and Reducing Out-of-State Placement for Foster Care PIP.
- MCPs had appropriate systems in place to process accurate claims and encounters, as demonstrated in the PMV activity. Measure results were assessed as "reportable." All MCPs achieved validation scores of 100%. ABHWV performed equal to or better than the MHT average on 67% of the Medicaid performance measures. THP and UHP did not perform as well, with 24% and 48%, respectively. Conversely, THP and UHP performed equal to or better than the MHT average on 63% and 50% of the CHIP performance measures, respectively. ABHWV did not perform as well with the CHIP measures (38%).
- MCPs demonstrated compliance with federal and state requirements in the SPR ranging from 99-100%. THP was the only MCP that required a CAP; the MCP remedied its Information Requirements Standard deficiency immediately.
- There is opportunity to improve successful contact with providers after regular business hours for the NAV 24/7 access study. The MHT MCP average was 82.2% and the MHP ABHWV average was 71.7%. The most frequent reason for unsuccessful contact was due to the phone number not reaching the intended provider. In instances where successful provider contact was achieved, Qlarant determined provider offices appropriately directed members to care—all MCPs achieved 97.7% compliance, or greater, with the provider 24/7 access requirement. A quarter 4 resurvey of providers not accessible during quarters 1-3, resulted in mixed remediation results (MHT ABHWV: 53.3%, THP: 100%, and UHP: 30.0%; MHP ABHWV: 61.1%).
- An evaluation of claims data yielded an overall high level of encounter data accuracy, as evidenced by supporting medical record documentation in the EDV activity. The MHT MCP average match rate was 95.3%. MHP ABHWV was the exception and achieved a match rate of 60.5%; this poor performance was largely attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed.
- Overall, the MHT MCPs performed well in resolving and/or providing timely notice to members for grievances, denials, and appeals, having scored averages of 100%, 99.4%, and 99.2%, respectively. MHP ABHWV's performance for the same review elements included 100%.
- MCP averages for the selected HEDIS and CAHPS survey measures, identified in Appendix A1 and A2, respectively, compared favorably to national average benchmarks for the majority of measures.

West Virginia's managed care programs continue to make strides and improve the quality of and access to health care services for its Medicaid and CHIP members. These beneficial gains are expected to improve health outcomes in the populations served. All MCPs demonstrate their commitment to quality and quickly respond to recommendations or requests for corrective actions. BMS and WVCHIP should continue to monitor, assess, and improve priority areas and consider Qlarant recommendations, which target Quality Strategy goals and objectives to better support improvement in the quality, timeliness, and accessibility of health care services furnished to West Virginia's managed care members.

Appendix 1 - HEDIS® Measures Collected and Reported to NCQA

The table below includes 2023 (MY 2022) Health Care Effectiveness Data and Information Set (HEDIS®) performance measure results for each West Virginia managed care plan (MCP) and a comparison to National Committee for Quality Assurance (NCQA) Quality Compass Medicaid Health Maintenance Organization (HMO) benchmarks. Rates reflect results for Medicaid and Children's Health Insurance Program (CHIP) combined. The MCP average is compared to benchmarks using a diamond rating system, as defined below.

♦♦♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass 90th Percentile.

♦♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass 75th Percentile, but does not meet the 90th Percentile.

♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass National Average, but does not meet the 75th Percentile.

♦ MCP rate is below the NCQA Quality Compass National Average.

Table 1. Appendix 1 – HEDIS Performance Measures

Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(AAB) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (18-64 Yrs)	40.97	38.03	32.69	36.67	♦
(AAB) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (3 months-17 Yrs)	66.43	64.23	62.01	64.21	♦
(AAB) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (65+ Yrs)	D<30	D<30	D<30	NA	NC
(AAB) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (Total)	56.70	51.04	48.55	52.00	♦
(AAP) Adults' Access to Preventive/ Ambulatory Health Services (20-44 Yrs)	70.29	70.64	74.27	71.99	♦♦
(AAP) Adults' Access to Preventive/ Ambulatory Health Services (45-64 Yrs)	79.00	78.97	80.73	79.63	♦♦
(AAP) Adults' Access to Preventive/ Ambulatory Health Services (65+ Yrs)	80.20	70.06	79.43	77.36	♦
(AAP) Adults' Access to Preventive/ Ambulatory Health Services (Total)	73.44	73.64	76.41	74.66	♦♦
(ADD) Follow-Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	55.94	52.42	57.98	55.93	♦♦
(ADD) Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	53.35	46.17	46.44	51.24	♦♦♦

Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(ADV) Annual Dental Visit (11-14 Yrs)	67.08	58.13	64.32	64.23	♦ ♦ ♦
(ADV) Annual Dental Visit (15-18 Yrs)	59.47	50.93	55.63	56.21	♦ ♦ ♦
(ADV) Annual Dental Visit (19-20 Yrs)	35.07	31.80	34.13	34.01	♦ ♦
(ADV) Annual Dental Visit (2-3 Yrs)	41.99	32.92	37.51	38.23	♦ ♦
(ADV) Annual Dental Visit (4-6 Yrs)	70.21	62.06	67.55	67.41	♦ ♦ ♦
(ADV) Annual Dental Visit (7-10 Yrs)	71.02	62.28	69.04	68.48	♦ ♦ ♦
(ADV) Annual Dental Visit (Total)	61.61	52.97	58.44	58.59	♦ ♦ ♦
(AIS-E) Adult Immunization Status - Influenza (19-65)	9.11	~	~	NA	NC
(AIS-E) Adult Immunization Status - Td/Tdap (19-65)	27.93	~	~	NA	NC
(AIS-E) Adult Immunization Status - Zoster (50-65)	3.43	~	~	NA	NC
(AMB) Ambulatory Care - Emergency Dept Visits/1000 MM (Total)	628.26	641.02	604.07	622.06	♦ ♦
(AMB) Ambulatory Care - Outpatient Visits/1000 MM (Total)	4284.87	4074.85	4579.86	4346.91	♦ ♦
(AMM) Antidepressant Medication Management - Effective Acute Phase Treatment	75.73	70.34	65.31	71.63	♦ ♦ ♦
(AMM) Antidepressant Medication Management - Effective Continuation Phase Treatment	63.30	55.98	47.15	57.17	♦ ♦ ♦
(AMR) Asthma Medication Ratio (12-18 Yrs)	77.52	63.74	70.81	70.93	♦ ♦
(AMR) Asthma Medication Ratio (19-50 Yrs)	67.48	53.55	66.76	62.81	♦ ♦
(AMR) Asthma Medication Ratio (5-11 Yrs)	86.02	73.91	81.98	81.13	♦ ♦
(AMR) Asthma Medication Ratio (51-64 Yrs)	72.19	55.45	64.39	63.40	♦ ♦
(AMR) Asthma Medication Ratio (Total)	72.94	57.41	68.90	66.48	♦ ♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (1-11 Yrs)	65.94	53.77	60.56	62.02	♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (12-17 Yrs)	74.08	52.47	61.41	66.06	♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (Total)	71.66	52.85	61.17	64.88	♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (1-11 Yrs)	76.81	63.21	73.94	73.28	♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (12-17 Yrs)	87.27	71.48	79.15	81.73	♦♦♦♦

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Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (Total)	84.16	69.11	77.67	79.26	♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (1-11 Yrs)	66.67	55.66	61.97	63.17	♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (12-17 Yrs)	75.31	52.85	61.97	66.93	♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (Total)	72.74	53.66	61.97	65.83	♦♦♦♦
(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1-11 Yrs)	57.85	39.47	46.25	51.05	♦
(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12-17 Yrs)	62.55	37.76	46.75	53.18	♦
(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	61.08	38.24	46.58	52.51	♦
(BCS) Breast Cancer Screening	45.30	45.86	47.04	46.11	♦
(BCS-E) Breast Cancer Screening	45.07	~	~	NA	NC
(BPD) Blood Pressure Control for Patients With Diabetes: Blood Pressure Control for Patients With Diabetes *New*	65.69	63.26	65.45	64.91	♦ ♦
(CBP) Controlling High Blood Pressure	65.94	60.10	65.21	64.08	♦ ♦
(CCS) Cervical Cancer Screening	47.93	46.47	55.96	50.75	♦
(CHL) Chlamydia Screening in Women (16-20 Yrs)	41.10	35.08	37.43	38.43	♦
(CHL) Chlamydia Screening in Women (21-24 Yrs)	56.02	53.27	55.59	55.16	♦
(CHL) Chlamydia Screening in Women (Total)	46.67	43.79	45.96	45.74	♦
(CIS) Childhood Immunization Status - Combination 10	29.44	25.79	25.06	26.90	♦
(CIS) Childhood Immunization Status - Combination 3	68.86	68.61	69.34	68.99	♦ ♦ ♦
(CIS) Childhood Immunization Status - Combination 7	63.02	60.83	59.37	61.10	♦ ♦ ♦
(CIS) Childhood Immunization Status - DTaP	75.91	72.26	75.91	75.10	♦ ♦
(CIS) Childhood Immunization Status - Hepatitis A	86.37	86.37	86.86	86.56	♦ ♦ ♦
(CIS) Childhood Immunization Status - Hepatitis B	90.75	89.78	92.70	91.30	♦ ♦ ♦
(CIS) Childhood Immunization Status - HiB	88.81	88.08	89.54	88.94	♦ ♦ ♦
(CIS) Childhood Immunization Status - Influenza	37.96	32.12	31.14	33.98	♦
(CIS) Childhood Immunization Status - IPV	90.02	88.08	91.97	90.36	♦ ♦ ♦

Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(CIS) Childhood Immunization Status - MMR	88.32	85.16	87.10	87.14	♦ ♦
(CIS) Childhood Immunization Status - Pneumococcal Conjugate	74.45	75.43	77.13	75.72	♦ ♦
(CIS) Childhood Immunization Status - Rotavirus	75.67	74.45	73.72	74.63	♦ ♦ ♦
(CIS) Childhood Immunization Status - VZV	87.59	84.43	85.89	86.22	♦ ♦
(CIS-E) Childhood Immunization Status - Combo10	16.40	~	~	NA	NC
(CIS-E) Childhood Immunization Status - Combo3	42.75	~	~	NA	NC
(CIS-E) Childhood Immunization Status - Combo7	37.62	~	~	NA	NC
(CIS-E) Childhood Immunization Status - DTaP	57.99	~	~	NA	NC
(CIS-E) Childhood Immunization Status - HepatitisA	83.70	~	~	NA	NC
(CIS-E) Childhood Immunization Status - HepatitisB	63.78	~	~	NA	NC
(CIS-E) Childhood Immunization Status - HiB	76.80	~	~	NA	NC
(CIS-E) Childhood Immunization Status - Influenza	31.64	~	~	NA	NC
(CIS-E) Childhood Immunization Status - IPV	72.78	~	~	NA	NC
(CIS-E) Childhood Immunization Status - MMR	83.28	~	~	NA	NC
(CIS-E) Childhood Immunization Status - PneumococcalConjugate	58.49	~	~	NA	NC
(CIS-E) Childhood Immunization Status - Rotavirus	61.08	~	~	NA	NC
(CIS-E) Childhood Immunization Status - VZV	81.80	~	~	NA	NC
(COL) Colorectal Cancer Screening (Age 46-49)	16.28	16.50	18.24	17.11	NBM
(COL) Colorectal Cancer Screening (Age 50-75)	29.07	31.05	30.77	30.28	NBM
(COL) Colorectal Cancer Screening (Total)	26.11	27.69	27.67	27.15	NBM
(COU) Risk of Continued Opioid Use >= 15 Days (18-64 Yrs)+	7.21	9.26	7.37	7.95	♦
(COU) Risk of Continued Opioid Use >= 15 Days (65 Yrs)+	D<30	D<30	D<30	NA	NC
(COU) Risk of Continued Opioid Use >= 15 Days (Total)+	7.21	9.27	7.38	7.95	♦
(COU) Risk of Continued Opioid Use >= 30 Days (18-64 Yrs)+	3.54	4.79	3.90	4.08	♦
(COU) Risk of Continued Opioid Use >= 30 Days (65 Yrs)+	D<30	D<30	D<30	NA	NC
(COU) Risk of Continued Opioid Use >= 30 Days (Total)+	3.55	4.78	3.91	4.08	♦
(CRE) Cardiac Rehabilitation - Achievement (18-64 Yrs)	2.29	2.60	1.31	3.53	♦ ♦ ♦
(CRE) Cardiac Rehabilitation - Achievement (65 Yrs)	D<30	D<30	D<30	NA	NC
(CRE) Cardiac Rehabilitation - Achievement (Total)	2.29	2.60	1.31	3.53	♦ ♦ ♦
(CRE) Cardiac Rehabilitation - Engagement 1 (18-64 Yrs)	4.17	4.73	3.94	5.07	♦ ♦
(CRE) Cardiac Rehabilitation - Engagement 1 (65+ Yrs)	D<30	D<30	D<30	NA	NC
(CRE) Cardiac Rehabilitation - Engagement 1 (Total)	4.16	4.73	3.94	5.07	♦ ♦

Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(CRE) Cardiac Rehabilitation - Engagement 2 (18-64 Yrs)	4.17	4.49	3.06	4.71	♦ ♦
(CRE) Cardiac Rehabilitation - Engagement 2 (65 Yrs)	D<30	D<30	D<30	NA	NC
(CRE) Cardiac Rehabilitation - Engagement 2 (Total)	4.16	4.49	3.06	4.70	♦ ♦
(CRE) Cardiac Rehabilitation - Initiation (18-64 Yrs)	2.92	3.55	3.50	4.56	♦ ♦
(CRE) Cardiac Rehabilitation - Initiation (65+ Yrs)	D<30	D<30	D<30	NA	NC
(CRE) Cardiac Rehabilitation - Initiation (Total)	2.91	3.55	3.50	4.56	♦ ♦
(CWP) Appropriate Testing for Children with Pharyngitis (18-64 Yrs)	56.42	63.95	66.22	63.06	♦ ♦
(CWP) Appropriate Testing for Children with Pharyngitis (3-17 Yrs)	69.94	74.34	77.08	74.12	♦
(CWP) Appropriate Testing for Children with Pharyngitis (65+ Yrs)	D<30	D<30	D<30	NA	NC
(CWP) Appropriate Testing for Children with Pharyngitis (Total)	66.33	70.26	73.53	70.57	♦
(DMH) Diagnosed Mental Health Disorders (1-17)	30.77	23.25	24.05	26.57	♦ ♦ ♦
(DMH) Diagnosed Mental Health Disorders (18-64)	40.49	39.54	39.59	39.87	♦ ♦ ♦
(DMH) Diagnosed Mental Health Disorders (65+)	32.01	35.38	34.22	33.78	♦ ♦
(DMH) Diagnosed Mental Health Disorders (Total)	36.22	34.22	33.53	34.66	♦ ♦ ♦
(DSU) Diagnosed Substance Use Disorders - Alcohol (13-17)	0.44	0.19	0.13	0.26	♦ ♦
(DSU) Diagnosed Substance Use Disorders - Alcohol (18-64)	3.13	3.52	3.00	3.19	♦ ♦
(DSU) Diagnosed Substance Use Disorders - Alcohol (65+)	2.31	2.69	3.42	3.20	♦ ♦
(DSU) Diagnosed Substance Use Disorders - Alcohol (Total)	2.63	3.11	2.54	2.72	♦ ♦
(DSU) Diagnosed Substance Use Disorders - Any (13-17)	2.24	0.77	0.81	1.37	♦ ♦ ♦
(DSU) Diagnosed Substance Use Disorders - Any (18-64)	14.12	15.11	10.82	13.10	♦ ♦ ♦ ♦
(DSU) Diagnosed Substance Use Disorders - Any (65+)	4.29	5.77	4.18	5.23	♦
(DSU) Diagnosed Substance Use Disorders - Any (Total)	11.88	13.33	9.17	11.20	♦ ♦ ♦ ♦
(DSU) Diagnosed Substance Use Disorders - Opioid (13-17)	0.16	0.10	0.07	0.11	♦ ♦ ♦
(DSU) Diagnosed Substance Use Disorders - Opioid (18-64)	9.60	10.68	6.66	8.75	♦ ♦ ♦ ♦
(DSU) Diagnosed Substance Use Disorders - Opioid (65+)	1.32	1.54	1.14	1.47	♦
(DSU) Diagnosed Substance Use Disorders - Opioid (Total)	7.81	9.37	5.57	7.34	♦ ♦ ♦ ♦
(DSU) Diagnosed Substance Use Disorders - Other (13-17)	2.01	0.62	0.68	1.20	♦ ♦ ♦
(DSU) Diagnosed Substance Use Disorders - Other (18-64)	7.65	8.15	6.17	7.21	♦ ♦ ♦ ♦
(DSU) Diagnosed Substance Use Disorders - Other (65+)	1.98	2.69	0.76	1.91	♦ ♦
(DSU) Diagnosed Substance Use Disorders - Other (Total)	6.58	7.22	5.26	6.23	♦ ♦ ♦ ♦

Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(EED) Eye Exam for Patients With Diabetes: Eye Exam for Patients With Diabetes *New*	35.77	46.47	34.06	38.15	♦
(FSP) Frequency of Selected Procedures - Back Surgery (F 20-44)	1.47	1.13	1.32	1.32	♦ ♦
(FSP) Frequency of Selected Procedures - Back Surgery (F 45-64)	5.80	5.39	4.30	5.12	♦
(FSP) Frequency of Selected Procedures - Back Surgery (M 20-44)	2.04	1.47	1.38	1.62	♦ ♦
(FSP) Frequency of Selected Procedures - Back Surgery (M 45-64)	6.17	4.89	4.80	5.30	♦
(FSP) Frequency of Selected Procedures - Bariatric Weight Loss Surgery (F 0-19)	0.05	0.00	0.05	0.04	♦
(FSP) Frequency of Selected Procedures - Bariatric Weight Loss Surgery (F 20-44)	3.81	0.31	3.64	2.81	♦ ♦
(FSP) Frequency of Selected Procedures - Bariatric Weight Loss Surgery (F 45-64)	3.42	0.13	3.31	2.45	♦ ♦
(FSP) Frequency of Selected Procedures - Bariatric Weight Loss Surgery (M 0-19)	0.00	0.00	0.00	0.00	♦
(FSP) Frequency of Selected Procedures - Bariatric Weight Loss Surgery (M 20-44)	0.69	0.00	0.44	0.39	♦ ♦
(FSP) Frequency of Selected Procedures - Bariatric Weight Loss Surgery (M 45-64)	0.84	0.00	0.12	0.33	♦
(FSP) Frequency of Selected Procedures - Cholecystectomy Laparoscopic (F 15-44)	8.10	8.61	8.61	8.44	♦♦♦♦
(FSP) Frequency of Selected Procedures - Cholecystectomy Laparoscopic (F 45-64)	8.01	5.85	7.47	5.53	♦ ♦
(FSP) Frequency of Selected Procedures - Cholecystectomy Laparoscopic (M 30-64)	3.66	3.20	3.58	3.49	♦ ♦ ♦
(FSP) Frequency of Selected Procedures - Cholecystectomy Open (F 15-44)	0.13	0.09	0.14	0.12	♦ ♦ ♦
(FSP) Frequency of Selected Procedures - Cholecystectomy Open (F 45-64)	0.22	0.39	0.15	0.24	♦
(FSP) Frequency of Selected Procedures - Cholecystectomy Open (M 30-64)	0.22	0.21	0.18	0.20	♦
(FSP) Frequency of Selected Procedures - Hysterectomy Abdominal (15-44)	0.79	0.92	0.83	0.84	♦ ♦ ♦

Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(FSP) Frequency of Selected Procedures - Hysterectomy Abdominal (45-64)	0.88	2.04	1.39	1.40	♦
(FSP) Frequency of Selected Procedures - Hysterectomy Vaginal (15-44)	1.66	1.30	1.58	1.54	♦♦♦♦
(FSP) Frequency of Selected Procedures - Hysterectomy Vaginal (45-64)	1.44	1.12	1.63	1.42	♦ ♦ ♦
(FSP) Frequency of Selected Procedures - Lumpectomy (F 15-44)	0.79	1.12	1.15	1.02	♦ ♦
(FSP) Frequency of Selected Procedures - Lumpectomy (F 45-64)	2.76	2.69	2.72	2.73	♦
(FSP) Frequency of Selected Procedures - Mastectomy (F 15-44)	0.28	0.40	0.32	0.33	♦
(FSP) Frequency of Selected Procedures - Mastectomy (F 45-64)	1.55	1.25	1.39	1.40	♦
(FSP) Frequency of Selected Procedures - Tonsillectomy (M/F 0-9)	8.73	8.13	8.06	8.34	♦ ♦ ♦
(FSP) Frequency of Selected Procedures - Tonsillectomy (M/F 10-19)	3.10	3.61	3.05	3.19	♦ ♦ ♦
(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (13-17 Yrs)	46.15	D<30	35.48	NA	NC
(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (18+ Yrs)	57.26	59.94	59.09	58.75	♦♦♦♦
(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (Total)	56.87	59.63	58.71	58.38	♦♦♦♦
(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (13-17 Yrs)	29.23	D<30	19.35	NA	NC
(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (18+ Yrs)	47.73	51.55	50.81	50.03	♦♦♦♦
(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (Total)	47.08	51.28	50.31	49.53	♦♦♦♦
(FUH) Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up (18-64 Yrs)	53.49	64.07	59.24	58.52	♦ ♦
(FUH) Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up (6-17 Yrs)	72.82	71.14	80.72	74.89	♦ ♦
(FUH) Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up (65+ Yrs)	D<30	D<30	D<30	NA	NC
(FUH) Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up (Total)	61.20	65.29	64.27	63.22	♦ ♦
(FUH) Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up (18-64 Yrs)	29.28	38.13	36.38	34.35	♦ ♦

Measure	ABHWV*%	THP%	UHP%	MCP AVG%	Comparison to Benchmarks
(FUH) Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up (6-17 Yrs)	44.14	32.21	50.60	44.46	♦
(FUH) Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up (65+ Yrs)	D<30	D<30	D<30	NA	NC
(FUH) Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up (Total)	35.21	37.31	39.72	37.28	♦ ♦
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (13-17 Yrs)	D<30	D<30	D<30	NA	NC
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (18-64 Yrs)	59.54	63.41	56.14	60.06	♦ ♦
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (65+ Yrs)	D<30	D<30	D<30	NA	NC
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (Total)	59.03	63.52	56.03	59.90	♦ ♦
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (13-17 Yrs)	D<30	D<30	D<30	NA	NC
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (18-64 Yrs)	39.75	42.42	36.26	39.77	♦ ♦
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (65+ Yrs)	D<30	D<30	D<30	NA	NC
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (Total)	39.41	42.44	36.19	39.65	♦ ♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (18-64 Yrs)	45.68	44.65	45.26	45.22	♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (6-17 Yrs)	75.13	64.03	66.06	70.15	♦ ♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (65+ Yrs)	D<30	D<30	D<30	NA	NC
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (Total)	58.94	49.38	52.52	54.25	♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (18-64 Yrs)	30.86	31.16	31.33	31.12	♦

Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (6-17 Yrs)	52.51	41.73	40.07	46.44	♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (65+ Yrs)	D<30	D<30	D<30	NA	NC
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (Total)	40.61	33.74	34.38	36.67	♦
(HBD) Hemoglobin A1c Control for Patients With Diabetes - Poor HbA1c Control+ *New*	32.36	31.87	39.17	34.47	♦ ♦
(HBD) Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (<8%)+ *New*	56.69	58.64	50.36	55.23	♦ ♦ ♦
(HDO) Use of Opioids at High Dosage (HDO)+	0.40	1.31	1.33	1.01	♦ ♦ ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Alcohol (Age 13-17)	29.03	D<30	D<30	NA	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Alcohol (Age 18-64)	15.05	19.90	16.12	16.91	♦ ♦ ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Alcohol (Age 65+)	D<30	D<30	D<30	NA	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Alcohol (Total)	15.61	19.75	16.00	16.99	♦ ♦ ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Opioid (Age 13-17)	9.68	42.86	6.67	13.21	♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Opioid (Age 18-64)	44.95	49.13	50.72	48.20	♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Opioid (Age 65+)	D<30	D<30	D<30	NA	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Opioid (Total)	44.52	49.12	50.44	47.94	♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Other (Age 13-17)	18.75	7.95	8.92	14.07	♦ ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Other (Age 18-64)	22.32	20.37	25.60	22.91	♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Other (Age 65+)	D<30	D<30	D<30	NA	NC

Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Other (Total)	22.01	20.01	24.84	22.43	♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Total (Age 13-17)	19.69	9.92	8.63	14.88	♦ ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Total (Age 18-64)	28.90	30.62	31.42	30.32	♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Total (Age 65+)	D<30	D<30	D<30	NA	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Total (Total)	28.42	30.25	30.83	29.82	♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Alcohol (Age 13-17)	50.00	D<30	D<30	NA	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Alcohol (Age 18-64)	42.58	45.78	48.01	45.62	♦ ♦ ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Alcohol (Age 65+)	D<30	D<30	D<30	NA	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Alcohol (Total)	42.92	45.66	47.87	45.61	♦ ♦ ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Opioid (Age 13-17)	35.48	D<30	D<30	NA	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Opioid (Age 18-64)	64.42	68.94	71.60	68.24	♦ ♦ ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Opioid (Age 65+)	D<30	D<30	D<30	NA	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Opioid (Total)	64.07	68.91	71.32	68.01	♦ ♦ ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Other (Age 13-17)	44.44	42.05	35.67	41.46	♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Other (Age 18-64)	48.96	48.19	52.63	50.05	♦ ♦ ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Other (Age 65+)	D<30	D<30	D<30	NA	NC

Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Other (Total)	48.56	48.00	51.86	49.57	♦ ♦ ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Total (Age 13-17)	44.62	42.15	35.03	41.49	♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Total (Age 18-64)	53.16	55.15	57.63	55.36	♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Total (Age 65+)	D<30	D<30	D<30	NA	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Total (Total)	52.72	54.90	57.05	54.91	♦ ♦ ♦
(IMA) Immunizations for Adolescents - Combination 1	82.48	81.75	82.97	82.53	♦ ♦
(IMA) Immunizations for Adolescents - Combination 2	29.20	21.65	22.87	25.16	♦
(IMA) Immunizations for Adolescents - HPV	30.66	22.14	24.09	26.33	♦
(IMA) Immunizations for Adolescents - Meningococcal	83.21	82.24	83.70	83.22	♦ ♦
(IMA) Immunizations for Adolescents - Tdap/Td	86.13	83.94	85.40	85.40	♦ ♦
(KED) Kidney Health Evaluation for Patients With Diabetes (18-64 Yrs)	28.94	27.30	27.85	28.05	♦
(KED) Kidney Health Evaluation for Patients With Diabetes (65-74 Yrs)	35.44	27.91	25.64	31.06	♦
(KED) Kidney Health Evaluation for Patients With Diabetes (75-85 Yrs)	D<30	D<30	D<30	NA	NC
(KED) Kidney Health Evaluation for Patients With Diabetes (Total)	28.99	27.30	27.84	28.06	♦
(LBP) Use of Imaging Studies for Low Back Pain	66.95	66.54	68.75	67.61	♦
(LBP) Use of Imaging Studies for Low Back Pain (65-75)	D<30	D<30	D<30	NA	NC
(LBP) Use of Imaging Studies for Low Back Pain (Total)	66.95	66.61	68.71	67.61	♦
(LSC) Lead Screening in Children	56.93	49.41	53.22	53.80	♦
(NCS) Non-Recommended Cervical Cancer Screening in Adolescent Females+	1.46	1.22	1.60	1.43	♦ ♦
(PBH) Persistence of Beta-Blocker Treatment after a Heart Attack	77.78	91.22	89.31	86.25	♦ ♦ ♦
(PCE) Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	84.91	86.47	83.72	84.94	♦ ♦
(PCE) Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	86.12	85.69	77.69	82.96	♦♦♦♦
(PCR) Plan All-Cause Readmissions (18-64)+	0.99	0.94	0.97	0.97	♦ ♦ ♦

Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(PDS-E) Postpartum Depression Screening and Follow-Up - Depression Screening	0.00	~	~	NA	NC
(PDS-E) Postpartum Depression Screening and Follow-Up - Follow-Up on Positive Screen	D<30	~	~	NA	NC
(PND-E) Prenatal Depression Screening and Follow-Up - Depression Screening	0.00	~	~	NA	NC
(PND-E) Prenatal Depression Screening and Follow-Up - Follow-Up on Positive Screen	D<30	~	~	NA	NC
(POD) Pharmacotherapy for Opioid Use Disorder (16-64 Yrs)	48.49	29.82	23.05	37.36	♦ ♦ ♦
(POD) Pharmacotherapy for Opioid Use Disorder (65+ Yrs)	D<30	D<30	D<30	NA	NC
(POD) Pharmacotherapy for Opioid Use Disorder (Total)	48.55	29.82	23.06	37.39	♦ ♦ ♦
(PPC) Prenatal and Postpartum Care - Postpartum Care	78.59	72.02	82.87	78.84	♦ ♦
(PPC) Prenatal and Postpartum Care - Timeliness of Prenatal Care	85.89	83.70	90.03	87.16	♦ ♦
(PRS-E) Prenatal Immunization Status - Combination	15.06	12.33	11.35	12.77	♦
(PRS-E) Prenatal Immunization Status - Influenza	19.43	16.93	15.10	16.92	♦
(PRS-E) Prenatal Immunization Status - Tdap	52.36	48.67	46.98	49.11	♦
(SAA) Adherence to Antipsychotic Medications for Individuals with Schizophrenia	60.22	70.13	65.38	65.22	♦ ♦
(SMC) Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	89.19	87.18	78.95	85.09	♦ ♦ ♦
(SMD) Diabetes Monitoring for People with Diabetes and Schizophrenia	76.12	72.11	84.93	78.03	♦ ♦ ♦ ♦
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (21-75 Yrs Male)	82.90	83.51	84.37	83.62	♦ ♦
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (40-75 Yrs Female)	81.30	82.12	81.81	81.73	♦ ♦
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (Total)	82.15	82.84	83.13	82.72	♦ ♦ ♦
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence 80% (21-75 Yrs Male)	69.00	77.90	73.81	73.35	♦ ♦
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence 80% (40-75 Yrs Female)	68.72	82.28	73.66	74.55	♦ ♦

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Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence 80% (Total)	68.87	80.00	73.74	73.92	♦ ♦
(SPD) Statin Therapy for Patients With Diabetes - Received Statin Therapy	65.43	64.06	65.97	65.26	♦ ♦
(SPD) Statin Therapy for Patients With Diabetes - Statin Adherence 80%	66.89	75.95	70.51	70.83	♦ ♦
(SPR) Use of Spirometry Testing in the Assessment and Diagnosis of COPD	22.34	22.44	22.59	22.47	♦
(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications	83.03	79.29	81.57	81.35	♦ ♦
(UOP) Use of Opioids From Multiple Providers - Multiple Pharmacies+	1.73	1.34	1.04	1.37	♦ ♦
(UOP) Use of Opioids From Multiple Providers - Multiple Prescribers and Multiple Pharmacies+	0.99	0.86	0.52	0.79	♦ ♦
(UOP) Use of Opioids From Multiple Providers - Multiple Prescribers+	9.77	9.17	9.29	9.41	♦ ♦ ♦ ♦
(URI) Appropriate Treatment for Upper Respiratory Infection (18-64 Yrs)	71.72	74.04	68.14	70.68	♦
(URI) Appropriate Treatment for Upper Respiratory Infection (3 months-17 Yrs)	87.07	89.27	84.49	86.45	♦
(URI) Appropriate Treatment for Upper Respiratory Infection (65+ Yrs)	D<30	D<30	D<30	NA	NC
(URI) Appropriate Treatment for Upper Respiratory Infection (Total)	83.59	84.27	79.57	82.02	♦
(W30) Well-Child Visits in the First 30 Months of Life (0-15 Months)	57.86	58.88	42.66	51.86	♦
(W30) Well-Child Visits in the First 30 Months of Life (15-30 Months)	75.14	68.68	71.16	72.14	♦ ♦ ♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (12-17 Yrs)	88.39	83.11	82.78	85.17	♦ ♦ ♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (3-11 Yrs)	88.67	86.69	85.38	87.01	♦ ♦ ♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	88.56	85.40	84.43	86.34	♦ ♦ ♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (12-17 Yrs)	70.97	68.24	64.90	68.02	♦ ♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (3-11 Yrs)	80.08	77.19	73.85	77.11	♦ ♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	76.64	73.97	70.56	73.75	♦ ♦

Measure	ABHWV* %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (12-17 Yrs)	71.61	66.22	66.23	68.46	♦ ♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (3-11 Yrs)	75.78	71.86	69.62	72.64	♦ ♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	74.21	69.83	68.37	71.08	♦ ♦
(WCV) Child and Adolescent Well-Care Visits (12-17 Yrs)	54.76	45.44	46.72	49.70	♦
(WCV) Child and Adolescent Well-Care Visits (18-21 Yrs)	25.35	22.31	22.55	23.58	♦
(WCV) Child and Adolescent Well-Care Visits (3-11 Yrs)	62.99	55.89	57.95	59.57	♦ ♦
(WCV) Child and Adolescent Well-Care Visits (Total)	54.28	46.89	48.10	50.34	♦ ♦

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

* ABHWV's HEDIS measure results combine performance in both the MHT and MHP programs per NCQA reporting requirements.

♦♦♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass 90th Percentile.

♦♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass 75th Percentile, but does not meet the 90th Percentile.

♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass National Average, but does not meet the 75th Percentile.

♦ MCP rate is below the NCQA Quality Compass National Average.

Green indicates a positive trend^ for three consecutive measurement years.

Red indicates a negative trend^ for three consecutive measurement years.

NA Not Applicable (NA) indicates an average could not be calculated due to one or more MCP reporting a denominator that was too small.

N1 The organization followed specifications, but the denominator was too small (fewer than 30) to report a valid rate.

N2 The organization followed specifications, but the denominator was too small (fewer than 360 member months) to report a valid rate.

N3 The organization followed specifications, but the denominator was too small (fewer than 150) to report a valid rate.

NBM indicates comparison could not be made due to no benchmark available.

NC indicates comparison could not be made due to no rate available from one or more MCO.

+ A lower rate indicates better performance.

~ Measure data did not exist for that year, or the plan did not report data for the measure to NCQA.

^ Trending notes for MY 2022 due to measure specification updates - NCQA advises a break in trending for the following measures: Ambulatory Care, Frequency of Selected Procedures, Follow-Up After Emergency Department Visit for Substance Use, Initiation and Engagement of Substance Use Disorder Treatment, and Use of Imaging Studies for Low Back Pain. NCQA advises caution trending the following measures: Appropriate Testing for Pharyngitis and Prenatal and Postpartum Care - Timeliness of Prenatal Care. NCQA advises caution trending using all MY 2020 and MY 2021 data, due to the coronavirus pandemic.

Appendix 2 – CAHPS® Survey Measure Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Member Experience Survey measure table includes 2023 (MY 2022) results for each West Virginia managed care plan (MCP) and a comparison to the National Committee for Quality Assurance (NCQA) Quality Compass Medicaid Health Maintenance Organization (HMO) benchmarks. Rates reflect results for Medicaid and Children's Health Insurance Program (CHIP) combined. The MCP average is compared to benchmarks using a diamond rating system, as defined below.

♦♦♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass 90th Percentile.

♦♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass 75th Percentile, but does not meet the 90th Percentile.

♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass National Average, but does not meet the 75th Percentile.

♦ MCP rate is below the NCQA Quality Compass National Average.

Table 1. Appendix 2 – CAHPS Performance Measures, Adult and Child

Member Experience	ABHWV %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
ADULT MEDICAID SURVEY					
(FVA) Adult Survey: Flu Vaccinations for Adults Ages 18-64	30.00	36.29	33.82	33.37	♦
(MSC) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Advising Smokers to Quit	73.33	68.89	73.65	71.96	♦
(MSC) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Discussing Cessation Medications	43.98	49.78	46.34	46.70	♦
(MSC) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Discussing Cessation Strategies	43.01	47.53	37.80	42.78	♦
(MSC) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Supplemental Data - % Current Smokers	42.74	45.08	36.67	41.50	♦♦♦♦
Adult Survey: Coordination of Care (Usually + Always)	NA	NA	NA	NC	NC
Adult Survey: Customer Service (Usually + Always)	NA	NA	NA	NC	NC
Adult Survey: Getting Care Quickly (Usually + Always)	87.38	88.05	87.82	NC	NC
Adult Survey: Getting Needed Care (Usually + Always)	84.05	85.69	86.97	85.57	♦♦♦
Adult Survey: How Well Doctors Communicate (Usually + Always)	94.21	93.10	94.62	93.98	♦♦
Adult Survey: In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? (Usually + Always)	90.67	88.89	84.62	88.06	♦♦♦♦

Member Experience	ABHWV %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
Adult Survey: In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? (Usually + Always)	78.22	83.74	NA	NC	NC
Adult Survey: In the last 6 months, how often did your health plan's customer service give you the information or help you needed? (Usually + Always)	NA	NA	NA	NC	NC
Adult Survey: In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? (Usually + Always)	NA	NA	NA	NC	NC
Adult Survey: In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? (Usually + Always)	94.38	93.42	95.56	94.45	♦ ♦
Adult Survey: In the last 6 months, how often did your personal doctor listen carefully to you? (Usually + Always)	94.38	93.42	94.78	94.19	♦ ♦
Adult Survey: In the last 6 months, how often did your personal doctor show respect for what you had to say? (Usually + Always)	95.63	93.46	95.56	94.88	♦ ♦
Adult Survey: In the last 6 months, how often did your personal doctor spend enough time with you? (Usually + Always)	92.45	92.11	92.59	92.38	♦ ♦
Adult Survey: In the last 6 months, how often was it easy to get the care, tests or treatment you needed? (Usually + Always)	89.88	87.65	89.73	89.09	♦ ♦ ♦
Adult Survey: In the last 6 months, how often were the forms from your health plan easy to fill out? (No + Usually + Always)	97.05	95.30	95.67	96.01	♦ ♦
Adult Survey: In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? (Usually + Always)	NA	NA	NA	NC	NC
Adult Survey: Rating of All Health Care (8+9+10)	69.41	73.10	72.79	71.77	♦
Adult Survey: Rating of All Health Care (9+10)	57.06	57.31	48.30	54.22	♦
Adult Survey: Rating of Health Plan (8+9+10)	74.37	74.49	75.60	74.82	♦
Adult Survey: Rating of Health Plan (9+10)	55.88	61.73	57.42	58.34	♦
Adult Survey: Rating of Personal Doctor (8+9+10)	86.91	80.00	82.14	83.02	♦ ♦
Adult Survey: Rating of Personal Doctor (9+10)	69.11	70.00	66.07	68.39	♦ ♦
Adult Survey: Rating of Specialist Seen Most Often (8+9+10)	NA	81.58	NA	NC	NC
Adult Survey: Rating of Specialist Seen Most Often (9+10)	NA	63.16	NA	NC	NC
CHILD MEDICAID SURVEY					

Member Experience	ABHWV %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
Child Survey - CCC Population: Access to specialized services (Usually + Always)	NA	NA	ND	NC	NC
Child Survey - CCC Population: Coordination of Care (Usually + Always)	86.36	83.09	ND	NC	NC
Child Survey - CCC Population: Coordination of Care for Children with Chronic Conditions (Yes)	75.60	NA	ND	NC	NC
Child Survey - CCC Population: Customer Service (Usually + Always)	NA	NA	ND	NC	NC
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get special medical equipment or devices for your child? (Yes)	NA	NA	ND	NC	NC
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get this therapy for your child? (Yes)	NA	NA	ND	NC	NC
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get this treatment for your child? (Yes)	56.71	61.54	ND	NC	NC
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get your child's prescription medicines? (Yes)	59.11	57.73	ND	NC	NC
Child Survey - CCC Population: Does your child's personal doctor understand how these medical, behavioral or other health conditions affect your child's day-to-day life? (Yes)	95.76	94.79	ND	NC	NC
Child Survey - CCC Population: Does your child's personal doctor understand how your child's medical, behavior or other health conditions affect your family's day-to-day life? (Yes)	92.77	93.26	ND	NC	NC
Child Survey - CCC Population: Family-Centered Care: Personal Doctor Knows Child (Yes)	92.88	93.25	ND	NC	NC
Child Survey - CCC Population: Getting Care Quickly (Usually + Always)	93.80	96.28	ND	NC	NC
Child Survey - CCC Population: Getting Needed Care (Usually + Always)	90.76	89.92	ND	NC	NC
Child Survey - CCC Population: How Well Doctors Communicate (Usually + Always)	94.79	94.56	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, did anyone from your child's health plan, doctor's office or clinic help coordinate your child's care among these different providers or services? (Yes)	60.96	58.87	ND	NC	NC

Member Experience	ABHWV %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
Child Survey - CCC Population: In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare? (Yes)	NA	NA	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing or behaving? (Yes)	90.11	91.71	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? (Usually + Always)	NA	NA	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? (Usually + Always)	NA	NA	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed? (Usually + Always)	87.74	85.60	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers? (Usually + Always)	93.82	94.20	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand? (Usually + Always)	95.82	94.20	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor listen carefully to you? (Usually + Always)	93.56	95.63	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor show respect for what you had to say? (Usually + Always)	95.45	94.69	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor spend enough time with your child? (Usually + Always)	94.32	93.72	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often was it easy to get prescription medications for your child through his or her plan? (Usually + Always)	91.44	90.13	ND	NC	NC

Member Experience	ABHWV %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
Child Survey - CCC Population: In the last 6 months, how often was it easy to get special medical equipment or devices for your child? (Usually + Always)	NA	NA	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often was it easy to get the care, tests or treatment your child needed? (Usually + Always)	93.77	94.23	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often was it easy to get this therapy for your child? (Usually + Always)	NA	NA	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often was it easy to get this treatment or counseling for your child? (Usually + Always)	77.64	72.27	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, how often were the forms from your child's health plan easy to fill out? (No + Usually + Always)	98.18	98.04	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed? (Usually + Always)	91.76	93.40	ND	NC	NC
Child Survey - CCC Population: In the last 6 months, when your child needed care right away, how often did you get care as soon as he or she needed? (Usually + Always)	95.83	99.17	ND	NC	NC
Child Survey - CCC Population: Rating of All Health Care (8+9+10)	84.62	84.13	ND	NC	NC
Child Survey - CCC Population: Rating of All Health Care (9+10)	69.23	65.38	ND	NC	NC
Child Survey - CCC Population: Rating of Health Plan (8+9+10)	84.29	84.35	ND	NC	NC
Child Survey - CCC Population: Rating of Health Plan (9+10)	70.39	65.65	ND	NC	NC
Child Survey - CCC Population: Rating of Personal Doctor (8+9+10)	91.67	87.80	ND	NC	NC
Child Survey - CCC Population: Rating of Personal Doctor (9+10)	80.77	76.02	ND	NC	NC
Child Survey - CCC Population: Rating of Specialist Seen Most often (8+9+10)	87.92	83.61	ND	NC	NC
Child Survey - CCC Population: Rating of Specialist Seen Most often (9+10)	75.84	72.13	ND	NC	NC
Child Survey - General Population: Coordination of Care (Usually + Always)	88.81	87.34	84.13	86.76	♦ ♦
Child Survey - General Population: Customer Service (Usually + Always)	NA	NA	NA	NC	NC
Child Survey - General Population: Getting Care Quickly (Usually + Always)	91.46	94.35	94.06	93.29	♦♦♦♦
Child Survey - General Population: Getting Needed Care (Usually + Always)	91.04	92.28	83.85	89.06	♦ ♦ ♦

Member Experience	ABHWV %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
Child Survey - General Population: How Well Doctors Communicate (Usually + Always)	94.47	96.01	95.69	95.39	♦ ♦
Child Survey - General Population: In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? (Usually + Always)	NA	NA	NA	NC	NC
Child Survey - General Population: In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? (Usually + Always)	NA	NA	NA	NC	NC
Child Survey - General Population: In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed? (Usually + Always)	NA	NA	NA	NC	NC
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand? (Usually + Always)	94.74	96.41	97.29	96.15	♦ ♦ ♦
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor listen carefully to you? (Usually + Always)	93.63	97.07	95.02	95.24	♦ ♦
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor show respect for what you had to say? (Usually + Always)	97.00	97.07	97.29	97.12	♦ ♦
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor spend enough time with your child? (Usually + Always)	92.51	93.49	93.18	93.06	♦ ♦ ♦
Child Survey - General Population: In the last 6 months, how often was it easy to get the care, tests or treatment your child needed? (Usually + Always)	93.31	94.24	93.90	93.82	♦♦♦♦
Child Survey - General Population: In the last 6 months, how often were the forms from your child's health plan easy to fill out? (No + Usually + Always)	98.88	98.26	97.31	98.15	♦♦♦♦
Child Survey - General Population: In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed? (Usually + Always)	88.26	91.81	92.93	91.00	♦♦♦♦

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Member Experience	ABHWV %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
Child Survey - General Population: In the last 6 months, when your child needed care right away, how often did you get care as soon as he or she needed? (Usually + Always)	94.66	96.89	95.20	95.58	♦♦♦♦
Child Survey - General Population: Rating of All Health Care (8+9+10)	84.39	87.46	84.58	85.48	♦
Child Survey - General Population: Rating of All Health Care (9+10)	69.14	66.44	62.15	65.91	♦
Child Survey - General Population: Rating of Health Plan (8+9+10)	87.70	86.20	85.43	86.44	♦ ♦
Child Survey - General Population: Rating of Health Plan (9+10)	73.77	72.64	68.54	71.65	♦ ♦
Child Survey - General Population: Rating of Personal Doctor (8+9+10)	91.45	89.15	90.88	90.49	♦ ♦
Child Survey - General Population: Rating of Personal Doctor (9+10)	77.88	79.59	76.84	78.10	♦ ♦
Child Survey - General Population: Rating of Specialist Seen Most often (8+9+10)	NA	NA	NA	NC	NC
Child Survey - General Population: Rating of Specialist Seen Most often (9+10)	NA	NA	NA	NC	NC

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♦♦♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass 90th Percentile.

♦♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass 75th Percentile, but does not meet the 90th Percentile.

♦♦ MCP rate is equal to or exceeds the NCQA Quality Compass National Average, but does not meet the 75th Percentile.

♦ MCP rate is below the NCQA Quality Compass National Average.

NA Not Applicable indicates the MCP was unable to report the measure because the denominator for the survey result calculation was less than 100.

NC Not Calculated indicates an average rate and/or comparison to benchmarks could not be calculated due to unreported data from one or more MCP and/or no benchmark available.

ND No Data indicates the measure did not exist for that year, or the plan did not report data for the measure to NCQA.

NR Not Reported indicates the measure was not required for NCQA Accreditation and the MCP chose not to report the measure.

* Simple averages are displayed as not enough data was available to calculate a weighted average.

NR Not Reported indicates the measure was not required for NCQA Accreditation and the MCP chose not to report the measure.

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