



STATE FISCAL YEAR 2016
HEDIS AGGREGATE REPORT
FOR
THE OHIO MEDICAID MANAGED
CARE PROGRAM

October 2016



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ACKNOWLEDGMENTS AND COPYRIGHTS

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1. Executive Summary

The Ohio Department of Medicaid (ODM) has established quality measures and standards to evaluate managed care plan (MCP) performance in key programs areas. The selected measures align with specific priorities, goals, and/or focus areas of the ODM Quality Strategy, and include measures in the Healthcare Effectiveness Data and Information Set (HEDIS). ODM contracted with Health Services Advisory Group, Inc. (HSAG), as its external quality review organization (EQRO) during state fiscal year (SFY) 2016. One of HSAG's contracted requirements was to produce the HEDIS statewide aggregate report for Ohio's Medicaid managed care program, to include HEDIS performance measure results and validation methodology.

For SFY 2016, ODM required each contracted MCP to collect and report on 25 measures specified in the provider agreement as well as in the SFY 2016 ODM Specifications for the Submission of Managed Care Plan Self-Reported, Audited HEDIS Results (see Section 2, Table 2-1). The reporting set includes 11 measures with minimum performance standards (a total of 17 rates) used either in the pay-for-performance (P4P) incentive systems or for compliance assessment. The reporting set also includes 15 information-only measures (a total of 36 rates).¹⁻¹ Some of these measures have multiple indicators. All measures were grouped in the following population streams:

- ◆ Healthy Children
- ◆ Healthy Adults
- ◆ Women of Reproductive Age
- ◆ Behavioral Health
- ◆ Chronic Conditions

There were Medicaid eligibility/enrollment and provider fee schedule changes, as well as standardized coding updates, that could potentially impact HEDIS measure results for the measurement periods presented in this report:

- ◆ Medicaid coverage was extended to Ohio residents living at up to 138 percent of the federal poverty level (i.e., Group VIII or extension population) beginning in calendar year 2014, with enrollment of this new eligibility group (all of whom would be enrolled in the managed care program) beginning on January 1, 2014. By the close of June 2014, 285,533 newly eligible residents successfully enrolled for coverage in the program, with 2015 being the first calendar year to include the full Group VIII population.
- ◆ The Affordable Care Act (ACA) created the Primary Care Rate Increase (PCRI), beginning in calendar year 2013, under which qualified physicians participating in both fee-for-service and managed care were paid an enhanced primary care service rate for a two-year period. Primary care services were no longer paid at an enhanced rate beginning January 1, 2015.

¹⁻¹ For the *Comprehensive Diabetes Care* measures, three of the four indicators required for MCP reporting had minimum performance standards, and one indicator was for information only. Therefore, the *Comprehensive Diabetes Care* measure was counted again as an information-only measure in this context.

- ◆ The conversion from the International Classification of Diseases, Ninth Revision (ICD-9) to ICD-10 code sets was required for all health care providers, effective October 1, 2015, by federal mandate. Ohio Medicaid successfully completed the implementation of ICD-10 codes for fee-for-service and managed care encounter claims, to meet the federal compliance date.

Each MCP contracted with an independent licensed organization and underwent a National Committee for Quality Assurance (NCQA) HEDIS Compliance Audit of its HEDIS 2016 data, which represents the CY 2015 measurement period. To ensure that each MCP calculated its rates based on complete and accurate data and according to NCQA's established standards, and that each MCP's independent auditors performed the audit using NCQA's guidelines, HSAG reviewed the final audit reports produced for each MCP by the MCP's independent auditor. Details associated with HSAG's validation are found in Appendix A of this report. Once the MCP's compliance with NCQA's established standards was examined, HSAG also objectively analyzed the MCP's HEDIS 2016 results and evaluated each MCP's current performance levels relative to national Medicaid percentiles.¹⁻²

This report includes validation and performance results for the following five MCPs:

- ◆ Buckeye Health Plan (Buckeye)
- ◆ CareSource
- ◆ Molina Healthcare of Ohio, Inc. (Molina)
- ◆ Paramount *Advantage* (Paramount)
- ◆ UnitedHealthcare Community Plan of Ohio, Inc. (UnitedHealthcare)

Summary of Validation Results

Based on a review of the final audit reports issued by each MCP's independent auditors, HSAG found that the MCPs were determined to be *Fully Compliant* with four of the six applicable NCQA Information System (IS) standards. The IS standard associated with member call center data was not applicable to the measures reported by the MCPs. Two MCPs were found to be partially compliant with standards associated with medical services data and medical record reviewed data, respectively. Nonetheless, the issues identified by the MCP's independent auditors did not impact any of the measure reporting for ODM.

The MCPs' independent auditors determined that all rates calculated by the MCPs were in accordance with NCQA's defined specifications. With the exception of three measures (*Metabolic Monitoring for Children and Adolescents on Antipsychotics [1-5 Years]*, *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics [1-5 Years]* *Mental Health Utilization [Intensive Outpatient or Partial Hospitalization]*), all measures required for reporting by all MCPs for which performance level analysis was performed received an *R* (Report) audit designation.

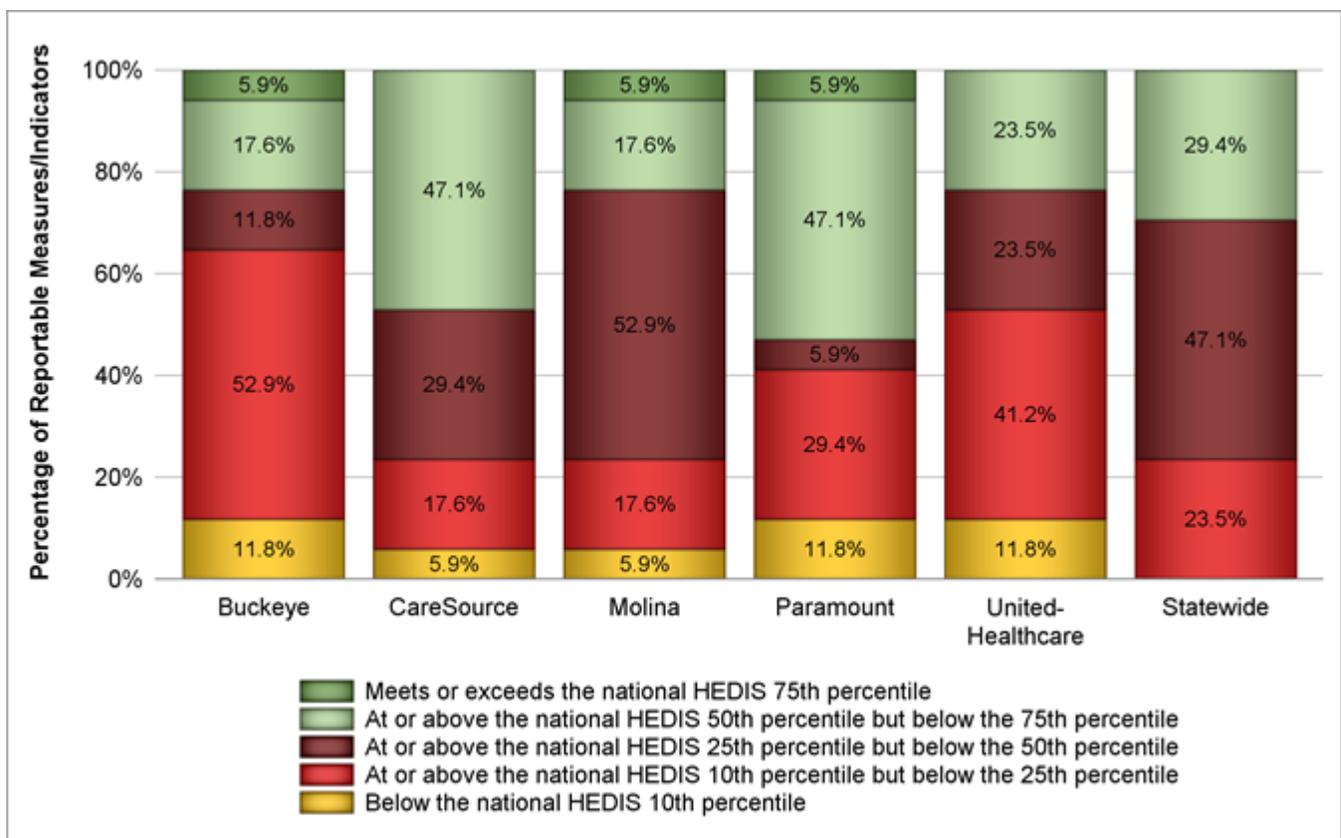
¹⁻² For CY 2012–2013 results, HEDIS Audits Means and Percentile benchmarks were used, where appropriate. For CY 2014–2015 results, NCQA's Quality Compass benchmarks were used, where appropriate.

Summary of Performance Results

National Percentile Rankings

Figure 1-1 presents the percentage of MCP-specific and statewide rates by percentile ranking for 17 performance measure rates for which a minimum performance standard was established for compliance assessment or included in the P4P incentive system. Percentile ranking results in this figure are based on a performance level analysis conducted using national benchmarks. Detailed discussion of these results, as well as the audited rates for the information-only measures, are provided by population stream in subsequent sections of this report.

Figure 1-1—Percentage of Measures/Indicators by Percentile Ranking



Overall, 29.4 percent (five rates) of the 17 statewide averages met or exceeded their associated national HEDIS 2015 50th percentiles.

Table 1-1 displays the number of MCP rates and statewide averages across each of the star ranking categories. Since statewide averages were weighted according to each MCP’s eligible population for each measure, the number of statewide averages under each star ranking category is not the sum of all the MCPs for that category.

Table 1-1—Number of MCP Rates and Statewide Averages by Star Ranking Category

MCP	<P10	P10 to <P25	P25 to <P50	P50 to <P75	>P75 to <P90
	★	★★	★★★	★★★★	★★★★★
Buckeye	2	9	2	3	1
CareSource	1	3	5	8	0
Molina	1	3	9	3	1
Paramount	2	5	1	8	1
UnitedHealthcare	2	7	4	4	0
Statewide	0	4	8	5	0

Five statewide averages ranked at or above the national Medicaid 50th percentile:

- ◆ *Appropriate Treatment for Children with Upper Respiratory Infection*
- ◆ *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*
- ◆ *Prenatal and Postpartum Care—Postpartum Care*
- ◆ *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*
- ◆ *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*

All MCPs met or exceeded the HEDIS 2015 50th percentiles for the *Appropriate Treatment for Children with Upper Respiratory Infection* and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* measures.

Although none of the statewide averages were below the 10th percentile, statewide performance was below the national 25th percentiles for the following four measures/indicators, three of which are Chronic Conditions measures:

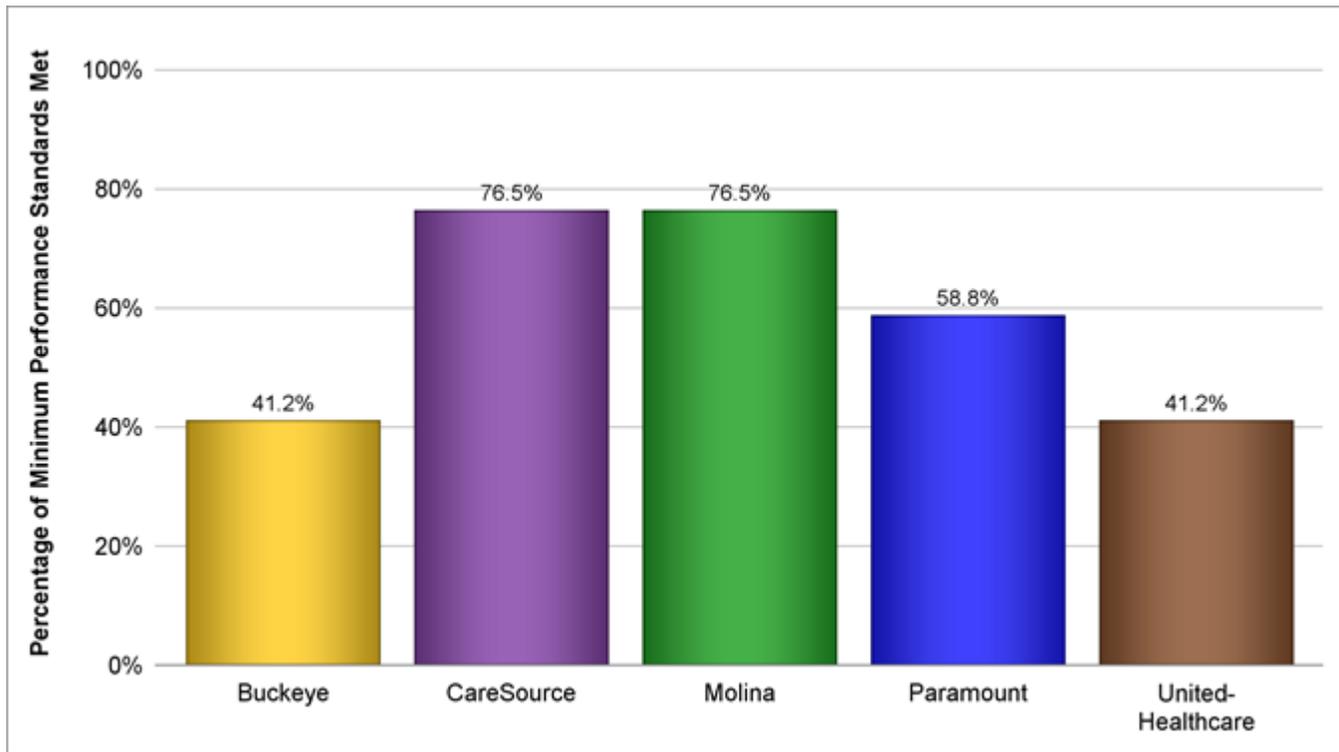
- ◆ *Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months*
- ◆ *Comprehensive Diabetes Care—HbA1c Adequate Control (<8.0%)*
- ◆ *Comprehensive Diabetes Care—Blood Pressure Control (< 140/90 mm Hg)*
- ◆ *Controlling High Blood Pressure*

Table 1-1 also shows that CareSource and Paramount performed better than the other MCPs when comparing results to national benchmarks. Further, CareSource and Molina had the fewest rates below the 25th percentiles compared to other MCPs. Buckeye presented the greatest opportunities for improvement. Eleven of its rates ranked below the 25th percentiles.

Minimum Performance Standards

Figure 1-2 presents the overall percentage of minimum performance standards met for each MCP.

Figure 1-2—Percentage of Measures Meeting Minimum Performance Standards—Overall



Overall, CareSource and Molina met 76.5 percent of minimum performance standards, and Paramount met 58.8 percent of minimum performance standards. Two MCPs, Buckeye and UnitedHealthcare, met less than half (41.2 percent) of minimum performance standards.

Table 1-2 presents the overall number of minimum performance standards met for each population stream. The total number of measures with minimum performance standards for each population stream is presented for comparison.

Table 1-2—Number of Minimum Performance Standards Met by Population Stream

Population Stream	Buckeye	CareSource	Molina	Paramount	United-Healthcare	Total Number of Measures
Healthy Children	1	7	5	2	3	8
Healthy Adults	0	1	0	0	0	1
Women of Reproductive Age	3	3	3	3	2	3
Behavioral Health	0	1	1	1	1	1
Chronic Conditions	3	1	4	4	1	4
Total	7	13	13	10	7	17

Table 1-2 shows that CareSource and Molina met 13 minimum performance standards, Paramount met 10 minimum performance standards, and Buckeye and UnitedHealthcare met seven minimum performance standards.

Less than three MCPs met the minimum performance standards for the following measures:

- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- ◆ *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months, 25 Months–6 Years, and 7–11 Years*
- ◆ *Adolescent Well-Care Visits*
- ◆ *Adults' Access to Preventive/Ambulatory Health Services—Total*
- ◆ *Controlling High Blood Pressure*

The measures listed above suggest opportunities exist to improve performance in the Healthy Children, Healthy Adults, and Chronic Conditions population stream measures. For the Healthy Children population stream measures, Buckeye, Paramount, and UnitedHealthcare demonstrated the most opportunity for improvement.

2. Report Structure

This section briefly describes the structure and content of the remainder of this report. The report contains the MCPs’ CY 2015 (HEDIS 2016) audited rates and ranking for the Medicaid managed care populations, as well as the statewide averages calculated based on the MCP-specific rates. Statewide averages were weighted according to each MCP’s eligible population reported for the measures.

HSAG validated 25 HEDIS performance measures that were required by ODM for MCPs to report. All measures followed the definitions outlined in the *HEDIS 2016 Technical Specifications, Volume 2*. These measures are listed in Table 2-1 and are grouped according to population streams defined by ODM. The five population streams are (1) Healthy Children, (2) Healthy Adults, (3) Women of Reproductive Age, (4) Behavioral Health, and (5) Chronic Conditions.

Table 2-1—Selected HEDIS Measures by Population Stream

Healthy Children
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>
<i>Childhood Immunization Status—Combinations 2, 3, and 10²</i>
<i>Annual Dental Visit—Total²</i>
<i>Appropriate Treatment for Children with Upper Respiratory Infection¹</i>
<i>Adolescent Well-Care Visits¹</i>
<i>Immunizations for Adolescents—Combination 1²</i>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents²</i>
Healthy Adults
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>
<i>Breast Cancer Screening²</i>
<i>Cervical Cancer Screening²</i>
Women of Reproductive Age
<i>Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits</i>
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care¹ and Postpartum Care¹</i>
<i>Chlamydia Screening in Women—Total²</i>
<i>Human Papillomavirus Vaccine for Female Adolescents²</i>
Behavioral Health
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up¹</i>
<i>Metabolic Monitoring for Children and Adolescents on Antipsychotics²</i>
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics²</i>
<i>Antidepressant Medication Management—Effective Acute Phase and Continuation Phase Treatment²</i>
<i>Mental Health Utilization²</i>

Chronic Conditions
<i>Comprehensive Diabetes Care—HbA1c Adequate Control (<8.0%),¹ Blood Pressure Control (<140/90 mm Hg), Eye Exam (Retinal) Performed, and Medical Attention for Nephropathy²</i>
<i>Medication Management for People With Asthma—Medication Compliance 75 Percent (Total)²</i>
<i>Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid and Bronchodilator²</i>
<i>Controlling High Blood Pressure¹</i>
¹ Pay-for-performance measure/indicator
² Information-only measure/indicator

Sections 3 through 7 of this report present detailed results of these measures by population stream. In each section, HSAG objectively analyzes the MCP’s CY 2015 rates and evaluates each MCP’s performance levels relative to the national Medicaid benchmarks. The comparative results are displayed using a star ranking approach. Table 2-2 presents the ranking, based on a 5-star rating system, by comparing the MCP’s rate with the HEDIS 2015 Medicaid percentiles available through the HEDIS 2015 Quality Compass.

Table 2-2—Star Ranking and Corresponding Percentile Performance Levels

Ranking	Description
★	Below the national HEDIS 10th percentile.
★★	At or above the national HEDIS 10th percentile but below the 25th percentile.
★★★	At or above the national HEDIS 25th percentile but below the 50th percentile.
★★★★	At or above the national HEDIS 50th percentile but below the 75th percentile.
★★★★★	Meets or exceeds the national HEDIS 75th percentile.
NA	Not Applicable (NA) indicates that the MCP followed the specifications for producing a reportable denominator, but the denominator was too small (<30) to report a valid rate, resulting in a <i>Small Denominator</i> (NA) audit designation.
NB	Benefit Not Offered. The MCP did not offer the health benefit required by the measure.
NR	Not Reportable. The MCP calculated the measure but the rate was materially biased, or the MCP chose not to report the measure or was not required to report the measure.

In each results section, each measure begins with a description of the measure, followed by the CY 2015 MCP-specific rates and statewide average for the measure. If the measure allows a hybrid data collection methodology (i.e., the MCPs can use both administrative data and medical record abstracted data to calculate and report a rate), the percentages of the rates derived from administrative data (Admin%) and medical record abstracted data (MRR%) are also displayed. The sum of these percentages is always 100 percent. The ranking results are displayed based on a comparison of the MCP-specific rates to the national HEDIS 2015 Medicaid benchmarks for the specific measures. The benchmarks and the corresponding star rating categories are presented in a table below the rate table.

For the required performance measures, HSAG also displayed the MCP-specific rates and statewide averages for the current year as well as the prior three years (where data are available) for historical comparison. In these figures, the national Medicaid HEDIS 50th percentiles and the minimum performance standards developed by ODM are also displayed for comparison.

At the end of each section, HSAG summarizes the performance level findings for measures under the specified population streams. The summary is limited to the required performance measures and does not include performance level results for the information-only measures.

Appendix A describes in detail HSAG's validation methodology that supports the performance level results presented in this report. Each MCP's information system compliance findings are also summarized in this appendix.

3. Healthy Children

This section contains CY 2015 (HEDIS 2016) results and ranking for the MCPs' Medicaid managed care population, as well as statewide averages for the Healthy Children population stream. Nine measures (a total of 22 rates) are presented in this section.

- ◆ *Well-Child Visits in the First 15 Months of Life—Six or More Visits*
- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- ◆ *Children and Adolescents' Access to Primary Care Practitioners*
- ◆ *Childhood Immunization Status—Combinations 2, 3, and 10²*
- ◆ *Annual Dental Visit—Total²*
- ◆ *Appropriate Treatment for Children with Upper Respiratory Infection¹*
- ◆ *Adolescent Well-Care Visits¹*
- ◆ *Immunizations for Adolescents—Combination 1²*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents²*

¹ Pay-for-performance measure.

² Information-only measure.

Well-Child Visits in the First 15 Months of Life

Well-Child Visits in the First 15 Months of Life measures the percentage of members who have the appropriate number of well-child visits with a PCP during their first 15 months of life. This measure has seven indicators, each referring to the percentage of members receiving a successive number of well-child visits (i.e., from zero visits to at least six visits). Only the *Six or More Visits* indicator was required for reporting.

Six or More Visits

Table 3-1 presents the CY 2015 MCP-specific rates and the statewide average for the *Six or More Visits* indicator.

**Table 3-1—Well-Child Visits First 15 Months of Life—Six or More Visits
Methodology—Hybrid**

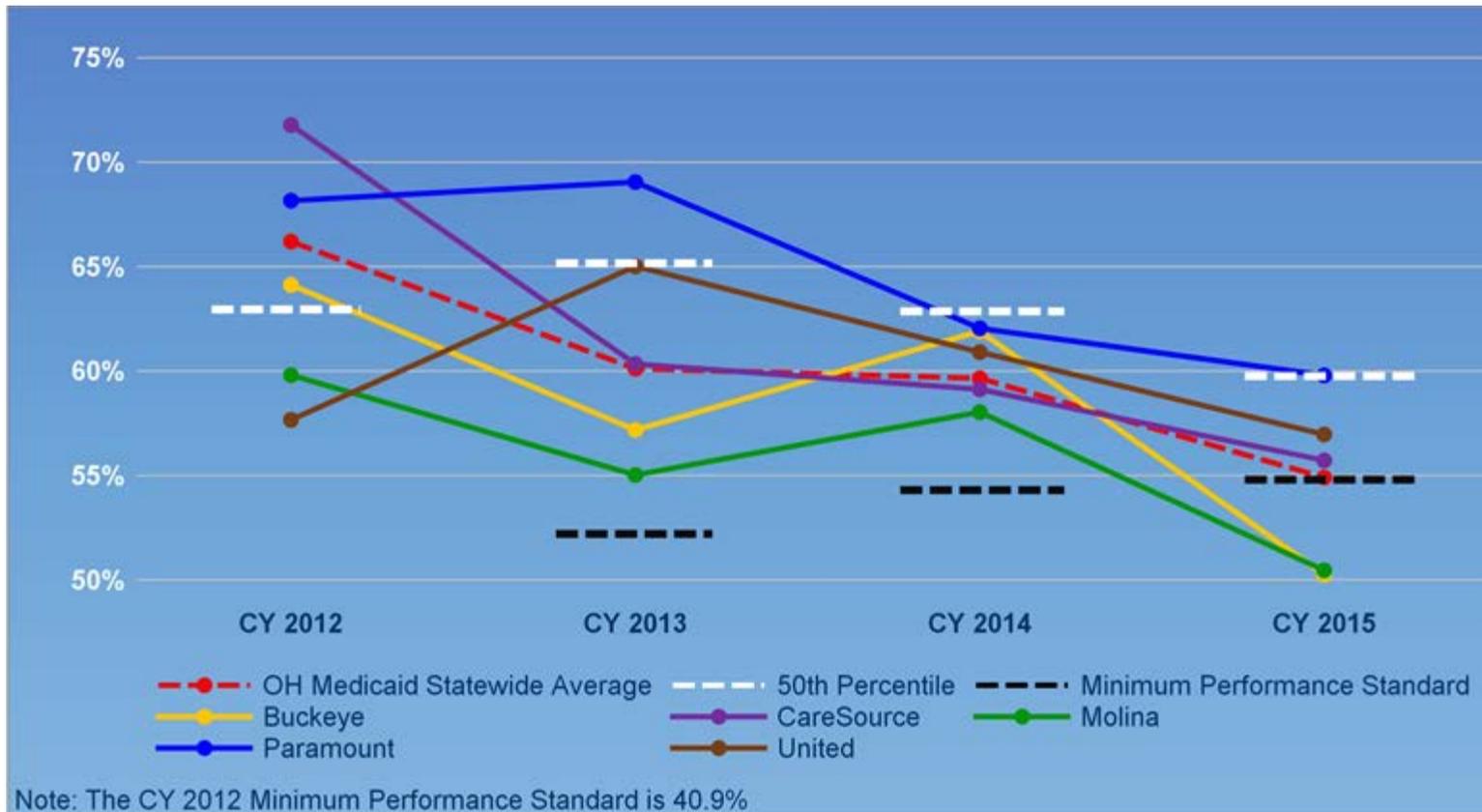
MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	93.0%	7.0%	50.3%	★★
CareSource	91.3%	8.7%	55.7%	★★★
Molina	89.7%	10.3%	50.5%	★★
Paramount	90.5%	9.5%	59.8%	★★★★
UnitedHealthcare	85.3%	14.7%	57.0%	★★★
Statewide	90.6%	9.4%	54.9%	★★★

Table 3-1a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<44.2%	44.2%	51.8%	59.8%	66.2%	74.5%	58.9%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-1 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. For all MCPs, at least 50 percent of eligible children received six or more well-child visits during their first 15 months of life. Two MCPs' rates were between the 10th and 25th percentiles, two MCPs' rates were between the 25th and 50th percentiles, and one MCP's rate was between the 50th and 75th percentiles. All five MCPs calculated this indicator using the hybrid method, with at least 85 percent of their rates derived from administrative data. Figure 3-1 shows the four-year rate trend for each MCP and the statewide average.

Figure 3-1—Well-Child Visits in the First 15 Months of Life—Six or More Visits, CY 2012–2015



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

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life measures the percentage of members who receive one or more well-child visits with a primary care practitioner (PCP) during the measurement year. Table 3-2 presents the CY 2015 MCP-specific rates and the statewide average for this measure.

**Table 3-2—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Methodology—Hybrid**

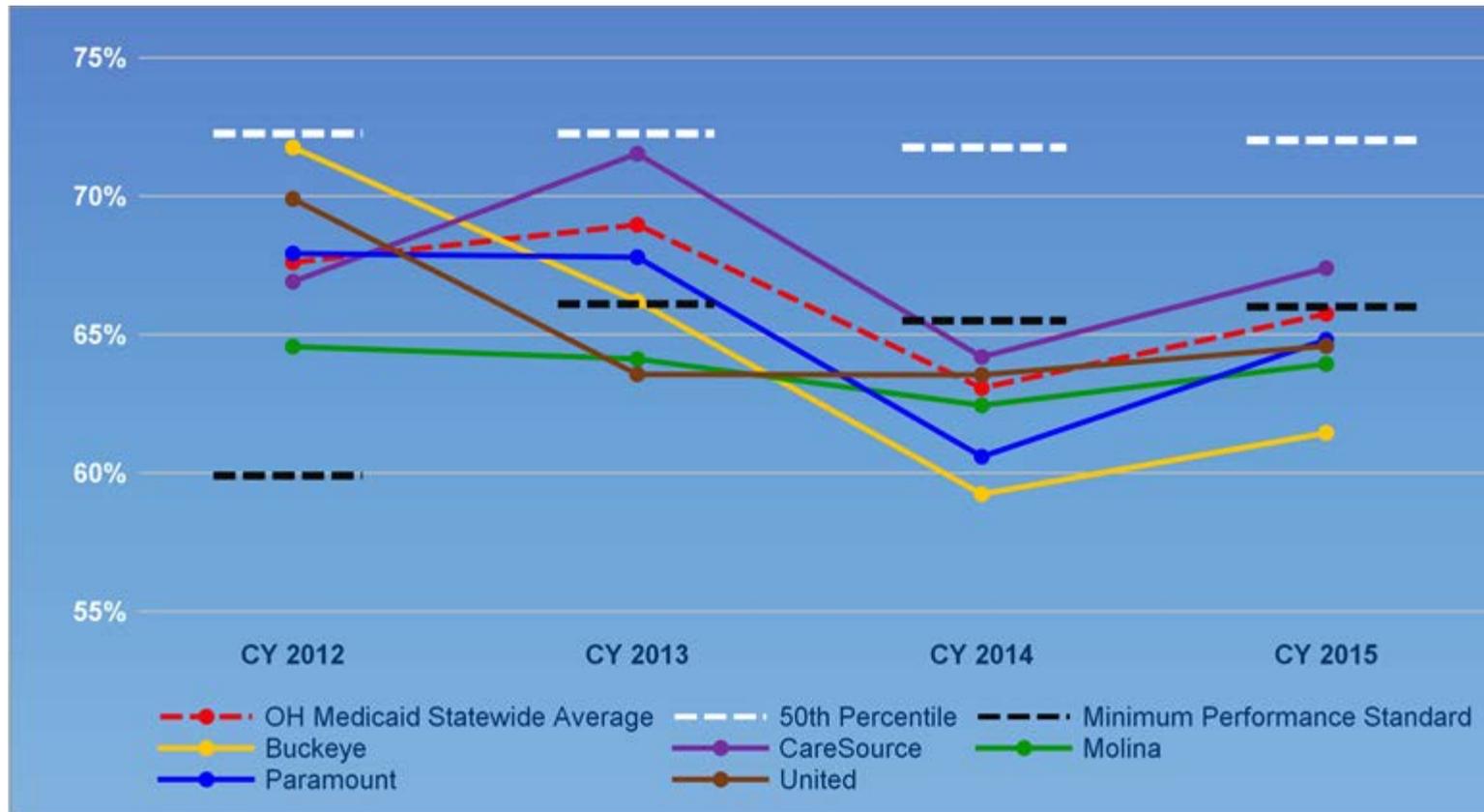
MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	96.8%	3.2%	61.4%	★★
CareSource	99.3%	0.7%	67.4%	★★★
Molina	97.4%	2.6%	63.9%	★★
Paramount	93.0%	7.0%	64.8%	★★
UnitedHealthcare	94.8%	5.2%	64.6%	★★
Statewide	97.7%	2.3%	65.7%	★★★

Table 3-2a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<59.6%	59.6%	65.5%	72.0%	78.5%	83.8%	71.9%
Star Rating Category	★	★★	★★★	★★★★	★★★★★	★★★★★	

Table 3-2 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. All MCPs had at least 61 percent of their eligible children receiving one or more well-child visits with a PCP during the measurement year. Four MCPs' rates were between the 10th and 25th percentiles, and one MCP's rate was between the 25th and 50th percentiles. All five MCPs calculated this indicator using the hybrid method, with at least 93 percent of their rates derived from administrative data. Figure 3-2 shows the four-year rate trend for each MCP and the statewide average.

Figure 3-2—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, CY 2012–2015



Children and Adolescents' Access to Primary Care Practitioners

Children and Adolescents' Access to Primary Care Practitioners measures the percentage of members who have a visit with a PCP during the measurement year. This measure has four age-stratified indicators: *12–24 Months*, *25 Months–6 Years*, *7–11 Years*, and *12–19 Years*. All four indicators are required for reporting.

12–24 Months

Table 3-3 presents the CY 2015 MCP-specific rates and the statewide average for the *12–24 Months* indicator.

**Table 3-3—Children and Adolescents' Access to Primary Care Practitioners—12–24 Months
Methodology—Administrative**

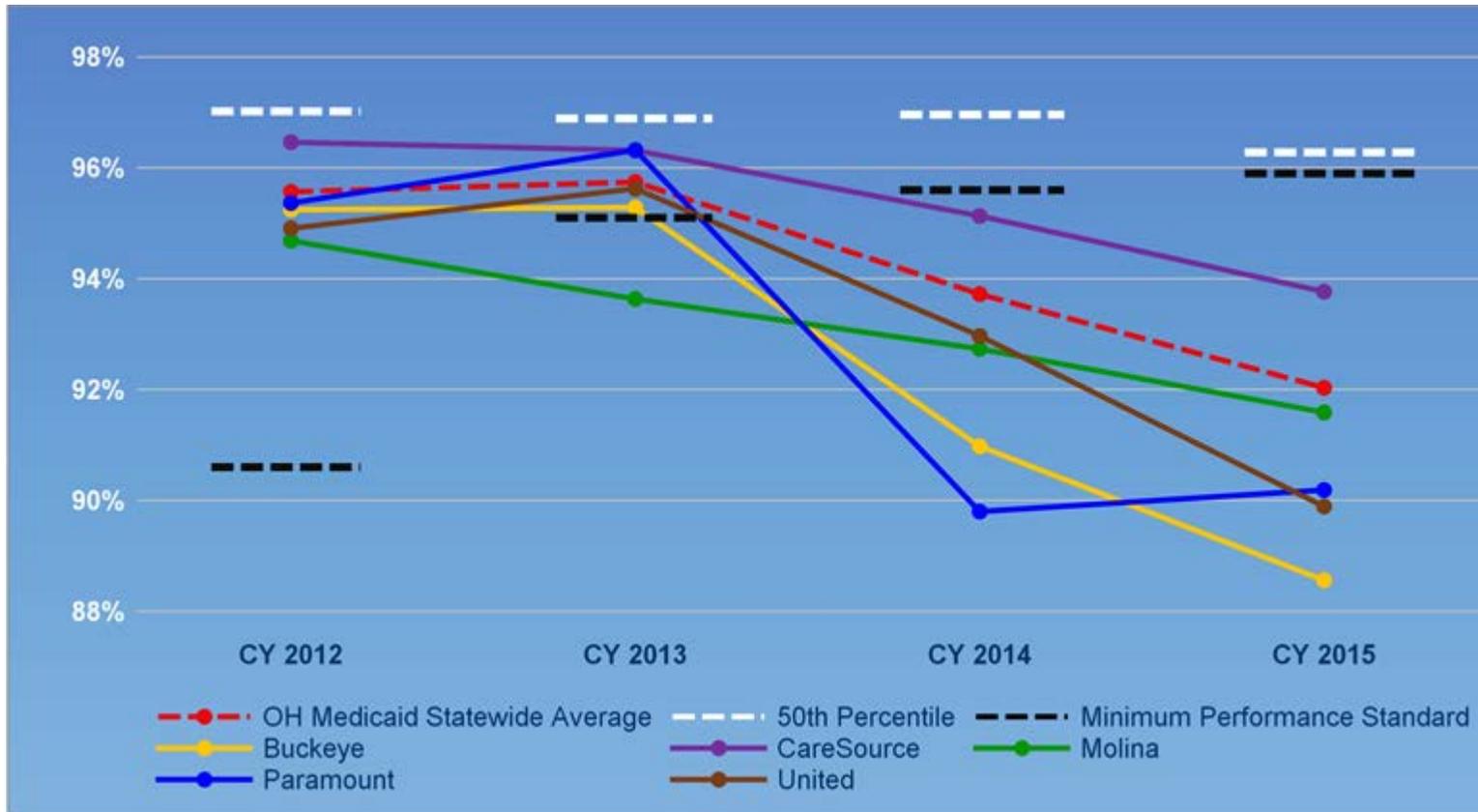
MCP	Reported Rate	Ranking
Buckeye	88.6%	★
CareSource	93.8%	★★
Molina	91.6%	★
Paramount	90.2%	★
UnitedHealthcare	89.9%	★
Statewide	92.0%	★★

Table 3-3a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<91.8%	91.8%	94.2%	96.3%	97.4%	98.2%	95.5%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-3 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. All MCPs had at least 88 percent of children ages 12 to 24 months who had a visit with a PCP during the measurement year. One MCP's rate was between the 10th and 25th percentiles, while the other four MCPs' rates were below the national 10th percentile. Figure 3-3 shows the four-year rate trend for each MCP and the statewide average.

Figure 3-3—Children and Adolescents' Access to Primary Care Practitioners—12–24 Months, CY 2012–2015



25 Months–6 Years

Table 3-4 presents the CY 2015 MCP-specific rates and the statewide average for the 25 Months–6 Years indicator.

**Table 3-4—Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years
Methodology—Administrative**

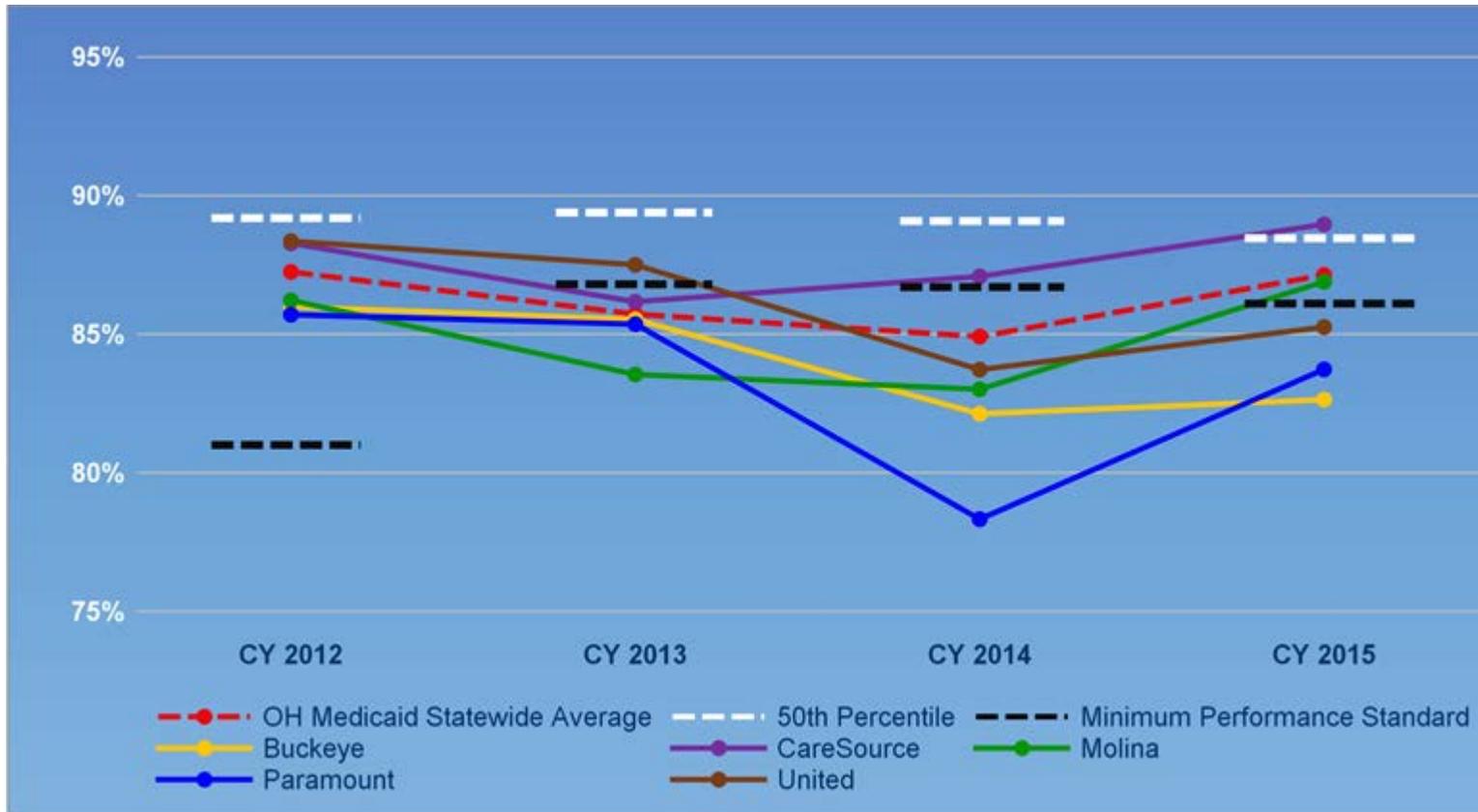
MCP	Reported Rate	Ranking
Buckeye	82.6%	★★
CareSource	89.0%	★★★★
Molina	86.9%	★★★
Paramount	83.7%	★★
UnitedHealthcare	85.3%	★★
Statewide	87.1%	★★★

Table 3-4a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<81.6%	81.6%	85.4%	88.5%	91.2%	92.9%	87.8%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-4 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. All MCPs had at least 82 percent of children ages 25 months to 6 years who had a visit with a PCP during the measurement year. One MCP's rate was between the 50th and 75th percentiles, one MCP's rate was between the 25th and 50th percentiles, and three MCPs' rates were between the 10th and 25th percentiles. Figure 3-4 shows the four-year rate trend for each MCP and the statewide average.

Figure 3-4—Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years, CY 2012–2015



7–11 Years

Table 3-5 presents the CY 2015 MCP-specific rates and the statewide average for the 7–11 Years indicator.

**Table 3-5—Children and Adolescents' Access to Primary Care Practitioners—7–11 Years
Methodology—Administrative**

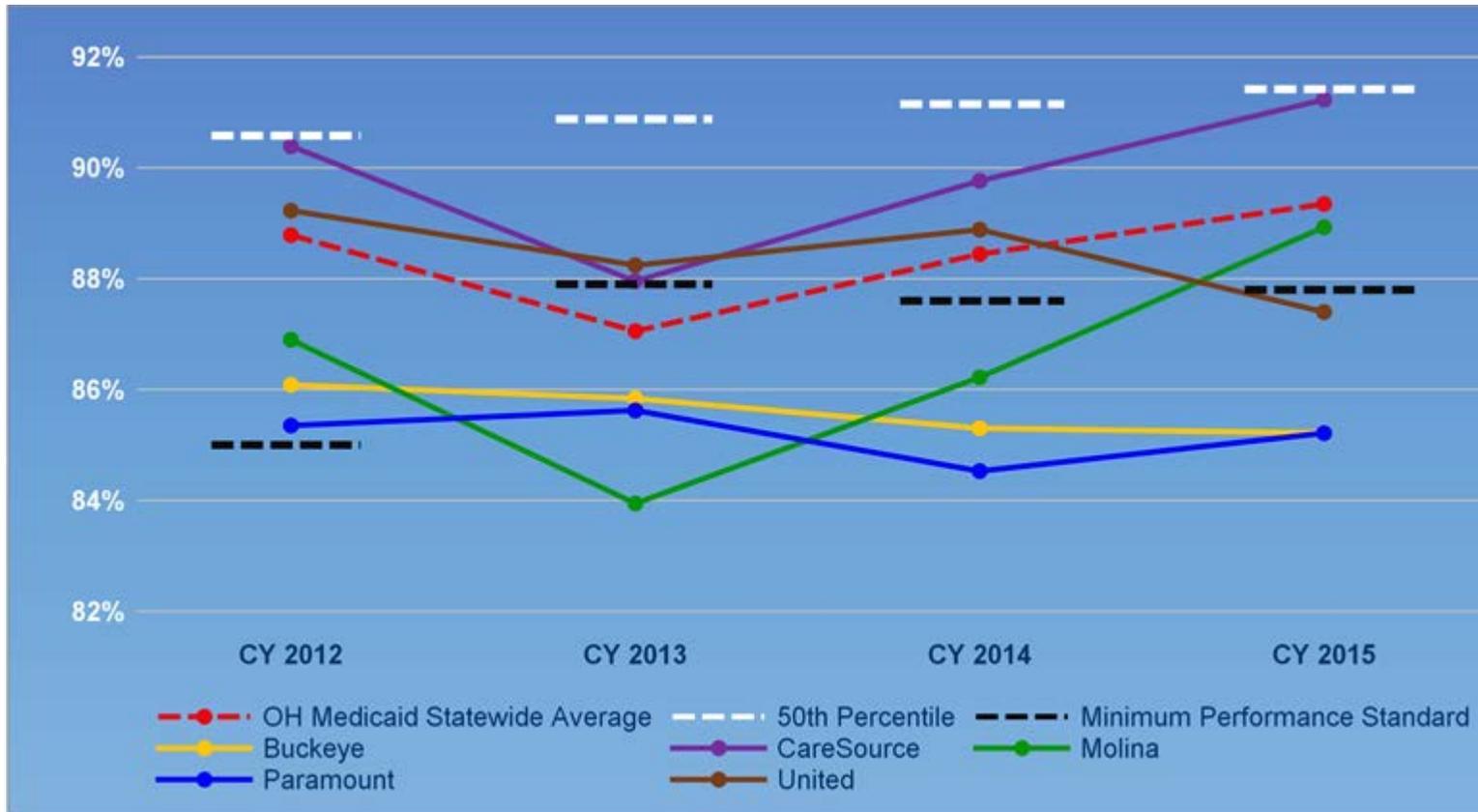
MCP	Reported Rate	Ranking
Buckeye	85.2%	★
CareSource	91.2%	★★★
Molina	88.9%	★★★
Paramount	85.2%	★
UnitedHealthcare	87.4%	★★
Statewide	89.3%	★★★

Table 3-5a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<85.7%	85.7%	88.9%	91.4%	93.9%	95.9%	91.0%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-5 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. All MCPs reported that at least 85 percent of children ages 7 to 11 years had a visit with a PCP during the measurement year. Two MCPs' rates were between the 25th and 50th percentiles, one MCP's rate was between the 10th and 25th percentiles, and two MCPs' rates were below the 10th percentile. Figure 3-5 shows the four-year rate trend for each MCP and the statewide average.

Figure 3-5—Children and Adolescents' Access to Primary Care Practitioners—7–11 Years, CY 2012–2015



12–19 Years

Table 3-6 presents the CY 2015 MCP-specific rates and the statewide average for the *12–19 Years* indicator.

**Table 3-6—Children and Adolescents' Access to Primary Care Practitioners—12–19 Years
Methodology—Administrative**

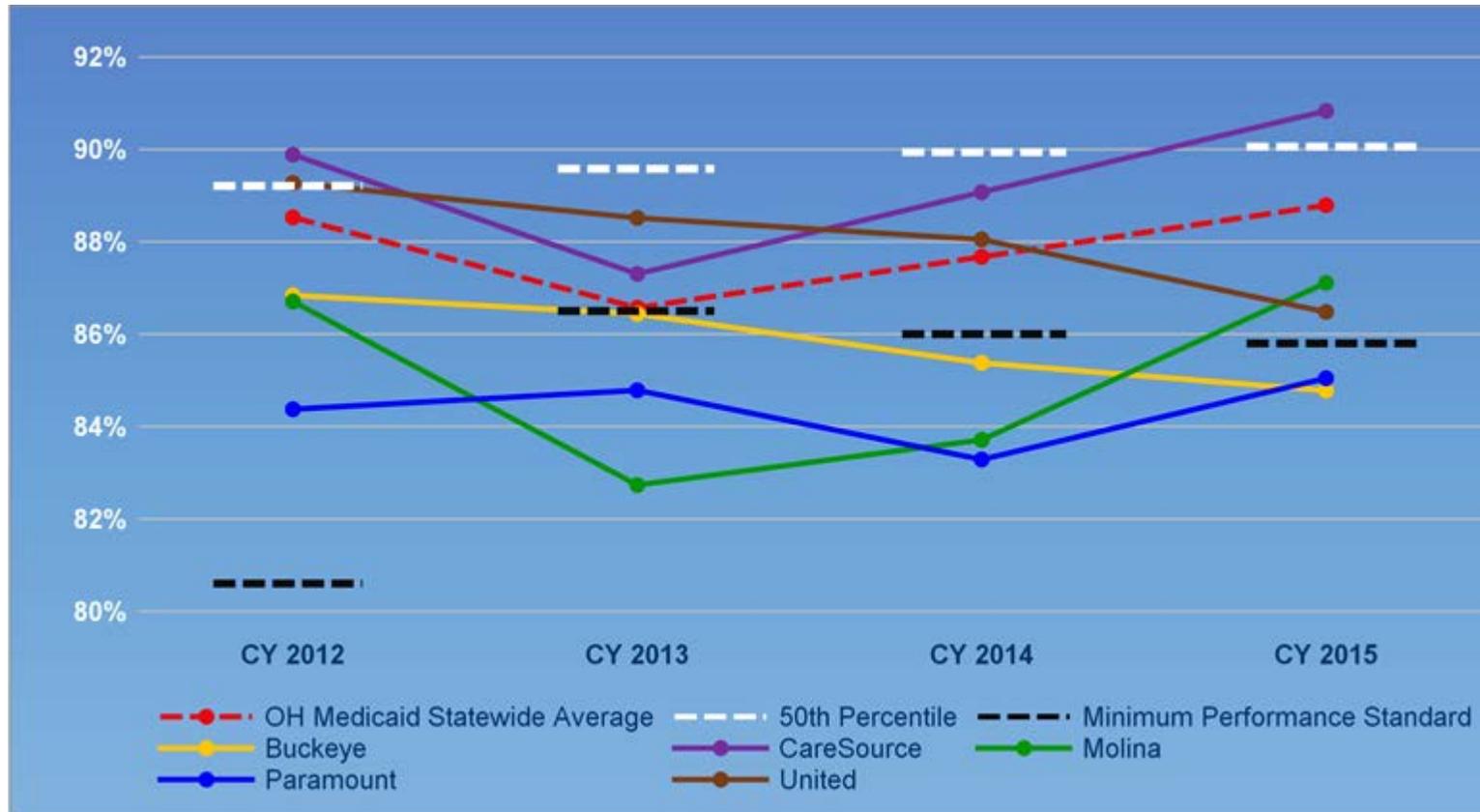
MCP	Reported Rate	Ranking
Buckeye	84.8%	★★
CareSource	90.8%	★★★★
Molina	87.1%	★★
Paramount	85.0%	★★
UnitedHealthcare	86.5%	★★
Statewide	88.8%	★★★

Table 3-6a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<83.3%	83.3%	87.3%	90.1%	92.5%	94.9%	89.3%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-6 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. All MCPs reported at least 84 percent of children ages 12 to 19 years had a visit with a PCP during the measurement year. Four MCPs' rates were between the 10th and 25th percentiles, while one MCP's rate was between the 50th and 75th percentiles. Figure 3-6 shows the four-year rate trend for each MCP and the statewide average.

Figure 3-6—Children and Adolescents' Access to Primary Care Practitioners—12–19 Years, CY 2012–2015



Childhood Immunization Status

Childhood Immunization Status measures the percentage of members 2 years of age who had various kinds of vaccines by their second birthday. The antigen vaccines include four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu). For SFY 2016, ODM required the MCPs to report *Combinations 2, 3, and 10* as information-only measures.

Combination 2

Table 3-7 presents the CY 2015 MCP-specific rates and the statewide average for the *Combination 2* indicator.

**Table 3-7—Childhood Immunization Status—Combination 2
Methodology—Hybrid**

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	66.8%	33.2%	68.0%	★★
CareSource	47.1%	52.9%	66.2%	★★
Molina	90.4%	9.6%	64.7%	★★
Paramount	94.1%	5.9%	66.2%	★★
UnitedHealthcare	84.8%	15.2%	67.2%	★★
Statewide	63.1%	36.9%	66.3%	★★

Table 3-7a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<64.0%	64.0%	70.1%	75.5%	79.4%	82.8%	73.8%
Star Rating Category	★	★★	★★★	★★★★	★★★★★	★★★★★	

Table 3-7 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. All MCPs reported that at least 64 percent of their eligible members received Combination 2 immunizations by their second birthday. All five MCPs' rates were

between the 10th and 25th percentiles. All MCPs calculated this measure using the hybrid method, with at least 47 percent of their rates derived from administrative data.

Combination 3

Table 3-8 presents the CY 2015 MCP-specific rates and the statewide average for the *Combination 3* indicator.

**Table 3-8—Childhood Immunization Status—Combination 3
Methodology—Hybrid**

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	66.9%	33.1%	63.9%	★★
CareSource	48.1%	51.9%	63.3%	★★
Molina	90.8%	9.2%	60.0%	★★
Paramount	94.9%	5.1%	62.3%	★★
UnitedHealthcare	83.5%	16.5%	63.5%	★★
Statewide	63.7%	36.3%	62.8%	★★

Table 3-8a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<59.9%	59.9%	66.2%	71.5%	76.5%	81.3%	70.4%
Star Rating Category	★	★★	★★★	★★★★	★★★★★	★★★★★	

Table 3-8 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. All MCPs reported that at least 60 percent of their eligible members received all Combination 2 vaccines and four PCV vaccinations by their second birthday. All five MCPs’ rates were between the 10th and 25th percentiles. All MCPs calculated this measure using the hybrid method, with at least 48 percent of their rates derived from administrative data.

Combination 10

In addition to the vaccines included in *Combinations 2 and 3*, the *Combination 10* indicator also includes hepatitis A, rotavirus, and influenza vaccines. Table 3-9 presents the CY 2015 MCP-specific rates and the statewide average for the *Combination 10* indicator.

**Table 3-9—Childhood Immunization Status—Combination 10
Methodology—Hybrid**

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	68.4%	31.6%	27.4%	★★
CareSource	85.5%	14.5%	26.8%	★★
Molina	92.2%	7.8%	28.5%	★★
Paramount	95.0%	5.0%	24.3%	★★
UnitedHealthcare	80.5%	19.5%	28.7%	★★★
Statewide	84.8%	15.2%	27.0%	★★

Table 3-9a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<23.4%	23.4%	28.7%	35.9%	42.1%	49.6%	36.1%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-9 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. All MCPs had at least 24 percent of their eligible members receiving all *Childhood Immunization Status* vaccines by their second birthday. Four MCPs’ rates were between the 10th and 25th percentiles, and one MCP’s rate was between the 25th and 50th percentiles. All MCPs calculated this measure using the hybrid method, with at least 68 percent of their rates derived from administrative data.

Annual Dental Visit

Annual Dental Visit measures the percentage of members 2–20 years of age who had at least one dental visit during the measurement year. Table 3-10 presents the CY 2015 MCP-specific rates and the statewide average for this measure.

Table 3-10—Annual Dental Visit—Total Methodology—Administrative

MCP	Reported Rate	Ranking
Buckeye	41.7%	★★★
CareSource	51.3%	★★★
Molina	48.0%	★★★
Paramount	43.6%	★★★
UnitedHealthcare	44.5%	★★★
Statewide	48.4%	★★★

Table 3-10a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<23.4%	23.4%	40.2%	54.7%	60.3%	66.6%	48.7%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-10 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. All MCPs reported that at least 41 percent of their eligible members had one or more dental visits during the measurement year. All MCPs’ rates were between the 25th and 50th percentiles.

Appropriate Treatment for Children with Upper Respiratory Infection

Appropriate Treatment for Children with Upper Respiratory Infection measures the percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription. Table 3-11 presents the CY 2015 MCP-specific rates and the statewide average for this measure.

Table 3-11—Appropriate Treatment for Children with Upper Respiratory Infection Methodology—Administrative

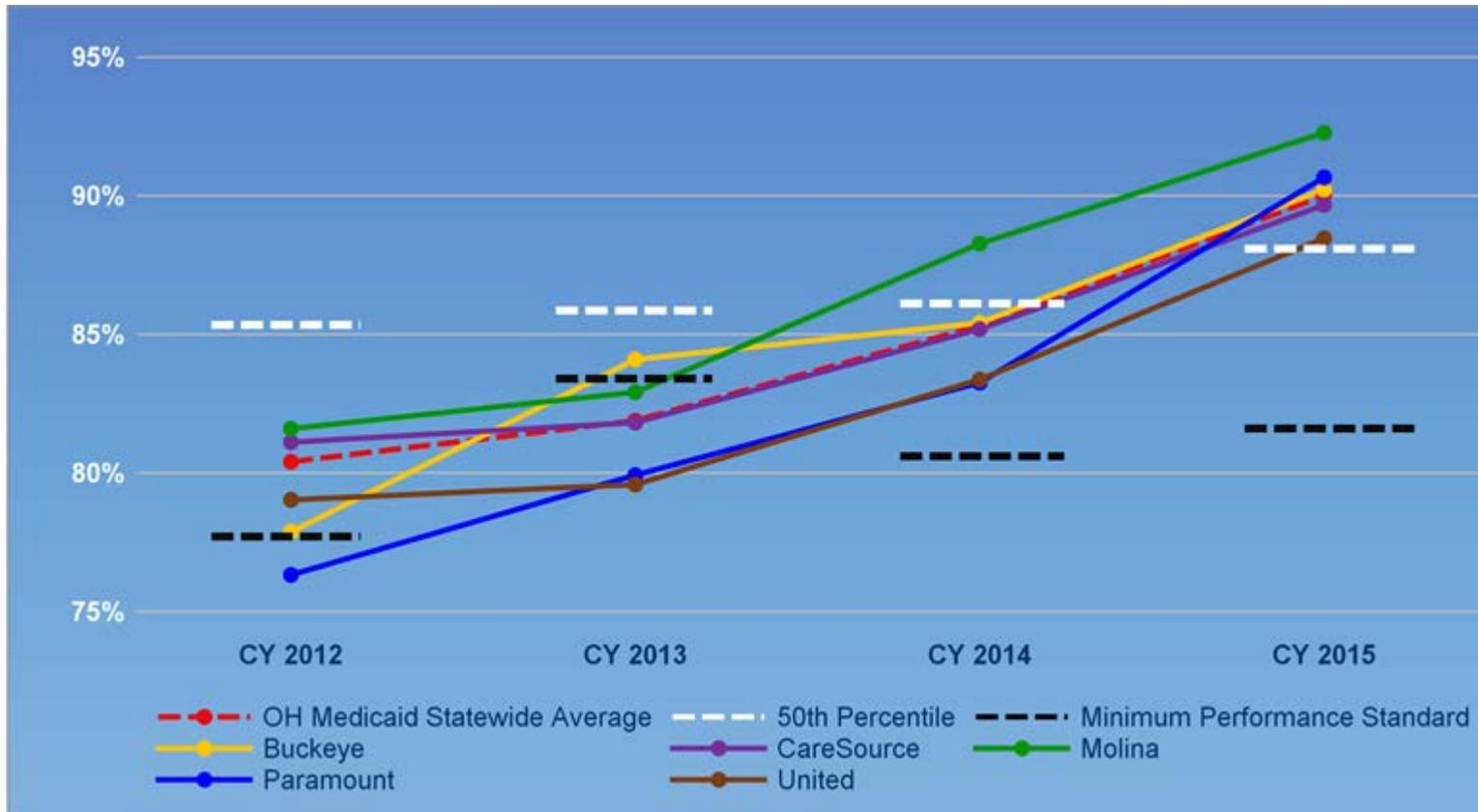
MCP	Reported Rate	Ranking
Buckeye	90.2%	★★★★★
CareSource	89.7%	★★★★★
Molina	92.3%	★★★★★
Paramount	90.7%	★★★★★
UnitedHealthcare	88.5%	★★★★★
Statewide	90.0%	★★★★★

Table 3-11a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<74.5%	74.5%	84.2%	88.1%	92.5%	95.2%	87.0%
Star Rating Category	★	★★	★★★	★★★★★	★★★★★		

Table 3-11 shows that the statewide average ranked between the national HEDIS 2015 50th and 75th percentiles. All MCPs had at least 88 percent of eligible members receiving appropriate treatment for their URI diagnosis. All MCPs' rates were between the 50th and 75th percentiles. Figure 3-7 shows the four-year rate trend for each MCP and the statewide average.

Figure 3-7—Appropriate Treatment for Children With Upper Respiratory Infection, CY 2012–2015



Adolescent Well-Care Visits

Adolescent Well-Care Visits measures the percentage of members ages 12 to 21 years who have at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) practitioner during the measurement year. Table 3-12 presents the CY 2015 MCP-specific rates and the statewide average for this measure.

**Table 3-12—Adolescent Well-Care Visits
Methodology—Hybrid**

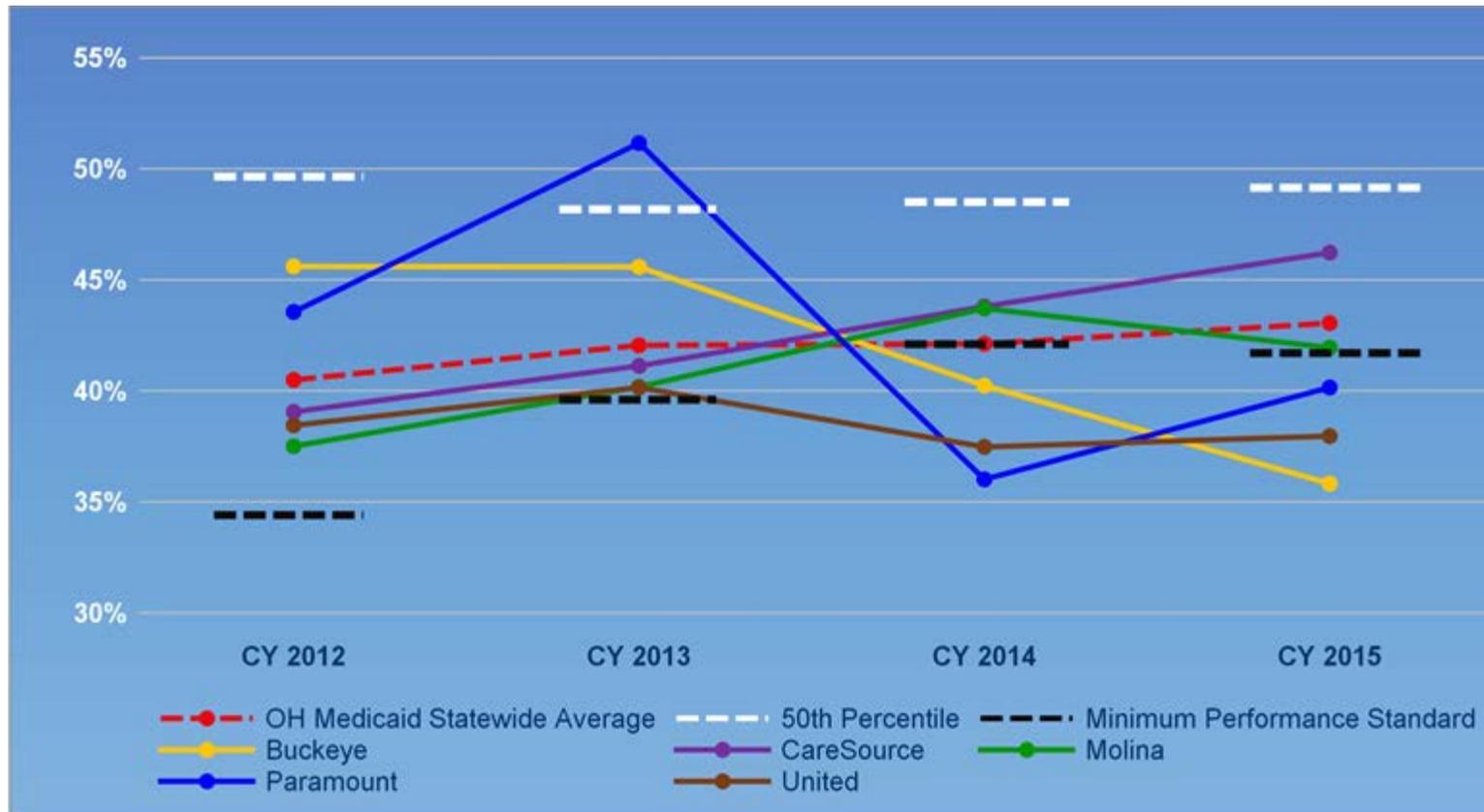
MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	86.6%	13.4%	35.8%	★★
CareSource	95.3%	4.7%	46.2%	★★★
Molina	78.9%	21.1%	41.9%	★★★
Paramount	75.8%	24.2%	40.1%	★★
UnitedHealthcare	88.5%	11.5%	38.0%	★★
Statewide	89.8%	10.2%	43.0%	★★★

Table 3-12a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<35.5%	35.5%	41.8%	49.2%	60.0%	66.6%	50.0%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-12 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. All MCPs had at least 35 percent of their eligible members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Three MCPs' rates were between the 10th and 25th percentiles, and two MCPs' rates were between the 25th and 50th percentiles. All MCPs calculated this measure using the hybrid method, with at least 75 percent of their rates derived from administrative data. Figure 3-8 shows the four-year rate trend for each MCP and the statewide average.

Figure 3-8—Adolescent Well-Care Visits, CY 2012–2015



Immunizations for Adolescents—Combination 1

Immunizations for Adolescents measures the percentage of members 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate. Table 3-13 presents the CY 2015 MCP-specific rates and the statewide average for the *Combination 1* indicator.

**Table 3-13—Immunizations for Adolescents—Combination 1
Methodology—Hybrid**

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	85.7%	14.3%	56.5%	★★
CareSource	97.2%	2.8%	69.1%	★★★★
Molina	97.2%	2.8%	66.3%	★★★★
Paramount	96.5%	3.5%	63.2%	★★
UnitedHealthcare	94.3%	5.7%	61.8%	★★
Statewide	95.5%	4.5%	66.0%	★★★★

Table 3-13a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<56.3%	56.3%	63.8%	73.2%	81.5%	87.7%	71.4%
Star Rating Category	★	★★	★★★	★★★★	★★★★★	★★★★★	

Table 3-13 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. All MCPs had at least 56 percent of their eligible members receiving the required vaccine combination by their 13th birthday. Two MCPs’ rates were between the 25th and 50th percentiles, while three MCPs’ rates were between the 10th and 25th percentiles. All MCPs calculated this measure using the hybrid method, with at least 85 percent of their rates derived from administrative data.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Weight Assessment and Counseling for Nutrition measures the percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following documentation during the measurement year:

- ◆ *Body Mass Index (BMI)*
- ◆ *Counseling for Nutrition*
- ◆ *Counseling for Physical Activity*

Two age stratifications (i.e., 3–11 Years and 12–17 Years) and a total rate are included for each of these indicators.

Body Mass Index (BMI) Documentation—3–11 Years

Table 3-14 presents the CY 2015 MCP-specific rates and the statewide average for the *BMI Documentation—3–11 Years* indicator.

**Table 3-14—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Documentation, 3–11 Years
Methodology—Hybrid**

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	14.0%	86.0%	40.8%	★★
CareSource	8.1%	91.9%	44.6%	★★
Molina	7.1%	92.9%	51.2%	★★★
Paramount	25.7%	74.3%	41.6%	★★
UnitedHealthcare	5.4%	94.6%	46.9%	★★
Statewide	9.9%	90.1%	45.0%	★★

Table 3-14a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<36.8%	36.8%	50.7%	66.9%	77.5%	86.3%	63.6%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-14 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. For all MCPs, at least 40 percent of eligible members in this age group had a visit with a PCP or OB/GYN and had documented evidence that a BMI percentile was calculated during the measurement year. One MCP’s rate was between the 25th and 50th percentiles, while four MCPs’ rates were between the 10th and 25th percentiles. All five MCPs calculated this indicator using the hybrid method, with less than 26 percent of their rates derived from administrative data.

Body Mass Index Documentation—12–17 Years

Table 3-15 presents the CY 2015 MCP-specific rates and the statewide average for the *BMI Documentation—12–17 Years* indicator.

**Table 3-15—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Documentation, 12–17 Years
Methodology—Hybrid**

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	8.9%	91.1%	36.4%	★
CareSource	10.0%	90.0%	44.4%	★★
Molina	5.7%	94.3%	43.1%	★★
Paramount	22.4%	77.6%	45.0%	★★
UnitedHealthcare	12.9%	87.1%	46.3%	★★
Statewide	10.8%	89.2%	43.7%	★★

Table 3-15a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<40.0%	40.0%	52.1%	67.5%	79.5%	86.4%	64.7%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-15 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. For all MCPs, at least 36 percent of eligible members in this age group had a visit with a PCP or OB/GYN and had documented evidence that a BMI percentile was calculated during the measurement year. Four MCPs’ rates were between the 10th and 25th percentiles, and one MCP’s rate was below the 10th percentile. All five MCPs calculated this indicator using the hybrid method, with less than 23 percent of their rates derived from administrative data.

Body Mass Index Documentation—Total

Table 3-16 presents the CY 2015 MCP-specific rates and the statewide average for the *BMI Documentation—Total* indicator.

Table 3-16—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Documentation, Total Methodology—Hybrid

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	12.3%	87.7%	39.2%	★★
CareSource	8.7%	91.3%	44.5%	★★
Molina	6.8%	93.2%	49.0%	★★
Paramount	24.4%	75.6%	42.8%	★★
UnitedHealthcare	7.8%	92.2%	46.7%	★★
Statewide	10.2%	89.8%	44.6%	★★

Table 3-16a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<38.9%	38.9%	51.3%	67.2%	78.0%	85.6%	64.1%
Star Rating Category	★	★★	★★★	★★★★	★★★★★	★★★★★	

Table 3-16 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. For all MCPs, at least 39 percent of total eligible members had a visit with a PCP or OB/GYN and had documented evidence that a BMI percentile was calculated during the measurement year. All five MCPs’ rates were between the 10th and 25th percentiles. All five MCPs calculated this indicator using the hybrid method, with no more than 25 percent of their rates derived from administrative data.

Counseling for Nutrition—3–11 Years

Table 3-17 presents the CY 2015 MCP-specific rates and the statewide average for the *Counseling for Nutrition—3–11 Years* indicator.

**Table 3-17—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—
Counseling for Nutrition, 3–11 Years
Methodology—Hybrid**

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	29.7%	70.3%	52.7%	★★
CareSource	12.9%	87.1%	50.4%	★★
Molina	6.6%	93.4%	55.5%	★★★
Paramount	6.5%	93.5%	47.3%	★★
UnitedHealthcare	20.2%	79.8%	46.6%	★★
Statewide	14.0%	86.0%	50.6%	★★

Table 3-17a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<43.3%	43.3%	54.3%	63.0%	73.8%	80.3%	62.2%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-17 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. For all MCPs, at least 46 percent of eligible members in this age group had a visit with a PCP or OB/GYN and received nutrition counseling during the measurement year. One MCP’s rate was between the 25th and 50th percentiles, and four MCPs’ rates were between the 10th and 25th percentiles. All five MCPs calculated this indicator using the hybrid method, with less than 30 percent of their rates derived from administrative data.

Counseling for Nutrition—12–17 Years

Table 3-18 presents the CY 2015 MCP-specific rates and the statewide average for the *Counseling for Nutrition—12–17 Years* indicator.

**Table 3-18—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—
Counseling for Nutrition, 12–17 Years
Methodology—Hybrid**

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	30.1%	69.9%	47.4%	★★
CareSource	14.3%	85.7%	46.7%	★★
Molina	4.9%	95.1%	49.6%	★★★
Paramount	11.6%	88.4%	46.3%	★★
UnitedHealthcare	21.7%	78.3%	44.8%	★★
Statewide	15.5%	84.5%	46.8%	★★

Table 3-18a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<36.8%	36.8%	47.8%	58.3%	71.5%	77.9%	57.6%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-18 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. For all MCPs, at least 44 percent of eligible members in this age group had a visit with a PCP or OB/GYN and received nutrition counseling during the measurement year. One MCP’s rate was between the 25th and 50th percentiles, and four MCPs’ rates were between the 10th and 25th percentiles. All five MCPs calculated this indicator using the hybrid method, with no more than 31 percent of their rates derived from administrative data.

Counseling for Nutrition—Total

Table 3-19 presents the CY 2015 MCP-specific rates and the statewide average for the *Counseling for Nutrition—Total* indicator.

Table 3-19—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition, Total Methodology—Hybrid

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	29.9%	70.1%	50.7%	★★
CareSource	13.4%	86.6%	49.1%	★★
Molina	6.2%	93.8%	53.9%	★★★
Paramount	8.3%	91.7%	47.0%	★★
UnitedHealthcare	20.6%	79.4%	46.0%	★★
Statewide	14.5%	85.5%	49.3%	★★

Table 3-19a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<41.4%	41.4%	52.0%	61.4%	72.9%	79.6%	60.5%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-19 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. For all MCPs, at least 46 percent of total eligible members had a visit with a PCP or OB/GYN and received nutrition counseling during the measurement year. One MCP’s rate was between the 25th and 50th percentiles, and four MCPs’ rates were between the 10th and 25th percentiles. All five MCPs calculated this indicator using the hybrid method, with less than 30 percent of their rates derived from administrative data.

Counseling for Physical Activity—3–11 Years

Table 3-20 presents the CY 2015 MCP-specific rates and the statewide average for the *Counseling for Physical Activity—3–11 Years* indicator.

**Table 3-20—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—
Counseling for Physical Activity, 3–11 Years
Methodology—Hybrid**

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	26.0%	74.0%	38.2%	★★
CareSource	11.7%	88.3%	40.2%	★★
Molina	2.5%	97.5%	48.2%	★★★
Paramount	3.6%	96.4%	42.7%	★★
UnitedHealthcare	16.4%	83.6%	39.7%	★★
Statewide	11.8%	88.2%	41.2%	★★

Table 3-20a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<34.8%	34.8%	42.9%	53.4%	63.9%	71.8%	52.6%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-20 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. For all MCPs, at least 38 percent of eligible members in this age group had a visit with a PCP or OB/GYN and received physical activity counseling during the measurement year. One MCP’s rate was between the 25th and 50th percentiles, and four MCPs’ rates were between the 10th and 25th percentiles. All five MCPs calculated this indicator using the hybrid method, with no more than 26 percent of their rates derived from administrative data.

Counseling for Physical Activity—12–17 Years

Table 3-21 presents the CY 2015 MCP-specific rates and the statewide average for the *Counseling for Physical Activity—12–17 Years* indicator.

**Table 3-21—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—
Counseling for Physical Activity, 12–17 Years
Methodology—Hybrid**

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	17.4%	82.6%	44.8%	★★
CareSource	14.8%	85.2%	45.2%	★★
Molina	3.1%	96.9%	52.0%	★★★
Paramount	10.0%	90.0%	47.0%	★★★
UnitedHealthcare	18.0%	82.0%	45.5%	★★
Statewide	13.8%	86.2%	46.0%	★★

Table 3-21a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<35.8%	35.8%	46.5%	56.3%	66.2%	75.4%	55.3%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-21 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. For all MCPs, at least 44 percent of eligible members in this age group had a visit with a PCP or OB/GYN and received counseling for physical activity during the measurement year. Two MCPs’ rates were between the 25th and 50th percentiles, and three MCPs’ rates were between the 10th and 25th percentiles. All five MCPs calculated this indicator using the hybrid method, with no more than 18 percent of their rates derived from administrative data.

Counseling for Physical Activity—Total

Table 3-22 presents the CY 2015 MCP-specific rates and the statewide average for the *Counseling for Physical Activity—Total* indicator.

Table 3-22—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity, Total Methodology—Hybrid

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	22.5%	77.5%	40.6%	★★
CareSource	12.8%	87.2%	41.8%	★★
Molina	2.7%	97.3%	49.2%	★★★
Paramount	6.0%	94.0%	44.3%	★★★
UnitedHealthcare	17.0%	83.0%	41.6%	★★
Statewide	12.4%	87.6%	42.8%	★★

Table 3-22a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<35.8%	35.8%	44.2%	53.9%	64.4%	71.5%	53.5%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-22 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. For all MCPs, at least 40 percent of total eligible members had a visit with a PCP or OB/GYN and received physical activity counseling during the measurement year. Two MCPs’ rates were between the 25th and 50th percentiles, and three MCPs’ rates were between the 10th and 25th percentiles. All five MCPs calculated this indicator using the hybrid method, with less than 23 percent of their rates derived from administrative data.

Summary of Performance

Table 3-23 presents the frequency of star rankings associated with the eight required, non-informational performance measure rates in the Healthy Children population stream. Star rankings associated with the information-only measures are not included in this table. This table shows that overall, statewide performance was below the national average.

Table 3-23—Number of MCP and Statewide Rates by Star Ranking Category

	Buckeye	CareSource	Molina	Paramount	United Healthcare	Statewide
★★★★★	0	0	0	0	0	0
★★★★	1	3	1	2	1	1
★★★	0	4	3	0	1	6
★★	5	1	3	4	5	1
★	2	0	1	2	1	0

★★★★★= Meets or exceeds the national HEDIS 75th percentile.
 ★★★★= At or above the national HEDIS 50th percentile but below the 75th percentile.
 ★★★= At or above the national HEDIS 25th percentile but below the 50th percentile.
 ★★= At or above the national HEDIS 10th percentile but below the 25th percentile.
 ★= Below the national HEDIS 10th percentile.

Although none of the statewide averages were below the national HEDIS 2015 10th percentiles, statewide performance was below the national HEDIS 2015 25th percentiles for the following measure/indicator:

- ◆ *Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months*

Table 3-23 also shows that MCPs varied in their performance, especially in the number of rates ranking below the national HEDIS 2015 25th percentiles. The number ranged from one (CareSource) to seven (Buckeye).

For the *Appropriate Treatment for Children with Upper Respiratory Infection* measure, all five MCPs’ rates were at or above the national HEDIS 2015 50th percentiles. At least two MCPs reported rates below the national HEDIS 2015 10th percentiles for the following measures/indicators:

- ◆ *Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months and 7–11 Years*

4. Healthy Adults

This section shows CY 2015 (HEDIS 2016) results and ranking for the MCPs' Medicaid managed care population, as well as statewide averages for the Healthy Adults population stream. Three measures (a total of three rates) are included in this section.

- ◆ *Adults' Access to Preventive/Ambulatory Health Services—Total*
- ◆ *Breast Cancer Screening¹*
- ◆ *Cervical Cancer Screening¹*

¹ Information-only measure

Adults' Access to Preventive/Ambulatory Health Services

Adults' Access to Preventive/Ambulatory Health Services measures the percentage of members who had an ambulatory or preventive care visit during the measurement year. This measure has four indicators: three age-stratified rates (*20–44 Years*, *45–64 Years*, and *65 Years and Older*) and a *Total* rate. Only the *Total* rate was required for reporting. Table 4-1 presents the CY 2015 MCP-specific rates and the statewide average.

Table 4-1—Adults' Access to Preventive/Ambulatory Health Services—Total Methodology—Administrative

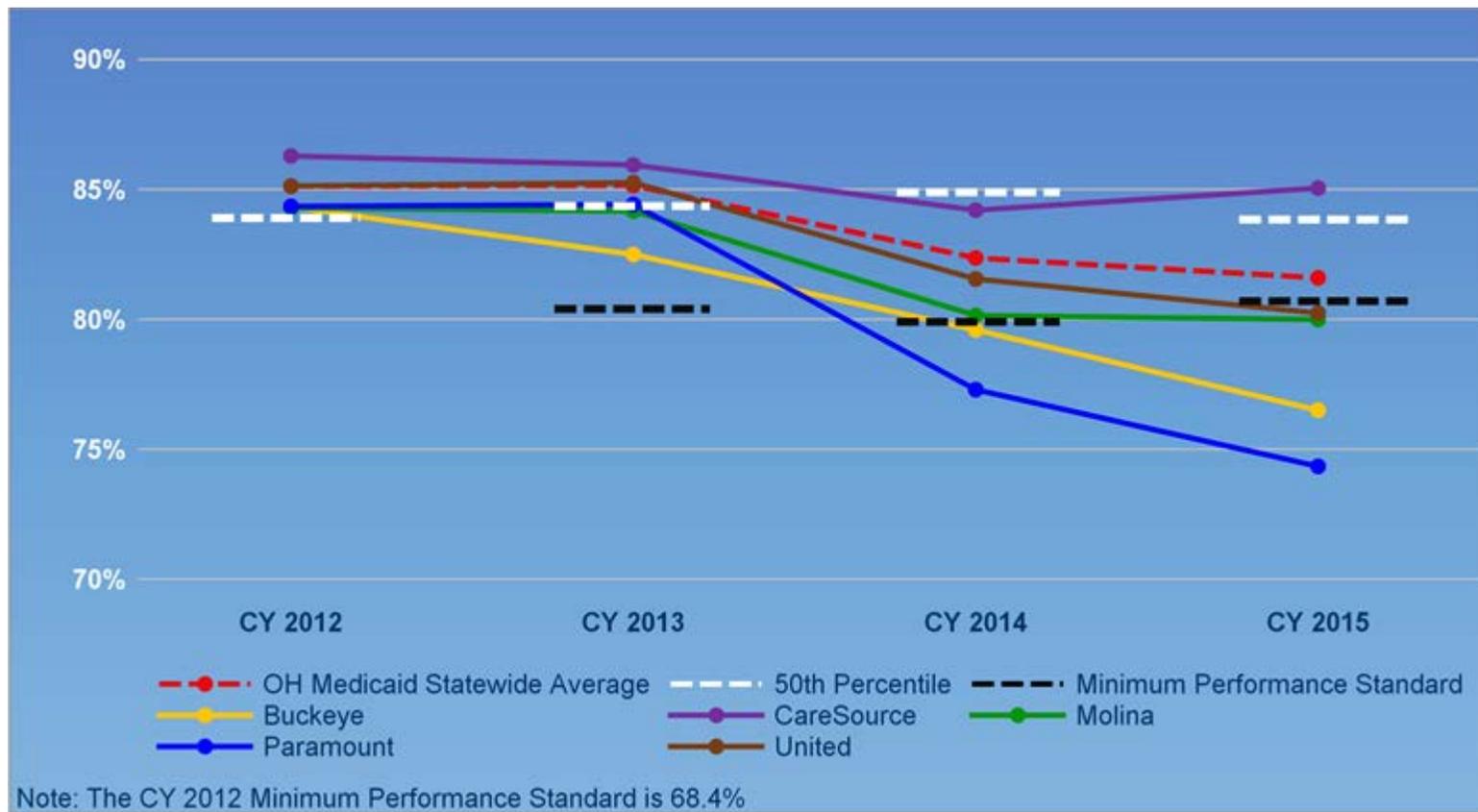
MCP	Reported Rate	Ranking
Buckeye	76.5%	★★
CareSource	85.0%	★★★★
Molina	80.0%	★★★
Paramount	74.3%	★★
UnitedHealthcare	80.2%	★★★
Statewide	81.6%	★★★

Table 4-1a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<72.3%	72.3%	79.6%	83.8%	86.9%	88.8%	82.0%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 4-1 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. All MCPs reported that at least 74 percent of their eligible members had an ambulatory or preventive care visit during the measurement year. One MCP's rate was between the 50th and 75th percentiles, two MCPs' rates were between the 25th and 50th percentiles, and two MCPs' rates were between the 10th and 25th percentiles. Figure 4-1 shows the four-year rate trend for each MCP and the statewide average.

Figure 4-1—Adults' Access to Preventive/Ambulatory Health Services—Total, CY 2012–2015



Breast Cancer Screening

Breast Cancer Screening measures the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer. Table 4-2 presents the CY 2015 MCP-specific rates and the statewide average.

Table 4-2—Breast Cancer Screening Methodology—Administrative

MCP	Reported Rate	Ranking
Buckeye	57.2%	★★★
CareSource	54.4%	★★★
Molina	51.3%	★★
Paramount	52.3%	★★★
UnitedHealthcare	48.0%	★★
Statewide	53.5%	★★★

Table 4-2a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<45.8%	45.8%	51.6%	58.3%	66.0%	71.4%	58.8%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 4-2 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. MCPs reported that at least 48 percent of eligible members received a mammogram screening for breast cancer. Three MCPs’ rates were between the 25th and 50th percentiles, and two MCPs’ rates were between the 10th and 25th percentiles.

Cervical Cancer Screening

Cervical Cancer Screening measures the percentage of women 21–64 years of age who were screened for cervical cancer. Table 4-3 presents the CY 2015 MCP-specific rates and the statewide average for this measure.

Table 4-3—Cervical Cancer Screening Methodology—Hybrid

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	91.9%	8.1%	52.4%	★★
CareSource	93.1%	6.9%	63.5%	★★★★
Molina	91.9%	8.1%	57.5%	★★★
Paramount	88.2%	11.8%	57.1%	★★★
UnitedHealthcare	90.5%	9.5%	49.1%	★★
Statewide	92.0%	8.0%	59.0%	★★★

Table 4-3a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<45.8%	45.8%	54.3%	61.1%	67.9%	73.1%	60.2%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 4-3 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. MCPs reported that at least 49 percent of eligible members received a screening for cervical cancer. One MCP’s rate was between the 50th and 75th percentiles, and two MCPs’ rates were between the 25th and 50th percentiles. The remaining two MCPs’ rates were between the 10th and 25th percentiles. Although all five MCPs calculated this measure using the hybrid method, at least 88 percent of their rates were derived from administrative data.

Summary of Performance

Table 4-4 presents the frequency of star ranking associated with one required, non-informational performance measure rate (*Adults’ Access to Ambulatory/Preventive Health Services—Total*) in the Healthy Adults population stream. Statewide performance ranked between the national HEDIS 2015 25th and 50th percentiles, suggesting opportunities for improvement.

Table 4-4—Number of MCP and Statewide Average Rates by Star Ranking Category

	Buckeye	CareSource	Molina	Paramount	United Healthcare	Statewide
★★★★★	0	0	0	0	0	0
★★★★	0	1	0	0	0	0
★★★	0	0	1	0	1	1
★★	1	0	0	1	0	0
★	0	0	0	0	0	0
★★★★★= Meets or exceeds the national HEDIS 75th percentile. ★★★★= At or above the national HEDIS 50th percentile but below the 75th percentile. ★★★= At or above the national HEDIS 25th percentile but below the 50th percentile. ★★= At or above the national HEDIS 10th percentile but below the 25th percentile. ★= Below the national HEDIS 10th percentile.						

Table 4-4 shows that MCPs varied in their performance. One MCP, CareSource, ranked at or above the national HEDIS 2015 50th percentile, while two MCPs, Buckeye and Paramount, ranked below the national HEDIS 2015 25th percentile.

5. Women of Reproductive Age

This section contains CY 2015 (HEDIS 2016) results and rankings for the MCPs' Medicaid managed care population, as well as statewide averages for the Women of Reproductive Age population stream. Four measures (a total of five rates) are presented in this section.

- ◆ *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*
- ◆ *Prenatal and Postpartum Care—Timeliness of Prenatal Care¹ and Postpartum Care¹*
- ◆ *Chlamydia Screening in Women—Total²*
- ◆ *Human Papillomavirus Vaccine for Female Adolescents²*

¹ Pay-for-performance measure.

² Information-only measure.

Frequency of Ongoing Prenatal Care

Frequency of Ongoing Prenatal Care measures the percentage of deliveries that receive the expected percentage of prenatal visits. This measure uses the same denominator as the *Prenatal and Postpartum Care* measure. The ≥ 81 Percent of Expected Visits indicator was the only indicator required for reporting for this measure.

≥ 81 Percent of Expected Visits

Table 5-1 presents the CY 2015 MCP-specific rates and the statewide average for the ≥ 81 Percent of Expected Visits indicator.

**Table 5-1—Frequency of Ongoing Prenatal Care— ≥ 81 Percent of Expected Visits
Methodology—Hybrid**

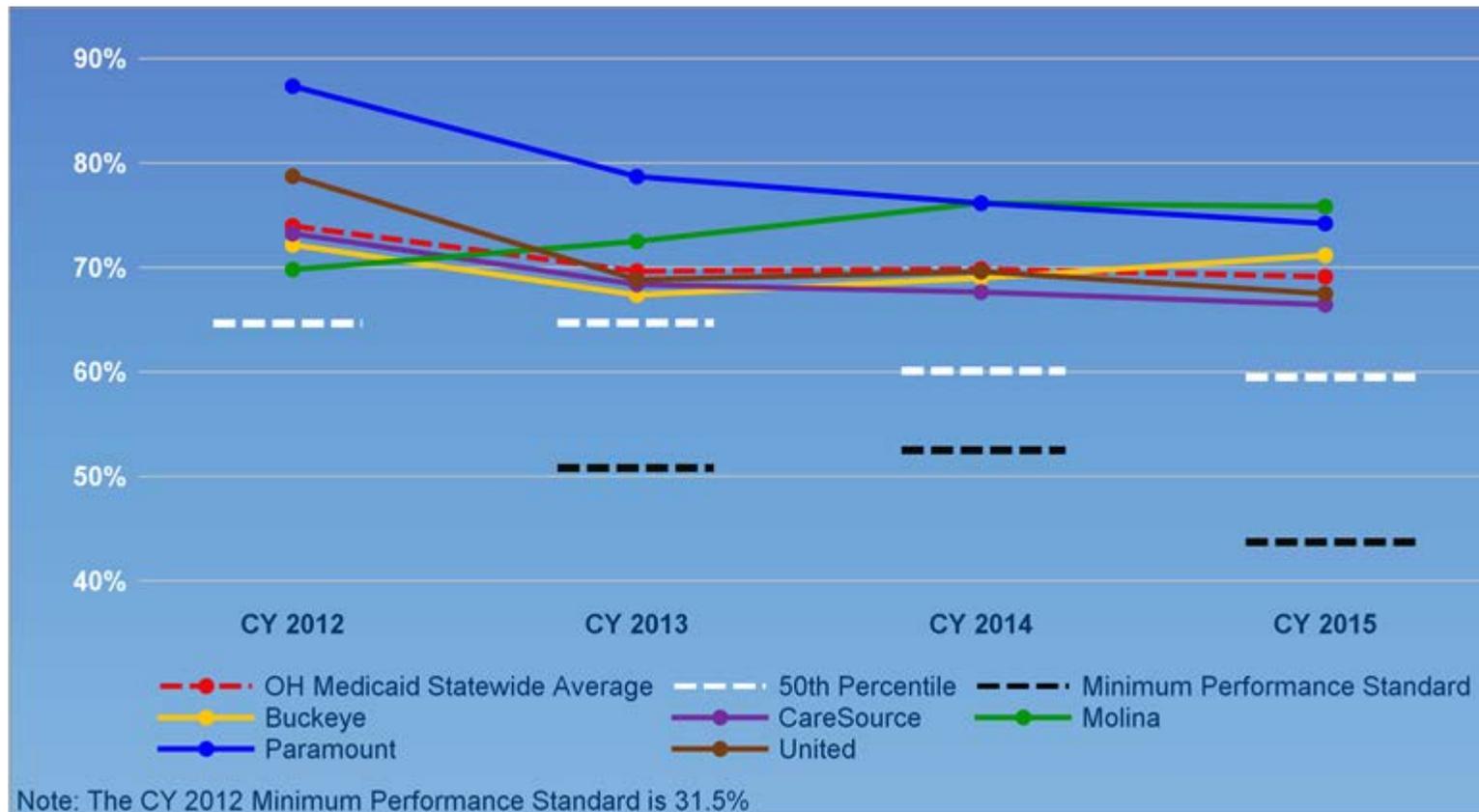
MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	86.4%	13.6%	71.2%	★★★★★
CareSource	89.4%	10.6%	66.4%	★★★★
Molina	98.1%	1.9%	75.8%	★★★★★
Paramount	87.2%	12.8%	74.2%	★★★★★
UnitedHealthcare	88.0%	12.0%	67.5%	★★★★
Statewide	89.7%	10.3%	69.1%	★★★★

Table 5-1a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<27.5%	27.5%	46.7%	59.5%	69.8%	75.4%	55.2%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 5-1 shows that the statewide average ranked between the national HEDIS 2015 50th and 75th percentiles. For all MCPs, at least 66 percent of eligible members received at least 81 percent of expected visits. One MCP's rate was above the 90th percentile, two MCPs' rates were between the 75th and 90th percentiles, and two MCPs' rates were between the 50th and 75th percentiles. All five MCPs calculated this indicator using the hybrid method, with at least 86 percent of their rates derived from administrative data. Figure 5-1 shows the four-year rate trend for each MCP and the statewide average.

Figure 5-1—Frequency of Ongoing Prenatal Care--≥81 Percent of Expected Visits, CY 2012–2015



Prenatal and Postpartum Care

Prenatal and Postpartum Care assesses different facets of care provided to pregnant women. This measure has two indicators (*Timeliness of Prenatal Care* and *Postpartum Care*). The *Timeliness of Prenatal Care* indicator measures the percentage of deliveries for which the eligible members received a prenatal care visit in the first trimester or within 42 days of enrolling in the MCP. The *Postpartum Care* indicator measures the percentage of deliveries for which the eligible members received a postpartum visit on or between 21 and 56 days after delivery.

Timeliness of Prenatal Care

Table 5-2 presents the CY 2015 MCP-specific rates and the statewide average for the *Timeliness of Prenatal Care* indicator.

Table 5-2—Prenatal and Postpartum Care—Timeliness of Prenatal Care Methodology—Hybrid

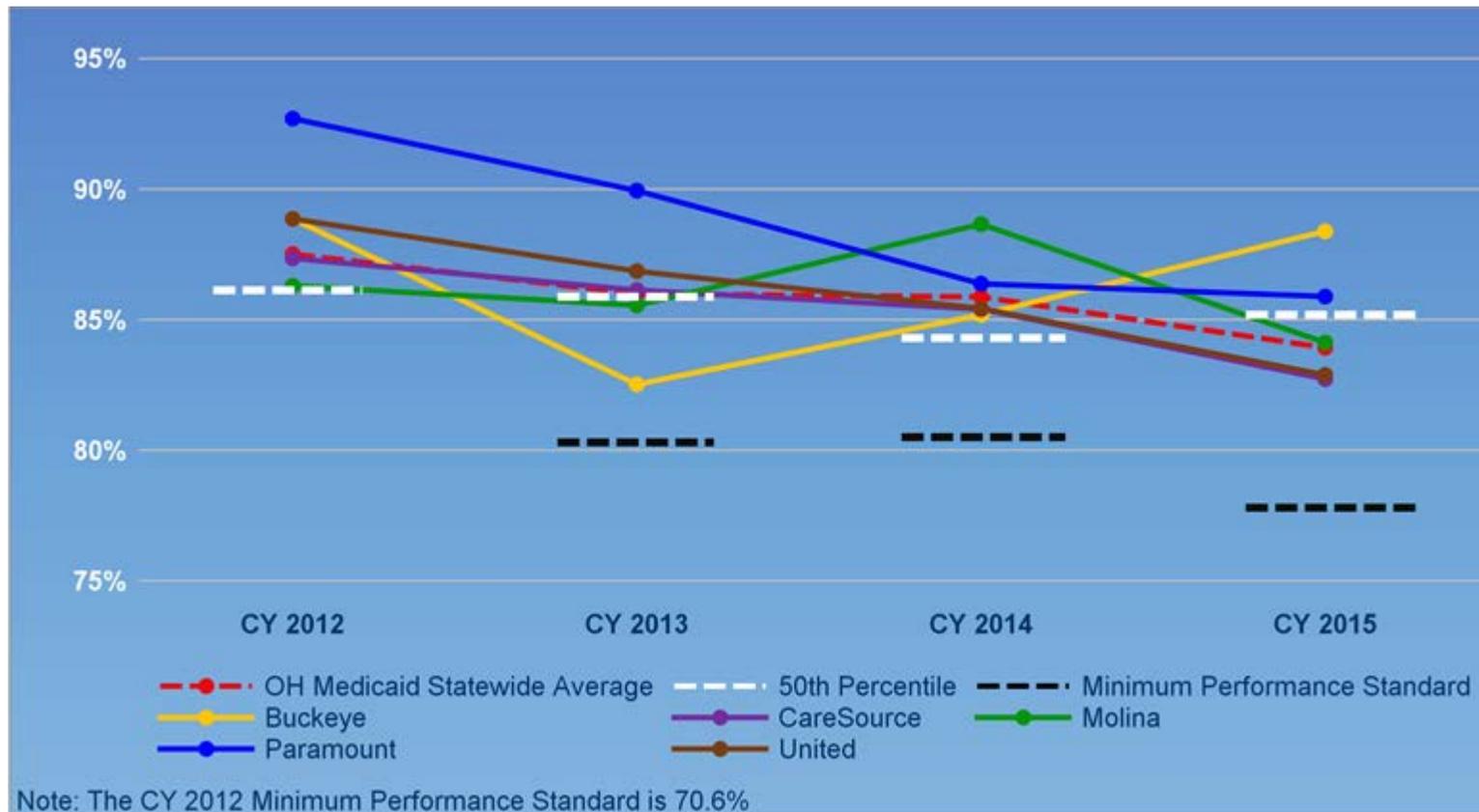
MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	86.6%	13.4%	88.4%	★★★★
CareSource	96.5%	3.5%	82.7%	★★★
Molina	98.3%	1.7%	84.1%	★★★
Paramount	93.5%	6.5%	85.9%	★★★★
UnitedHealthcare	92.9%	7.1%	82.9%	★★★
Statewide	94.8%	5.2%	83.9%	★★★

Table 5-2a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<68.6%	68.6%	77.4%	85.2%	88.7%	91.7%	82.4%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 5-2 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. All MCPs had at least 82 percent of deliveries with eligible members receiving a prenatal care visit during a specified time period. Two MCPs' rates were between the 50th and 75th percentiles, while three MCPs' rates were between the 25th and 50th percentiles. All five MCPs calculated this indicator using the hybrid method, with at least 86 percent of their rates derived from administrative data. Figure 5-2 shows the four-year rate trend for each MCP and the statewide average.

Figure 5-2—Prenatal and Postpartum Care—Timeliness of Prenatal Care, CY 2012–2015



Postpartum Care

Table 5-3 presents the CY 2015 MCP-specific rates and the statewide average for the *Postpartum Care* indicator.

Table 5-3—Prenatal and Postpartum Care—Postpartum Care Methodology—Hybrid

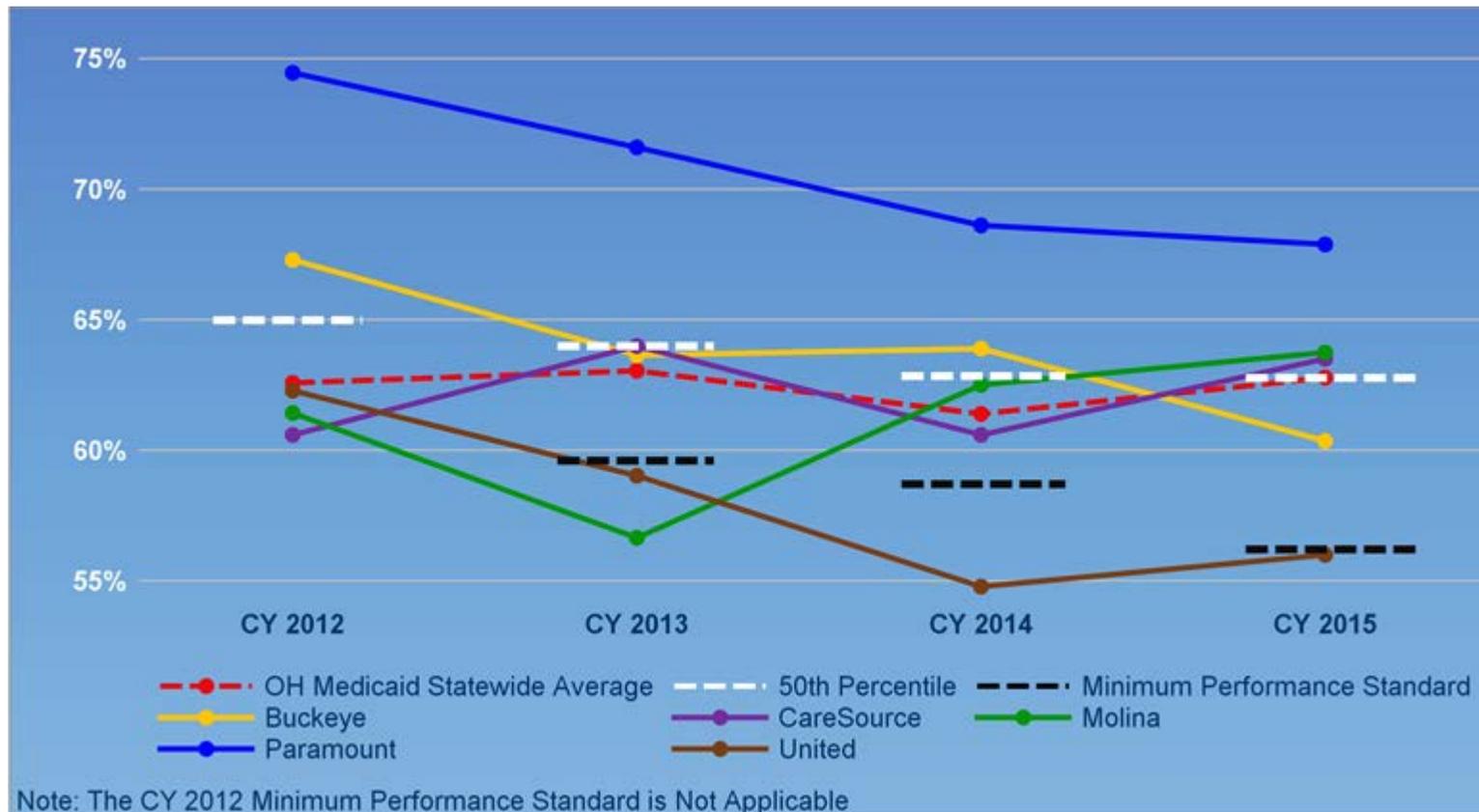
MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	80.3%	19.7%	60.4%	★★★
CareSource	90.0%	10.0%	63.5%	★★★★★
Molina	92.2%	7.8%	63.7%	★★★★★
Paramount	84.2%	15.8%	67.9%	★★★★★
UnitedHealthcare	80.8%	19.2%	56.0%	★★★
Statewide	87.5%	12.5%	62.8%	★★★★★

Table 5-3a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<48.9%	48.9%	55.5%	62.8%	68.9%	72.4%	61.8%
Star Rating Category	★	★★	★★★	★★★★★	★★★★★		

Table 5-3 shows that the statewide average ranked between the national HEDIS 2015 50th and 75th percentiles. All MCPs had at least 56 percent of deliveries with eligible members receiving a postpartum care visit during a specified time period. Three MCPs' rates were between the 50th and 75th percentiles, while two MCPs' rates were between the 25th and 50th percentiles. All five MCPs calculated this indicator using the hybrid method, with at least 80 percent of their rates derived from administrative data. Figure 5-3 shows the four-year rate trend for each MCP and the statewide average.

Figure 5-3—Prenatal and Postpartum Care—Postpartum Care, CY 2012–2015



Chlamydia Screening in Women

Chlamydia Screening in Women measures the percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. This measure has three indicators: two age-stratified rates (*16–20 Years* and *21–24 Years*) and a *Total* rate. Only the *Total* rate was required for reporting. Table 5-4 presents the CY 2015 MCP-specific rates and the statewide average.

Table 5-4—Chlamydia Screening in Women—Total Methodology—Administrative

MCP	Reported Rate	Ranking
Buckeye	53.6%	★★★
CareSource	57.6%	★★★★★
Molina	57.1%	★★★★★
Paramount	52.9%	★★★
UnitedHealthcare	52.7%	★★★
Statewide	56.1%	★★★★★

Table 5-4a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<40.3%	40.3%	48.7%	54.4%	62.0%	68.6%	54.6%
Star Rating Category	★	★★	★★★	★★★★★	★★★★★	★★★★★	

Table 5-4 shows that the statewide average ranked between the national HEDIS 2015 50th and 75th percentiles. All MCPs reported that at least 52 percent of their eligible members were screened for chlamydia during the measurement year. Two MCPs’ rates were between the 50th and 75th percentiles, and three MCPs’ rates were between the 25th and 50th percentiles.

Human Papillomavirus Vaccine for Female Adolescents

Human Papillomavirus Vaccine for Female Adolescents measures the percentage of members 13 years of age who had three doses of the human papillomavirus vaccine by their 13th birthday. Table 5-5 presents the CY 2015 MCP-specific rates and the statewide average for this measure.

**Table 5-5—Human Papillomavirus Vaccine for Female Adolescents
Methodology—Hybrid**

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	74.0%	26.0%	17.6%	★★★
CareSource	93.7%	6.3%	19.2%	★★★
Molina	92.4%	7.6%	17.4%	★★★
Paramount	92.6%	7.4%	13.1%	★
UnitedHealthcare	89.2%	10.8%	15.8%	★★
Statewide	90.8%	9.2%	17.9%	★★★

Table 5-5a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<13.9%	13.9%	17.4%	21.9%	25.6%	31.4%	22.2%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 5-5 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. All MCPs had at least 13 percent of their eligible members receiving the required doses of the human papillomavirus vaccine by their 13th birthday. Three MCPs' rates were between the 25th and 50th percentiles, one MCP's rate was between the 10th and 25th percentiles, and one MCP's rate was below the 10th percentile. All five MCPs calculated this indicator using the hybrid method, with at least 74 percent of their rates derived from administrative data.

Summary of Performance

Table 5-6 presents the frequency of star ranking associated with the three required, non-informational performance measure rates in the Women of Reproductive Age population stream. Star rankings associated with the information-only measures are not included in this table. This table shows that overall, statewide performance was above the national average.

Table 5-6—Number of MCP and Statewide Rates by Star Ranking Category

	Buckeye	CareSource	Molina	Paramount	United Healthcare	Statewide
★★★★★	1	0	1	1	0	0
★★★★	1	2	1	2	1	2
★★★	1	1	1	0	2	1
★★	0	0	0	0	0	0
★	0	0	0	0	0	0
★★★★★= Meets or exceeds the national HEDIS 75th percentile. ★★★★= At or above the national HEDIS 50th percentile but below the 75th percentile. ★★★= At or above the national HEDIS 25th percentile but below the 50th percentile. ★★= At or above the national HEDIS 10th percentile but below the 25th percentile. ★= Below the national HEDIS 10th percentile.						

Although none of the statewide averages were below the national HEDIS 2015 25th percentile, statewide performance was below the national HEDIS 2015 50th percentile for the following measure/indicator:

- ◆ *Prenatal and Postpartum Care—Timeliness of Prenatal Care*

Table 5-6 also shows that MCPs varied in their performance. UnitedHealthcare performed below the national HEDIS 2015 50th percentile for two measures, while Paramount performed at or above the national HEDIS 2015 50th percentile for all three measures.

6. Behavioral Health

This section shows CY 2015 (HEDIS 2016) results and rankings for the MCPs' Medicaid managed care population, as well as statewide averages for the Behavioral Health population stream. Five measures (a total of 15 rates) are presented in this section.

- ◆ *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up¹*
- ◆ *Metabolic Monitoring for Children and Adolescents on Antipsychotics²*
- ◆ *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics²*
- ◆ *Antidepressant Medication Management—Effective Acute Phase and Continuation Phase Treatment²*
- ◆ *Mental Health Utilization²*

¹ Pay-for-performance measure.

² Information-only measure.

Follow-Up After Hospitalization for Mental Illness

Follow-Up After Hospitalization for Mental Illness measures the percentage of members who are hospitalized for a mental illness who have a follow-up visit within a certain period. This measure has two indicators: one reports whether a follow-up visit was made within 30 days after discharge, and the other reports whether a follow-up visit was made within seven days after discharge. Only the *7-Day Follow-Up* indicator was required for reporting. Table 6-1 presents the CY 2015 MCP-specific rates and the statewide average for this indicator.

Table 6-1—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up Methodology—Administrative

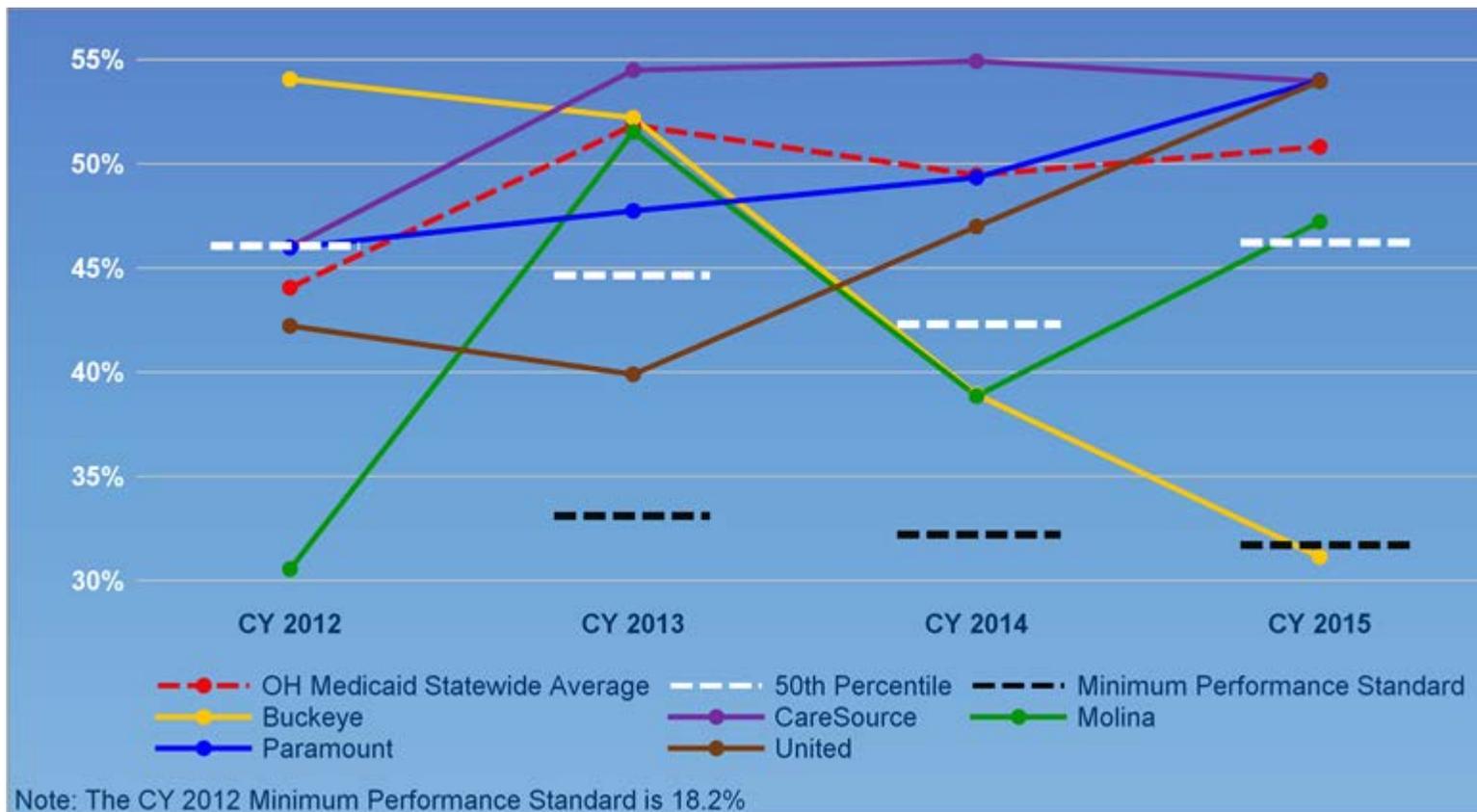
MCP	Reported Rate	Ranking
Buckeye	31.1%	★★
CareSource	53.9%	★★★★
Molina	47.2%	★★★★
Paramount	54.0%	★★★★
UnitedHealthcare	54.0%	★★★★
Statewide	50.8%	★★★★

Table 6-1a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<20.9%	20.9%	32.0%	46.2%	56.8%	63.9%	44.0%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-1 shows that the statewide average ranked between the national HEDIS 2015 50th and 75th percentiles. All MCPs had at least 31 percent of discharges with members having a follow-up visit within seven days after discharge. One MCP's rate was between the 10th and 25th percentiles, while the other four MCPs' rates were between the 50th and 75th percentiles. Figure 6-1 shows the four-year rate trend for each MCP and the statewide average.

Figure 6-1—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up, CY 2012–2015



Metabolic Monitoring for Children and Adolescents on Antipsychotics

Metabolic Monitoring for Children and Adolescents on Antipsychotics measures the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three age-stratifications and a total rate are included in this measure. National HEDIS 2015 Medicaid benchmarks are not displayed for this measure; however, star ratings are presented as a proxy.

1–5 Years

Table 6-2 presents the CY 2015 MCP-specific rates and the statewide average for the *1–5 Years* indicator.

**Table 6-2—Metabolic Monitoring for Children and Adolescents on Antipsychotics—1–5 Years
Methodology—Administrative**

MCP	Reported Rate	Ranking
Buckeye	NA	NA
CareSource	15.9%	★★★★
Molina	20.0%	★★★★★
Paramount	NA	NA
UnitedHealthcare	NA	NA
Statewide	16.0%	★★★★

Table 6-2a—Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-2 shows that the statewide average ranked between the national HEDIS 2015 50th and 75th percentiles. For all MCPs, at least 15 percent of eligible members in this age group had two or more antipsychotic prescriptions and had metabolic testing. For MCPs with reportable rates, Molina’s rate was at or above the 75th percentile, and CareSource’s rate was between the 50th and 75th percentiles.

6–11 Years

Table 6-3 presents the CY 2015 MCP-specific rates and the statewide average for the 6–11 Years indicator.

**Table 6-3—Metabolic Monitoring for Children and Adolescents on Antipsychotics—6–11 Years
Methodology—Administrative**

MCP	Reported Rate	Ranking
Buckeye	25.1%	★★★★
CareSource	23.4%	★★★
Molina	25.8%	★★★★
Paramount	24.6%	★★★★
UnitedHealthcare	22.3%	★★★
Statewide	23.8%	★★★

Table 6-3a—Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-3 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. For all MCPs, at least 22 percent of eligible members in this age group had two or more antipsychotic prescriptions and had metabolic testing. Three MCPs’ rates were between the 50th and 75th percentiles, and two MCPs’ rates were between the 25th and 50th percentiles.

12–17 Years

Table 6-4 presents the CY 2015 MCP-specific rates and the statewide average for the *12–17 Years* indicator.

**Table 6-4—Metabolic Monitoring for Children and Adolescents on Antipsychotics—12–17 Years
Methodology—Administrative**

MCP	Reported Rate	Ranking
Buckeye	26.1%	★★★
CareSource	27.1%	★★★
Molina	32.4%	★★★★★
Paramount	27.0%	★★★
UnitedHealthcare	24.9%	★★★
Statewide	27.3%	★★★

Table 6-4a—Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Star Rating Category	★	★★	★★★	★★★★★	★★★★★		

Table 6-4 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. For all MCPs, at least 24 percent of eligible members in this age group had two or more antipsychotic prescriptions and had metabolic testing. Molina’s rate was between the 50th and 75th percentiles, and the remaining four MCPs’ rates were between the 25th and 50th percentiles.

Total

Table 6-5 presents the CY 2015 MCP-specific rates and the statewide average for the *Total* indicator.

Table 6-5—Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total Methodology—Administrative

MCP	Reported Rate	Ranking
Buckeye	25.5%	★★★
CareSource	25.4%	★★★
Molina	29.3%	★★★★★
Paramount	25.7%	★★★
UnitedHealthcare	23.7%	★★★
Statewide	25.7%	★★★

Table 6-5a—Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Star Rating Category	★	★★	★★★	★★★★★	★★★★★		

Table 6-5 shows that the statewide average ranked between the national HEDIS 2015 25th and 50th percentiles. For all MCPs, at least 23 percent of eligible members had two or more antipsychotic prescriptions and had metabolic testing. Molina’s rate was between the 50th and 75th percentiles, and the remaining four MCPs’ rates were between the 25th and 50th percentiles.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics measures the percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. Three age stratifications and a total rate are included in this measure. National HEDIS 2015 Medicaid benchmarks are not displayed for this measure; however, star ratings are presented as a proxy.

1–5 Years

Table 6-6 presents the CY 2015 MCP-specific rates and the statewide average for the *1–5 Years* indicator.

**Table 6-6—Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—1–5 Years
Methodology—Administrative**

MCP	Reported Rate	Ranking
Buckeye	NA	NA
CareSource	63.0%	★★★★
Molina	36.7%	★★★
Paramount	NA	NA
UnitedHealthcare	NA	NA
Statewide	57.3%	★★★★

Table 6-6a—Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-6 shows that the statewide average ranked between the national HEDIS 2015 50th and 75th percentiles. For all MCPs, at least 36 percent of eligible members in this age group had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. For the two MCPs with reportable rates, CareSource’s rate was between the 50th and 75th percentiles, and Molina’s rate was between the 25th and 50th percentiles.

6–11 Years

Table 6-7 presents the CY 2015 MCP-specific rates and the statewide average for the *6–11 Years* indicator.

**Table 6-7—Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—6–11 Years
Methodology—Administrative**

MCP	Reported Rate	Ranking
Buckeye	62.1%	★★★★
CareSource	82.8%	★★★★★
Molina	67.7%	★★★★
Paramount	81.0%	★★★★★
UnitedHealthcare	66.7%	★★★★
Statewide	77.0%	★★★★★

Table 6-7a—Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-7 shows that the statewide average ranked at or above the national HEDIS 2015 75th percentile. For all MCPs, at least 62 percent of eligible members in this age group had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. Two MCPs’ rates were at or above the 75th percentile, and three MCPs’ rates were between the 50th and 75th percentiles.

12–17 Years

Table 6-8 presents the CY 2015 MCP-specific rates and the statewide average for the *12–17 Years* indicator.

**Table 6-8—Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—12–17 Years
Methodology—Administrative**

MCP	Reported Rate	Ranking
Buckeye	69.8%	★★★★★
CareSource	81.3%	★★★★★
Molina	75.7%	★★★★★
Paramount	82.6%	★★★★★
UnitedHealthcare	71.1%	★★★★★
Statewide	78.4%	★★★★★

Table 6-8a—Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Star Rating Category	★	★★	★★★	★★★★	★★★★★	★★★★★	

Table 6-8 shows that the statewide average ranked at or above the national HEDIS 2015 75th percentile. For all MCPs, at least 69 percent of eligible members in this age group had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. All MCPs’ rates were at or above the 75th percentile.

Total

Table 6-9 presents the CY 2015 MCP-specific rates and the statewide average for the *Total* indicator.

Table 6-9—Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total Methodology—Administrative

MCP	Reported Rate	Ranking
Buckeye	66.9%	★★★★
CareSource	81.1%	★★★★★
Molina	70.4%	★★★★★
Paramount	81.1%	★★★★★
UnitedHealthcare	68.6%	★★★★★
Statewide	77.1%	★★★★★

Table 6-9a—Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-9 shows that the statewide average ranked at or above the national HEDIS 2015 75th percentile. For all MCPs, at least 66 percent of eligible members had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. Four MCPs’ rates were above the 75th percentile, and one MCP’s rate was between the 50th and 75th percentiles.

Antidepressant Medication Management

Antidepressant Medication Management measures the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported: (1) *Effective Acute Phase Treatment* (remained on an antidepressant medication for at least 84 days), and (2) *Effective Continuation Phase Treatment* (remained on an antidepressant medication for at least 180 days).

Effective Acute Phase Treatment

Table 6-10 presents the CY 2015 MCP-specific rates and the statewide average for the *Effective Acute Phase Treatment* indicator.

Table 6-10—Antidepressant Medication Management—Effective Acute Phase Treatment Methodology—Administrative

MCP	Reported Rate	Ranking
Buckeye	49.6%	★★★
CareSource	55.8%	★★★★
Molina	58.3%	★★★★★
Paramount	50.7%	★★★★
UnitedHealthcare	51.7%	★★★★
Statewide	54.4%	★★★★

Table 6-10a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<42.8%	42.8%	46.7%	50.5%	56.2%	62.6%	52.3%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-10 shows that the statewide average ranked between the national HEDIS 2015 50th and 75th percentiles. For all MCPs, at least 49 percent of eligible members who were treated with antidepressant medication for major depression remained on the antidepressant medication for at least 84 days. One MCP’s rate was above the 75th percentile, three MCPs’ rates were between the 50th and 75th percentiles, and one MCP’s rate was between the 25th and 50th percentiles.

Effective Continuation Phase Treatment

Table 6-11 presents the CY 2015 MCP-specific rates and the statewide average for the *Effective Continuation Phase Treatment* indicator.

**Table 6-11—Antidepressant Medication Management—Effective Continuation Phase Treatment
Methodology—Administrative**

MCP	Reported Rate	Ranking
Buckeye	34.4%	★★★★
CareSource	39.8%	★★★★
Molina	42.3%	★★★★★
Paramount	35.2%	★★★★
UnitedHealthcare	36.9%	★★★★
Statewide	38.7%	★★★★

Table 6-11a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<27.4%	27.4%	31.0%	34.0%	40.5%	48.4%	37.0%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-11 shows that the statewide average ranked between the national HEDIS 2015 50th and 75th percentiles. For all MCPs, at least 34 percent of eligible members who were treated with antidepressant medication for major depression remained on the antidepressant medication for at least 180 days. One MCP’s rate was above the 75th percentile, and three MCPs’ rates were between the 50th and 75th percentiles.

Mental Health Utilization

The *Mental Health Utilization* measure assesses the percentage of members receiving the following four categories of mental health services during CY 2015: *Any Service*, *Inpatient*, *Intensive Outpatient or Partial Hospitalization*, and *Outpatient or Emergency Department (ED)*. Table 6-12 shows the MCP-specific rates and the statewide average for all ages. Since the rates reported for this measure do not take into consideration the demographic and clinical characteristics of each MCP’s members, comparisons to national benchmarks are not performed and star rankings are not presented in Table 6-12. Higher or lower rates may not denote better or poorer performance.

**Table 6-12—Mental Health Utilization
Methodology—Administrative**

MCP	Any Service	Inpatient	Intensive Outpatient or Partial Hospitalization	Outpatient or ED
Buckeye	2.8%	0.6%	<0.1%	2.4%
CareSource	17.4%	1.0%	3.2%	17.2%
Molina	5.9%	0.9%	NA	5.5%
Paramount	4.9%	1.1%	<0.1%	4.3%
UnitedHealthcare	5.8%	0.9%	<0.1%	5.3%
Statewide	11.3%	1.0%	1.9%	10.9%

Table 6-12 shows the results for four mental health utilization indicators using administrative data for all five MCPs. For the *Any Service* indicator, the statewide average and the MCP-specific rates were less than 18 percent. Since MCPs’ members used mental health services in outpatient or ED settings more frequently than inpatient or intensive outpatient or partial hospitalization settings, rates for the *Any Service* measure are heavily influenced by MCPs’ rates for the *Outpatient or ED* indicator.

Summary of Performance

Table 6-13 displays the frequency of star ranking associated with the one required, non-informational performance measure rate (*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*) in the Behavioral Health population stream. Star rankings associated with the information-only measures are not included in this table. Statewide performance for this measure ranked between the national HEDIS 2015 50th and 75th percentiles.

Table 6-13—Number of MCP and Statewide Average Rates by Star Ranking Category

	Buckeye	CareSource	Molina	Paramount	United Healthcare	Statewide
★★★★★	0	0	0	0	0	0
★★★★	0	1	1	1	1	1
★★★	0	0	0	0	0	0
★★	1	0	0	0	0	0
★	0	0	0	0	0	0
★★★★★= Meets or exceeds the national HEDIS 75th percentile. ★★★★= At or above the national HEDIS 50th percentile but below the 75th percentile. ★★★= At or above the national HEDIS 25th percentile but below the 50th percentile. ★★= At or above the national HEDIS 10th percentile but below the 25th percentile. ★= Below the national HEDIS 10th percentile.						

Four MCPs’ rates were between the national HEDIS 2015 50th and 75th percentiles, and Buckeye’s rate was between the national HEDIS 2015 10th and 25th percentiles.

7. Chronic Conditions

This section shows CY 2015 (HEDIS 2016) results and ranking for the MCPs' Medicaid managed care population, as well as statewide averages for the Chronic Conditions measures. Four measures (a total of eight rates) are included in this section.

- ◆ *Comprehensive Diabetes Care—HbA1c Adequate Control (<8.0%),¹ Blood Pressure Control (<140/90 mm Hg), Eye Exam (Retinal) Performed, and Medical Attention for Nephropathy²*
- ◆ *Medication Management for People With Asthma—Medication Compliance 75 Percent (Total)²*
- ◆ *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid and Bronchodilator²*
- ◆ *Controlling High Blood Pressure¹*

¹ Pay-for-performance measure/indicator

² Information-only measure

Comprehensive Diabetes Care

Comprehensive Diabetes Care assesses the quality of care provided to members with diabetes. For CY 2015, the MCPs were required to report four indicators: *HbA1c Adequate Control (<8.0%)*, *Blood Pressure Control (<140/90 mm Hg)*, *Eye Exam (Retinal) Performed*, and *Medical Attention for Nephropathy*. *Medical Attention for Nephropathy* was an information-only indicator. All rates were calculated using the hybrid method, and the contributions to the rates from medical record review varied by measure.

HbA1c Adequate Control (<8.0%)

Table 7-1 presents the CY 2015 MCP-specific rates and the statewide average for the *HbA1c Adequate Control (<8.0%)* indicator.

**Table 7-1—Comprehensive Diabetes Care—HbA1c Adequate Control (<8.0%)
Methodology—Hybrid**

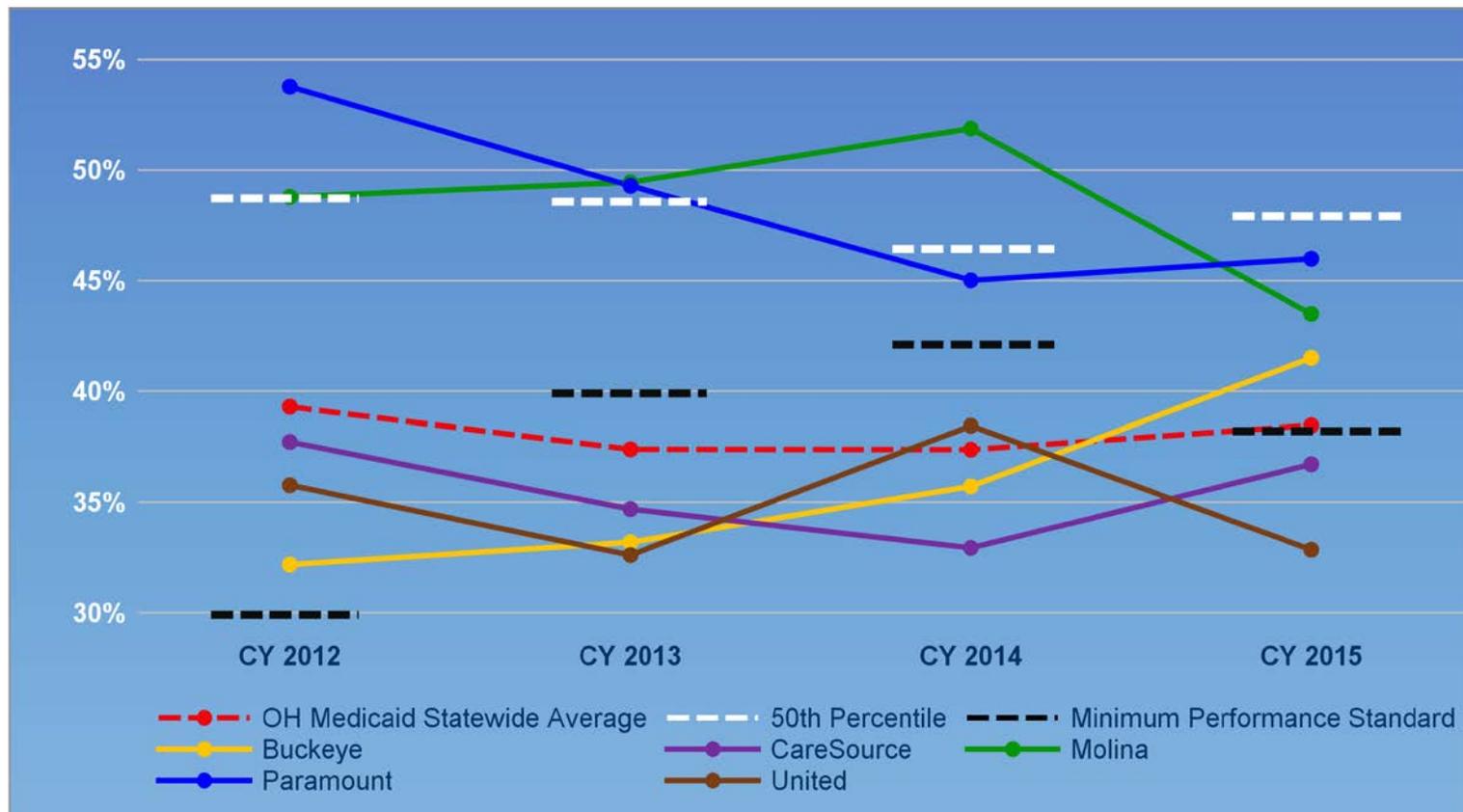
MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	29.3%	70.7%	41.5%	★★★
CareSource	0.0%	100.0%	36.7%	★★
Molina	13.7%	86.3%	43.5%	★★★
Paramount	23.3%	76.7%	46.0%	★★★
UnitedHealthcare	21.5%	78.5%	32.8%	★
Statewide	10.0%	90.0%	38.5%	★★

Table 7-1a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<32.9%	32.9%	40.0%	47.9%	54.0%	58.6%	46.5%
Star Rating Category	★	★★	★★★	★★★★	★★★★★	★★★★★	

Table 7-1 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. All MCPs had at least 32 percent of their eligible diabetic members maintaining adequate glycemic control. Three MCPs' rates were between the 25th and 50th percentiles, one MCP's rate was between the 10th and 25th percentiles, and one MCP's rate was below the 10th percentile. CareSource calculated this indicator using only medical record data. The other four MCPs calculated this indicator using the hybrid method, with less than 30 percent of their rates derived from administrative data. Figure 7-1 shows the four-year rate trend for each MCP and the statewide average.

Figure 7-1—Comprehensive Diabetes Care—HbA1c Adequate Control (<8.0%), CY 2012–2015



Blood Pressure Control (<140/90 mm Hg)

Table 7-2 presents the CY 2015 MCP-specific rates and the statewide average for the *Blood Pressure Control (<140/90 mm Hg)* indicator.

**Table 7-2—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)
Methodology—Hybrid**

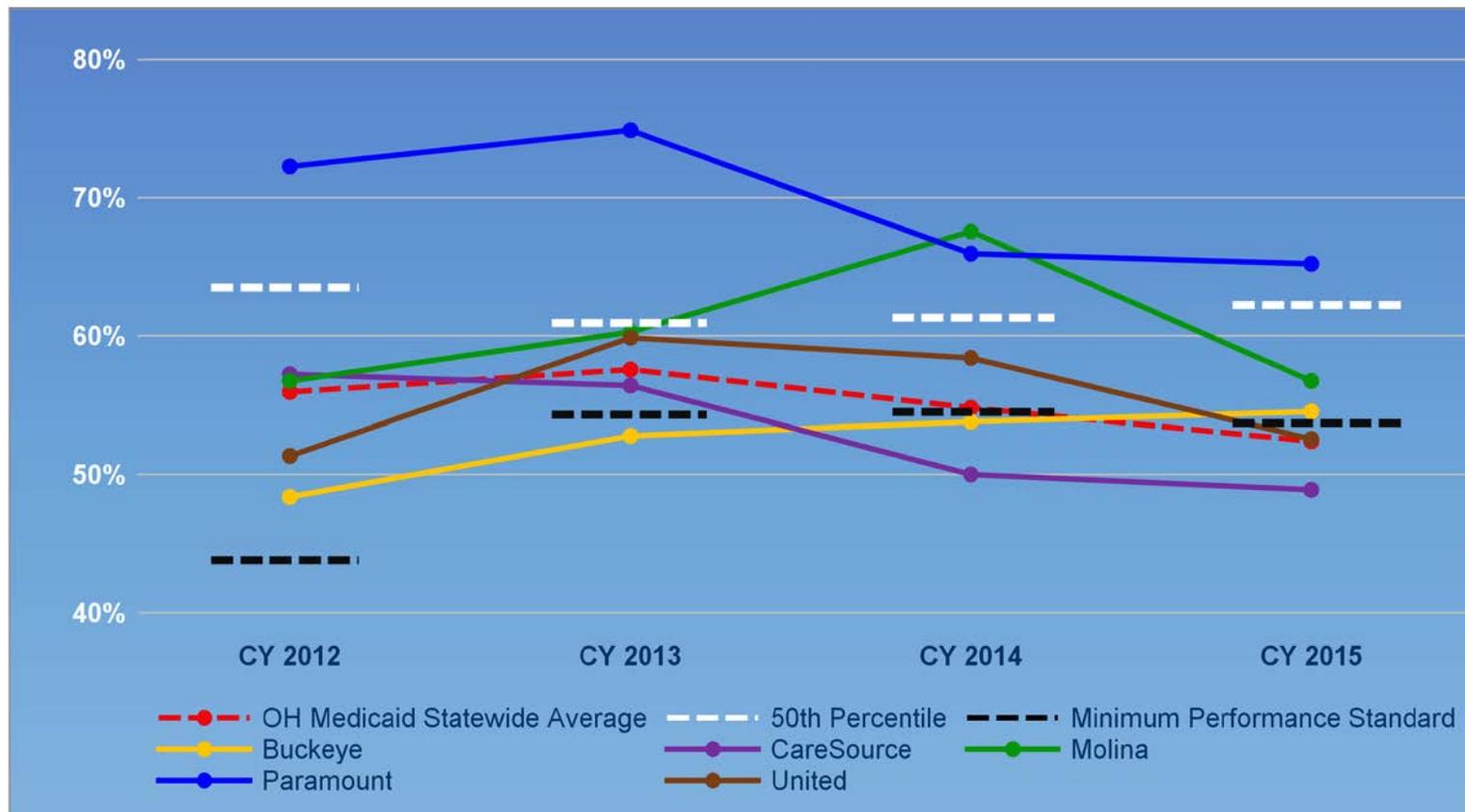
MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	14.2%	85.8%	54.5%	★★
CareSource	0.0%	100.0%	48.9%	★★
Molina	0.8%	99.2%	56.7%	★★★
Paramount	12.3%	87.7%	65.2%	★★★★
UnitedHealthcare	0.0%	100.0%	52.6%	★★
Statewide	2.8%	97.2%	52.4%	★★

Table 7-2a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<48.7%	48.7%	56.5%	62.2%	69.2%	76.6%	61.9%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 7-2 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. All MCPs had at least 48 percent of eligible diabetic members having kept their blood pressure under control. One MCP's rate was between the 50th and 75th percentiles, one MCP's rate was between the 25th and 50th percentiles, and the remaining three MCPs' rates were between the 10th and 25th percentiles. Two MCPs calculated this indicator using only medical record data. Three MCPs calculated this indicator using the hybrid method, with less than 15 percent of their rates derived from administrative data. Figure 7-2 shows the four-year rate trend for each MCP and the statewide average.

Figure 7-2—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg), CY 2012–2015



Eye Exam (Retinal) Performed

Table 7-3 presents the CY 2015 MCP-specific rates and the statewide average for the *Eye Exam (Retinal) Performed* indicator.

**Table 7-3—Comprehensive Diabetes Care—Eye Exam (Retinal) Performed
Methodology—Hybrid**

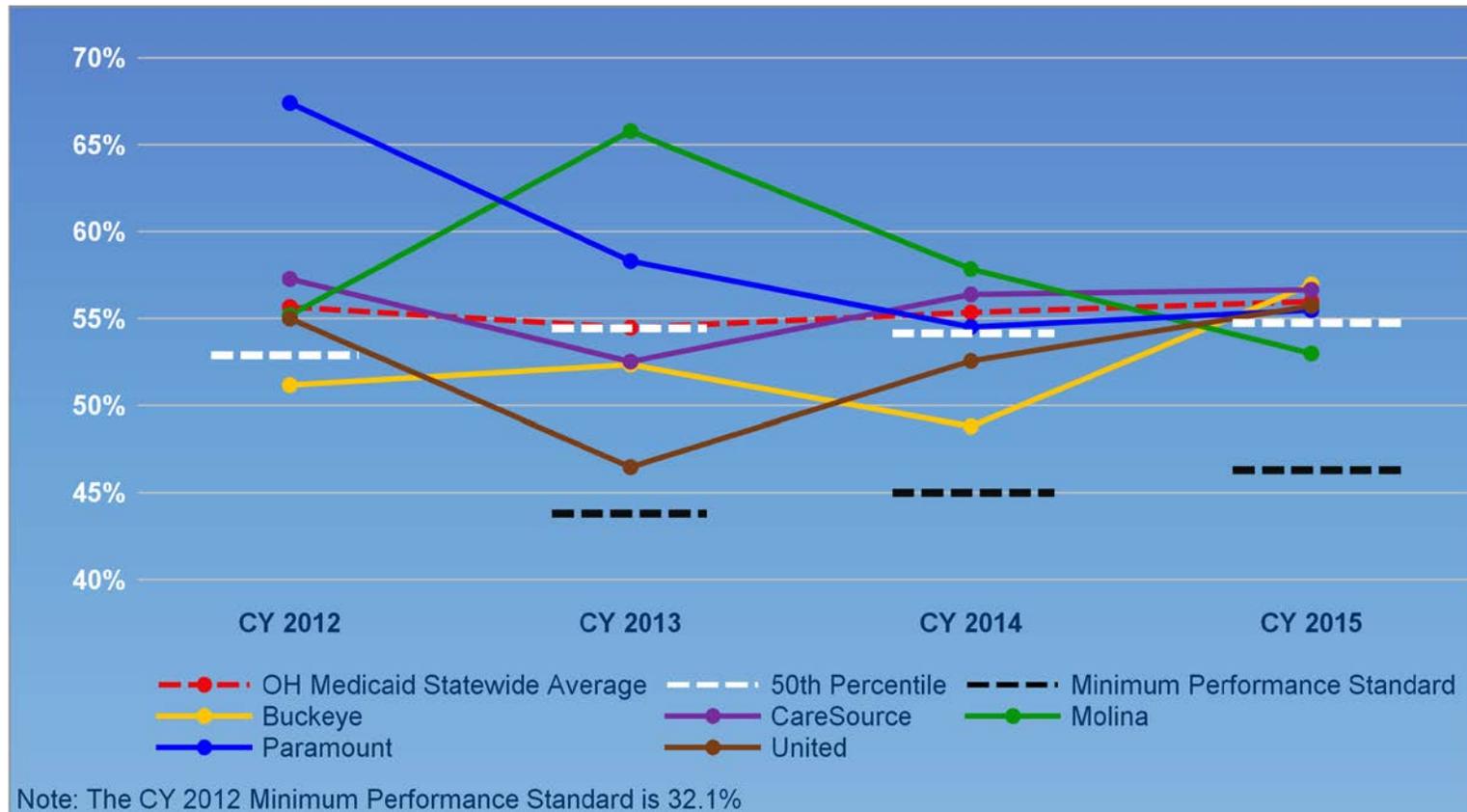
MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	91.1%	8.9%	57.0%	★★★★
CareSource	88.8%	11.2%	56.6%	★★★★
Molina	81.7%	18.3%	53.0%	★★★
Paramount	70.2%	29.8%	55.5%	★★★★
UnitedHealthcare	79.0%	21.0%	55.7%	★★★★
Statewide	85.4%	14.6%	56.0%	★★★★

Table 7-3a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<38.5%	38.5%	47.1%	54.7%	63.2%	67.7%	54.3%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 7-3 shows that the statewide average was between the national HEDIS 2015 50th and 75th percentiles. All MCPs had at least 53 percent of their eligible diabetic members receiving a retinal eye examination. Four MCPs' rates were between the 50th and 75th percentiles, and one MCP's rate was between the 25th and 50th percentiles. All MCPs calculated this indicator using the hybrid method, with at least 70 percent for their rates derived from administrative data. Figure 7-3 shows the four-year rate trend for each MCP and the statewide average.

Figure 7-3—Comprehensive Diabetes Care—Eye Exam (Retinal) Performed, CY 2012–2015



Medical Attention for Nephropathy

Medical Attention for Nephropathy was an information-only indicator for CY 2015 reporting. Table 7-4 presents the CY 2015 MCP-specific rates and the statewide average for this indicator.

Table 7-4—Comprehensive Diabetes Care—Medical Attention for Nephropathy Methodology—Hybrid

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	99.3%	0.7%	88.7%	★★★★★
CareSource	98.5%	1.5%	92.7%	★★★★★
Molina	99.5%	0.5%	90.7%	★★★★★
Paramount	98.6%	1.4%	88.1%	★★★★★
UnitedHealthcare	99.2%	0.8%	87.3%	★★★★★
Statewide	98.8%	1.2%	90.9%	★★★★★

Table 7-4a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<73.5%	73.5%	78.0%	81.8%	84.9%	87.7%	80.9%
Star Rating Category	★	★★	★★★	★★★★	★★★★★	★★★★★	

Table 7-4 shows that the statewide average ranked above the national HEDIS 2015 90th percentile. All MCPs had at least 87 percent of their eligible diabetic members receiving a nephropathy screening or monitoring test. All MCPs’ rates were at or above the 75th percentile, with four MCPs’ rates above the 90th percentile. Although all MCPs calculated this indicator using the hybrid method, at least 98 percent of their rates were derived from administrative data.

Medication Management for People With Asthma

Medication Management for People With Asthma measures the percentage of members identified as having persistent asthma, were dispensed appropriate medications, and remained on those medications during the treatment period. ODM required the MCPs to report the percentage of members who remained on an asthma controller medication for at least 75 percent of their treatment period. Table 7-5 presents the CY 2015 MCP-specific rates and the statewide average for the *Medication Compliance 75 Percent* indicator.

**Table 7-5—Medication Management for People With Asthma—
Medication Compliance 75 Percent, Total
Methodology—Administrative**

MCP	Reported Rate	Ranking
Buckeye	34.1%	★★★★
CareSource	39.5%	★★★★★
Molina	41.5%	★★★★★
Paramount	30.7%	★★★★
UnitedHealthcare	35.5%	★★★★★
Statewide	38.2%	★★★★★

Table 7-5a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<18.6%	18.6%	23.7%	29.6%	34.8%	43.4%	30.3%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 7-5 shows that the statewide average ranked above the national HEDIS 2015 75th percentile. All MCPs had at least 30 percent of eligible members with persistent asthma who were dispensed and remained on asthma controller medication for at least 75 percent of their treatment period. Three MCPs’ reported rates were above the 75th percentile, and two MCPs’ rates were between the 50th and 75th percentiles.

Pharmacotherapy Management of COPD Exacerbation

Pharmacotherapy Management of COPD Exacerbation measures the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: (1) dispensed a systemic corticosteroid within 14 days of the event, and (2) dispensed a bronchodilator within 30 days of the event.

Systemic Corticosteroid

Table 7-6 presents the CY 2015 MCP-specific rates and the statewide average for the *Systemic Corticosteroid* indicator.

Table 7-6—Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid Methodology—Administrative

MCP	Reported Rate	Ranking
Buckeye	77.0%	★★★★★
CareSource	79.5%	★★★★★
Molina	77.3%	★★★★★
Paramount	76.8%	★★★★★
UnitedHealthcare	75.3%	★★★★★
Statewide	78.1%	★★★★★

Table 7-6a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<47.6%	47.6%	58.5%	69.0%	74.8%	78.2%	65.3%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 7-6 shows that the statewide average was above the national HEDIS 2015 75th percentile. For all MCPs, at least 75 percent of eligible members who had an acute inpatient discharge or ED visit within the required time period were dispensed a systemic corticosteroid within 14 days of the eligible event. All five MCPs’ rates were above the 75th percentile, with one MCP’s rate above the 90th percentile.

Systemic Bronchodilator

Table 7-7 presents the CY 2015 MCP-specific rates and the statewide average for the *Systemic Bronchodilator* indicator.

Table 7-7—Pharmacotherapy Management of COPD Exacerbation—Systemic Bronchodilator Methodology—Administrative

MCP	Reported Rate	Ranking
Buckeye	86.0%	★★★★
CareSource	88.5%	★★★★★
Molina	85.4%	★★★★
Paramount	83.8%	★★★★
UnitedHealthcare	83.6%	★★★★
Statewide	86.8%	★★★★

Table 7-7a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<64.1%	64.1%	76.1%	83.4%	87.1%	89.0%	78.9%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 7-7 shows that the statewide average was between the national HEDIS 2015 50th and 75th percentiles. For all MCPs, at least 83 percent of eligible members who had an acute inpatient discharge or ED visit within the required time period were dispensed a systemic bronchodilator within 30 days of the eligible event. One MCP’s rate was between the 75th and 90th percentiles, and the remaining four MCPs’ rates were between the 50th and 75th percentiles.

Controlling High Blood Pressure

Controlling High Blood Pressure measures the percentage of members 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. The calculation of this measure was solely based on medical record data. Table 7-8 presents the CY 2015 MCP-specific rates and the statewide average for this measure.

**Table 7-8—Controlling High Blood Pressure
Methodology—Hybrid**

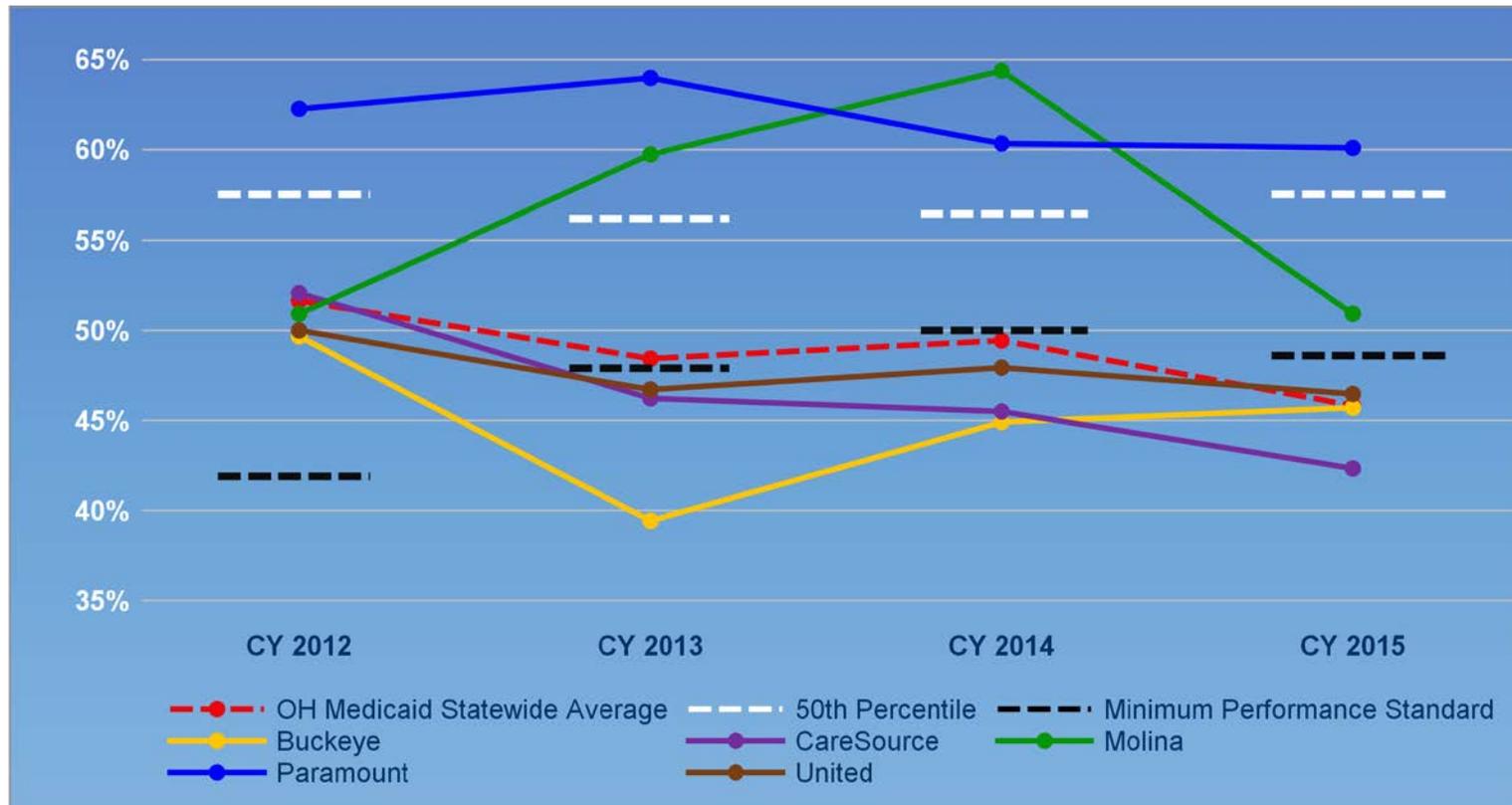
MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	0.0%	100.0%	45.7%	★★
CareSource	0.0%	100.0%	42.3%	★
Molina	0.0%	100.0%	50.9%	★★★
Paramount	0.0%	100.0%	60.1%	★★★★
UnitedHealthcare	0.0%	100.0%	46.5%	★★
Statewide	0.0%	100.0%	45.8%	★★

Table 7-8a—National HEDIS 2015 Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<43.6%	43.6%	49.9%	57.5%	65.5%	70.3%	57.1%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 7-8 shows that the statewide average ranked between the national HEDIS 2015 10th and 25th percentiles. For all MCPs, at least 42 percent of eligible members with a hypertension diagnosis were adequately controlling their blood pressure during the measurement year. One MCP's rate was between the 50th and 75th percentiles, one MCP's rate was between the 25th and 50th percentiles, two MCPs' rates were between the 10th and 25th percentiles, and one MCPs' rate was below the 10th percentile. All five MCPs' rates were derived from medical record data. Figure 7-4 shows the four-year rate trend for each MCP and the statewide average.

Figure 7-4—Controlling High Blood Pressure, CY 2012–2015



Summary of Performance

Table 7-9 displays the frequency of star ranking associated with the four required, non-informational only performance measures rates in the Chronic Conditions population stream. Star rankings associated with the information-only measures are not included in this table. Overall, statewide performance was below the national average, with three rates receiving a star rating below the national HEDIS 2015 50th percentile.

Table 7-9—Number of MCP and Statewide Average Rates by Star Ranking Category

	Buckeye	CareSource	Molina	Paramount	United Healthcare	Statewide
★★★★★	0	0	0	0	0	0
★★★★	1	1	0	3	1	1
★★★	1	0	4	1	0	0
★★	2	2	0	0	2	3
★	0	1	0	0	1	0

★★★★★= Meets or exceeds the national HEDIS 75th percentile.
 ★★★★= At or above the national HEDIS 50th percentile but below the 75th percentile.
 ★★★= At or above the national HEDIS 25th percentile but below the 50th percentile.
 ★★= At or above the national HEDIS 10th percentile but below the 25th percentile.
 ★= Below the national HEDIS 10th percentile.

One statewide rate was at or above the national HEDIS 2015 50th percentile for the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* measure. The other three statewide rates were between the national HEDIS 2015 10th and 25th percentiles.

Table 7-9 also shows some variations in performance among the MCPs. All MCPs, except Molina, reported rates at or above the national HEDIS 2015 50th percentile for *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*. Paramount was the only MCP with reported rates for two other measures at or above the national HEDIS 2015 50th percentile. CareSource and UnitedHealthcare reported rates below the national HEDIS 2015 10th percentile for one measure, *Controlling High Blood Pressure* and *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, respectively.

Appendix A. Validation Methodology

Federal requirements from the Balanced Budget Act of 1997 (BBA), as specified within the Code of Federal Regulations (CFR) at 42 CFR 438.358, require that states ensure their MCPs collect and report performance measures annually. The requirement allows states, agents that are not a managed care organization, or an EQRO to conduct the performance measure validation. ODM contracted with HSAG to conduct the functions associated with validating performance measures.

Performance results can be calculated and reported to the state by the managed care organization, or the state can calculate the managed care organization's performance results on the measures for the preceding 12 months. ODM required its Medicaid MCPs to calculate their own performance measures rates.

All Ohio Medicaid MCPs underwent an independent NCQA HEDIS Compliance Audit by an LO to ensure the MCPs followed specifications to produce valid and reliable HEDIS measure results. HSAG received the final audited MCP rates and ensured that the HEDIS compliance protocol met requirements of the Centers for Medicare & Medicaid Services (CMS) for validating performance measures using methods consistent with external quality review (EQR) protocols published by CMS.^{A-3} ODM contracted with HSAG to conduct the validation of performance measures reported for MCPs in 2016 for CY 2015 measurement data.

Methodology

Description of Data Obtained

ODM required that each MCP undergo an NCQA HEDIS Compliance Audit performed by an NCQA-certified HEDIS compliance auditor (CHCA) contracted with an NCQA LO.

During an NCQA audit, data management processes are reviewed using findings from the HEDIS Record of Administration, Data Management, and Processes (Roadmap) review. Interviews are conducted with key MCP staff members, and there is a review of data queries and output files. Auditors review data extractions from systems used to house production files and generate reports, and there is a potential review of data included in the samples for the selected measures. Based on validation findings, the LO produces an initial written report identifying any perceived issues of noncompliance, problematic measures, and recommended opportunities for improvement. The LO then completes a final report with updated text and findings based on comments about the initial report.

HSAG used the final audit results and the final audit report (FAR) as the primary data sources to tabulate overall HEDIS reporting capabilities and functions for the MCPs. The final audit results are the final determinations of validity made by the auditor for each performance measure. The FAR

^{A-3} Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Aug 10, 2016.

includes information on the MCPs’ information systems capabilities, findings for each measure, medical record review validation (MRRV) results, results of any corrected programming logic (including corrections to numerators, denominators, or sampling used for final measure calculation), and opportunities for improvement. If the biased rate (*BR*) designation was assigned to a particular measure required for reporting and the FAR did not provide additional information for the audit designation assignment, HSAG would request the MCP to submit the Roadmap for further research. The Roadmap, which was completed by the MCP, contains detailed information on data systems and processes used to calculate the performance measures.

Table A-1 identifies the key audit steps that HSAG validated and the sources used to identify them.

Table A-1—Description of Data Sources Reviewed by HSAG

Data Reviewed	Source of Data
<p>Pre-On-Site Visit Call/Meeting—Initial conference call or meeting between the LO and the MCP staff. HSAG verified that the LOs addressed key HEDIS topics, such as timelines and on-site review dates.</p>	<p>HEDIS 2016 FAR</p>
<p>HEDIS Roadmap Review—Provided the LOs with background information on policies, processes, and data in preparation for the on-site validation activities. The MCPs were required to complete the Roadmap to provide the audit team with information necessary to begin review activities. HSAG also looked for evidence in the FARs that the LOs completed a thorough review of all components of the Roadmap.</p>	<p>HEDIS 2016 FAR (or the Roadmap, as necessary)</p>
<p>Software Vendor—If an MCP used a software vendor to produce HEDIS rates, HSAG assessed whether the MCP contracted with a vendor to calculate its rates. If an MCP used a vendor, HSAG assessed whether the measures developed by the vendor were certified by NCQA. If the MCP did not use a vendor, the auditor was required to review the source code for each reported measure (see next step below).</p>	<p>HEDIS 2016 FAR</p>
<p>Source Code Review—HSAG ensured that the LOs reviewed the MCPs’ programming language for HEDIS measures if the MCPs did not use a vendor. Source code review determined compliance with the performance measure definitions, including accurate numerator and denominator identification, sampling, and algorithmic compliance (ensuring that rate calculations were performed correctly, medical record and administrative data were combined appropriately, and numerator events were counted accurately). This process was not required if the MCPs used a vendor with NCQA-certified measures.</p>	<p>HEDIS 2016 FAR</p>
<p>Supplemental Data Validation—If the MCPs used any supplemental data for reporting, the LO was to validate the supplemental data according to NCQA’s guideline. HSAG verified whether the LO was following the NCQA-required approach while validating the supplemental databases.</p>	<p>HEDIS 2016 FAR</p>
<p>MRRV—The LOs are required to perform a more extensive validation of the medical records reviewed, which is conducted late in the abstraction process. This review ensures that the MCPs’ review processes are executed as planned and that the results are accurate. HSAG reviewed whether the LOs performed a re-review of a random sample of medical records according to NCQA’s MRRV guidelines to ensure the reliability and validity of the data collected.</p>	<p>HEDIS 2016 FAR</p>

Data Reviewed	Source of Data
Audit Designation Table —The auditor prepared a table indicating the audit result and the corresponding rationale. This process verifies that the auditor validated all activities that culminated in a rate reported by the MCP.	Final Audit Review Table, Final Audit Statement, 2016 Interactive Data Submission System (IDSS)
MCP Self-Reported HEDIS Data Letter of Certification for Final Audit Report —ODM required the MCPs to sign and submit a certification attesting to the accuracy and completeness of their data and the results in the FAR. HSAG reviewed each FAR and ensured this certification letter was signed and submitted.	MCP Self-Reporting HEDIS Data Letter of Certification for Final Audit Report

Description of Validation Activities

Table A-2 identifies the key elements that HSAG reviewed. HSAG identified whether the LOs completed each key element, as described in the FARs. A checkmark (✓) confirms that the activity was clearly identified as being performed as evidenced by review of the FAR.

Table A-2—Validation Activities for HSAG’s Review

Activity	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare
Licensed Organization	ATTEST	Healthcare Data	ATTEST	Healthcare Data	ATTEST
Pre-On-Site Visit Call/Meeting	✓	✓	✓	✓	✓
Roadmap Review	✓	✓	✓	✓	✓
Software Vendor with Certified Measures	Inovalon	DST Health Solutions	Inovalon	Inovalon	GDIT
Source Code Review*	NA	NA	NA	NA	NA
Supplemental Data Validation	✓	✓	✓	✓	✓
MRRV	✓	✓	✓	✓	✓

* Not Applicable if the MCP used a vendor with NCQA-certified measures that were under the scope of HSAG’s validation.

All MCPs used software vendors for calculating the HEDIS rates. All vendors achieved full measure certification status through NCQA for the reported HEDIS measures. All MCPs underwent MRRV. HSAG found that the data collected and reported for the measures selected by ODM followed NCQA HEDIS methodology and were consistent with CMS protocols for validating performance measures. Therefore, HSAG determined that the processes used to calculate the required HEDIS rates were valid, reliable, and accurate.

Information System Capability Review

HSAG evaluated each MCP's information systems (IS) capabilities for accurate HEDIS reporting. This evaluation was accomplished by reviewing each FAR submitted by the MCPs which contained the LO's assessment of IS capabilities. The evaluation specifically focused on aspects of the MCP's system that could affect the HEDIS Medicaid reporting set.

The term "IS" was broadly used to include the computer and software environment, data collection procedures, and abstraction of medical records for hybrid measures. The IS evaluation included a review of any manual processes used for HEDIS reporting. The LOs determined the extent to which the MCPs had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

In accordance with the 2016 NCQA *HEDIS Compliance Audit: Standards, Policies, and Procedures*, Volume 5, the LOs evaluated compliance with NCQA's IS standards. NCQA's IS standards detail the minimum requirements of an MCP's information system, as well as criteria that must be met for any manual processes used to report HEDIS information. When a particular IS standard was not met, the LOs determined the impact on HEDIS reporting capabilities, specifically identifying any measure that could be impacted. It is possible that an MCP might not be *Fully Compliant* with many of the IS standards, but fully able to report the selected measures. Additionally, there are certain IS standards that address data required for the full HEDIS Medicaid reporting set (e.g., call center data) and not specifically for the ODM-selected measures.

MCP Information Systems Findings

The following is a summary of how the MCPs performed compared to the NCQA HEDIS IS standards.

IS 1.0 Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry

All MCPs but one were *Fully Compliant* with all components under this standard. One MCP did not receive a full compliance with IS standard 1.5 because the MCP was not able to meet specific timeliness-related audit standards for its internal audits. Nonetheless, since this component targeted the MCP's internal control mechanism, the partial compliance result did not impact the accuracy of HEDIS reporting. Overall, all MCPs reported and captured all pertinent clinical information for HEDIS reporting. The MCPs had sufficient edit checks in place for claims processing to ensure that accurate data were being submitted. Data completeness was monitored regularly by all MCPs. The MCPs monitored monthly encounter data volume to track complete and timely submissions. HSAG did not find any concerns identified by the MCPs' auditors regarding vendor processing claims for vision, dental, or pharmacy services. The MCPs monitored all vendor performance sufficiently. Medical service data were sufficient for HEDIS reporting for measures required by ODM.

IS 2.0 Enrollment Data—Data Capture, Transfer, and Entry

All MCPs were *Fully Compliant* with all components under this standard. Enrollment-related data elements required for HEDIS reporting were accurately captured in MCPs' data systems. HSAG did

not find any concerns identified by the MCPs' auditors regarding the MCPs' enrollment data. Overall, enrollment data from all MCPs were sufficient for HEDIS reporting for measures required by ODM.

IS 3.0 Practitioner Data—Data Capture, Transfer, and Entry

All MCPs were *Fully Compliant* with all the components under this standard. Practitioner-related data elements required for HEDIS reporting were accurately captured in MCPs' data systems. HSAG did not find any concerns identified by the MCPs' auditors regarding the MCPs' practitioner data. Overall, practitioner data from all MCPs were sufficient for HEDIS reporting for measures required by ODM.

IS 4.0 Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

All MCPs but one were *Fully Compliant* with all components under this standard. One MCP did not receive full compliance with IS 4.2 because it experienced sample failures during round 1 of MRRV and the final MRRV results indicated that two of the measures requiring in-house medical record processes had to be reported administratively. Upon further investigation by HSAG, the deficiency did not impact any of the hybrid measure reporting for ODM. For all other compliance components, all MCPs used appropriate tools to capture the required hybrid data elements. Sufficient training and oversight were in place to ensure that the data being abstracted were accurate and complete. Integration of these data for HEDIS reporting followed the appropriate measure specifications. HSAG did not note any concerns identified by the MCPs' auditors regarding the MCPs' medical record review process. Overall, medical record data were sufficient for HEDIS reporting for measures required by ODM.

IS 5.0 Supplemental Data—Capture, Transfer, and Entry

All MCPs used supplemental data to enhance the completeness of claims data and were *Fully Compliant* with this standard. All MCPs had processes in place to ensure the supplemental data sources they used met NCQA's requirements. Supplemental data were sufficient for HEDIS reporting.

IS 6.0 Member Call Center Data—Capture, Transfer, and Entry

This standard was *Not Applicable* to the measures reported by the MCPs.

IS 7.0 Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

All MCPs were *Fully Compliant* with IS 7.0. Each MCP contracted with software vendors that received full certification status on their HEDIS measures to calculate the rates. HSAG did not find any concerns identified with the data transfer and control procedures in place at any of the MCPs. Sufficient security and data backup procedures were in place to ensure the integrity of all data. Data integration processes were sufficient for HEDIS reporting.

Audit Designation

Each of the measures validated by the LOs received an audit designation consistent with the four NCQA audit designation categories listed below.^{A-4} To produce valid HEDIS rates, data from various sources—including providers, claims/encounter systems, and enrollment—must be audited. These processes were scrutinized and the LOs determined the validity of the collected data. The LOs used a variety of audit methods, including analysis of computer programs, medical record abstraction findings, data files, samples of data, and staff interviews to derive a designation for each measure.

R = Report	The MCP followed the specifications and produced a reportable rate or result for the measure.
NA = Small Denominator	The MCP followed the specifications but the denominator was too small (<30) to report a valid rate.
NB = Benefit Not Offered	The MCP did not offer the health benefits required by the measure.
NR = Not Reported	The MCP chose not to report the measure.
NQ = Not Required	The MCP was not required to report the measure.
BR = Biased Rate	The calculated rate was materially biased.
UN = Un-Audited	The MCP chose to report a measure that is not required to be audited. This result applies only to a limited set of measures (e.g., measures collected using electronic clinical data systems).

For some measures, more than one rate is required for HEDIS reporting (e.g., *Well-Child Visits in the First 15 Months of Life*). It is possible that MCPs prepared some of the rates required by the measure appropriately but had significant bias in others. According to NCQA guidelines, MCPs would receive an *R* result for the measure as a whole but would receive a *BR* finding for the significantly biased rates within the measure.

HSAG evaluated the audit results rendered by the MCPs’ auditors for each measure in the IDSS files submitted by each MCP. With the exception of the following measures, all other measures required for reporting by each MCP received an *R* audit designation.

- ◆ *Metabolic Monitoring for Children and Adolescents on Antipsychotics*—Buckeye, Paramount, and UnitedHealthcare reported a denominator of less than 30 for the 1–5 Years age group and received an *NA* audit designation.
- ◆ *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*—Buckeye, Paramount, and UnitedHealthcare reported denominators of less than 30 for the 1–5 Years age group and received an *NA* audit designation.

^{A-4} Please note that three of the four NCQA audit result findings (*R*, *NB*, and *BR*) are consistent with the validation findings listed in CMS’ EQR PMV protocol for *Report*, *Benefit Not Offered*, and *Biased Rate*. Since a valid rate is usually not reported for measures assigned an *NA* designation under an NCQA HEDIS Compliance Audit, HSAG determined that it is appropriate to retain this audit result category for PMV purposes.

- ◆ *Mental Health Utilization*—Molina reported a denominator of less than 30 for the *Intensive Outpatient or Partial Hospitalization* indicator and received an *NA* audit designation. Since this is a utilization-based measure, performance level analysis was not performed.

Caveats and Limitations

HSAG performed a detailed review of all MCPs' FARs and IDSS data submission files. Each MCP contracted with its own LO to perform the NCQA HEDIS Compliance Audit. For HEDIS 2016, two LOs performed the Ohio Medicaid audits on five MCPs. Although NCQA requires adherence to a standard methodology for these audits, variations in on-site methodologies, approaches addressing concerns, and reporting the audit findings were found between the LOs. More specifically, the LOs varied in their documentation of the IS findings and explanations of audit issues and resolutions in the FARs. This variation could have impacted HSAG's ability to compare findings accurately across all the MCPs since HSAG's review was based solely on the information provided in the FARs. Additionally, HSAG did not have the ability to review systems and processes firsthand through an on-site audit. Finally, HSAG did not have access to all of the LOs' working papers, which included documentation of measure-specific review, source code review, and convenience sampling results; detailed medical record findings; corrective actions performed; on-site review findings and notes; and the findings from review of the Roadmap.