



Department of
Medicaid

**State Fiscal Year 2018
External Quality Review
Technical Report**

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1. Executive Summary

Report Purpose and Overview

States with Medicaid managed care delivery systems are required to annually provide an assessment of the managed care plans' (MCPs') performance related to the quality of, timeliness of, and access to care and services provided by each MCP, as mandated by 42 Code of Federal Regulations (CFR) §438.364. To meet this requirement, the Ohio Department of Medicaid (ODM) has contracted with Health Services Advisory Group, Inc. (HSAG) to perform the assessment and produce this annual report.

ODM administers and oversees the Ohio Medicaid managed care program. The Ohio Medicaid managed care program is comprised of MCPs that deliver services to low-income children and adults, pregnant women, and children and adults with disabilities throughout the State of Ohio. These MCPs include Buckeye Health Plan (Buckeye); CareSource; Molina Healthcare of Ohio, Inc. (Molina); Paramount Advantage (Paramount); and UnitedHealthcare Community Plan of Ohio, Inc. (UnitedHealthcare).

Scope of EQR Activities

To conduct this assessment, HSAG used the results of mandatory and optional external quality review (EQR) activities, as described in 42 CFR §438.358. The purpose of these activities, in general, is to provide valid and reliable data and information about the MCPs' performance. For this state fiscal year (SFY) 2018 assessment, HSAG used findings from the following EQR activities to derive conclusions and make recommendations about the quality of, timeliness of, and access to care and services provided by each MCP. More detailed information about each of the activities is contained in [Appendix A](#) of this report.

Mandatory EQR Activities: Performance Improvement Projects (PIPs), Performance Measures Validation, Comprehensive Administrative Review, and Network Adequacy Validation

Optional EQR Activities: Encounter Data Validation and Quality Rating of MCPs

Other Activities: Provider Satisfaction Survey

High-Level Findings, Conclusions, and Recommendations

HSAG used its analyses and evaluations of EQR activity findings from the review period of July 1, 2017–June 30, 2018, to comprehensively assess the performance of Medicaid MCPs in providing quality, timely, and accessible healthcare services to Ohio Medicaid members. For each MCP reviewed, HSAG provides a summary of its overall key findings, conclusions, and recommendations based on the MCP's performance. For a more detailed and comprehensive discussion of the strengths, weaknesses, conclusions, and recommendations for each MCP, please refer to [Section 5](#) of this report.

The overall findings and conclusions for all MCPs were also compared and analyzed to develop overarching conclusions and recommendations for the Ohio Medicaid managed care program. For a more detailed discussion of the strengths, weaknesses, conclusions, and recommendations for the Ohio Medicaid managed care program, please refer to **Section 6** of this report.

Ohio Medicaid Managed Care Program

Through completion of this annual comprehensive EQR technical report, HSAG aggregated and analyzed the performance results for the Ohio Medicaid managed care program identifying areas of strength in all member populations when performance was compared against national benchmarks.

- Parent or guardian responses to member experience surveys showed a general satisfaction with the program, improving over 2016 survey results, as the program scored at or above the 75th percentile for every Child Consumer Assessment of Healthcare Providers and Systems (CAHPS®)¹⁻¹ Survey global rating, composite measure, and individual item measure. Adult member satisfaction with the overall program also generally improved with all but two measures scoring at or above the 75th percentile. These results indicate members are generally experiencing the ability to access services on a timely basis. Member satisfaction is important to the program as positive member experiences may influence overall member health outcomes.
- The Comprehensive Administrative Review activity is conducted once every three years with the most recent review having occurred in SFY 2017. Nine of the 13 program standards evaluated during the Comprehensive Administrative Review received MCP aggregated scores of 95 percent or higher, demonstrating strength in adherence to program requirements. Additionally, in SFY 2018, all MCPs demonstrated compliance with the corrective action plan (CAP) submission for the deficiencies that were identified in the SFY 2017 review.
- When compared to the prior SFY, the program also showed a general improvement in members across populations getting needed care as reflected in access and quality measure results.

This annual comprehensive assessment of the program through this EQR also revealed that areas of the program had opportunities for improvement when comparing performance against national benchmarks.

- Adult and child preventive healthcare and treatment and women's health are key areas of opportunity for the Ohio Medicaid managed care program. Preventive healthcare and treatment were identified for improvement in the SFY 2017 EQR Technical Report and continue to be key areas for needed improvement.
- While there was general improvement in access and quality measure results, there is still opportunity to improve in comparison to national benchmarks to ensure members routinely visit their primary care providers (PCPs), get recommended preventive care and screenings, and have optimal outcomes related to hypertension and diabetes.

¹⁻¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

- An additional area of opportunity in the Ohio Medicaid managed care program relates to accessibility to care as identified through multiple EQR activities. Provider data accuracy surveys demonstrated continued weaknesses in MCPs' published provider telephone number and address information. Additionally, while MCPs met the established minimum performance standards (MPS) for quality performance measures 90 percent of the time, the MCPs only met or exceeded the national Medicaid 50th percentile 45 percent of the time. These results combine to show a program opportunity to increase expectations of the MCPs to improve Ohio Medicaid members' access to and quality of care.
- Lastly, Provider Satisfaction Survey results show that approximately 52 percent of contracted Medicaid providers are not satisfied with the MCPs. These results indicate that provider satisfaction should be established as a priority for the program, with the increasing expectations that MCP-provider partnerships will evolve to support better healthcare outcomes for the members they serve.

To best serve the Medicaid population across all population streams, HSAG provides the following recommendations for ODM consideration:

Healthy Children and Behavioral Health

- To improve children's access to preventive care (e.g., well-child visits, dental visits, and behavioral health services), ODM could incorporate language into each MCP's ODM Ohio Medical Assistance Provider Agreement for Managed Care Plan (Medicaid Managed Care Provider Agreement) requiring each MCP to submit a school-based healthcare engagement strategy to ODM by end of calendar year (CY) 2019. The suggested strategy could include references to the Ohio School-Based Health Care Support Toolkit¹⁻², details of how the MCPs will collaborate to align with the goals of the Governor's Children's Initiative, a requirement to set measurable and timebound goals tied to school-based healthcare practice outreach, and specifications of MCP staff members dedicated to these efforts.

Provider Engagement in Population Health

- To optimize MCP-provider partnerships, ODM could request each MCP to perform an assessment of provider-facing roles and responsibilities with a goal to ensure provider services' resources are leveraged in a manner that is more streamlined, efficient, and seamless to the providers, applying Institute for Healthcare Improvement concepts of patient care efficiency to provider services.¹⁻³ This assessment could target the measures with the lowest provider satisfaction as identified in the 2018 Provider Satisfaction Survey (i.e., prior-authorization process, assistance in improving health outcomes, and provider relations). Placing this emphasis on MCPs and providers working together aligns with the Ohio Medicaid Quality Strategy and should foster more collaboration in the Comprehensive Primary Care (CPC) program to improve Ohio Medicaid members' health outcomes.

¹⁻² Ohio Department of Education. School-Based Health Care Support Toolkit, Updated December 5, 2018. Available at: <http://education.ohio.gov/Administrators/School-Based-Health-Care-Support-Toolkit>. Accessed on: January 14, 2019.

¹⁻³ Institute for Healthcare Improvement. Across the Chasm Aim 5: Health Care Must Be Efficient. Available at: <http://www.ihl.org/resources/Pages/ImprovementStories/HealthCareMustBeEfficientAim5.aspx>. Accessed on: January 14, 2019.

Women's Health

- Reduction of Ohio infant mortality and achievement of the best possible health for infants are priorities for ODM and the MCPs. To ensure the program addresses these priorities, ODM should require the MCPs to revise programs and services provided to women of reproductive age so the MCPs' Quality Assurance and Performance Improvement (QAPI) work plans clearly identify their related initiatives and interventions, the methods the MCPs are using to identify and coordinate care for the highest-risk pregnant women using ODM's Enhanced Maternal Care Guidelines, and the members' pregnancy history data as received by the MCPs. ODM should also require MCP-specific revisions regarding the MCPs' support and partnerships with home visitation, group pregnancy care, community HUB/community health worker/navigator programs, and how they currently sustain and plan to spread their efforts for the most effective interventions and initiatives.

Accessibility to Care

- Complete, accurate healthcare provider data are necessary for members to have adequate information that facilitates provider selection and access to care in a timely manner. Since the MCPs' combined Managed Care Provider Network (MCPN) survey results demonstrated a PCP address accuracy rate as low as 36.6 percent, an OB/GYN telephone number accuracy rate of 52.6 percent, and a home health agency (HHA) telephone number accuracy rate of only 50.4 percent, the MCPs continue to show opportunities to improve provider data accuracy. HSAG therefore recommends ODM consider expanding the scope of existing provider data validations to align with the Centers for Medicare & Medicaid Services' (CMS') Medicare Advantage Organizations online provider directory recommendations.

Measuring MCP Impact on Key Program Areas

- In alignment with the Ohio Medicaid Quality Strategy's priorities, goals, and/or focus areas, ODM has established MPS to evaluate MCP performance in key program areas, spanning access, clinical quality, and consumer satisfaction. These MPS are used as indicators of MCPs' impact to the populations they serve, demonstrating measurable results associated with member outcomes and experience. As demonstrated based upon SFY 2018 EQR results, MCPs have an opportunity to improve upon healthcare quality measures across all population streams to ensure the best possible outcomes for all MCP members. MCPs met the established MPS for quality performance measures 90 percent of the time, but only met or exceeded the national Medicaid 50th percentile 45 percent of the time. HSAG therefore recommends ODM consider raising the MPS for select measures or consider implementing incremental improvements so that once an MCP meets an MPS, the MCP is expected to continue to improve over time, with the standard increasing to align more closely with higher national benchmarks. The goal of raising the MPS would be to extend the MCPs to perform at a level that is higher in comparison to national benchmarks, better positioning health outcomes for Ohioans enrolled in Managed Care.

Buckeye

Based on the aggregated results of the SFY 2018 EQR activities, HSAG concludes and recommends the following:

- Buckeye's overall results for the Healthy Children/Adults population stream showed improvement from CY 2016 to CY 2017 and ranked first out of the MCPs in this area. While Buckeye showed the strongest MCP performance in this area, seven performance measures were below the national Medicaid 50th percentile. HSAG recommends Buckeye develop strategies focused on primary care access to improve the Healthcare Effectiveness Data and Information Set (HEDIS®)¹⁻⁴ measures *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*; *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, 7–11 Years, and 12–19 Years)*; and *Adults' Access to Preventive/Ambulatory Health Services* in the next measurement period. This focus on children and adult preventive care should ensure prevention of disease before it begins, helping Buckeye members of all ages to have healthier, longer lives.¹⁻⁵
- Buckeye demonstrated success in prenatal care, which should support early identification of members' low-birth-weight risk factors such as smoking, history of a prior low-birth-weight baby, maternal age, etc. According to the United States (U.S.) Department of Health and Human Services, babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.¹⁻⁶ The expected impact of members timely accessing quality prenatal care, however, was not reflected in the *Percent of Live Births Weighing Less than 2,500 grams (Low Birth Weight)* Children's Health Insurance Program Reauthorization Act (CHIPRA) measure, which was below the statewide average. As part of Buckeye's responsibility to improve Ohio infant mortality rates, HSAG recommends Buckeye work to improve access to non-traditional healthcare services (home visiting, group pregnancy care, community health worker services, etc.) while addressing other factors contributing to low birth weights. Buckeye should also develop strategies to improve timely member access to postpartum care.
- Buckeye's CY 2017 overall results for the Behavioral Health population stream declined from CY 2016 to CY 2017 and ranked second out of the MCPs. Buckeye's CY 2016 rate for *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* was above the national Medicaid 75th percentile and for CY 2017 it was below the 75th percentile. Timely follow-up after a behavioral health-related hospitalization supports readmission avoidance and can ensure appropriate outpatient management of behavioral health conditions while increasing compliance with treatment of chronic

¹⁻⁴ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻⁵ Centers for Disease Control and Prevention. Gateway to Health Communication & Social Marketing Practice: Preventive Healthcare, Updated September 15, 2017. Available at: <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PreventiveHealth.html>. Accessed on: January 11, 2019.

¹⁻⁶ Office on Women's Health, U.S. Department of Health and Human Services. Prenatal Care, Updated February 9, 2018. Available at: <https://www.womenshealth.gov/a-z-topics/prenatal-care>. Accessed on: January 11, 2018.

conditions.¹⁻⁷ Buckeye should, therefore, refocus efforts in this area to ensure the best possible overall health of its members.

- Buckeye's CY 2017 overall results for the Chronic Conditions population stream increased from CY 2016 to CY 2017 and ranked first out of the MCPs. HSAG recommends Buckeye adjust efforts to prioritize positive member outcomes related to the measures *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, *Controlling High Blood Pressure*, and *Prevention Quality Indicator (PQI) 16—Lower-Extremity Amputation Among Patients With Diabetes* to show improvement in the next measurement period. These efforts should be focused on care coordination and provider accountability for correct coding, measuring and recording of blood pressure readings, and management of hypertensive and diabetic patients. It is important Buckeye maintain these efforts to improve health outcomes for members with chronic conditions as the top 10 leading causes of death in Ohio include heart disease, stroke, and diabetes, with hypertension as a commonality for all three conditions.¹⁻⁸
- Both the Adult and Child Medicaid CAHPS Surveys indicated strengths and areas of opportunity for Buckeye. While Buckeye had multiple measures at or above the 75th percentile, to further assure positive member experiences, Buckeye should focus on the *Rating of Health Plan*, *Rating of All Health Care*, and *Coordination of Care* for adults, and *Customer Service* for children as these measures were below the 75th percentile. A focus in these areas should have a further reaching impact resulting in preventive care utilization increases, as negative experiences can discourage members from visiting their providers.
- Provider satisfaction may also impact quality, timeliness, and access to care for all population streams. For the Provider Satisfaction Survey, Buckeye's mean exceeded the program mean by a statistically significant amount for one measure, which demonstrates a potential strength for Buckeye, but its means were lower than the program mean for two measures, suggesting weaknesses and opportunities for improvement related to provider satisfaction.

As a result of the findings related to the quality of, timeliness of, and access to care and services provided by Buckeye to its members, HSAG recommends that Buckeye develop a quality improvement strategy that focuses on improving member health outcomes through efforts designed to:

- Increase child, adolescent, and adult access to preventive services.
- Promote timely and adequate prenatal care, including non-traditional services, to reduce the prevalence of poor birth outcomes.
- Assist members in preventing and/or managing their chronic conditions effectively.

¹⁻⁷ National Institute of Mental Health. "Chronic Illness & Mental Health," NIH Publication No. 15-MH-8015. Available at: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>. Accessed on: January 14, 2019.

¹⁻⁸ Centers for Disease Control and Prevention. National Center for Health Statistics: Stats of the State of Ohio, Updated April 9, 2018. Available at: <https://www.cdc.gov/nchs/pressroom/states/ohio/ohio.htm>. Accessed on: January 11, 2019.

As Buckeye's members' health outcomes improve in these areas, the corresponding performance measures (listed in *Section 5*) could then be used to measure the success of the interventions and impact on population health. Buckeye should incorporate these improvement efforts in its quality improvement strategy within the QAPI program to prioritize these specific areas of member access to care and quality of care. As outlined by ODM within its requirements for QAPI submissions, the strategy should include data trends and root cause analyses, with actionable and measurable goals, benchmarks, and interventions, addressing development and implementation of mechanisms for sustaining and spreading improvement in health outcomes, provider satisfaction, member satisfaction, and other targets of improvement efforts.

CareSource

Based on the aggregated results of the SFY 2018 EQR activities, HSAG concludes and recommends the following:

- CareSource’s CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017, and ranked second out of the MCPs. While CareSource showed general consistency in this area, two performance measures were below the national Medicaid 50th percentile. HSAG recommends CareSource develop strategies focused on primary care access to improve the HEDIS measures *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* and *Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months* in the next measurement period. Maintaining this focus on children’s and adults’ preventive care can positively impact the overall health of CareSource’s child and adult members.
- CareSource’s CY 2017 overall results for the Women’s Health population stream decreased from CY 2016 to CY 2017, and ranked fifth out of the MCPs in this area. HSAG recommends CareSource develop strategies focused on women’s health and birth outcomes as measured by the *Low Birth Weight, Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Prenatal and Postpartum Care—Postpartum Care* measures. CareSource should prioritize timely access to prenatal and postpartum care, including non-traditional healthcare services (home visiting, group pregnancy visits, community health worker/navigator programs, etc.) as member understanding of how to stay healthy is critical for preventing complications that may affect the health of the member and the baby before, during, and after pregnancy and delivery.¹⁻⁹
- CareSource’s CY 2017 overall results for the Behavioral Health population stream had no substantial change from CY 2016 to CY 2017, and ranked second out of the MCPs. CareSource should maintain a focus on ensuring access to timely behavioral healthcare for its members, with a specific focus on improvement in the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* measure. Appropriate management of behavioral health conditions may improve quality of life for CareSource members, which is especially important for people living with chronic conditions.¹⁻¹⁰
- CareSource’s CY 2017 overall results for the Chronic Conditions population stream showed no substantial change from CY 2016 to CY 2017, and ranked fifth out of the MCPs in this area. HSAG recommends CareSource prioritize positive member outcomes for the measures *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, *Controlling High Blood Pressure*, and *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* to show improvement in the next measurement period. These efforts should be focused on care coordination and MCP efforts to increase provider understanding of correct coding, measuring and recording of blood pressure readings, and

¹⁻⁹ National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC), 2018. Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: January 14, 2019.

¹⁻¹⁰ National Institute of Mental Health. “Chronic Illness & Mental Health,” NIH Publication No. 15-MH-8015. Available at: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>. Accessed on: January 11, 2019.

management of hypertensive and diabetic patients, while reducing provider burden. It is important CareSource prioritize this focus on improving member health outcomes related to chronic conditions as heart disease, stroke, and diabetes are leading causes of death in Ohio.¹⁻¹¹

- Both the Adult and Child Medicaid CAHPS Surveys indicated strengths and areas of opportunity for CareSource. While CareSource had multiple measures at or above the 75th percentile, CareSource should focus on the *Rating of All Health Care* and *Coordination of Care* for adults, and *Getting Needed Care* for children as these measures were below the 75th percentile. A focus in these areas should have a further reaching impact resulting in preventive care utilization increases, as negative experiences can discourage members from visiting their providers.
- Provider satisfaction may impact quality, timeliness, and access to care for all population streams. For the Provider Satisfaction Survey, CareSource's mean exceeded the program mean by a statistically significant amount for six measures, which demonstrates potential strengths for CareSource. Its mean was, however, lower than the program mean by a statistically significant amount for two measures suggesting remaining opportunities for improvement related to provider satisfaction.

As a result of the findings related to the quality of, timeliness of, and access to care and services provided by CareSource to its members, HSAG recommends that CareSource develop a quality improvement strategy that focuses on improving member health outcomes through efforts designed to:

- Increase young children's access to preventive services.
- Promote timely and adequate prenatal care, including non-traditional services, to help prevent complications that can affect the health of the mother and the infant, thereby improving birth outcomes.
- Decrease the prevalence of prescribed multiple concurrent antipsychotics to children to mitigate the serious health risks associated with these medications.
- Assist members in managing diabetes and high blood pressure to mitigate the risks of serious complications such as heart disease, stroke, and amputation.

As CareSource's members' health outcomes improve in these areas, the corresponding performance measures (listed in **Section 5**) could then be used to measure the success of the interventions and impact on population health. CareSource should incorporate these improvement efforts in its quality improvement strategy within the QAPI program to prioritize these specific areas of member access to care and quality of care. As outlined by ODM within its requirements for QAPI submissions, the strategy should include data trends and root cause analyses, with actionable and measurable goals, benchmarks, and interventions, addressing development and implementation of mechanisms for sustaining and spreading improvement in health outcomes, provider satisfaction, member satisfaction, and other targets of improvement efforts.

¹⁻¹¹ Centers for Disease Control and Prevention. National Center for Health Statistics: Stats of the State of Ohio, Updated April 9, 2018. Available at: <https://www.cdc.gov/nchs/pressroom/states/ohio/ohio.htm>. Accessed on: January 11, 2019.

Molina

Based on the aggregated results of the SFY 2018 EQR activities, HSAG concludes and recommends the following:

- Molina’s CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017, and ranked third out of the MCPs. Molina should prioritize its efforts to ensure adults and children are connected to preventive care and routinely visit their providers for preventive services. HSAG recommends Molina develop strategies focused on primary care access to improve the HEDIS measures *Adolescent Well-Care Visits*; *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Children and Adolescents’ Access to Primary Care Practitioners (12–24 Months and 25 Months–6 Years)*; as well as *Adults’ Access to Preventive/Ambulatory Health Services* in the next measurement period. This effort is important because getting recommended preventive care is an essential step to good health and well-being for Molina’s members.¹⁻¹²
- While Molina’s CY 2017 overall results for the Women’s Health population showed no substantial change from CY 2016 to CY 2017, and ranked third out of the MCPs, the *Low Birth Weight* measure did improve. Molina should prioritize prenatal and postpartum care, as timely and adequate care, including access to non-traditional services—such as home visiting, group pregnancy visits, community health worker/navigator programs—can prevent poor birth outcomes and positively impact the health of the mother and baby before, during, and after pregnancy.¹⁻¹³ HSAG recommends Molina therefore focus its quality improvement strategy on *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* for the next measurement period.
- Molina’s CY 2017 overall results for the Behavioral Health population stream increased from CY 2016 to CY 2017, and ranked second out of the MCPs. Molina should maintain a focus on ensuring access to timely behavioral healthcare for its members, with a specific focus on improvement in the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* measure. Keeping this focus for its members in this population stream is important as research shows that when behavioral health conditions are appropriately managed, individuals may have improved overall health with an increased ability to focus on the treatment of chronic conditions.¹⁻¹⁴
- Molina’s CY 2017 overall results for the Chronic Conditions population stream decreased from CY 2016 to CY 2017, and ranked third out of the MCPs. These results demonstrate a need to maintain diligence related to Molina’s Chronic Conditions management programs to improve upon the measures *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, *Controlling High Blood Pressure*, and *PQI 16—Lower-Extremity*

¹⁻¹² Centers for Disease Control and Prevention. A CDC Prevention Checklist, Last Revised: May 31, 2017. Available at: <https://www.cdc.gov/prevention/>. Accessed on: January 14, 2019.

¹⁻¹³ National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC), 2018. Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: January 14, 2019.

¹⁻¹⁴ National Institute of Mental Health. “Chronic Illness & Mental Health,” NIH Publication No. 15-MH-8015. Available at: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>. Accessed on: January 11, 2019.

Amputation Among Patients With Diabetes. It is important Molina act with diligence to ensure optimal health outcomes for members with chronic conditions since Ohio's leading causes of death include multiple chronic conditions that could be better managed with the appropriate care.¹⁻¹⁵

- Both the Adult and Child Medicaid CAHPS Surveys indicated strengths and areas of opportunity for Molina. While Molina had multiple measures at or above the 75th percentile, Molina should focus on the *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Coordination of Care* for adults, and *Rating of Health Plan* and *Getting Care Quickly* for children as these measures were below the 75th percentile. A focus in these areas should have a further reaching impact resulting in preventive care utilization increases, as negative experiences can discourage members from visiting their providers.
- Provider satisfaction may impact quality, timeliness, and access to care for all population streams. For the Provider Satisfaction Survey, Molina's mean was lower than the program mean by a statistically significant amount for seven measures suggesting potential weaknesses and areas of opportunity related to provider satisfaction for Molina.

As a result of the findings related to the quality of, timeliness of, and access to care and services provided by Molina to its members, HSAG recommends that Molina develop a quality improvement strategy that focuses on improving member health outcomes through efforts designed to:

- Increase child, adolescent, and adult access to preventive services.
- Promote timely and adequate prenatal and postpartum care, including non-traditional services, to help prevent complications that can lead to poor birth outcomes.
- Decrease the frequency of prescribed multiple concurrent antipsychotics to children to mitigate the serious health risks associated with these medications.
- Assist members in managing diabetes and high blood pressure to reduce the risks of serious complications such as heart disease, stroke, and amputation.

As Molina's members' health outcomes improve in these areas, the corresponding performance measures (listed in [Section 5](#)) could then be used to measure the success of the interventions and impact on population health. Molina should incorporate these improvement efforts in its quality improvement strategy within the QAPI program to prioritize these specific areas of member access to care and quality of care. As outlined by ODM within its requirements for QAPI submissions, the strategy should include data trends and root cause analyses, with actionable and measurable goals, benchmarks, and interventions, addressing development and implementation of mechanisms for sustaining and spreading improvement in health outcomes, provider satisfaction, member satisfaction, and other targets of improvement efforts.

¹⁻¹⁵ Centers for Disease Control and Prevention. National Center for Health Statistics: Stats of the State of Ohio, Updated April 9, 2018. Available at: <https://www.cdc.gov/nchs/pressroom/states/ohio/ohio.htm>. Accessed on: January 11, 2019.

Paramount

Based on the aggregated results of the SFY 2018 EQR activities, HSAG concludes and recommends the following:

- Paramount’s CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017, and ranked fifth out of the MCPs. Paramount should highly prioritize its efforts to ensure adults and children are connected to preventive care and routinely visit their providers for preventive services. HSAG recommends Paramount develop strategies focused on primary care access to improve the HEDIS measures *Adolescent Well-Care Visits*; *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*; *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, 7–11 Years, and 12–19 Years)*; as well as *Adults’ Access to Preventive/Ambulatory Health Services* in the next measurement period. This effort is of critical importance because getting recommended preventive care is an essential step to good health and well-being for Paramount’s members.¹⁻¹⁶
- Although Paramount’s CY 2017 overall results for the Women’s Health population stream decreased from CY 2016 to CY 2017, Paramount’s performance still ranked first out of the MCPs. HSAG recommends Paramount develop strategies focused on women’s health and birth outcomes as measured by the performance measures *Low Birth Weight* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care*. Paramount should ensure its members receive both timely prenatal and postpartum care, including non-traditional services such as home visiting, group pregnancy visits, and community health worker/navigator services, as timely and adequate care can prevent poor birth outcomes and positively impact the health of the mother and baby before, during, and after pregnancy.¹⁻¹⁷ HSAG recommends Paramount therefore focus its quality improvement strategy efforts in these areas for the next measurement period.
- Paramount’s CY 2017 overall results for the Behavioral Health population stream improved from CY 2016 to CY 2017, and ranked first out of the MCPs. Paramount should ensure it maintains this strong focus on access to timely behavioral healthcare for its members, with a specific focus on improvement in the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* measure. Keeping this focus for its members in this population stream is important as research shows that appropriate management of behavioral health conditions may lead to improvements in overall health, especially in individuals also living with chronic conditions.¹⁻¹⁸
- Although Paramount’s CY 2017 overall results for the Chronic Conditions population stream decreased from CY 2016 to CY 2017, it ranked first out of the MCPs. Paramount should therefore continue its efforts to improve the health of members with chronic conditions, since Ohio’s leading causes of death include multiple chronic conditions that could be better managed with the

¹⁻¹⁶ Centers for Disease Control and Prevention. A CDC Prevention Checklist, Last Revised: May 31, 2017. Available at: <https://www.cdc.gov/prevention/>. Accessed on: January 14, 2019.

¹⁻¹⁷ National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC), 2018. Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: January 14, 2019.

¹⁻¹⁸ National Institute of Mental Health. “Chronic Illness & Mental Health,” NIH Publication No. 15-MH-8015. Available at: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>. Accessed on: January 11, 2019.

appropriate care.¹⁻¹⁹ To best impact these members, Paramount should focus on steps to improve care related to the measures *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, and *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes*.

- Both the Adult and Child Medicaid CAHPS Surveys indicated strengths and areas of opportunity for Paramount. While Paramount had multiple measures at or above the 75th percentile, Paramount should focus on the *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *Getting Care Quickly*, and *Coordination of Care* for adults, as well as *Rating of Specialist Seen Most Often* and *Getting Needed Care* for children as these measures were below the 75th percentile. A focus in these areas should have a further reaching impact resulting in preventive care utilization increases, as negative experiences can discourage members from visiting their providers.
- Provider satisfaction may impact quality, timeliness, and access to care for all population streams. For the Provider Satisfaction Survey, Paramount's mean exceeded the program mean by a statistically significant amount for measures, which suggests potential areas of strength in provider satisfaction for Paramount. Paramount should continue to focus on provider engagement and satisfaction to further improve the quality of care provided to its members.

As a result of the findings related to the quality of, timeliness of, and access to care and services provided by Paramount to its members, HSAG recommends that Paramount develop a quality improvement strategy that focuses on improving member health outcomes through efforts designed to:

- Increase child, adolescent, and adult access to preventive services.
- Promote timely and adequate prenatal care, including non-traditional services, to reduce the prevalence of poor birth outcomes.
- Decrease the frequency of prescribed multiple concurrent antipsychotics to children to mitigate the serious health risks associated with these medications.
- Assist members in managing diabetes to reduce the risks of serious complications such as heart disease, stroke, and amputation.

As Paramount's members' health outcomes improve in these areas, the corresponding performance measures (listed in **Section 5**) could then be used to measure the success of the interventions and impact on population health. Paramount should incorporate these improvement efforts in its quality improvement strategy within the QAPI program to prioritize these specific areas of member access to care and quality of care. As outlined by ODM within its requirements for QAPI submissions, the strategy should include data trends and root cause analyses, with actionable and measurable goals, benchmarks, and interventions, addressing development and implementation of mechanisms for sustaining and spreading improvement in health outcomes, provider satisfaction, member satisfaction, and other targets of improvement efforts.

¹⁻¹⁹ Centers for Disease Control and Prevention. National Center for Health Statistics: Stats of the State of Ohio, Updated April 9, 2018. Available at: <https://www.cdc.gov/nchs/pressroom/states/ohio/ohio.htm>. Accessed on: January 11, 2019.

UnitedHealthcare

Based on the aggregated results of the SFY 2018 EQR activities, HSAG concludes and recommends the following:

- UnitedHealthcare’s CY 2017 overall results for the Healthy Children/Adults population stream decreased from CY 2016 to CY 2017 and ranked third out of the MCPs. UnitedHealthcare therefore should place a focus on ensuring adults and children are connected to preventive care and are routinely visiting their providers for preventive services. HSAG recommends UnitedHealthcare develop strategies to improve the HEDIS measures *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*; *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)*; as well as *Adults’ Access to Preventive/Ambulatory Health Services* in the next measurement period. While UnitedHealthcare demonstrated improvement in some performance measures, there are opportunities for additional improvement to ensure prevention of disease before it begins, supporting UnitedHealthcare members of all ages in living healthier, longer lives.¹⁻²⁰
- UnitedHealthcare’s CY 2017 overall results for the Women’s Health population stream decreased from CY 2016 to CY 2017, and ranked third out of the MCPs. While UnitedHealthcare demonstrated improvement in the *Low Birth Weight* measure, HSAG recommends UnitedHealthcare maintain a strong commitment to women’s health as part of its responsibility to support a reduction in Ohio infant mortality. UnitedHealthcare should focus on improvement in program areas related to *Prenatal and Postpartum Care—Postpartum Care*. Timely and adequate care, including non-traditional services such as home visiting, group pregnancy visits, and community health worker/navigator programs, can prevent poor birth outcomes and positively impact the health of the mother and baby before, during, and after pregnancy.¹⁻²¹
- UnitedHealthcare’s CY 2017 overall results for the Behavioral Health population stream decreased by more than 35 points from CY 2016 to CY 2017 and ranked fifth out of the MCPs. UnitedHealthcare should place a stronger focus on the quality and timeliness of care for its members living with behavioral health conditions. It is essential for UnitedHealthcare to ensure timely follow-up after a behavioral health-related hospitalization supporting appropriate outpatient management of behavioral health conditions, which not only helps members avoid readmissions, but also increases their compliance with treatment of chronic conditions.¹⁻²² HSAG recommends UnitedHealthcare develop interventions within its QAPI program to improve in the area of *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*.

¹⁻²⁰ Centers for Disease Control and Prevention. Gateway to Health Communication & Social Marketing Practice: Preventive Healthcare, Updated September 15, 2017. Available at: <https://www.cdc.gov/healthcommunication/toolstemplates/entertained/tips/PreventiveHealth.html>. Accessed on: January 11, 2019.

¹⁻²¹ National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC), 2018. Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: January 14, 2019.

¹⁻²² National Institute of Mental Health. “Chronic Illness & Mental Health,” NIH Publication No. 15-MH-8015. Available at: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>. Accessed on: January 14, 2019.

- UnitedHealthcare's CY 2017 overall results for the Chronic Conditions population stream increased from CY 2016 to CY 2017, and ranked third out of the MCPs. UnitedHealthcare should continue its progress prioritizing efforts to improve health outcomes for members with chronic conditions as the leading causes of death in Ohio include heart disease, stroke, and diabetes, with hypertension as a commonality for all three conditions.¹⁻²³ To best impact these members, UnitedHealthcare should focus on steps to improve care related to the measures *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, *Comprehensive Diabetes Care—Blood Pressure Control (<140-90 mm Hg)*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, and *Controlling High Blood Pressure*.
- Both the Adult and Child Medicaid CAHPS Surveys indicated multiple areas of strength and an area of opportunity for UnitedHealthcare. While UnitedHealthcare showed general strengths in consumer satisfaction, UnitedHealthcare could apply a focus to the *Rating of Health Plan* for children as this was the only measure that was below the 75th percentile, and could result in UnitedHealthcare improving engagement of parents and guardians in their children's healthcare.
- Provider satisfaction may impact quality, timeliness, and access to care for all population streams. For the Provider Satisfaction Survey, UnitedHealthcare's mean exceeded the program mean by a statistically significant amount for the *Network of Medical Sub-Specialists* measure suggesting an area of strength in provider satisfaction for UnitedHealthcare. UnitedHealthcare should apply a focus to provider engagement and satisfaction to further improve the quality of care provided to its members.

As a result of the findings related to the quality of, timeliness of, and access to care and services provided by UnitedHealthcare to its members, HSAG recommends that UnitedHealthcare develop a quality improvement strategy that focuses on improving member health outcomes through efforts designed to:

- Increase child, adolescent, and adult access to preventive services.
- Promote timely postpartum care, including non-traditional services, to increase access to and education about effective contraception, which may reduce short interval pregnancies and preterm births.
- Ensure timely follow-up care after hospitalization for members diagnosed with mental illness, confirming transitions to their home environment are supported, prescribed medications are working effectively, and ongoing care is being received.
- Assist members in managing diabetes and high blood pressure to reduce the risks of serious complications such as heart disease and stroke.

¹⁻²³ Centers for Disease Control and Prevention. National Center for Health Statistics: Stats of the State of Ohio, Updated April 9, 2018. Available at: <https://www.cdc.gov/nchs/pressroom/states/ohio/ohio.htm>. Accessed on: January 11, 2019.

As UnitedHealthcare's members' health outcomes improve in these areas, the corresponding performance measures (listed in ***Section 5***) could then be used to measure the success of the interventions and impact on population health. UnitedHealthcare should incorporate these improvement efforts in its quality improvement strategy within the QAPI program to prioritize these specific areas of member access to care and quality of care. As outlined by ODM within its requirements for QAPI submissions, the strategy should include data trends and root cause analyses, with actionable and measurable goals, benchmarks, and interventions, addressing development and implementation of mechanisms for sustaining and spreading improvement in health outcomes, provider satisfaction, member satisfaction, and other targets of improvement efforts.

Purpose Statement

States that provide Medicaid services through contracts with MCPs are required to conduct EQR activities of the MCPs and ensure that the results of those activities are used to perform an external, independent assessment and produce an annual report. The annual assessment evaluates each MCP's performance related to the quality of, timeliness of, and access to the care and services it provides. To meet the requirement to conduct this annual evaluation and produce this report of results, ODM contracted with HSAG as its external quality review organization (EQRO).

Report Contents and Structure

As mandated by CFR §438.364 and in compliance with CMS' EQR Protocols and the External Quality Review Toolkit for States, this technical report:

- Describes how data from mandatory and optional EQR activities were aggregated and analyzed by HSAG.
- Describes the scope of the EQR activities.
- Assesses each MCP's strengths and weaknesses and presents conclusions drawn about the quality of, timeliness of, and access to care furnished by the MCPs.
- Includes recommendations for improving the quality of, timeliness of, and access to care and services furnished by the MCPs, including recommendations for each individual MCP and recommendations for ODM to target the Ohio Medicaid Quality Strategy to improve the quality of care provided by the Ohio Medicaid managed care program as a whole.
- Contains methodological and comparative information for all MCPs.
- Assesses the degree to which each MCP has addressed the recommendations for quality improvement made by the EQRO during the SFY 2018 EQR.

This report is composed of six sections: Executive Summary, Introduction, Quality Strategy Recommendations, Overview of the Ohio Medicaid Managed Care Program and MCPs, Assessment of MCP Performance, and MCP Comparative Information. This report also includes six appendices: Description of the EQR Activities and Detailed EQR Activity Results for each MCP.

Executive Summary

The Executive Summary section presents a high-level overview of the EQR activities, conclusions, and recommendations for the Ohio Medicaid managed care program and the MCPs.

Introduction

The Introduction section provides information about the purpose, contents, and organization of the annual technical report.

Quality Strategy Recommendations

The Quality Strategy Recommendations section identifies areas in which ODM could leverage or modify the Ohio Medicaid Quality Strategy to promote improvement based on MCP performance.

Overview of the Ohio Medicaid Managed Care Program and MCPs

The Overview of the Ohio Medicaid managed care program and MCPs section gives a description of the Ohio Medicaid managed care program; brief descriptions of each of the MCPs that contract with ODM to provide services to eligible, enrolled members; and a brief overview of the Ohio Medicaid Quality Strategy and goals for the health of Ohio's Medicaid population.

Assessment of MCP Performance

The Assessment of MCP Performance section includes the specific EQR activity results for each of the MCPs, an assessment of their strengths and weaknesses, and HSAG's recommendations for improving MCP performance regarding the quality of, timeliness of, and access to care and services provided to their enrolled members. This section also includes information on follow-up actions taken by each of the MCPs based on the results of the recommendations made by HSAG the previous year.

MCP Comparative Information

The MCP Comparative Information section presents summarized data and comparative information about the MCPs' performance.

Description of the EQR Activities

The Description of the EQR Activities appendix presents information about each of the EQR activities conducted, including the activity's objectives, technical methods of data collection and analysis, a description of the data obtained, and the time period under review.

Detailed EQR Activity Results

The Detailed EQR Activity Results appendices present the MCP-specific results for each of the EQR activities conducted during SFY 2018.

3. Quality Strategy Recommendations

Quality Strategy Recommendations for Ohio

Based on a comprehensive assessment of the MCPs' performance in providing quality, timely, and accessible healthcare services to Ohio Medicaid managed care members, HSAG concludes that the following prevalent areas of the program demonstrate the most opportunities for improvement:

- Healthy children and behavioral health
- Provider engagement in population health
- Women's health
- Accessibility to care
- Measuring MCP Impact on Key Program Areas

The areas identified by HSAG as requiring additional focus also align with key areas and related initiatives already underway by ODM as part of the Ohio Medicaid Quality Strategy. These key areas include desired health improvements pertaining to preventive screenings and well-managed diabetes and hypertension, and initiatives such as episode-based payments and implementation of the CPC program. Additionally, these areas with opportunities for improvement impact all population streams that comprise the Ohio Medicaid managed care program.

ODM's quality strategy is designed to improve population health outcomes by having all Medicaid members participate in the redesigned healthcare delivery system, increasing preventive screenings and appropriate care, addressing priority population health issues, integrating behavioral and physical healthcare, and managing chronic conditions while addressing social determinants of health as needed. In consideration of the goals of the quality strategy and the comparative review of findings for all activities, HSAG recommends the following quality improvement initiatives, which target specific populations identified below.

Healthy Children and Behavioral Health

To improve children's access to preventive care, including well-child visits, dental visits, and behavioral health services, ODM could add language to the Medicaid Managed Care Provider Agreement for each MCP to submit a school-based healthcare engagement strategy to ODM by end of CY 2019. School-based health care provides an alternative option for services to be rendered in a setting where children are routinely present. This is an especially important option for behavioral health services as it allows for early identification of children and teens who have behavioral health conditions and/or risk factors

for substance use disorders that could negatively impact them both as children and as adults.³⁻¹ This strategy could include:

- References to the Ohio School-Based Health Care Support Toolkit³⁻² as applicable for the MCPs' use.
- Encouragement for the MCPs to work through their association in a collaborative engagement effort, convening a regular workgroup to maintain a focus in alignment with the goals of the Governor's Children's Initiative.
- Measurable and timebound goals tied to initiating outreach to identified school-based health care practices.
- Specified MCP staff members for engagement efforts.

Provider Engagement in Population Health

Provider engagement is an important component to ensuring the delivery of quality healthcare and improving health outcomes for all Medicaid populations.³⁻³ By working with providers through ODM's CPC initiative, MCPs play a key role in improving population health outcomes in their support of the CPC practices. ODM also requires the MCPs to employ provider services representatives to resolve provider issues, including, but not limited to, problems with claims payment, prior authorizations, and referrals. The importance of provider engagement with MCPs to improve healthcare outcomes through innovative value-based arrangements is an element of the Ohio Medicaid Quality Strategy.

While the CPC program, other value-based arrangements, and ODM's MCP provider services requirements demonstrate steps to foster provider engagement and accountability for healthcare outcomes, Provider Satisfaction Survey results have shown additional opportunities to improve in this area. In addition to supporting CPC activities and other provider payment initiatives, HSAG recommends that ODM further build upon these provider engagement efforts by requesting each MCP perform an assessment of its provider-facing roles with a goal to ensure provider services resources are leveraged in a manner that is more streamlined, efficient, and seamless to the providers, applying Institute for Healthcare Improvement concepts of patient care efficiency to provider services.³⁻⁴ This assessment could target the measures with the lowest provider satisfaction as identified in the 2018

³⁻¹ Centers for Disease Control and Prevention. Teen Substance Use & Risk, Updated April 16, 2018. Available at: <https://www.cdc.gov/features/teen-substance-use/index.html>. Accessed on: January 14, 2019.

³⁻² Ohio Department of Education. School-Based Health Care Support Toolkit, Updated December 5, 2018. Available at: <http://education.ohio.gov/Administrators/School-Based-Health-Care-Support-Toolkit>. Accessed on: January 14, 2019.

³⁻³ Perreira T, Perrier L, Prokopy M, et al. Physician engagement in hospitals: a scoping review protocol. *BMJ Open*. 2018; 8(1), e018837. Published online January 5, 2018. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5781158/>. Accessed on: January 14, 2019.

³⁻⁴ Institute for Healthcare Improvement. Across the Chasm Aim 5: Health Care Must Be Efficient. Available at: <http://www.ihl.org/resources/Pages/ImprovementStories/HealthCareMustBeEfficientAim5.aspx>. Accessed on: January 14, 2019.

Provider Satisfaction Survey (i.e., prior-authorization process, assistance in improving health outcomes, and provider relations) and may include:

- Evaluation of provider-facing staff training programs for content and effectiveness in preparing staff members for provider interactions and issue resolution.
- Review of provider-facing roles and responsibilities to determine if silos exist within MCPs' organizational structures.
- Assessment of provider issue resolution workflows to reduce inefficiencies and the number of handoffs providers experience throughout this process.
- Evaluation of provider communications (e.g., newsletters, fax blasts, etc.).
- Revision to any processes, organizational structure, or staffing responsibilities according to the results of the assessment.

Women's Health

As part of the Ohio Medicaid Quality Strategy, ODM has identified initiatives requiring active collaboration between MCPs, other State agencies, and community collaborative groups. One such initiative is related to Ohio's Equity Institute Communities in which the MCPs have dedicated funds to support community-driven interventions with proven track records to help reduce infant mortality in areas of the State with the highest racial disparities in infant death. These interventions are focused on outreach and connection for the highest risk moms. The MCPs have contracted with entities to evaluate these activities and to complete periodic reviews of the barriers faced by Medicaid recipients in gaining full access to interventions intended to reduce tobacco use, prevent prematurity, and promote optimal birth spacing. The information will assist ODM in determining how to update its policies and programs that support infant mortality reduction.

In alignment with this initiative, HSAG recommends ODM prioritize this existing work and engage MCPs in revising programs and services provided to women of reproductive age, leveraging the MCP quality improvement strategy and the QAPI work plan to:

- Document MCP initiatives and interventions related to increasing member access to prenatal and postpartum care, including non-traditional health care services such as home visiting, group pregnancy visits, and programs involving community HUB/community health worker/navigators.
- Identify the most effective initiatives and interventions using an analysis of the defined measures and performance indicators.
- Detail the methods by which the MCPs will support and partner with community-based organizations that serve pregnant women and new mothers.
- In combination with the results of ODM's initiatives and the MCPs' analyses, develop a process to sustain and spread the most effective initiatives and interventions across all MCPs as deemed appropriate by ODM.
- Develop methods to collaborate across plans to improve maternal and infant outcomes.

Accessibility to Care

Complete, accurate healthcare provider data are necessary to provide members with adequate information that aids in selecting a new provider and to allow for timely access to a current provider when needed. Inaccuracies in MCP provider online directory data could potentially impede members' ability to obtain timely access to a provider. Since Home Health MCPN Survey results continue to show opportunities to improve provider data accuracy, HSAG recommends that ODM expand the scope of existing provider data validations to align with CMS' Medicare Advantage Organizations' online provider directory recommendations.³⁻⁵ ODM could accomplish this through a focused review and assessment of each MCP's collection, maintenance, and publication of provider data that may include:

- A request that each MCP complete an MCPN data self-audit and submit these results to ODM for informational purposes.
- An evaluation of provider data accuracy on a sample of in-network providers enrolled with multiple MCPs to allow controlled comparisons of key data elements.
- An on-site assessment of MCP procedures and processes for capturing provider network data and provider network data updates.
- Recommendations for MCP near-real time solutions to improve MCPN data accuracy.
- Development of MCP internal processes for members to easily report provider online directory errors.
- A targeted MCP online provider directory audit to determine the extent to which the provider directory information matches the MCPN data, per the Medicaid Managed Care Provider Agreement requirements.
- A targeted audit of invalid/inaccurate phone numbers previously identified through Home Health MCPN surveys to determine the extent to which MCPN data updates were made by each MCP.

Efforts to ensure provider data accuracy and completeness should positively impact members in all populations (e.g., Healthy Adults, Chronic Conditions, etc.) as access to providers of all specialty types is improved upon.

Measuring MCP Impact on Key Program Areas

As the Ohio Medicaid Quality Strategy reflects the National Quality Strategy's aims of better care, healthy people/healthy communities, and smarter spending, the MPS are relied upon as one method through which the MCPs' impact on key program areas can be measured. The MPS are determined by ODM using national benchmarks to which the Ohio MCPs are compared, to assist with identifying the

³⁻⁵ Centers for Medicare & Medicaid Services. Online Provider Directory Review Report, Updated November 28, 2018. Available at: https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/Provider_Directory_Review_Industry_Report_Round_3_11-28-2018.pdf Accessed on: January 14, 2019.

effectiveness of MCPs' quality improvements programs' impact on the populations they serve. Through its review of the SFY 2018 MPS and MCP results, HSAG noted the following:

- There were 100 opportunities for a rate to be compared to an MPS (20 measures for each of the five MCPs), and the MCPs met or exceeded the MPS 90 out of 100 times (90 percent).
- Despite the fact that MPS were met or exceeded the majority of the time, the MCPs only met or exceeded the national Medicaid 50th percentile 45 times (45 percent) for those measures with an MPS.
- The national Medicaid 75th percentile was only met or exceeded 16 times (16 percent) for those measures with an MPS.
- Sixty-two rates (62 percent) for measures with an MPS showed an improvement from HEDIS 2017 to HEDIS 2018.

HSAG therefore recommends ODM consider raising the MPS for select measures, or consider the implementation of incremental improvement (i.e., once an MCP meets an MPS, the MCP is expected to continue to improve over time, increasing the standard to align more closely with higher national benchmarks). This approach should extend the MCPs further, supporting Ohioans enrolled in managed care in new and innovative ways, as the MCPs identify impactful and sustainable interventions to improve upon member care and experience.

4. Overview of the Ohio Medicaid Managed Care Program and MCPs

Managed Care in Ohio

Launched in July 2013, ODM is Ohio's first Executive-level Medicaid agency. ODM is responsible for the implementation and administration of Ohio's combined Medical Assistance Program authorized under Title XIX of the Social Security Act (also referred to as Medicaid) and Title XXI of the Social Security Act (also referred to as the State Children's Health Insurance Program [CHIP]), implemented in Ohio as a Medicaid expansion program. As of October 2018, Ohio has enrolled more than 2.7 million individuals in Medicaid and CHIP.⁴⁻¹ Working closely with stakeholders, advocates, medical professionals, and fellow state agencies, ODM continues to invent new ways to modernize the Medicaid program and improve Ohio's healthcare landscape. High-level priorities of ODM include:

- Assuring program stability.
- Promoting member engagement in personal and health responsibility.
- Continuing payment reform efforts—rewarding value over volume.
- Continuing behavioral health redesign efforts.
- Improving program integrity.

ODM has incorporated the use of managed care to provide primary and acute care services to Medicaid members since 1978. The managed care model was implemented as a means to improve the access, quality, and continuity of care; enhance provider accountability; and achieve greater cost predictability in the State Medicaid program. ODM has contracted with five MCPs to deliver healthcare services to low-income children and adults, pregnant women, and children and adults with disabilities within the State of Ohio. Participating MCPs must be licensed as health-insuring corporations through the Ohio Department of Insurance.

The risk-based, comprehensive Ohio Medicaid managed care program was introduced in 2005 and is mandatory for most low-income children and families and certain Medicaid beneficiaries with disabilities. In 2013, changes to the Ohio Medicaid managed care program made all MCPs available statewide. In January 2014, ODM expanded Medicaid coverage to individuals with incomes up to 138 percent of the federal poverty level. By August 2016, these adult extension members, including those in need of a home and community-based services waiver, received their Medicaid coverage through one of the five MCPs. By January 2017, ODM also mandated that individuals enrolled in the Bureau of Children with Medical Handicaps program, Children in Custody and Children Receiving Adoption Assistance, and Breast and Cervical Cancer Project recipients receive their Medicaid benefits through one of the five MCPs.

⁴⁻¹ The Centers for Medicare & Medicaid Services, Medicaid.gov. Medicaid & CHIP in Ohio. Available at: <https://www.medicare.gov/medicaid/by-state/stateprofile.html?state=ohio>. Accessed on: January 14, 2019.

Overview of MCPs

During SFY 2018, Ohio Medicaid contracted with five qualified MCPs—Buckeye, CareSource, Molina, Paramount, and UnitedHealthcare. These MCPs are responsible for the statewide provision of services to managed care members. Table 4-1 provides a profile for each MCP.

Table 4-1—MCP Profiles as of November 2018

MCP	Year Operations Began in Ohio as a Medicaid MCP	Profile Description	Total Medicaid Enrollment ⁴⁻²
Buckeye	2004	Subsidiary of the Centene Corporation, a publicly owned multistate managed healthcare company, founded in 1984 and headquartered in St. Louis, MO. Product lines include Medicaid, Medicare, and the Exchange.*	291,942
CareSource	1989	A nonprofit public sector managed healthcare company founded in 1989 and headquartered in Dayton, OH. Product lines include Medicaid, Medicare, and the Exchange.*	1,194,787
Molina	2005	A publicly owned multistate managed healthcare company founded in 1980 and headquartered in Long Beach, CA. Product lines include Medicaid, Medicare, and the Exchange.*	274,436
Paramount	1993	A nonprofit regional subsidiary of ProMedica, a multiline healthcare company founded in 1988 and headquartered in Maumee, OH. Product lines include Medicaid, Medicare, Commercial, and the Exchange.*	233,461
UnitedHealthcare	2006	A division of UnitedHealth Group, a publicly owned multistate healthcare company founded in 1977 and headquartered in Minnetonka, MN. Product lines include Medicaid, Medicare, Commercial, and the Exchange.*	278,761

*The U.S. Department of Health and Human Services operates the Exchange in the State of Ohio.

Figure 4-1 presents the percentage of members enrolled in each of the five MCPs. Figure 4-2 shows which counties are included in each of the three Ohio Medicaid managed care regions. The five MCPs provide services in all three regions of the State.

⁴⁻² Ohio Department of Medicaid. Medicaid Managed Health Care Monthly Enrollment Reports. Available at: <http://medicaid.ohio.gov/RESOURCES/Reports-and-Research/Medicaid-Managed-Care-Plan-Enrollment-Reports>. Accessed on: December 19, 2018.

Figure 4-1—Percentage of Members by MCP

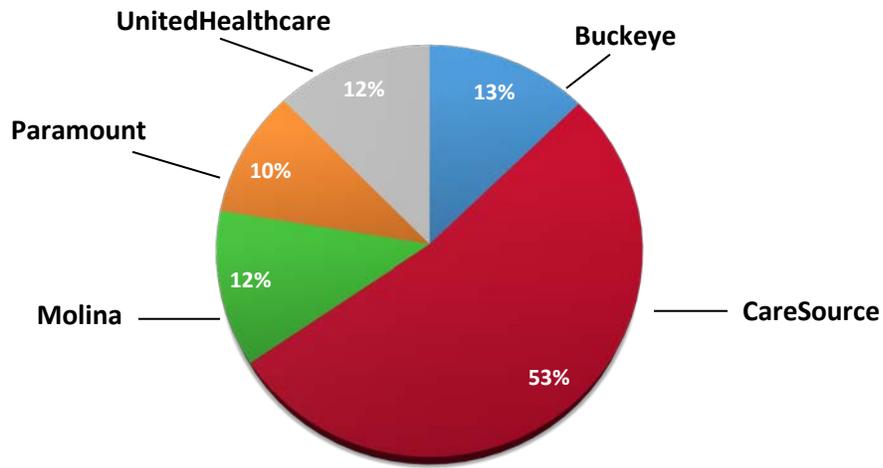
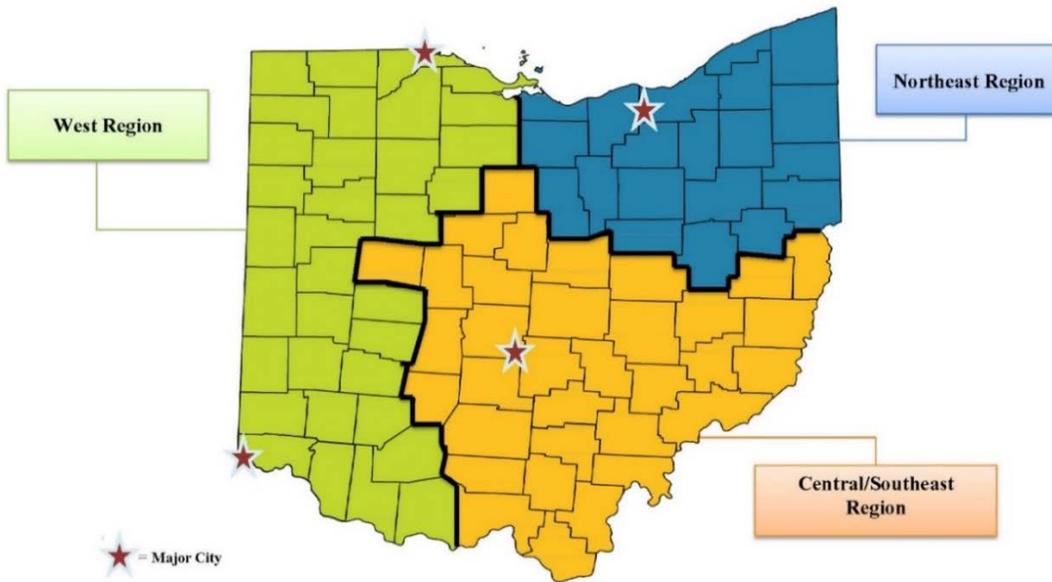


Figure 4-2—Ohio Medicaid Managed Care Regions

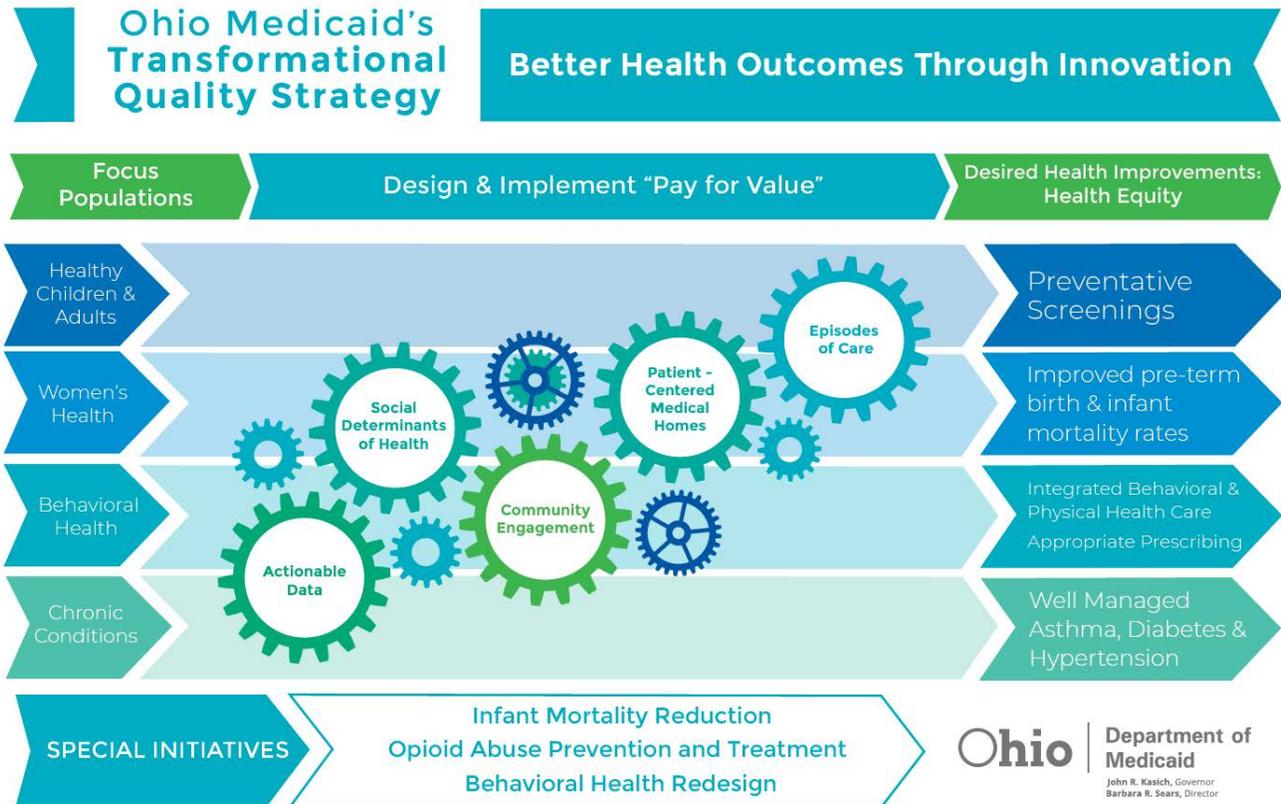


Ohio Medicaid Quality Strategy Goals, Focus, and Priorities

In its continued effort to reform and modernize the Medicaid program, the Ohio Medicaid Quality Strategy prioritizes paying for the value of care provided to ODM’s covered populations, driving improved population health, and striving for health equity. These priorities reflect the three aims of the National Quality Strategy: better care, healthy people/healthy communities, and smarter spending. The more traditional tenets of safety, person- and family-centered care, evidence-based practices, coordination of care, and administrative efficiencies serve as pillars to support improved outcomes for specific populations as opposed to stand-alone initiatives.⁴⁻³

Figure 4-3 illustrates the core components of the Ohio Medicaid Quality Strategy.

Figure 4-3—Ohio Medicaid Quality Strategy⁴⁻⁴



⁴⁻³ Ohio Department of Medicaid. Quality Strategy. Available at: <http://www.medicaid.ohio.gov/MEDICAID-101/-Quality-Strategy-and-Measures>. Accessed on: January 14, 2019.

⁴⁻⁴ Ibid.

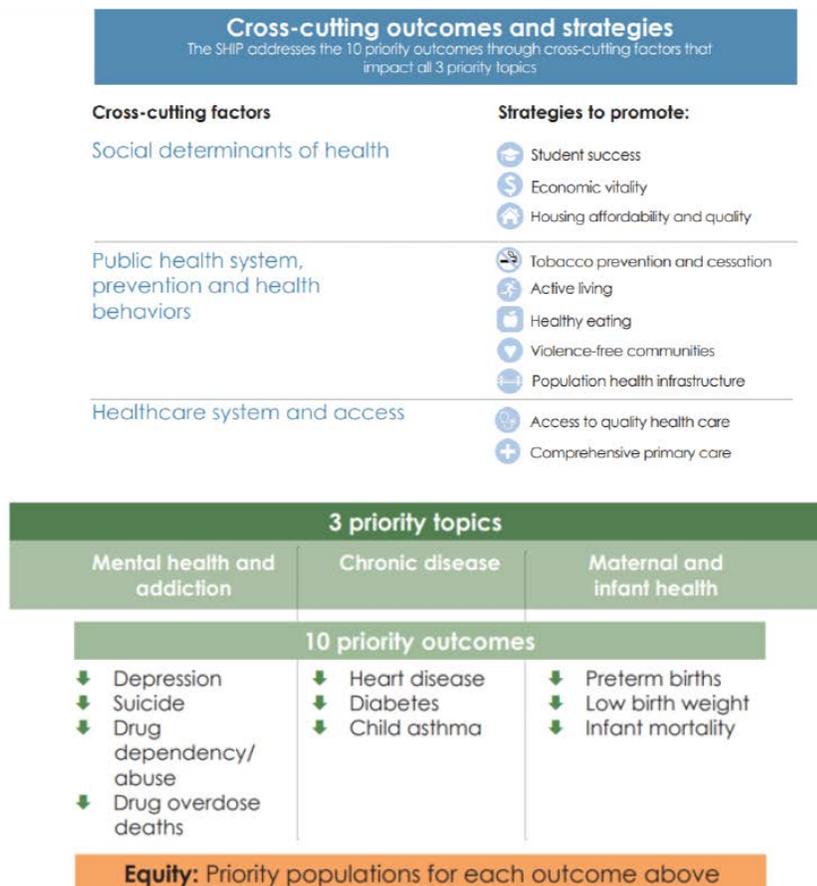
Accomplishing the Ohio Medicaid Quality Strategy Goals

The five MCPs are central to the improvement of population health outcomes and are therefore expected to participate in ODM’s efforts to achieve the outcomes established in the Ohio Medicaid Quality Strategy and improve the quality of care for and health of the Ohio Medicaid population. ODM has created an accountability system to ensure that MCPs are working within the framework of the Ohio Medicaid Quality Strategy to assess and improve the quality of care provided to members.

Medicaid’s strategic partnerships with provider and provider associations, private insurers, other state agencies, academic medical centers, and state-level quality improvement collaboratives also contribute to the success of achieving outcomes by ensuring coordinated planning and facilitating alignment across complementary initiatives. These collaborative partnerships are strengthened by the alignment of the Ohio Medicaid Quality Strategy and the State Health Improvement Plan. This alignment allows ODM and the MCPs to more effectively collaborate with other state agencies on improvement goals.

Figure 4-4 illustrates the State Health Improvement Plan.

Figure 4-4—State Health Improvement Plan



In 2017, ODM refined the MCP's quality improvement program to better align with the population-based health approach and ODM's delivery system reforms. The intentional shift to a value-based purchasing role recognizes that MCPs are required to play a different role (purchaser of value vs. a payer of claims) and focus efforts in a new way (effective programs versus compliance-oriented programs). To that end, ODM removed many of the MCPs' detailed care management requirements so they could shift resources to effective population health strategies. ODM expects MCPs to shift resources to proven quality improvement strategies and to support ODM's value-based purchasing initiatives. Three components of the MCPs' quality improvement program were revised for a January 1, 2018 effective date: population health management program, MCP quality improvement programs, and incentives to promote MCP performance.

Population Health Management

ODM takes a population health approach to achieve its quality strategy goals by grouping the Medicaid population into the five population streams. The MCPs are accountable for assigning each Medicaid managed care member to one of these population streams. These population streams include the following:

- Healthy Children
- Healthy Adults
- Women's Health
- Behavioral Health
- Chronic Conditions

Through the Ohio Medicaid Quality Strategy, which aligns with the CMS Quality Strategy and the broader aims of the National Quality Strategy, ODM emphasizes high-quality care, cost-effective treatments, and optimal healthcare experiences for each population of patients in Medicaid managed care. ODM focuses its efforts on improving population health outcomes by having all Medicaid recipients participate in the redesigned healthcare delivery system, actively using data to facilitate initiatives aimed at paying for value rather than volume, engaging communities, and addressing social determinants of health to improve health across all population streams.

Components of the population health program are as follows:

- **Identification**—Use of assessments, claims, and supplemental data sources to identify clinical cohorts that align with ODM's five population streams (healthy children, healthy adults, women's health, behavioral health, and chronic conditions).
- **Prioritization**—Assign a risk level considering clinical conditions, social determinants of health, geography, etc. for the purpose of targeting interventions and allocating resources based on member's needs.
- **Programming**—Comprehensive offering of services tailored to population stream and risk level. Examples include medical homes, disease management, health and wellness programs, enhanced maternal care, care management, community workers, etc.

- **Continuous Quality Improvement**—Assessment and improvement of specialized programming for each group identified by the MCP’s population health management strategy.

ODM’s goals and associated initiatives focus on pursuing positive health outcomes for its Medicaid recipients by preventing disease through early detection, reducing preterm birth and infant mortality, integrating physical and behavioral health, and optimally managing chronic conditions. ODM coordinated efforts to address disparities that occur within each of ODM’s population streams. For each of these, data are used to identify and target areas in priority regions where disparities in optimal outcomes are the highest. Current health equity efforts are focused on reducing infant mortality through increasing the use of progesterone, capitalizing on MCP partnerships with community-based organizations to address additional contributors to infant mortality, and reducing disparities in hypertension control between African-American and Caucasian Medicaid members.

ODM requires MCPs to actively participate in both federally-required improvement projects and quality improvement projects reflecting State efforts to improve quality of care and outcomes. The topic choice for ODM’s required improvement projects ties to the Ohio Medicaid Quality Strategy and focuses on one of the five population health streams. Topics addressing disparities in health outcomes are prioritized. Many of these projects involve active collaboration with other State agencies and quality collaborative groups. These initiatives include:

- Access to Care Initiatives
 - **Medicaid Pre-Release Program**—The Ohio Department of Rehabilitation and Correction and ODM established a program to facilitate Medicaid enrollment and MCP selection 90 days prior to the release of an incarcerated individual. MCP care managers assist individuals with complex healthcare needs with a transition plan to assure successful community integration. The program is active at all 28 state prisons.
 - **Comprehensive Primary Care (CPC) Support**—This quality improvement project with the MCPs and CPCs is designed to improve MCP support of the CPC practices to increase the percentage of high-risk patients receiving preventive care.
- Infant Mortality Reduction Initiatives
 - **Sustaining and Spreading the Progesterone Initiation PIP**—The SFY 2017 PIP within the Women’s Health population stream focuses on removing barriers to the initiation and continuation of progesterone to prevent preterm birth. The web-based standardized pregnancy risk assessment form (PRAF), which streamlines communication among partners, will be integrated into Ohio’s Medicaid eligibility system and will interface with the Ohio Department of Health’s (ODH’s) Ohio Comprehensive Home Visiting Integrated Data System (OHCIDS). This integration reduces the risk of Medicaid coverage loss during pregnancy while increasing efficiencies in communicating education and follow-up needs with Ohio’s Home Visiting program.
 - **Home Visiting Referrals**—This initiative focuses on capitalizing on the strengths of home visiting programs while removing duplicate efforts. Data from the web-based PRAF will be integrated with the ODH’s OHCIDS to increase home visiting program referrals and provide information to the MCPs.

- ***Smoke Free Families Perinatal Improvement Project***—ODM and ODH have partnered to reduce tobacco use among Medicaid women during pregnancy in order to improve birth outcomes. Using a quality improvement learning collaborative, participating sites will receive training on the Ohio Smoke Free Families provider toolkit, “5 A’s” (Ask, Advise, Assess, Assist, and Arrange), “5 R’s” (Relevance, Risks, Rewards, Roadblocks, and Repetition), and motivational interviewing while implementing tools and interventions at their site.
- ***Smoke Free Families Pediatric Improvement Project***—This project aims to reduce the use of tobacco among postpartum women and the exposure to secondhand smoke of their infants and other family members through PCP screening and support in quitting smoking through implementation of the “5 A’s” plan.
- ***Efforts in Ohio’s Equity Institute Communities***—ODM has dedicated funds to support community-driven interventions with proven track records to help reduce infant mortality locally. These interventions are focused on outreach and connection for the highest risk mothers. ODM has contracted with the Government Resource Center (GRC) to evaluate these activities, and with HSAG to complete periodic reviews of the barriers faced by Medicaid recipients in gaining full access to interventions intended to reduce tobacco use, prevent prematurity, and promote optimal birth spacing. The information will assist ODM in determining how to further infant mortality reduction policy and programs.
- Initiatives Targeting Opioid Use Disorder
 - ***Neonatal Abstinence Syndrome (NAS) Improvement Project***—This statewide improvement initiative for the Women’s Health and Behavioral Health population streams is sustaining efforts, refining protocols, and continuing support for sites that have implemented interventions focused on compassionate care, community outreach, and delivery of high-calorie formula.
 - ***Maternal Opiate Medical Supports Plus (MOMS+) Improvement Project***—Key learnings from the MOMs and NAS projects have helped shape the next phase of the project, MOMS+. Using an obstetrical specialty model, MOMS+ offers MAT induction by a specialized obstetrician who assists in helping local obstetricians maintain MAT and provide access to needed psychological services. Goals of the project include: increasing the percentage of women with opioid use disorder during pregnancy who receive prenatal care, MAT, and behavioral health counseling each month; decreasing the percentage of full-term infants with neonatal abstinence syndrome requiring pharmacological treatment; and increasing the percentage of babies who go home with mother after delivery.
- Chronic Condition Interventions
 - ***Hypertension Control Improvement Project***—This project is aimed at the Medicaid population of adults with chronic conditions, specifically cardiovascular disease as exhibited by uncontrolled hypertension. This project focuses on health disparities informed by data demonstrating much higher rates of uncontrolled hypertension among African-American patients as compared to Caucasian patients. To begin closing this disparity, the project SMART (specific, measurable, achievable, relevant, time-bound) aims include improving the control of hypertension by 15 percent in the overall study population and 20 percent in the African-American population. The effort involves spreading clinical best practices shown to be effective in controlling hypertension and reducing disparities. The project’s key drivers and interventions

include: accurate blood pressure measurement, timely follow-up for high blood pressure, the tailoring of outreach and communication in a culturally appropriate manner, and adherence to a medication treatment algorithm.

- ***Gestational Diabetes Mellitus (GDM)***—ODM and ODH are partnering to increase the number of women with a history of GDM who receive recommended screening and education for type 2 diabetes (T2DM). Participating practices test interventions and the 29 original Ohio Obstetrics/Gynecology (OB/GYN) and Maternal Fetal Medicine practices are now focused on sustaining successful processes developed as part of quality improvement interventions to improve the rates of: timely screenings of pregnant women for GDM; postpartum visits; and postpartum T2DM screenings within recommended time frames. Fifteen Ohio PCPs are engaged in testing interventions to improve rates for: the assessment of women for a history of GDM or at risk for T2DM; and the improvement of T2DM screening rates throughout the life course.
- Promoting Effective Behavioral Health Care
 - ***Pharmacogenomics Testing (PGx)***—This project is a collaborative partnership between ODM, the GRC, the Ohio State Wexner Medical Center, and Northeast Ohio Medical University focused on assessing the potential benefit of pharmacogenomics testing to Medicaid enrollees impacted by genotype testing and the potential cost-effectiveness to the Medicaid program of covering genetic testing for specific high frequency psychotropic medications.
- Patient, Family, and Community Centered Approaches
 - ***Social Determinants of Health***—Much of what impacts the health of individuals is outside the purview of the medical setting. Social determinants of health, such as a safe living environment and neighborhood, stable housing, the availability of transportation, adequate and healthful food, and quality childcare all have an impact on the ability of Medicaid recipients to be actively engaged in their own health and well-being and to take ownership of their healthcare. In July of 2017, ODM required each MCP to devote at least one full-time position to community engagement activities. These positions are intended to bolster MCP-community relations, increase MCP understanding of community needs, and increase community trust of MCPs with the desired outcome being increased ability to address social determinants of health.

Design and Implement “Pay for Value”

ODM’s goal is to have at least 80 percent of Ohio’s population receiving services through a value-based payment model (combination of episode- and population-based payments) within five years. Several strategies are currently being implemented to assist with this goal. Examples of these strategies include:

- Paying (or withholding payment from) providers based on performance.
- Designing approaches to cut waste while preserving quality.
- Designing payments to encourage adherence to clinical guidelines (such as not paying for early elective deliveries).
- Implementing payment strategies to reduce unwarranted price variation.

ODM was partnered with the Ohio Governor's Office of Health Transformation in SFY 2018 to engage public and private sector partners in designing a healthcare delivery payment system that rewards the value of services—not the volume. Ohio's State Innovation Model (SIM) grant centers on testing payment models that increase access to CPC and support retrospective, episode-based payments for acute medical events.

Episode-based Payments—Regarding episode-based payments, a principal accountable provider (PAP) is identified and is eligible to benefit financially by keeping the cost of care low and the quality of care high. For each episode, patients seek care as usual and providers continue to submit claims as they have in the past. The difference is that, after the performance year, the expenditures attributed to the PAP are compared to target levels. PAPs are then eligible to participate in shared savings based on how they compare to their peers. After 12 months of quarterly reporting, incentive payments based on the previous 12-month period of outcomes began. The MCPs are currently reporting on the following episodes of care that address multiple population streams including Healthy Children, Healthy Adults, Women's Health, and Chronic Conditions:

- Perinatal
- Asthma Exacerbation
- Chronic Obstructive Pulmonary Disease (COPD)
- Total Joint Replacement
- Non-acute Percutaneous Intervention
- Acute Percutaneous Intervention
- Appendectomy
- Cholecystectomy
- Colonoscopy
- Esophagogastroduodenoscopy
- Gastrointestinal Bleed
- Upper Respiratory Infection
- Urinary Tract Infection

In 2018, there will be a total of 43 episodes that have been defined and launched across MCPs; nine of these are linked to payment and more are planned in 2019. Reporting on specific measures related to opioid prescribing patterns has been instituted for more than 10 separate episodes.

Ohio's Comprehensive Primary Care (CPC) Program—CPC is a patient-centered medical home (PCMH) program, which is a team-based care delivery model led by a primary care practice that comprehensively manages a patient's health needs. The goal of the program is to empower practices to deliver the best care possible to their patients, improving quality of care and lowering costs. Although most medical costs occur outside of a primary care practice, primary care practitioners are able to guide many decisions that impact those broader costs, improving cost efficiency and care quality.

MCPs are supporting ODM's efforts to promote the CPC model by assisting providers with obtaining recognition as a PCMH by a nationally recognized accreditation organization, creating electronic member profiles for use by providers in managing patients, and providing assistance to providers with practice transformation.

Incentivizing MCP Performance

Pay-for-Performance (P4P)—In SFY 2018, ODM used a P4P incentive system to encourage improvement in the quality of care delivered to MCP members. The P4P incentive system emphasized performance measures that support quality strategy priorities and goals. The P4P incentive system clinical measures aligned with the Ohio Medicaid Quality Strategy and reflected clinical focus areas of priority to ODM.

Quality Withhold Incentive System—For SFY 2019 and SFY 2020, ODM has designated specific measures for use in the Quality Withhold Incentive System. This system will provide the MCPs with financial incentives to improve the quality of care delivered to their members, emphasizing the effectiveness of each MCP's population health management strategy and programs to impact population health outcomes.

5. Assessment of MCP Performance

Methodology for Aggregating and Analyzing EQR Activity Results

HSAG used findings across both mandatory and optional EQR activities conducted during the review period of July 1, 2017–June 30, 2018, to evaluate the performance of Medicaid MCPs on providing quality, timely, and accessible healthcare services to Ohio Medicaid managed care members.

To identify strengths and weaknesses and draw conclusions for each MCP, HSAG analyzed and evaluated all components of each EQR activity and its resulting findings across the continuum of program areas, activities, and population streams that comprise the Ohio Medicaid managed care program. The composite findings for each MCP were analyzed and aggregated to identify overarching conclusions and focus areas for the MCP according to the ODM population stream framework.

Buckeye Health Plan

To conduct the SFY 2018 EQR, HSAG reviewed Buckeye's results for mandatory, optional, and other EQR activities. Those results were analyzed and evaluated to develop conclusions and make recommendations about the quality of, timeliness of, and access to care and services provided by Buckeye.

EQR Activity Results

This section provides the high-level results and notable findings for the mandatory and optional EQR activities performed for Buckeye. Buckeye's detailed EQR activity results are presented in [Appendix B](#).

Performance Improvement Projects

In SFY 2018, Buckeye initiated its ODM-selected *Hypertension Control and Disparity Reduction PIP*. The PIP focuses on improving the percentage of hypertensive patients being seen at participating clinical sites who have their hypertension under control as defined by a systolic blood pressure of less than 140 mm Hg and a diastolic blood pressure of less than 90 mm Hg.⁵⁻¹ The project also aims to reduce the identified disparity in hypertension control between Ohio Medicaid's African-American and Caucasian populations being seen at participating clinical sites. The PIP addresses CMS' requirements related to quality outcomes—specifically, timeliness of, and access to care and services—and aligns with the Ohio Medicaid Quality Strategy by promoting evidence-based prevention and treatment practices, and improving the health of priority populations (e.g., clinical focus areas such as chronic conditions with disproportionately negative health outcomes).

As defined by ODM, the Global Aim for this PIP is to reduce deaths due to myocardial infarction and stroke from cardiovascular disease and reduce disparities for African Americans. The SMART Aim is to increase the percentage of enrollees with controlled hypertension by 15 percent by December 31, 2018, and, for African-American enrollees, increase the percentage of enrollees with controlled hypertension by 20 percent to reduce disparities.⁵⁻² The planning and implementation of the *Hypertension Control and Disparity Reduction PIP* began in SFY 2018; therefore, there are no outcomes to report.

⁵⁻¹ For continuity purposes, controlled blood pressure is defined as 140/90 rather than the updated guideline of 130/80.

⁵⁻² Due to difficulties in ascertaining Medicaid and MyCare status from electronic health record data, the project has not been able to determine the specific baseline and goals for the SMART Aims.

Performance Measures

HEDIS

To evaluate MCP performance at the population stream level, HSAG developed a methodology for calculating population stream index scores at the request of ODM. The population stream index scores are based on percentile approximations HSAG calculated at the measure level and represent an estimation of performance compared to national Medicaid benchmarks. The approximations at the population stream level represent overall performance for each MCP compared to national benchmarks. In addition, the MCPs are ranked based on the population stream index score. Due to variation that exists between the measure-level percentile approximation and the actual percentile value for an MCP, HSAG exercised caution when ranking MCPs to ensure MCPs were ranked the same if their population stream index scores were within a reasonable threshold of each other. Due to this, HSAG considered MCP performance tied if one or more MCPs had a percentile approximation within four points of each other. Please refer to [Appendix A](#) for more information on the methodology used for calculating population stream index scores and rankings. HSAG evaluated Buckeye's HEDIS 2017 and HEDIS 2018 measure results at the population stream level. See [Section 6](#) and [Appendix B](#) for MCP index score ranking, comparisons, and MCP year over year performance.

Healthy Children/Adults

For CY 2017, Buckeye's average performance on HEDIS measures for the Healthy Children/Adults population stream is estimated to be at the 54th national Medicaid National Committee for Quality Assurance (NCQA) percentile. The average score is based on disparate performance within the Healthy Children/Adults population stream with the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* rate having an estimated rating below the 32nd percentile; whereas, the *Adolescent Well-Care Visits* rate had an estimated rating above the 67th percentile. In analyzing the measures in aggregate, Buckeye's CY 2017 overall results for the Healthy Children/Adults population stream increased from CY 2016 to CY 2017 by more than 13 points and ranked first out of the five Ohio Medicaid MCPs.

Women's Health

For CY 2017, Buckeye's average performance on HEDIS measures for the Women's Health population stream is estimated to be at the 50th national Medicaid NCQA percentile. The average score is based on disparate performance within the Women's Health population stream with both the *Breast Cancer Screening* and *Cervical Cancer Screening* rates estimated to be below the 37th percentile, but the *Prenatal and Postpartum Care—Timeless of Prenatal Care* measure estimated to be just above the 65th percentile. In analyzing the measures in aggregate, Buckeye's CY 2017 overall results for the Women's Health population stream decreased by 13 points from CY 2016 to CY 2017 and ranked second out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2017, Buckeye's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 70th national Medicaid NCQA percentile. This average score is based on consistent performance within the Behavioral Health population stream with the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Initiation and Engagement of AOD Abuse or Dependence Treatment, Initiation of AOD Treatment—Total* rates being at the 70th and 78th percentiles, respectively. In analyzing the measures in aggregate, Buckeye's CY 2017 overall results for the Behavioral Health population stream declined by almost 10 points from CY 2016 to CY 2017 and ranked second out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2017, Buckeye's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 58th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Comprehensive Diabetes Care—HbA1c Testing*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, and *Controlling High Blood Pressure* rates having estimated ratings at the 40th, 42nd, and 48th percentiles, respectively. Whereas, the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)*; *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*; and *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total* rates had estimated ratings at the 58th, 65th, and 77th percentiles, respectively. In analyzing the measures in aggregate, Buckeye's CY 2017 overall results for the Chronic Conditions population stream increased from CY 2016 to CY 2017 and ranked first out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated two measures in CY 2017.

Buckeye met the MPS for the *Low Birth Weight* measure in CY 2016 but not in CY 2017. In CY 2017, Buckeye's rate was worse than the statewide average rate.

Buckeye met the MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* in CY 2016, but Buckeye's performance declined and did not meet the MPS in CY 2017.

CAHPS

ODM requires Buckeye to administer a CAHPS survey annually. Survey results provide important feedback on Buckeye's performance.

- Adult Medicaid CAHPS Survey
 - In 2017, Buckeye had high performance (at or above the 75th percentile) for two global ratings and every composite measure. The following measures were below the 75th percentile: *Rating of Health Plan*, *Rating of All Health Care*, and *Coordination of Care*.
 - Buckeye's 2017 means did not show a statistically significant difference in comparison to its 2016 means.

- Child Medicaid CAHPS Survey
 - In 2017, Buckeye had high performance (at or above the 75th percentile) for every global rating, three composite measures, and the one individual item measure. Only *Customer Service* was below the 75th percentile.
 - Buckeye’s 2017 mean exceeded the 2016 mean by a statistically significant amount for two measures: *Getting Needed Care* and *Coordination of Care*.

Pay-for-Performance

For SFY 2018, Buckeye was eligible for P4P payments equaling a percentage of net premium and delivery payments made to Buckeye pursuant to the Medicaid Managed Care Provider Agreement. Eligibility for payment was divided equally between six standardized clinical quality measures derived from a national measurement set (i.e., HEDIS). Buckeye had to exceed the ODM-established P4P thresholds to be eligible to receive these financial incentives. Buckeye’s rates for four of the P4P measures exceeded the national Medicaid 50th percentiles.

Comprehensive Administrative Review

Buckeye received a total administrative performance score of 96 percent for its Medicaid program. ODM required Buckeye to develop and implement a CAP for each of the six standards that was not met.

Network Adequacy Validation

Buckeye submits its network provider data through ODM’s MCPN database, which is used by ODM as a mechanism to monitor network adequacy and evaluate adherence to provider panel requirements. ODM may, at its discretion, assess an MCP a \$1,000 nonrefundable financial sanction for each provider network deficiency. In SFY 2018, Buckeye incurred \$12,000 in financial sanctions due to MCPN non-compliance penalties.

PCP Access Survey

During SFY 2017, ODM collaborated with HSAG to develop a recurring, revealed caller telephone survey, the PCP Access Survey, under the existing EQR contract. The PCP Access Survey was designed to assess appointment availability among PCPs for routine and problem-focused care for existing and new Medicaid members.

HSAG conducted two statewide PCP Access Surveys in SFY 2018 using the survey methodology, sampling protocol, and telephone survey script approved by ODM in SFY 2017. The Fall PCP Access Survey concluded in December 2017 and the Spring PCP Access Survey concluded in June 2018.

Buckeye’s Fall PCP Access Survey response rate was 49.6 percent, and the response rate decreased to 44.0 percent during the Spring PCP Access Survey. Table 5-1 presents a summary of Buckeye’s appointment availability results for the SFY 2018 PCP Access Surveys.

Table 5-1—PCP Access Telephone Survey Appointment Availability Results—Buckeye

Appointment Type	Fall 2017 PCPs with ≤30 Days Wait Time		Spring 2018 PCPs with ≤30 Days Wait Time	
	N ¹	%	N ¹	%
New Patient Routine Well Check	218	76.1	244	82.4
Existing Patient Routine Well Check	279	91.4	289	95.5
New Patient Sick Visit	213	85.0	235	91.1
Existing Patient Sick Visit	293	99.7	309	99.7

¹ N is the number of providers whose location responded to the question regarding the wait time for the specified appointment type.

OB/GYN Survey

Under the SFY 2018 EQR contract, ODM directed HSAG to conduct a secret shopper telephone survey of prenatal care providers serving Ohio MCP members and MyCare Ohio Plan (MCOP) members.⁵⁻³ The main purpose of the survey was to provide insights on members’ access to prenatal care with certified nurse-midwives (CNMs) or providers specializing in OB/GYN services. A secondary purpose of this study was to validate MCPN database information for such providers.

HSAG completed the OB/GYN Survey in February 2018 using the October 2017 MCPN data files.

Buckeye’s OB/GYN Survey response rate was 70.1 percent, and 89.2 percent of applicable provider locations indicated that they were accepting new patients at the time of the survey call. Table 5-2 summarizes Buckeye’s new patient appointment availability for the SFY 2018 OB/GYN Survey.

Table 5-2—OB/GYN Secret Shopper Survey Appointment Availability Results—Buckeye

Study Indicator	Appointment Request for a First Trimester Pregnancy	Appointment Request for a Second Trimester Pregnancy
Appointment Availability Denominator¹	51	10
Percent of Providers with Appointment Availability within 30 or 15 Calendar Days ²	82.4%	90.0%
Average Wait Time in Calendar Days	19.1	7.5
Median Wait Time in Calendar Days	17.0	5.5

Note: OB/GYN Survey results include results from provider locations serving Medicaid and/or MyCare Ohio members.

¹ The denominator is the number of contracted OB/GYN or CNM providers accepting new patients who responded to the question regarding the wait time for the specified appointment type.

² Appointment requests for a first trimester pregnancy considered the number of providers offering appointments within 30 calendar days of the call. Appointment requests for a second trimester pregnancy considered the number of providers offering appointments within 15 calendar days of the calls.

⁵⁻³ The OB/GYN Survey included providers serving Medicaid and/or MyCare Ohio members. Due to the sampling methodology, statistically valid survey results limited to providers serving Medicaid members are not available.

Home Health Survey

In March 2018, HSAG conducted a survey of all HHAs contracted with at least one of the six MCPs/MCOPs. This survey’s study objectives were to determine the accessibility of home health services for MCP/MCOP members and to validate selected elements from the MCPN data files. The HHAs were surveyed by telephone and the collected information was used to evaluate the accuracy of the information in the MCPN database. HSAG completed the survey using March 2018 MCPN files. In addition to the MCPN file validation elements for Buckeye, the survey also allowed for HHA self-reported access information located in Appendix B.

Buckeye’s HHA response rate was 31.8 percent with 38.7 percent of identified HHAs confirmed to be HHA providers. While some respondents did not answer all survey questions and may have been counted as an overall refusal, a record was validated as an HHA if the respondent answered the initial question confirming that the phone number connected to a provider of home health services.

Table 5-3 summarizes Buckeye’s data accuracy rate for additional data elements.

Table 5-3—Buckeye Data Accuracy Rate¹

Data Element	Denominator	Number Matched	% Matched
Plan Participation	285	266	93.3
Program Participation	266	116	43.6
Telephone Number	895	411	45.9
Address	259	121	46.7

¹ This survey includes information collected for both MCPs and MCOPs.

Encounter Data Validation

Substantial changes in the MCPs’ encounter data submission process occurred when the MCPs began submitting their claims and encounters to the Medicaid Information Technology Systems (MITS). As such, in SFY 2016, HSAG conducted a baseline payment validation study for all claim types (i.e., dental, professional, institutional, and pharmacy). HSAG, in collaboration with ODM, then used the summary results from this study to design and revise the Medicaid Managed Care Provider Agreement contract language and data quality measures and standards to better align with the structure of the submitted data and how data are being collected and maintained in MITS. To determine if the MCPs met the standards, in SFY 2018, HSAG conducted an administrative review of the Medicaid MCPs’ submitted data for all encounter types (i.e., dental, professional, institutional, and pharmacy). The administrative review included an assessment of whether the encounter data in ODM’s MITS file reflected the payment amounts, third party liability (TPL) information, and provider information in Buckeye’s submitted files for the study.

Two aspects of encounter data completeness were assessed: encounter omission and encounter surplus. An encounter omission occurs when an encounter is present in the MCP's submitted data for the study but not in ODM's encounter data. An encounter surplus occurs when an encounter is present in ODM's encounter data but not in the MCP's submitted data for the study. Encounter data accuracy was evaluated by comparing payment information in ODM's encounter data to the MCP's submitted data for the study. A payment error occurred when a payment amount discrepancy was identified among matched encounters.

In addition to performing an administrative review of all the encounter types, the SFY 2018 study also included on-site reviews of sampled discrepant long-term care (LTC) encounters with the MCPs along with desk reviews of the sampled cases. Using results from the LTC comparative analysis, HSAG identified 133 discrepant records for Buckeye for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 133 records as either *mismatch*, *payment*, *surplus*, or *omission*, depending on the nature of the discrepancies.

All associated results are provided in [Appendix B](#).

Provider Satisfaction Survey

ODM administered a Provider Satisfaction Survey in 2018 to PCPs that are contracted with one or more Medicaid MCPs. The survey evaluated 10 measures. Each MCP's mean was compared to the program average.⁵⁻⁴ Buckeye scored statistically significantly higher than the program average on one measure and scored statistically significantly lower than the program average on two measures.

Quality Rating of MCPs

The 2018 MCP Report Card used a five-star rating; therefore, results are not comparable to the 2017 MCP Report Card results. Please refer to [Section 6](#) for the 2018 MCP Report Card results.

Overall Performance and Conclusions

Buckeye demonstrated strong, fair, and weak areas of performance in the population streams based on the results of the SFY 2018 EQR activities. Buckeye's overall performance demonstrates the following impact for each population's quality of, timeliness of, and access to care and services.

Healthy Children/Adults

Buckeye's overall results for the Healthy Children/Adults population stream showed improvement from CY 2016 to CY 2017 and Buckeye ranked first out of the five MCPs in this area. While Buckeye demonstrated improvement in most performance measures, there are many opportunities for additional

⁵⁻⁴ The program average includes Aetna (MyCare).

improvement to ensure prevention of disease before it begins, helping Buckeye members of all ages to have healthier, longer lives.⁵⁻⁵

Performance Area	Overall Performance Impact
<p>Quality</p>	<ul style="list-style-type: none"> • Strong: Buckeye received a CY 2017 five-star rating in the adult Medicaid CAHPS survey under <i>Customer Service</i>, indicating performance at or above the national Medicaid 90th percentile. • Strong: Buckeye received a CY 2017 four-star rating in the child Medicaid CAHPS survey under <i>Rating of Health Plan</i>, indicating performance at or above the national Medicaid 75th percentile. • Fair: Buckeye received a CY 2017 three-star rating in the adult Medicaid CAHPS survey under <i>Rating of Health Plan</i>, indicating performance below the national Medicaid 75th percentile but above the national Medicaid 50th percentile. • Fair: Buckeye received a CY 2017 three-star rating in the child Medicaid CAHPS survey under <i>Customer Service</i>, indicating performance below the national Medicaid 75th percentile but at or above the national Medicaid 50th percentile.
<p>Timeliness</p>	<ul style="list-style-type: none"> • Fair: Although it met or exceeded the statewide average and was above the national Medicaid 50th percentile, the <i>Adolescent Well-Care Visits</i> HEDIS measure was below the national Medicaid 75th percentile. • Weak: While better than the statewide average, the rate for the <i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i> HEDIS measure was below the national Medicaid 50th percentile. • Weak: The rate for the <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> HEDIS measure was below the national Medicaid 50th percentile.
<p>Access</p>	<ul style="list-style-type: none"> • Weak: While there was an improvement in all age groups within the <i>Children and Adolescents' Access to Primary Care Practitioners</i> HEDIS measure, performance was below the national Medicaid 50th percentile for children ages 12–24 months and 12–19 years and below the national Medicaid 25th percentile for children ages 25 months–6 years and 7–11 years. • Weak: Although there was an improvement in the <i>Adults' Access to Preventive/Ambulatory Health Services</i> HEDIS measure, the rate was below the national Medicaid 25th percentile.

Women’s Health

Buckeye’s CY 2017 overall results for the Women’s Health population stream decreased by 13 points from CY 2016 to CY 2017 and Buckeye ranked second out of the five MCPs. Additionally, outcomes related to Buckeye’s members’ newborn birth weights continued to show opportunity for improvement.

⁵⁻⁵ Centers for Disease Control and Prevention. Gateway to Health Communication & Social Marketing Practice: Preventive Healthcare, Updated September 15, 2017. Available at: <https://www.cdc.gov/healthcommunication/toolstemplates/entertainment/tips/PreventiveHealth.html>. Accessed on: January 11, 2019.

As part of Buckeye’s responsibility to improve Ohio infant mortality rates, HSAG recommends Buckeye address factors contributing to low birth weights.

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weak: The <i>Low Birth Weight</i> CHIPRA measure met the MPS in CY 2016 but did not meet the MPS or the statewide average rate in CY 2017.
Timeliness	<ul style="list-style-type: none"> Fair: Buckeye achieved above the national Medicaid 50th percentile but performed below the national Medicaid 75th percentile in the <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> HEDIS measure. Weak: While the <i>Prenatal and Postpartum Care—Postpartum Care</i> measure rate met the statewide average, it was below the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> Weak: While 99.4 percent of Buckeye’s provider names matched the MCPN data based upon the CNM and OB/GYN Survey results, only 57.1 percent of these providers’ telephone numbers matched the MCPN data.

Behavioral Health

Buckeye’s CY 2017 overall results for the Behavioral Health population stream declined by almost 10 points from CY 2016 to CY 2017 and Buckeye ranked second out of the five Ohio Medicaid MCPs. Timely follow-up after a behavioral health-related hospitalization supports readmission avoidance and can ensure appropriate outpatient management of behavioral health conditions while increasing compliance with treatment of chronic conditions.⁵⁻⁶

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strong: Buckeye achieved at or above the national Medicaid 75th percentile and statewide average in the <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i> HEDIS measure. Fair: Although Buckeye achieved at or above the national Medicaid 50th percentile and at or above statewide average in the <i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i> HEDIS measure, this measure was below the national Medicaid 75th percentile.
Timeliness	<ul style="list-style-type: none"> Fair: Although the <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i> HEDIS measure rate was at or above the national Medicaid 50th percentile, it was below the statewide average and the national Medicaid 75th percentile.
Access	<ul style="list-style-type: none"> This area aligns with the above Timeliness performance summary for the <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i> HEDIS measure.

⁵⁻⁶ National Institute of Mental Health. “Chronic Illness & Mental Health,” NIH Publication No. 15-MH-8015. Available at: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>. Accessed on: January 14, 2019.

Chronic Conditions

Buckeye’s CY 2017 overall results for the Chronic Conditions population stream increased from CY 2016 to CY 2017 and ranked first out of the MCPs. It is important Buckeye maintain these efforts to improve health outcomes for members with chronic conditions as the top 10 leading causes of death in Ohio include heart disease, stroke, and diabetes, with hypertension as a commonality for all three conditions.⁵⁻⁷

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Strong: Buckeye’s <i>Medication Management for People With Asthma, Medication Compliance 75%—Total</i> HEDIS measure rate was at or above the national Medicaid 75th percentile and the statewide average. • Strong: The <i>Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total</i> was at or above the national Medicaid 75th percentile and the statewide average. • Fair: Although the <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> measure was at or better than the statewide average and at or above the national Medicaid 50th percentile, it was below the national Medicaid 75th percentile. • Fair: The <i>Statin Therapy for Patients With Diabetes, Received Statin Therapy—Total</i> HEDIS measure rate was at or above the national Medicaid 50th percentile, but below the statewide average and the national Medicaid 75th percentile. • Weak: The rate for the <i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i> measure was below the national Medicaid 50th percentile but at or above the statewide average. • Weak: Although at or above the statewide average, the <i>Controlling High Blood Pressure</i> HEDIS measure rate was below the national Medicaid 50th percentile. • Weak: Buckeye met the MPS for <i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i> in CY 2016, but Buckeye’s performance declined and did not meet the MPS in CY 2017.
Timeliness	<ul style="list-style-type: none"> • Fair: The <i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i> measure was at or above the national Medicaid 50th percentile and the statewide average but was below the national Medicaid 75th percentile.
Access	<ul style="list-style-type: none"> • Weak: Based upon the Home Health MCPN Survey results, only 45.9 percent of HHA providers’ telephone numbers matched Buckeye’s MCPN data.

⁵⁻⁷ Centers for Disease Control and Prevention. National Center for Health Statistics: Stats of the State of Ohio, Updated April 9, 2018. Available at: <https://www.cdc.gov/nchs/pressroom/states/ohio/ohio.htm>. Accessed on: January 11, 2019.

Overall Conclusions

Buckeye has demonstrated additional areas of strength and opportunities as noted through other EQR conducted in SFY 2018.

- Although the planning and implementation of the *Hypertension Control and Disparity Reduction* PIP began in SFY 2018 and therefore outcomes are not yet reported, the work underway in this PIP effectively aligns with the Ohio Medicaid Quality Strategy's promotion of evidence-based prevention and treatment practices, and improving the health of priority populations. To maintain its focus on members with chronic conditions, Buckeye should continue its progression through the quality improvement process throughout the duration of this PIP.
- Both the Adult and Child Medicaid CAHPS Surveys indicated strengths and areas of opportunity for Buckeye. For the Adult Medicaid CAHPS Survey, Buckeye had high performance (at or above the 75th percentile) for two global ratings and every composite measure while for the Child Medicaid CAHPS Survey, every global rating, three composite measures, and the one individual item measure were at or above the 75th percentile. To further assure positive member experiences, Buckeye should focus on the *Rating of Health Plan*, *Rating of All Health Care*, and *Coordination of Care* for adults, and *Customer Service* for children as these measures were below the 75th percentile. A focus in these areas should have a further reaching impact resulting in preventive care utilization increases, as negative experiences can discourage members from visiting their providers.
- Buckeye demonstrated compliance with ODM's Comprehensive Administrative Review CAP follow-up and Buckeye should maintain its CAP commitments to meeting program requirements that provide further assurances of member timely access to quality care.
- Buckeye's Home Health MCPN Survey results showed areas of weakness related to the accuracy of provider addresses and phone numbers, suggesting opportunities to improve its provider data integrity processes.
- The SFY 2018 Encounter Data Validation study found that the level of completeness among all MCPs' encounters for dental, professional, and pharmacy claim types was high. The completeness for MCPs' institutional claim type categories was also relatively high, except for the Other category with more than 11 percent of the encounters in the Other category missing from the MCPs' files. Although Buckeye did not meet the payment error rate performance standard, the discrepancy was related to the data extracts for the study. Buckeye should continue to maintain heightened efforts in the area of encounter data completeness and accuracy as these data are critical to provide ODM with a transparent view of services provided to Buckeye's members, allowing for accurate monitoring and calculation of MCP performance.
- Provider satisfaction may impact quality, timeliness, and access to care for all population streams. To gauge provider satisfaction, ODM administered the Provider Satisfaction Survey to PCPs contracted with one or more MCPs for the first time in 2018 to establish baseline results. These results, along with recommendations for improvement, were shared with each MCP. As future surveys are administered and trending is performed, this will provide an opportunity to identify areas of improvement and will be shared in future reports. The SFY 2018 Provider Satisfaction Survey showed that Buckeye's mean exceeded the program mean by a statistically significant amount for one measure and was statistically significantly lower than the program mean for two measures.

Follow-Up on Prior EQR Recommendations

CMS requires EQROs report annually the degree to which MCPs addressed the EQR recommendations made from the prior year's technical report. During SFY 2017, HSAG recommended that Buckeye incorporate efforts for improvement of the following measures as part of its quality improvement strategy within the QAPI program:

Healthy Children

- *Children and Adolescents' Access to Primary Care Practitioners* HEDIS measures
 - 12–24 Months
 - 25 Months–6 Years
 - 7–11 Years
 - 12–19 Years
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI Percentile Documentation—Total* HEDIS measure
- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* HEDIS measure
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* HEDIS measure

Healthy Adults

- *Adults' Access to Preventive/Ambulatory Health Services* HEDIS measure

Women's Health

- *Low Birth Weight* CHIPRA measure

Behavioral Health

- *Antidepressant Medication Management* HEDIS measures
 - *Effective Acute Phase Treatment*
 - *Effective Continuation Phase Treatment*

Chronic Conditions

- *Comprehensive Diabetes Care* HEDIS measures
 - *HbA1c Control (<8.0%)*
 - *Blood Pressure Control (<140/90 mm Hg)*
- *Controlling High Blood Pressure* HEDIS measure
- *PQI 8—Heart Failure Admissions* non-HEDIS measure
- *PQI 13—Angina Without Procedure Admissions* non-HEDIS measure
- *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* non-HEDIS measure

HSAG further recommended Buckeye include the results of analyses for the measures listed above that answer the following questions within its next annual QAPI program submission:

1. What were the root causes associated with low-performing areas?
1. What unexpected outcomes were found within the data?
2. What disparities were identified in the analyses?
3. What are the most significant areas of focus (or populations) for which improvement initiatives are planned? What is the highest impact area(s) to make an improvement(s) (low effort/high yield)?
4. What intervention(s) is Buckeye considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, HSAG recommended Buckeye should include the following within the quality improvement work plan that is submitted as part of the annual QAPI program:

1. Measurable goals and benchmarks for each indicator.
2. Mechanisms to measure performance.
3. Mechanisms to review data trends to identify improvement, decline, or stability in the performance rates.
4. Identified opportunities for improvement.
5. Ongoing analysis to identify factors that impact the adequacy of rates.
6. Quality improvement interventions, using a rapid cycle improvement approach, that address the root cause of the deficiency.
7. A plan to monitor the quality improvement interventions to detect whether they effect improvement.

To address these recommendations, Buckeye:

- Submitted its QAPI to ODM in 2018 as required by the Medicaid Managed Care Provider Agreement.
 - Since the QAPI was already in process at the time that the SFY 2017 EQR Technical Report was finalized, there was not adequate time for Buckeye to adjust its quality improvement efforts in a manner that could be effectively demonstrated in its 2018 QAPI submission.
 - Since each annual QAPI submission must include a clearly delineated outcomes-driven strategy (e.g., work plan) for improvement that measures, analyzes, and tracks performance indicators reflecting the Ohio Medicaid Quality Strategy population health focus, Buckeye’s QAPI program continues to align with the SFY 2017 recommendations.
 - The requirement for each MCP to evaluate the impact and effectiveness of each effort within the QAPI program and to submit these evaluation results annually to ODM further demonstrates alignment with prior EQR recommendations to identify impactful quality improvement interventions, and to continuously monitor them for effectiveness. Additionally, each MCP now must include how these results will be incorporated within its quality strategy, which also demonstrates MCP progress toward the prior year recommendations.

- Participated in a review of MCP Population Stream Dashboards at ODM's request, in which Buckeye's efforts to improve its members' quality of care in the areas of Healthy Children, Healthy Adults, Women's Health, Behavioral Health, and Chronic Conditions, are measured. The dashboards display measures specific to each population stream, allowing for a comparison between MCPs and a comparison to national benchmarks, where available. The dashboards also display each MCP's results by county.
 - Buckeye will be expected to use the MCP Population Stream Dashboards for further identification of areas in the state where its members' health shows the biggest opportunities for improvement.
 - Since these dashboards are dependent upon claims data that are as complete as possible, dashboard releases are retrospective. Buckeye will therefore continue to monitor future dashboard releases to determine quality strategy planning and focused areas of opportunity to best impact member health within each population stream.

Recommendations

As a result of the findings related to the quality of, timeliness of, and access to care and services provided by Buckeye to its members, HSAG recommends that Buckeye incorporate efforts to prioritize these areas of member care into its QAPI program's quality improvement strategy:

- Increase child, adolescent, and adult access to preventive services
- Promote timely and adequate prenatal care, including non-traditional services, to reduce the prevalence of poor birth outcomes
- Assist members in preventing and/or managing their chronic conditions effectively

As Buckeye's members' health outcomes improve in these areas, these corresponding performance measures could then be used to measure the success of the interventions and impact on population health:

Healthy Children/Adults

- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* HEDIS measure
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* HEDIS measure
- *Children and Adolescents' Access to Primary Care Practitioners* HEDIS measures
 - *12–24 Months*
 - *25 Months–6 Years*
 - *7–11 Years*
 - *12–19 Years*
- *Adults' Access to Preventive/Ambulatory Health Services* HEDIS measure

Women's Health

- *Low Birth Weight* CHIPRA measure
- *Prenatal and Postpartum Care—Postpartum Care* HEDIS measure

Chronic Conditions

- *Comprehensive Diabetes Care Blood Pressure Control (<140/90 mm Hg)* HEDIS measure
- *Controlling High Blood Pressure* HEDIS measure
- *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* non-HEDIS measure

Buckeye should include the results of analyses for the measures listed above that answer the following questions within its next annual QAPI program submission:

1. What were the root causes associated with low-performing areas?
2. What unexpected outcomes were found within the data?
3. What disparities were identified in the analyses?
4. What are the most significant areas of focus (or populations) for which improvement initiatives are planned? What is the highest impact area(s) to make an improvement(s) (low effort/high yield)?
5. What intervention(s) and/or initiative(s) is Buckeye considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, Buckeye should, at a minimum, include the following information related to identified initiatives and interventions within the quality improvement work plan that is submitted as part of the annual QAPI program:

1. Assigned team members' roles and responsibilities to support the related initiatives (including Buckeye leadership).
2. A description of how Buckeye has identified and used, and will continue to identify and use, the voice of the customer in its design and prioritization of the associated interventions and initiatives.
3. Baseline, measures and measure frequency, target goals, and the timeline for achievement of the goals.
4. Methods to evaluate intervention effectiveness and how Buckeye will use both positive and negative results as part of lessons learned.

CareSource

To conduct the SFY 2018 EQR, HSAG reviewed CareSource's results for mandatory and optional EQR activities. Those results were analyzed and evaluated to develop conclusions and make recommendations about the quality of, timeliness of, and access to care and services provided by CareSource.

EQR Activity Results

This section provides the high-level results and notable findings for the mandatory and optional EQR activities performed for CareSource. CareSource's detailed EQR activity results are presented in **Appendix C**.

Performance Improvement Projects

In SFY 2018, CareSource initiated its ODM-selected *Hypertension Control and Disparity Reduction* PIP. The PIP focuses on improving the percentage of hypertensive patients being seen at participating clinical sites who have their hypertension under control as defined by a systolic blood pressure of less than 140 mm Hg and a diastolic blood pressure of less than 90 mm Hg.⁵⁻⁸ The project also aims to reduce the identified disparity in hypertension control between Ohio Medicaid's African-American and Caucasian populations being seen at participating clinical sites. The PIP addresses CMS' requirements related to quality outcomes—specifically, timeliness of, and access to care and services—and aligns with the Ohio Medicaid Quality Strategy by promoting evidence-based prevention and treatment practices, and improving the health of priority populations (e.g., clinical focus areas such as chronic conditions with disproportionately negative health outcomes).

As defined by ODM, the Global Aim for this PIP is to reduce deaths due to myocardial infarction and stroke from cardiovascular disease and reduce disparities for African Americans. The SMART Aim is to increase the percentage of enrollees with controlled hypertension by 15 percent by December 31, 2018, and, for African-American enrollees, increase the percentage of enrollees with controlled hypertension by 20 percent to reduce disparities.⁵⁻⁹ The planning and implementation of the *Hypertension Control and Disparity Reduction* PIP began in SFY 2018; therefore, there are no outcomes to report.

⁵⁻⁸ For continuity purposes, controlled blood pressure is defined as 140/90 rather than the updated guideline of 130/80.

⁵⁻⁹ Due to difficulties in ascertaining Medicaid and MyCare status from electronic health record data, the project has not been able to determine the specific baseline and goals for the SMART Aims.

Performance Measures

HEDIS

To evaluate MCP performance at the population stream level, HSAG developed a methodology for calculating population stream index scores at the request of ODM. The population stream index scores are based on percentile approximations HSAG calculated at the measure level and represent an estimation of performance compared to national Medicaid benchmarks. The approximations at the population stream level represent overall performance for each MCP compared to national benchmarks. In addition, the MCPs are ranked based on the population stream index score. Due to variation that exists between the measure-level percentile approximation and the actual percentile value for an MCP, HSAG exercised caution when ranking MCPs to ensure MCPs were ranked the same if their population stream index scores were within a reasonable threshold of each other. Due to this, HSAG considered MCP performance tied if one or more MCPs had a percentile approximation within four points of each other. Please refer to [Appendix A](#) for more information on the methodology used for calculating population stream index scores and rankings. HSAG evaluated CareSource's HEDIS 2017 and HEDIS 2018 measure results at the population stream level. See [Section 6](#) and [Appendix C](#) for MCP index score ranking, comparisons, and MCP year over year performance.

Healthy Children/Adults

For CY 2017, CareSource's average performance on HEDIS measures for the Healthy Children/Adults population stream is estimated to be at the 48th national Medicaid NCQA percentile. The average score is based on disparate performance within the Healthy Children/Adults population stream, with the *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* rate having an estimated rating below the 29th percentile. Whereas, the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits* rates had estimated ratings at the 52nd and 54th percentiles, respectively. In analyzing the measures in aggregate, CareSource's CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017, and ranked second out of the five Ohio Medicaid MCPs.

Women's Health

For CY 2017, CareSource's average performance on HEDIS measures for the Women's Health population stream is estimated to be at the 38th national Medicaid NCQA percentile. The average score is based on consistently low performance for the Women's Health population stream, with three of four measures having estimated ratings below the 40th percentile. Conversely, *Cervical Cancer Screening* had an estimated rating at the 62nd percentile. In analyzing the measures in aggregate, CareSource's CY 2017 overall results for the Women's Health population stream decreased by over 20 points from CY 2016 to CY 2017, and ranked fifth out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2017, CareSource's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 68th national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* rate estimated to be at the 16th percentile. Whereas, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Initiation and Engagement of AOD Abuse or Dependence Treatment, Initiation of AOD Treatment—Total* rates had estimated ratings at the 79th and 83rd percentiles, respectively. In analyzing the measures in aggregate, CareSource's CY 2017 overall results for the Behavioral Health population stream had no substantial change from CY 2016 to CY 2017, and ranked second out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2017, CareSource's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 40th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, *Controlling High Blood Pressure*, and *Comprehensive Diabetes Care—HbA1c Testing* rates having estimated ratings at the 9th, 10th, 24th, and 28th percentiles, respectively. Whereas, the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* and *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total* rates had estimated ratings at the 65th and 75th percentiles, respectively. In analyzing the measures in aggregate, CareSource's CY 2017 overall results for the Chronic Conditions population stream showed no substantial change from CY 2016 to CY 2017, and ranked fifth out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated two measures in CY 2017.

CareSource did not meet the MPS for the *Low Birth Weight* measure in CY 2016 or CY 2017.

CareSource met the MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* in CY 2016, but CareSource's performance declined and did not meet the MPS in CY 2017.

CAHPS

ODM requires CareSource to administer a CAHPS survey annually. Survey results provide important feedback on CareSource's performance.

- Adult Medicaid CAHPS Survey
 - In 2017, CareSource had high performance (at or above the 75th percentile) for three global ratings and every composite measure. The following measures were below the 75th percentile: *Rating of All Health Care* and *Coordination of Care*.

- CareSource’s 2017 mean exceeded the 2016 mean by a statistically significant amount for two measures: *Rating of Specialist Seen Most Often* and *Getting Care Quickly*.
- Child Medicaid CAHPS Survey
 - In 2017, CareSource had high performance (at or above the 75th percentile) for every global rating, three composite measures, and the one individual item measure. Only *Getting Needed Care* was below the 75th percentile.
 - CareSource’s 2017 means did not show a statistically significant difference in comparison to its 2016 means.

Pay-for-Performance

For SFY 2018, CareSource was eligible for P4P payments equaling a percentage of net premium and delivery payments made to CareSource pursuant to the Medicaid Managed Care Provider Agreement. Eligibility for payment was divided equally between six standardized clinical quality measures derived from a national measurement set (i.e., HEDIS). CareSource had to exceed the ODM-established P4P thresholds to be eligible to receive these financial incentives. CareSource’s rates for two of the P4P measures exceeded the national Medicaid 50th percentiles.

Comprehensive Administrative Review

CareSource received a total administrative performance score of 96 percent for its Medicaid program. ODM required CareSource to develop and implement a CAP for each of the four standards that was not met.

Network Adequacy Validation

CareSource submits its network provider data through ODM’s MCPN database, which is used by ODM as a mechanism to monitor network adequacy and evaluate adherence to provider panel requirements. ODM may, at its discretion, assess an MCP a \$1,000 nonrefundable financial sanction for each provider network deficiency. In SFY 2018, CareSource incurred \$18,000 in financial sanctions due to MCPN non-compliance penalties.

PCP Access Survey

During SFY 2017, ODM collaborated with HSAG to develop a recurring, revealed caller telephone survey, the PCP Access Survey, under the existing EQR contract. The PCP Access Survey was designed to assess appointment availability among PCPs for routine and problem-focused care for existing and new Medicaid members.

HSAG conducted two statewide PCP Access Surveys in SFY 2018 using the survey methodology, sampling protocol, and telephone survey script approved by ODM in SFY 2017. The Fall PCP Access Survey concluded in December 2017 and the Spring PCP Access Survey concluded in June 2018.

CareSource’s Fall PCP Access Survey response rate was 53.4 percent, and the response rate increased to 56.3 percent during the Spring PCP Access Survey. Table 5-4 presents a summary of CareSource’s appointment availability results for the SFY 2018 PCP Access Surveys.

Table 5-4—PCP Access Telephone Survey Appointment Availability Results—CareSource

Appointment Type	Fall 2017 PCPs with ≤30 Days Wait Time		Spring 2018 PCPs with ≤30 Days Wait Time	
	N ¹	%	N ¹	%
New Patient Routine Well Check	222	77.0	267	84.3
Existing Patient Routine Well Check	315	90.8	329	93.6
New Patient Sick Visit	213	86.4	251	93.6
Existing Patient Sick Visit	331	99.7	341	99.7

¹ N is the number of providers whose location responded to the question regarding the wait time for the specified appointment type.

OB/GYN Survey

Under the SFY 2018 EQR contract, ODM directed HSAG to conduct a secret shopper telephone survey of prenatal care providers serving Ohio MCP and MCOP members.⁵⁻¹⁰ The main purpose of the survey was to provide insights on members’ access to prenatal care with CNMs or providers specializing in OB/GYN services. A secondary purpose of this study was to validate MCPN database information for such providers.

HSAG completed the OB/GYN Survey in February 2018 using the October 2017 MCPN data files.

CareSource’s OB/GYN Survey response rate was 66.1 percent, and 86.3 percent of applicable provider locations indicated that they were accepting new patients at the time of the survey call. Table 5-5 summarizes CareSource’s new patient appointment availability for the SFY 2018 OB/GYN Survey.

⁵⁻¹⁰ The OB/GYN Survey included providers serving Medicaid and/or MyCare Ohio members. Due to the sampling methodology, statistically valid survey results limited to providers serving Medicaid members are not available.

Table 5-5—OB/GYN Secret Shopper Survey Appointment Availability Results—CareSource

Study Indicator	Appointment Request for a First Trimester Pregnancy	Appointment Request for a Second Trimester Pregnancy
Appointment Availability Denominator¹	56	9
Percent of Providers with Appointment Availability within 30 or 15 Calendar Days ²	89.3%	55.6%
Average Wait Time in Calendar Days	16.7	16.1
Median Wait Time in Calendar Days	13.5	15

Note: OB/GYN Survey results include results from provider locations serving Medicaid and/or MyCare Ohio members.

¹ The denominator is the number of contracted OB/GYN or CNM providers accepting new patients who responded to the question regarding the wait time for the specified appointment type.

² Appointment requests for a first trimester pregnancy considered the number of providers offering appointments within 30 calendar days of the call. Appointment requests for a second trimester pregnancy considered the number of providers offering appointments within 15 calendar days of the calls.

Home Health Survey

In March 2018, HSAG conducted a survey of all HHAs contracted with at least one of the six MCPs/MCOPs. This survey’s study objectives were to determine the accessibility of home health services for MCP/MCOP members and to validate selected elements from the MCPN data files. The HHAs were surveyed by telephone and the collected information was used to evaluate the accuracy of the information in the MCPN database. HSAG completed the survey using March 2018 MCPN files. In addition to the MCPN file validation elements for CareSource, the survey also allowed for HHA self-reported access information located in [Appendix C](#).

CareSource’s HHA response rate was 30.4 percent with 36.6 percent of identified HHAs confirmed to be HHA providers. While some respondents did not answer all survey questions and may have been counted as an overall refusal, a record was validated as an HHA if the respondent answered the initial question confirming that the phone number connected to a provider of home health services.

Table 5-6 summarizes CareSource’s data accuracy rate for additional data elements.

Table 5-6—CareSource Data Accuracy Rate¹

Data Element	Denominator	Number Matched	% Matched
Plan Participation	102	94	92.2
Program Participation	94	54	57.4
Telephone Number	336	196	58.3
Address	84	58	69.0

¹ This survey includes information collected for both MCPs and MCOPs.

Encounter Data Validation

Validation of MCP Encounters

Substantial changes in the MCPs' encounter data submission process occurred when the MCPs began submitting their claims and encounters to MITS. As such, in SFY 2016, HSAG conducted a baseline payment validation study for all claim types (i.e., dental, professional, institutional, and pharmacy). HSAG, in collaboration with ODM, then used the summary results from this study to design and revise the Medicaid Managed Care Provider Agreement contract language and data quality measures and standards to better align with the structure of the submitted data and how data are being collected and maintained in MITS. To determine if the MCPs met the standards, in SFY 2018, HSAG conducted an administrative review of the Medicaid MCPs' submitted data for all encounter types (i.e., dental, professional, institutional, and pharmacy). The administrative review included an assessment of whether the encounter data in ODM's MITS file reflected the payment amounts, TPL information, and provider information in CareSource's submitted files for the study.

Two aspects of encounter data completeness were assessed: encounter omission and encounter surplus. An encounter omission occurs when an encounter is present in the MCP's submitted data for the study but not in ODM's encounter data. An encounter surplus occurs when an encounter is present in ODM's encounter data but not in the MCP's submitted data for the study. Encounter data accuracy was evaluated by comparing payment information in ODM's encounter data to the MCP's submitted data for the study. A payment error occurred when a payment amount discrepancy was identified among matched encounters.

In addition to performing an administrative review of all the encounter types, the SFY 2018 study also included on-site reviews of sampled discrepant LTC encounters with the MCPs along with desk reviews of the sampled cases. Using results from the LTC comparative analysis, HSAG identified 146 discrepant records for CareSource for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 146 records as either *mismatch*, *payment*, *surplus*, or *omission*, depending on the nature of the discrepancies.

All associated results are provided in [Appendix C](#).

Provider Satisfaction Survey

ODM administered a Provider Satisfaction Survey in 2018 to PCPs that are contracted with one or more Medicaid MCPs. The survey evaluated 10 measures. Each MCP's mean was compared to the program average.⁵⁻¹¹ CareSource scored statistically significantly higher than the program average on six measures and scored statistically significantly lower than the program average on two measures.

⁵⁻¹¹ The program average includes Aetna (MyCare).

Quality Rating of MCPs

The 2018 MCP Report Card used a five-star rating; therefore, results are not comparable to the 2017 MCP Report Card results. Please refer to **Section 6** for the 2018 MCP Report Card results.

Overall Performance and Conclusions

CareSource demonstrated strong, fair, and weak areas of performance in the population streams based on the results of the SFY 2018 EQR activities. CareSource’s overall performance demonstrates the following impact for each population’s quality of, timeliness of, and access to care and services.

Healthy Children/Adults

CareSource’s CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017, and ranked second out of the MCPs. While CareSource demonstrated some improvement in this area, CareSource should continue to prioritize preventive care access as preventive services can positively impact the overall health of CareSource’s adult and child members.⁵⁻¹²

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strong: CareSource received a CY 2017 five-star rating in the Adult Medicaid CAHPS Survey under <i>Rating of Health Plan</i>, indicating performance at or above the national Medicaid 90th percentile. Strong: CareSource received a CY 2017 five-star rating in the Adult Medicaid CAHPS Survey under <i>Customer Service</i>, indicating performance at or above the national Medicaid 90th percentile. Strong: CareSource received a CY 2017 four-star rating in the Child Medicaid CAHPS Survey under <i>Rating of Health Plan</i>, indicating performance at or above the national Medicaid 75th percentile. Strong: CareSource received a CY 2017 four-star rating in the Child Medicaid CAHPS Survey under <i>Customer Service</i>, indicating performance at or above the national Medicaid 75th percentile.*
Timeliness	<ul style="list-style-type: none"> Fair: Although the <i>Adolescent Well-Care Visits</i> HEDIS measure rate was at or above the national Medicaid 50th percentile and met or exceeded the statewide average, it was below the national Medicaid 75th percentile. Fair: While the rate for the <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> HEDIS measure was at or above the national Medicaid 50th percentile and met or exceeded the statewide average, it was below the national Medicaid 75th percentile.

⁵⁻¹² Centers for Disease Control and Prevention. Gateway to Health Communication & Social Marketing Practice: Preventive Healthcare, Updated September 15, 2017. Available at: <https://www.cdc.gov/healthcommunication/toolstemplates/entertainment/tips/PreventiveHealth.html>. Accessed on: January 11, 2019.

Performance Area	Overall Performance Impact
	<ul style="list-style-type: none"> Weak: The rate for the <i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i> measure was below the national Medicaid 50th percentile and was below the statewide average.
Access	<ul style="list-style-type: none"> Fair: The rates for children ages 25 months–6 years, 7–11 years, and 12–19 years under the <i>Children and Adolescents’ Access to Primary Care Practitioners</i> HEDIS measure met or exceeded the statewide average and the national Medicaid 50th percentile but were below the national Medicaid 75th percentile. Fair: While the rate for the <i>Adults’ Access to Preventive/Ambulatory Health Services</i> HEDIS measure met or exceeded the statewide average and the national Medicaid 50th percentile, it was below the national Medicaid 75th percentile. Weak: Although the rate for children ages 12–24 months under the <i>Children and Adolescents’ Access to Primary Care Practitioners</i> HEDIS measure met or exceeded the statewide average, it was below the national Medicaid 50th percentile.

*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Women’s Health

CareSource’s CY 2017 overall results for the Women’s Health population stream decreased by over 20 points from CY 2016 to CY 2017, and ranked fifth out of the MCPs. CareSource should prioritize timely access to prenatal and postpartum care, including non-traditional services, as member understanding of how to stay healthy is critical for preventing complications that may affect the health of the member and the baby before, during, and after pregnancy and delivery.⁵⁻¹³

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weak: The <i>Low Birth Weight</i> CHIPRA measure did not meet the MPS or the statewide average rate in CY 2017.
Timeliness	<ul style="list-style-type: none"> Weak: The <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Prenatal and Postpartum Care—Postpartum Care</i> HEDIS measure rates were below the national Medicaid 50th percentile and were below the statewide average.
Access	<ul style="list-style-type: none"> Weak: While 99.5 percent of CareSource’s provider names matched the MCPN data based upon the CNM and OB/GYN Survey results, only 59.7 percent of these providers’ telephone numbers matched the MCPN data.

⁵⁻¹³ National Committee for Quality Assurance. *Prenatal and Postpartum Care (PPC)*, 2018. Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: January 14, 2019.

Behavioral Health

CareSource’s CY 2017 overall results for the Behavioral Health population stream had no substantial change from CY 2016 to CY 2017, and ranked second out of the five Ohio Medicaid MCPs. Follow-up care after hospitalization for mental illness helps improve health outcomes and prevents readmissions after discharge.⁵⁻¹⁴

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strong: CareSource achieved at or above the national Medicaid 75th percentile and statewide average in the <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total HEDIS</i> measure. Weak: The <i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total HEDIS</i> measure rate was below the national Medicaid 25th percentile and below the statewide average.
Timeliness	<ul style="list-style-type: none"> Strong: The <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up HEDIS</i> measure rate was at or above the national Medicaid 75th percentile and met or exceeded the statewide average.
Access	<ul style="list-style-type: none"> This area aligns with the above Timeliness performance summary for the <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up HEDIS</i> measure.

Chronic Conditions

CareSource’s CY 2017 overall results for the Chronic Conditions population stream showed no substantial change from CY 2016 to CY 2017, and ranked fifth out of the MCPs. It is important CareSource prioritize its efforts to improve health outcomes for members with chronic conditions as the top 10 leading causes of death in Ohio include heart disease, stroke, and diabetes, with hypertension as a commonality for all three conditions.⁵⁻¹⁵

⁵⁻¹⁴ Medicaid.gov. Follow-Up After Hospitalization for Mental Illness: Age 21 & Older (7-Day Follow-Up). Available at: <https://www.medicaid.gov/state-overviews/scorecard/state-health-system-performance/communication-and-coordination/follow-up-after-hospitalization-7-days/index.html>. Accessed on: January 14, 2019.

⁵⁻¹⁵ Centers for Disease Control and Prevention. National Center for Health Statistics: Stats of the State of Ohio, Updated July 7, 2016. Available at: <https://www.cdc.gov/nchs/pressroom/states/ohio.htm>. Accessed on: January 14, 2018.

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Strong: The <i>Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total</i> measure was at or above the national Medicaid 75th percentile. • Strong: The <i>Statin Therapy for Patients With Diabetes, Received Statin Therapy—Total</i> HEDIS measure rate was at or above the national Medicaid 75th percentile and met or exceeded the statewide average. • Fair: Although CareSource’s <i>Medication Management for People With Asthma, Medication Compliance 75%—Total</i> HEDIS measure rate was at or above the national Medicaid 50th percentile, it did not meet statewide average and was below the national Medicaid 75th percentile. • Weak: The <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> HEDIS measure rate was below the national Medicaid 10th percentile. • Weak: The rate for the <i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i> measure was below the national Medicaid 25th percentile. • Weak: The <i>Controlling High Blood Pressure</i> HEDIS measure rate was below the national Medicaid 25th percentile. • Weak: CareSource met the MPS for <i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i> in CY 2016, but CareSource’s performance declined did not meet the MPS in CY 2017.
Timeliness	<ul style="list-style-type: none"> • Fair: Although the <i>Comprehensive Diabetes Care—Eye Exam (Retinal)</i> HEDIS measure rate was at or above the national Medicaid 50th percentile and met or exceeded the statewide average, it was below the national Medicaid 75th percentile.
Access	<ul style="list-style-type: none"> • Weak: Based upon the Home Health MCPN Survey results, only 58.3 percent of HHA providers’ telephone numbers matched CareSource’s MCPN data.

Overall Conclusions

CareSource has demonstrated additional areas of strength and opportunities as noted through other EQR conducted in SFY 2018.

- Although the planning and implementation of the *Hypertension Control and Disparity Reduction* PIP began in SFY 2018 and therefore outcomes are not yet reported, the work underway in this PIP effectively aligns with the Ohio Medicaid Quality Strategy’s promotion of evidence-based prevention and treatment practices, and improving the health of priority populations. To maintain its focus on members with chronic conditions, CareSource should continue its progression through the quality improvement process throughout the duration of this PIP.
- Both the Adult and Child Medicaid CAHPS Surveys indicated strengths and areas of opportunity for CareSource. For the Adult Medicaid CAHPS Survey, CareSource had high performance (at or above the 75th percentile) for three global ratings and every composite measure while for the Child Medicaid CAHPS Survey, every global rating, three composite measures, and the one individual item measure were at or above the 75th percentile. To further assure positive member experiences, CareSource should focus on the *Rating of All Health Care* and *Coordination of Care* for adults, and *Getting Needed Care* for children as these measures were below the 75th percentile. A focus in these

areas should have a further reaching impact resulting in preventive care utilization increases, as negative experiences can discourage members from visiting their providers.

- CareSource demonstrated compliance with ODM's Comprehensive Administrative Review CAP follow-up and CareSource should maintain its CAP commitments to meeting program requirements that provide further assurances of member timely access to quality care.
- CareSource's Home Health MCPN Survey results showed areas of weakness related to the accuracy of provider addresses and phone numbers, suggesting opportunities to improve its provider data integrity processes.
- The SFY 2018 Encounter Data Validation study found that the level of completeness among all MCPs' encounters for dental, professional, and pharmacy claim types was high. The completeness for MCPs' institutional claim type categories was also relatively high, except for the Other category with more than 11 percent of the encounters in the Other category missing from the MCPs' files. CareSource's performance error rate met the performance standard demonstrating a strength in this area. CareSource should continue its efforts in the area of encounter data completeness and accuracy as these data are critical to provide ODM with a transparent view of services provided to CareSource's members, allowing for accurate monitoring and calculation of MCP performance.
- Provider satisfaction may impact quality, timeliness, and access to care for all population streams. To gauge provider satisfaction, ODM administered the Provider Satisfaction Survey to PCPs contracted with one or more MCPs for the first time in 2018 to establish baseline results. These results, along with recommendations for improvement, were shared with each MCP. As future surveys are administered and trending is performed, this will provide an opportunity to identify areas of improvement and will be shared in future reports. The SFY 2018 Provider Satisfaction Survey showed that CareSource's mean exceeded the program mean by a statistically significant amount for six measures and was statistically significantly lower than the program mean for two measures.

Follow-Up on Prior EQR Recommendations

CMS requires EQROs report annually the degree to which MCPs addressed the EQR recommendations made from the prior year's technical report. During SFY 2017, HSAG recommended that CareSource incorporate efforts for improvement of the following measures as part of its quality improvement strategy within the QAPI program:

Healthy Children

- *Adolescent Well-Care Visits* HEDIS measure
- *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months* HEDIS measure
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI Percentile Documentation—Total* HEDIS measure
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* HEDIS measure

Healthy Adults

- *Breast Cancer Screening* HEDIS measure

Behavioral Health

- *Antidepressant Medication Management* HEDIS measures
 - *Effective Acute Phase Treatment*
 - *Effective Continuation Phase Treatment*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* HEDIS measure

Chronic Conditions

- *Comprehensive Diabetes Care* HEDIS measures
 - *HbA1c Control (<8.0%)*
 - *Blood Pressure Control (<140/90 mm Hg)*
- *Controlling High Blood Pressure* HEDIS measure
- *PDI 14—Asthma Admissions* non-HEDIS measure
- *PQI 8—Heart Failure Admissions* non-HEDIS measure
- *PQI 13—Angina Without Procedure Admissions* non-HEDIS measure
- *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* non-HEDIS measure

HSAG further recommended CareSource include the results of analyses for the measures listed above that answer the following questions within its next annual QAPI program submission:

1. What were the root causes associated with low-performing areas?
2. What unexpected outcomes were found within the data?
3. What disparities were identified in the analyses?
4. What are the most significant areas of focus (or populations) for which improvement initiatives are planned? What is the highest impact area(s) to make an improvement(s) (low effort/high yield)?
5. What intervention(s) is CareSource considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, HSAG recommended CareSource should include the following within the quality improvement work plan that is submitted as part of the annual QAPI program:

1. Measurable goals and benchmarks for each indicator.
2. Mechanisms to measure performance.
3. Mechanisms to review data trends to identify improvement, decline, or stability in the performance rates.
4. Identified opportunities for improvement.
5. Ongoing analysis to identify factors that impact the adequacy of rates.

6. Quality improvement interventions, using a rapid cycle improvement approach, that address the root cause of the deficiency.
7. A plan to monitor the quality improvement interventions to detect whether they effect improvement.

To address these recommendations, CareSource:

- Submitted its QAPI to ODM in 2018 as required by the Medicaid Managed Care Provider Agreement.
 - Since the QAPI was already in process at the time that the SFY 2017 EQR Technical Report was finalized, there was not adequate time for CareSource to adjust its quality improvement efforts in a manner that could be effectively demonstrated in its 2018 QAPI submission.
 - Since each annual QAPI submission must include a clearly delineated outcomes-driven strategy (e.g., work plan) for improvement that measures, analyzes, and tracks performance indicators reflecting the Ohio Medicaid Quality Strategy population health focus, CareSource’s QAPI program continues to align with the SFY 2017 recommendations.
 - The requirement for each MCP to evaluate the impact and effectiveness of each effort within the QAPI program and to submit these evaluation results annually to ODM further demonstrates alignment with prior EQR recommendations to identify impactful quality improvement interventions, and to continuously monitor them for effectiveness. Additionally, each MCP now must include how these results will be incorporated within its quality strategy, which also demonstrates MCP progress toward the prior year recommendations.
- Participated in a review of MCP Population Stream Dashboards at ODM’s request, in which CareSource’s efforts to improve its members’ quality of care in the areas of Healthy Children, Healthy Adults, Women’s Health, Behavioral Health, and Chronic Conditions, are measured. The dashboards display measures specific to each population stream, allowing for a comparison between MCPs and a comparison to national benchmarks, where available. The dashboards also display each MCP’s results by county.
 - CareSource will be expected to use the MCP Population Stream Dashboards for further identification of areas in the state where its members’ health shows the biggest opportunities for improvement.
 - Since these dashboards are dependent upon claims data that are as complete as possible, dashboard releases are retrospective. CareSource will therefore continue to monitor future dashboard releases to determine quality strategy planning and focused areas of opportunity to best impact member health within each population stream.

Recommendations

As a result of the findings related to the quality of, timeliness of, and access to care and services provided by CareSource to its members, HSAG recommends that CareSource incorporate efforts to prioritize these areas of member care into its QAPI program's quality improvement strategy:

- Increase young children's access to preventive services
- Promote timely and adequate prenatal care, including non-traditional services, to help prevent complications that can affect the health of the mother and the infant, thereby improving birth outcomes
- Decrease the prevalence of prescribed multiple concurrent antipsychotics to children to mitigate the serious health risks associated with these medications
- Assist members in managing diabetes and high blood pressure to mitigate the risks of serious complications such as heart disease, stroke, and amputation

As CareSource's members' health outcomes improve in these areas, these corresponding performance measures could then be used to measure the success of the interventions and impact on population health:

Healthy Children/Adults

- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* HEDIS measure
- *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months* HEDIS measure

Women's Health

- *Low Birth Weight* CHIPRA measure
- *Prenatal and Postpartum Care* HEDIS measures
 - *Timeliness of Prenatal Care*
 - *Postpartum Care*

Behavioral Health

- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* HEDIS measure

Chronic Conditions

- *Comprehensive Diabetes Care* HEDIS measures
 - *HbA1c Poor Control (>9.0%)*
 - *Blood Pressure Control (<140/90 mm Hg)*
- *Controlling High Blood Pressure* HEDIS measure
- *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* non-HEDIS measure

CareSource should include the results of analyses for the measures listed above that answer the following questions within its next annual QAPI program submission:

1. What were the root causes associated with low-performing areas?
2. What unexpected outcomes were found within the data?
3. What disparities were identified in the analyses?
4. What are the most significant areas of focus (or populations) for which improvement initiatives are planned? What is the highest impact area(s) to make an improvement(s) (low effort/high yield)?
5. What intervention(s) and/or initiative(s) is CareSource considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, CareSource should, at a minimum, include the following information related to identified initiatives and interventions within the quality improvement work plan that is submitted as part of the annual QAPI program:

1. Assigned team members' roles and responsibilities to support the related initiatives (including CareSource leadership).
2. A description of how CareSource has identified and used, and will continue to identify and use, the voice of the customer in its design and prioritization of the associated interventions and initiatives.
3. Baseline, measures and measure frequency, target goals, and the timeline for achievement of the goals.
4. Methods to evaluate intervention effectiveness and how CareSource will use both positive and negative results as part of lessons learned.

Molina Healthcare of Ohio, Inc.

To conduct the SFY 2018 EQR, HSAG reviewed Molina’s results for mandatory and optional EQR activities. Those results were analyzed and evaluated to develop conclusions and make recommendations about the quality of, timeliness of, and access to care and services provided by Molina.

EQR Activity Results

This section provides the high-level results and notable findings for the mandatory and optional EQR activities performed for Molina. Molina’s detailed EQR activity results are presented in [Appendix D](#).

Performance Improvement Projects

In SFY 2018, Molina initiated its ODM-selected *Hypertension Control and Disparity Reduction* PIP. The PIP focuses on improving the percentage of hypertensive patients being seen at participating clinical sites who have their hypertension under control as defined by a systolic blood pressure of less than 140 mm Hg and a diastolic blood pressure of less than 90 mm Hg.⁵⁻¹⁶ The project also aims to reduce the identified disparity in hypertension control between Ohio Medicaid’s African-American and Caucasian populations being seen at participating clinical sites. The PIP addresses CMS’ requirements related to quality outcomes—specifically, timeliness of, and access to care and services—and aligns with the Ohio Medicaid Quality Strategy by promoting evidence-based prevention and treatment practices, and improving the health of priority populations (e.g., clinical focus areas such as chronic conditions with disproportionately negative health outcomes).

As defined by ODM, the Global Aim for this PIP is to reduce deaths due to myocardial infarction and stroke from cardiovascular disease and reduce disparities for African Americans. The SMART Aim is to increase the percentage of enrollees with controlled hypertension by 15 percent by December 31, 2018, and, for African-American enrollees, increase the percentage of enrollees with controlled hypertension by 20 percent to reduce disparities.⁵⁻¹⁷ The planning and implementation of the *Hypertension Control and Disparity Reduction* PIP began in SFY 2018; therefore, there are no outcomes to report.

Performance Measures

HEDIS

To evaluate MCP performance at the population stream level, HSAG developed a methodology for calculating population stream index scores at the request of ODM. The population stream index scores are based on percentile approximations HSAG calculated at the measure level and represent an estimation of performance compared to national Medicaid benchmarks. The approximations at the

⁵⁻¹⁶ For continuity purposes, controlled blood pressure is defined as 140/90 rather than the updated guideline of 130/80.

⁵⁻¹⁷ Due to difficulties in ascertaining Medicaid and MyCare status from electronic health record data, the project has not been able to determine the specific baseline and goals for the SMART Aims.

population stream level represent overall performance for each MCP compared to national benchmarks. In addition, the MCPs are ranked based on the population stream index score. Due to variation that exists between the measure-level percentile approximation and the actual percentile value for an MCP, HSAG exercised caution when ranking MCPs to ensure MCPs were ranked the same if their population stream index scores were within a reasonable threshold of each other. Due to this, HSAG considered MCP performance tied if one or more MCPs had a percentile approximation within four points of each other. Please refer to [Appendix A](#) for more information on the methodology used for calculating population stream index scores and rankings. HSAG evaluated Molina's HEDIS 2017 and HEDIS 2018 measure results at the population stream level. See [Section 6](#) and [Appendix D](#) for MCP index score ranking, comparisons, and MCP year over year performance.

Healthy Children/Adults

For CY 2017, Molina's average performance on HEDIS measures for the Healthy Children/Adults population stream is estimated to be at the 39th national Medicaid NCQA percentile. The average score is based on consistently low performance within the Healthy Children/Adults population stream, with the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; Adolescent Well-Care Visits; and Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* rates having estimated ratings at the 33rd, 38th, and 49th percentiles, respectively. In analyzing the measures in aggregate, Molina's CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017, and ranked third out of the five Ohio Medicaid MCPs.

Women's Health

For CY 2017, Molina's average performance on HEDIS measures for the Women's Health population stream is estimated to be at the 41st national Medicaid NCQA percentile. The average score is based on disparate performance within the Women's Health population stream, with the *Breast Cancer Screening* rate having an estimated rating at the 14th percentile. Whereas, the *Prenatal and Postpartum Care—Postpartum Care, Prenatal and Postpartum Care—Timeliness of Prenatal Care, and Cervical Cancer Screening* rates had estimated ratings at the 41st, 47th, and 53rd percentiles, respectively. In analyzing the measures in aggregate, Molina's CY 2017 overall results for the Women's Health population showed no substantial change from CY 2016 to CY 2017, and ranked third out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2017, Molina's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 71st national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* rate having an estimated rating at the 23rd percentile. Whereas, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Initiation and Engagement of AOD Abuse or Dependence Treatment, Initiation of AOD Treatment—Total* rates had estimated ratings at the 76th and 90th percentiles, respectively. In analyzing the measures in aggregate, Molina's CY 2017 overall results for the Behavioral Health population stream increased from CY 2016 to CY 2017, and ranked second out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2017, Molina's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 50th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream. Molina had low performance for five of six measure ratings, ranging from the 34th percentile for the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* measure to the 41st percentile for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* measure. Whereas, the rate for *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total* measure had an estimated rating at the 79th percentile and had a larger impact on the overall rating for the Chronic Conditions population stream due to weighting. In analyzing the measures in aggregate, Molina's CY 2017 overall results for the Chronic Conditions population stream decreased from CY 2016 to CY 2017, and ranked third out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated two measures in CY 2017.

Molina's performance for the *Low Birth Weight* measure improved from CY 2016 to CY 2017 to meet the MPS in CY 2017. In CY 2017, Molina's rate was also better than the statewide average rate.

Molina's performance for the *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* declined from CY 2016 to CY 2017 and did not meet the MPS in CY 2017.

CAHPS

ODM requires Molina to administer a CAHPS survey annually. Survey results provide important feedback on Molina's performance.

- Adult Medicaid CAHPS Survey
 - In 2017, Molina had high performance (at or above the 75th percentile) for one global rating and every composite measure. The following measures were below the 75th percentile: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Coordination of Care*.
 - Molina's 2017 mean exceeded the 2016 mean by a statistically significant amount for one measure, *Rating of Health Plan*.
- Child Medicaid CAHPS Survey
 - In 2017, Molina had high performance (at or above the 75th percentile) for three global ratings, three composite measures, and the one individual item measure. The following measures were below the 75th percentile: *Rating of Health Plan* and *Getting Care Quickly*.
 - Molina's 2017 means did not show a statistically significant difference in comparison to its 2016 means.

Pay-for-Performance

For SFY 2018, Molina was eligible for P4P payments equaling a percentage of net premium and delivery payments made to Molina pursuant to the Medicaid Managed Care Provider Agreement. Eligibility for payment was divided equally between six standardized clinical quality measures derived from a national measurement set (i.e., HEDIS). Molina had to exceed the ODM-established P4P thresholds to be eligible to receive these financial incentives. Molina's rates for one of the P4P measures exceeded the national Medicaid 50th percentile.

Comprehensive Administrative Review

Molina received a total administrative performance score of 94 percent for its Medicaid program. ODM required Molina to develop and implement a CAP for each of the four standards that was not met.

Network Adequacy Validation

Molina submits its network provider data through ODM's MCPN database, which is used by ODM as a mechanism to monitor network adequacy and evaluate adherence to provider panel requirements. ODM may, at its discretion, assess an MCP a \$1,000 nonrefundable financial sanction for each provider network deficiency. In SFY 2018, Molina incurred \$55,000 in financial sanctions due to MCPN non-compliance penalties.

PCP Access Survey

During SFY 2017, ODM collaborated with HSAG to develop a recurring, revealed caller telephone survey, the PCP Access Survey, under the existing EQR contract. The PCP Access Survey was designed to assess appointment availability among PCPs for routine and problem-focused care for existing and new Medicaid members.

HSAG conducted two statewide PCP Access Surveys in SFY 2018 using the survey methodology, sampling protocol, and telephone survey script approved by ODM in SFY 2017. The Fall PCP Access Survey concluded in December 2017 and the Spring PCP Access Survey concluded in June 2018.

Molina's Fall PCP Access Survey response rate was 52.8 percent, and the response rate increased to 54.3 percent during the Spring PCP Access Survey. Table 5-7 presents a summary of Molina's appointment availability results for the SFY 2018 PCP Access Surveys.

Table 5-7—PCP Access Telephone Survey Appointment Availability Results—Molina

Appointment Type	Fall 2017 PCPs with ≤30 Days Wait Time		Spring 2018 PCPs with ≤30 Days Wait Time	
	N ¹	%	N ¹	%
New Patient Routine Well Check	243	79.0	277	85.2
Existing Patient Routine Well Check	293	93.2	316	94.3
New Patient Sick Visit	241	87.6	266	91.4
Existing Patient Sick Visit	300	99.7	321	99.4

¹ N is the number of providers whose location responded to the question regarding the wait time for the specified appointment type.

OB/GYN Survey

Under the SFY 2018 EQR contract, ODM directed HSAG to conduct a secret shopper telephone survey of prenatal care providers serving Ohio MCP and MCOP members.⁵⁻¹⁸ The main purpose of the survey was to provide insights on members’ access to prenatal care with CNMs or providers specializing in OB/GYN services. A secondary purpose of this study was to validate MCPN database information for such providers.

HSAG completed the OB/GYN Survey in February 2018 using the October 2017 MCPN data files.

Molina’s OB/GYN Survey response rate was 59.6 percent, and 95.0 percent of applicable provider locations indicated that they were accepting new patients at the time of the survey call. Table 5-8 summarizes Molina’s new patient appointment availability for the SFY 2018 OB/GYN Survey.

Table 5-8—OB/GYN Secret Shopper Survey Appointment Availability Results—Molina

Study Indicator	Appointment Request for a First Trimester Pregnancy	Appointment Request for a Second Trimester Pregnancy
Appointment Availability Denominator¹	42	27
Percent of Providers with Appointment Availability within 30 or 15 Calendar Days ²	90.5%	70.4%
Average Wait Time in Calendar Days	16.3	12.6
Median Wait Time in Calendar Days	15.5	14.0

Note: OB/GYN Survey results include results from provider locations serving Medicaid and/or MyCare Ohio members.

¹ The denominator is the number of contracted OB/GYN or CNM providers accepting new patients who responded to the question regarding the wait time for the specified appointment type.

² Appointment requests for a first trimester pregnancy considered the number of providers offering appointments within 30 calendar days of the call. Appointment requests for a second trimester pregnancy considered the number of providers offering appointments within 15 calendar days of the calls.

⁵⁻¹⁸ The OB/GYN Survey included providers serving Medicaid and/or MyCare Ohio members. Due to the sampling methodology, statistically valid survey results limited to providers serving Medicaid members are not available.

Home Health Survey

In March 2018, HSAG conducted a survey of all HHAs contracted with at least one of the six MCPs/MCOPs. This survey’s study objectives were to determine the accessibility of home health services for MCP/MCOP members and to validate selected elements from the MCPN data files. The HHAs were surveyed by telephone and the collected information was used to evaluate the accuracy of the information in the MCPN database. HSAG completed the survey using March 2018 MCPN files. In addition to MCPN file validation elements for Molina, the survey also allowed for HHA self-reported access information located in Appendix D.

Molina’s HHA response rate was 37.0 percent with 41.2 percent of identified HHAs confirmed to be HHA providers. While some respondents did not answer all survey questions and may have been counted as an overall refusal, a record was validated as an HHA if the respondent answered the initial question confirming that the phone number connected to a provider of home health services.

Table 5-9 summarizes Molina’s data accuracy rate for additional data elements.

Table 5-9—Molina Data Accuracy Rate¹

Data Element	Denominator	Number Matched	% Matched
Plan Participation	291	267	91.8
Program Participation	267	184	68.9
Telephone Number	786	409	52.0
Address	255	176	69.0

¹ This survey includes information collected for both MCPs and MCOPs.

Encounter Data Validation

Substantial changes in the MCPs’ encounter data submission process occurred when the MCPs began submitting their claims and encounters to MITS. As such, in SFY 2016, HSAG conducted a baseline payment validation study for all claim types (i.e., dental, professional, institutional, and pharmacy). HSAG, in collaboration with ODM, then used the summary results from this study to design and revise the Medicaid Managed Care Provider Agreement contract language and data quality measures and standards to better align with the structure of the submitted data and how data are being collected and maintained in MITS. To determine if the MCPs met the standards, in SFY 2018, HSAG conducted an administrative review of the Medicaid MCPs’ submitted data for all encounter types (i.e., dental, professional, institutional, and pharmacy). The administrative review included an assessment of whether the encounter data in ODM’s MITS file reflected the payment amounts, TPL information, and provider information in Molina’s submitted files for the study.

Two aspects of encounter data completeness were assessed: encounter omission and encounter surplus. An encounter omission occurs when an encounter is present in the MCP’s submitted data for the study but not in ODM’s encounter data. An encounter surplus occurs when an encounter is present in ODM’s encounter data but not in the MCP’s submitted data for the study. Encounter data accuracy was evaluated by comparing payment information in ODM’s encounter data to the MCP’s submitted data for

the study. A payment error occurred when a payment amount discrepancy was identified among matched encounters.

In addition to performing an administrative review of all the encounter types, the SFY 2018 study also included on-site reviews of sampled discrepant LTC encounters with the MCPs along with desk reviews of the sampled cases. Using results from the LTC comparative analysis, HSAG identified 98 discrepant records for Molina for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 98 records as either *mismatch*, *payment*, *surplus*, or *omission*, depending on the nature of the discrepancies.

All associated results are provided in [Appendix D](#).

Provider Satisfaction Survey

ODM administered a Provider Satisfaction Survey in 2018 to PCPs that are contracted with one or more Medicaid MCPs. The survey evaluated 10 measures. Each MCP's mean was compared to the program average.⁵⁻¹⁹ Molina scored statistically significantly lower than the program average on seven measures.

Quality Rating of MCPs

The 2018 MCP Report Card used a five-star rating; therefore, results are not comparable to the 2017 MCP Report Card results. Please refer to [Section 6](#) for the 2018 MCP Report Card results.

Overall Performance and Conclusions

Molina demonstrated strong, fair, and weak areas of performance in the population streams based on the results of the SFY 2018 EQR activities. Molina's overall performance demonstrates the following impact for each population's quality of, timeliness of, and access to care and services.

Healthy Children/Adults

Molina's CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017 and ranked third out of the five Ohio Medicaid MCPs. Molina should prioritize its effort to ensure adults and children are connected to and routinely visit their providers for preventive services. This effort is important because getting recommended preventive care is an essential step to good health and well-being for Molina's members.⁵⁻²⁰

⁵⁻¹⁹ The program average includes Aetna (MyCare).

⁵⁻²⁰ Centers for Disease Control and Prevention. A CDC Prevention Checklist, Last Revised: May 31, 2017. Available at: <https://www.cdc.gov/prevention/>. Accessed on: January 14, 2018.

Performance Area	Overall Performance Impact
<p>Quality</p>	<ul style="list-style-type: none"> • Strong: Molina received a CY 2017 four-star rating in the Adult Medicaid CAHPS Survey under <i>Customer Service</i>, indicating performance at or above the national Medicaid 75th percentile. • Strong: Molina received a CY 2017 five-star rating in the Child Medicaid CAHPS Survey under <i>Customer Service</i>, indicating performance at or above the national Medicaid 90th percentile. • Fair: While Molina had a statistically significant increase in performance from a one-star rating in CY 2016 to a three-star rating in CY 2017 in the Adult Medicaid CAHPS Survey under <i>Rating of Health Plan</i>, performance was below the national Medicaid 75th percentile. • Fair: Molina received a CY 2017 three-star rating in the Child Medicaid CAHPS Survey under <i>Rating of Health Plan</i>, indicating performance below the national Medicaid 75th percentile.
<p>Timeliness</p>	<ul style="list-style-type: none"> • Weak: The <i>Adolescent Well-Care Visits</i> HEDIS measure was below the national Medicaid 50th percentile and did not meet the statewide average. • Weak: While better than the statewide average, the rate for the <i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i> measure was below the national Medicaid 50th percentile. • Weak: The rate for the <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> HEDIS measure was below the national Medicaid 50th percentile and did not meet the statewide average.
<p>Access</p>	<ul style="list-style-type: none"> • Fair: The rates for the <i>Children and Adolescents’ Access to Primary Care Practitioners</i> HEDIS measure for children ages 7–11 years and 12–19 years met or exceeded the national Medicaid 50th percentile but were below the national Medicaid 75th percentile. • Weak: The rates for the <i>Children and Adolescents’ Access to Primary Care Practitioners</i> HEDIS measure for children ages 12–24 months and 25 months–6 years were below the national Medicaid 50th percentile. • Weak: The <i>Adults’ Access to Preventive/Ambulatory Health Services</i> HEDIS measure rate was below the national Medicaid 50th percentile.

Women’s Health

Molina’s CY 2017 overall results for the Women’s Health population showed no substantial change from CY 2016 to CY 2017 and ranked third out of the five Ohio Medicaid MCPs. Molina should prioritize prenatal and postpartum care, as timely and adequate care can prevent poor birth outcomes and positively impact the health of the mother and baby before, during, and after pregnancy.⁵⁻²¹

⁵⁻²¹ National Committee for Quality Assurance. Prenatal and Postpartum Care (PPC), 2018. Available at: <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>. Accessed on: January 14, 2019.

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strong: The <i>Low Birth Weight</i> CHIPRA measure rate met the MPS and was better than the statewide average rate.
Timeliness	<ul style="list-style-type: none"> Weak: While the <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> measure rate met the statewide average, both the <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Prenatal and Postpartum Care—Postpartum Care</i> rates were below the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> Weak: While 97.2 percent of Molina’s provider names matched the MCPN data based upon the CNM and OB/GYN Survey results, only 47.4 percent of these providers’ telephone numbers matched the MCPN data.

Behavioral Health

Molina’s CY 2017 overall results for the Behavioral Health population stream increased from CY 2016 to CY 2017 and ranked second out of the MCPs. Molina should continue to focus on timely follow-up care as it helps prevent readmissions and can potentially impact comorbidities as appropriate outpatient management of behavioral health conditions supports increased compliance with treatment of chronic conditions.⁵⁻²²

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strong: Although the statewide average was not met, Molina achieved at or above the national Medicaid 75th percentile in the <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i> HEDIS measure. Weak: Although Molina met or exceeded the statewide average, the <i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i> HEDIS measure rate was below the national Medicaid 25th percentile.
Timeliness	<ul style="list-style-type: none"> Strong: The <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i> HEDIS measure rate was above the national Medicaid 75th percentile and met or exceeded the statewide average.
Access	<ul style="list-style-type: none"> This area aligns with the above Timeliness performance summary for the <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i> HEDIS measure.

Chronic Conditions

Molina’s CY 2017 overall results for the Chronic Conditions population stream decreased from CY 2016 to CY 2017 and ranked third out of the five Ohio Medicaid MCPs. It is important for Molina to focus on ensuring optimal health outcomes for members with chronic conditions as Ohio’s leading

⁵⁻²² National Institute of Mental Health. “Chronic Illness & Mental Health,” NIH Publication No. 15-MH-8015. Available at: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>. Accessed on: January 14, 2019.

causes of death include multiple chronic conditions that could be better managed with the appropriate care.⁵⁻²³

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Strong: The <i>Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total</i> measure rate was at or above the national Medicaid 75th percentile and the statewide average. • Strong: The <i>Statin Therapy for Patients With Diabetes, Received Statin Therapy—Total</i> HEDIS measure rate was at or above the national Medicaid 75th percentile and the statewide average. • Fair: Although Molina’s <i>Medication Management for People With Asthma, Medication Compliance 75%—Total</i> HEDIS measure rate was at or above the national Medicaid 50th percentile, it was below the national Medicaid 75th percentile. • Weak: Although the statewide average was met, the rates for the <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> and <i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i> measures were below the national Medicaid 50th percentile. • Weak: Although at or above the statewide average, the <i>Controlling High Blood Pressure</i> HEDIS measure rate was below the national Medicaid 50th percentile. • Weak: Molina’s performance for the <i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i> declined from CY 2016 to CY 2017 and did not meet the MPS in CY 2017.
Timeliness	<ul style="list-style-type: none"> • Weak: The <i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i> measure rate was below the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> • Weak: Based upon the Home Health MCPN Survey results, only 52.0 percent of HHA providers’ telephone numbers matched Molina’s MCPN data.

Overall Conclusions

Molina has demonstrated additional areas of strength and opportunities as noted through other EQR conducted in SFY 2018.

- Although the planning and implementation of the *Hypertension Control and Disparity Reduction* PIP began in SFY 2018 and therefore outcomes are not yet reported, the work underway in this PIP effectively aligns with the Ohio Medicaid Quality Strategy’s promotion of evidence-based prevention and treatment practices and improving the health of priority populations. To maintain its focus on members with chronic conditions, Molina should continue its progression through the quality improvement process throughout the duration of this PIP.

⁵⁻²³ Centers for Disease Control and Prevention. National Center for Health Statistics: Stats of the State of Ohio, Updated July 7, 2016. Available at: <https://www.cdc.gov/nchs/pressroom/states/ohio.htm>. Accessed on: January 14, 2018.

- Both the Adult and Child Medicaid CAHPS Surveys indicate strengths and areas of opportunity for Molina. For the Adult Medicaid CAHPS Survey, Molina had high performance (at or above the 75th percentile) for one global rating and every composite measure while for the Child Medicaid CAHPS Survey, three global ratings, three composite measures, and the one individual item measure were at or above the 75th percentile. To further assure positive member experiences, Molina should focus on the *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Coordination of Care* for adults, and *Rating of Health Plan* and *Getting Care Quickly* for children, as these measures were below the 75th percentile. A focus in these areas should have a further reaching impact resulting in preventive care utilization increases, as negative experiences can discourage members from visiting their providers.
- Molina demonstrated compliance with ODM's Comprehensive Administrative Review CAP follow-up and Molina should maintain its CAP commitments to meeting program requirements that provide further assurances of member timely access to quality care.
- Molina's Home Health MCPN Survey results showed areas of weakness related to the accuracy of provider addresses and phone numbers, suggesting opportunities to improve its provider data integrity processes.
- The SFY 2018 Encounter Data Validation study found that the level of completeness among all MCPs' encounters for dental, professional, and pharmacy claim types was high. The completeness for MCPs' institutional claim type categories was also relatively high, except for the Other category with more than 11 percent of the encounters in the Other category missing from the MCPs' files. Molina's performance error rate met the performance standard demonstrating a strength in this area. Molina should continue to its efforts in the area of encounter data completeness and accuracy as these data are critical to provide ODM with a transparent view of services provided to Molina's members, allowing for accurate monitoring and calculation of MCP performance.
- Provider satisfaction may impact quality, timeliness, and access to care for all population streams. To gauge provider satisfaction, ODM administered the Provider Satisfaction Survey to PCPs contracted with one or more MCPs for the first time in 2018 to establish baseline results. These results, along with recommendations for improvement, were shared with each MCP. As future surveys are administered and trending is performed, this will provide an opportunity to identify areas of improvement and will be shared in future reports. The SFY 2018 Provider Satisfaction Survey showed that Molina's mean was lower than the program mean by a statistically significant amount for seven measures.

Follow-Up on Prior EQR Recommendations

CMS requires EQROs report annually the degree to which MCPs addressed the EQR recommendations made from the prior year's technical report. During SFY 2017 HSAG recommended that Molina incorporate efforts for improvement of the following measures as part of its quality improvement strategy within the QAPI program:

Healthy Children

- *Adolescent Well-Care Visits* HEDIS measure
- *Children and Adolescents' Access to Primary Care Practitioners* HEDIS measures
 - *12–24 Months*
 - *25 Months–6 Years*
 - *7–11 Years*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI Percentile Documentation—Total* HEDIS measure
- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* HEDIS measure
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* HEDIS measure

Healthy Adults

- *Adults' Access to Preventive/Ambulatory Health Services* HEDIS measure
- *Cervical Cancer Screening* HEDIS measure
- *Breast Cancer Screening* HEDIS measure

Women's Health

- *Low Birth Weight* CHIPRA measure
- *Prenatal and Postpartum Care—Postpartum Care* HEDIS measure

Behavioral Health

- *Antidepressant Medication Management* HEDIS measures
 - *Effective Acute Phase Treatment*
 - *Effective Continuation Phase Treatment*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* HEDIS measure

Chronic Conditions

- *Comprehensive Diabetes Care* HEDIS measures
 - *HbA1c Control (<8.0%)*
 - *Blood Pressure Control (<140/90 mm Hg)*
- *Controlling High Blood Pressure* HEDIS measure

HSAG further recommended Molina include the results of analyses for the measures listed above that answer the following questions within its next annual QAPI program submission:

1. What were the root causes associated with low-performing areas?
2. What unexpected outcomes were found within the data?
3. What disparities were identified in the analyses?

4. What are the most significant areas of focus (or populations) for which improvement initiatives are planned? What is the highest impact area(s) to make an improvement(s) (low effort/high yield)?
5. What intervention(s) is Molina considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, HSAG recommended Molina should include the following within the quality improvement work plan that is submitted as part of the annual QAPI program:

1. Measurable goals and benchmarks for each indicator.
2. Mechanisms to measure performance.
3. Mechanisms to review data trends to identify improvement, decline, or stability in the performance rates.
4. Identified opportunities for improvement.
5. Ongoing analysis to identify factors that impact the adequacy of rates.
6. Quality improvement interventions, using a rapid cycle improvement approach, that address the root cause of the deficiency.
7. A plan to monitor the quality improvement interventions to detect whether they effect improvement.

To address these recommendations, Molina:

- Submitted its QAPI to ODM in 2018 as required by the Medicaid Managed Care Provider Agreement.
 - Since the QAPI was already in process at the time that the SFY 2017 EQR Technical Report was finalized, there was not adequate time for Molina to adjust its quality improvement efforts in a manner that could be effectively demonstrated in its 2018 QAPI submission.
 - Since each annual QAPI submission must include a clearly delineated outcomes-driven strategy (e.g., work plan) for improvement that measures, analyzes, and tracks performance indicators reflecting the Ohio Medicaid Quality Strategy population health focus, Molina's QAPI program continues to align with the SFY 2017 recommendations.
 - The requirement for each MCP to evaluate the impact and effectiveness of each effort within the QAPI program and to submit these evaluation results annually to ODM further demonstrates alignment with prior EQR recommendations to identify impactful quality improvement interventions, and to continuously monitor them for effectiveness. Additionally, each MCP now must include how these results will be incorporated within its quality strategy, which also demonstrates MCP progress toward the prior year recommendations.
- Participated in a review of MCP Population Stream Dashboards at ODM's request, in which Molina's efforts to improve its members' quality of care in the areas of Healthy Children, Healthy Adults, Women's Health, Behavioral Health, and Chronic Conditions, are measured. The dashboards display measures specific to each population stream, allowing for a comparison between MCPs and a comparison to national benchmarks, where available. The dashboards also display each MCP's results by county.

- Molina will be expected to use the MCP Population Stream Dashboards for further identification of areas in the state where its members' health shows the biggest opportunities for improvement.
- Since these dashboards are dependent upon claims data that are as complete as possible, dashboard releases are retrospective. Molina will therefore continue to monitor future dashboard releases to determine quality strategy planning and focused areas of opportunity to best impact member health within each population stream.

Recommendations

As a result of the findings related to the quality of, timeliness of, and access to care and services provided by Molina to its members, HSAG recommends that Molina incorporate efforts to prioritize these areas of member care into its QAPI program's quality improvement strategy:

- Increase child, adolescent, and adult access to preventive services
- Promote timely and adequate prenatal and postpartum care, including non-traditional services, to help prevent complications that can lead to poor birth outcomes
- Decrease the frequency of prescribed multiple concurrent antipsychotics to children to mitigate the serious health risks associated with these medications
- Assist members in managing diabetes and high blood pressure to reduce the risks of serious complications such as heart disease, stroke, and amputation

As Molina's members' health outcomes improve in these areas, these corresponding performance measures could then be used to measure the success of the interventions and impact on population health:

Healthy Children/Adults

- *Adolescent Well-Care Visits* HEDIS measure
- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* HEDIS measure
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* HEDIS measure
- *Children and Adolescents' Access to Primary Care Practitioners* HEDIS measures
 - *12–24 Months*
 - *25 Months–6 Years*
- *Adults' Access to Preventive/Ambulatory Health Services* HEDIS measure

Women's Health

- *Prenatal and Postpartum Care* HEDIS measures
 - *Timeliness of Prenatal Care*
 - *Postpartum Care*

Behavioral Health

- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents*—Total HEDIS measure

Chronic Conditions

- *Comprehensive Diabetes Care* HEDIS measures
 - *HbA1c Poor Control (>9.0%)*
 - *Blood Pressure Control (<140/90 mm Hg)*
 - *Eye Exam (Retinal) Performed*
- *Controlling High Blood Pressure* HEDIS measure
- *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* non-HEDIS measure

Molina should include the results of analyses for the measures listed above that answer the following questions within its next annual QAPI program submission:

1. What were the root causes associated with low-performing areas?
2. What unexpected outcomes were found within the data?
3. What disparities were identified in the analyses?
4. What are the most significant areas of focus (or populations) for which improvement initiatives are planned? What is the highest impact area(s) to make an improvement(s) (low effort/high yield)?
5. What intervention(s) and/or initiative(s) is Molina considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, Molina should, at a minimum, include the following information related to identified initiatives and interventions within the quality improvement work plan that is submitted as part of the annual QAPI program:

1. Assigned team members' roles and responsibilities to support the related initiatives (including Molina leadership).
2. A description of how Molina has identified and used, and will continue to identify and use, the voice of the customer in its design and prioritization of the associated interventions and initiatives.
3. Baseline, measures and measure frequency, target goals, and the timeline for achievement of the goals.
4. Methods to evaluate intervention effectiveness and how Molina will use both positive and negative results as part of lessons learned.

Paramount Advantage

To conduct the SFY 2018 EQR, HSAG reviewed Paramount's results for mandatory and optional EQR activities. Those results were analyzed and evaluated to develop conclusions and make recommendations about the quality of, timeliness of, and access to care and services provided by Paramount.

EQR Activity Results

This section provides the high-level results and notable findings for the mandatory and optional EQR activities performed for Paramount. Paramount's detailed EQR activity results are presented in **Appendix E**.

Performance Improvement Projects

In SFY 2018, Paramount initiated its ODM-selected *Hypertension Control and Disparity Reduction* PIP. The PIP focuses on improving the percentage of hypertensive patients being seen at participating clinical sites who have their hypertension under control as defined by a systolic blood pressure of less than 140 mm Hg and a diastolic blood pressure of less than 90 mm Hg.⁵⁻²⁴ The project also aims to reduce the identified disparity in hypertension control between Ohio Medicaid's African-American and Caucasian populations being seen at participating clinical sites. The PIP addresses CMS' requirements related to quality outcomes—specifically, timeliness of, and access to care and services—and aligns with the Ohio Medicaid Quality Strategy by promoting evidence-based prevention and treatment practices, and improving the health of priority populations (e.g., clinical focus areas such as chronic conditions with disproportionately negative health outcomes).

As defined by ODM, the Global Aim for this PIP is to reduce deaths due to myocardial infarction and stroke from cardiovascular disease and reduce disparities for African Americans. The SMART Aim is to increase the percentage of enrollees with controlled hypertension by 15 percent by December 31, 2018, and, for African-American enrollees, increase the percentage of enrollees with controlled hypertension by 20 percent to reduce disparities.⁵⁻²⁵ The planning and implementation of the *Hypertension Control and Disparity Reduction* PIP began in SFY 2018; therefore, there are no outcomes to report.

⁵⁻²⁴ For continuity purposes, controlled blood pressure is defined as 140/90 rather than the updated guideline of 130/80.

⁵⁻²⁵ Due to difficulties in ascertaining Medicaid and MyCare status from electronic health record data, the project has not been able to determine the specific baseline and goals for the SMART Aims.

Performance Measures

HEDIS

To evaluate MCP performance at the population stream level, HSAG developed a methodology for calculating population stream index scores at the request of ODM. The population stream index scores are based on percentile approximations HSAG calculated at the measure level and represent an estimation of performance compared to national Medicaid benchmarks. The approximations at the population stream level represent overall performance for each MCP compared to national benchmarks. In addition, the MCPs are ranked based on the population stream index score. Due to variation that exists between the measure-level percentile approximation and the actual percentile value for an MCP, HSAG exercised caution when ranking MCPs to ensure MCPs were ranked the same if their population stream index scores were within a reasonable threshold of each other. Due to this, HSAG considered MCP performance tied if one or more MCPs had a percentile approximation within four points of each other. Please refer to [Appendix A](#) for more information on the methodology used for calculating population stream index scores and rankings. HSAG evaluated Paramount's HEDIS 2017 and HEDIS 2018 measure results at the population stream level. See [Section 6](#) and [Appendix E](#) for MCP index score ranking, comparisons, and MCP year over year performance.

Healthy Children/Adults

For CY 2017, Paramount's average performance on HEDIS measures for the Healthy Children/Adults population stream is estimated to be at the 35th national Medicaid NCQA percentile. The average score is based on consistently low performance within the Healthy Children/Adults population stream, with the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* rates both having estimated ratings at the 34th percentile and the *Adolescent Well-Care Visits* rate having an estimated rating at the 36th percentile. In analyzing the measures in aggregate, Paramount's CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017, and ranked fifth out of the five Ohio Medicaid MCPs.

Women's Health

For CY 2017, Paramount's average performance on HEDIS measures for the Women's Health population stream is estimated to be at the 55th national Medicaid NCQA percentile. The average score is based on disparate performance within the Women's Health population stream, with the *Breast Cancer Screening* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care* rates having estimated ratings at the 30th and 47th percentiles, respectively. Whereas, the *Cervical Cancer Screening* and *Prenatal and Postpartum Care—Postpartum Care* rates had estimated ratings at the 55th and 73rd percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2017 overall results for the Women's Health population stream decreased from CY 2016 to CY 2017, and ranked first out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2017, Paramount's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 78th national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* rate having an estimated rating at the 35th percentile. Whereas, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Initiation and Engagement of AOD Abuse or Dependence Treatment, Initiation of AOD Treatment—Total* rates had estimated ratings at the 88th and 90th percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2017 overall results for the Behavioral Health population stream increased from CY 2016 to CY 2017, and ranked first out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2017, Paramount's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 58th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Comprehensive Diabetes Care—HbA1c Testing*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* rates having estimated ratings at the 24th, 38th, and 44th percentiles, respectively. Whereas, the *Controlling High Blood Pressure*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, and *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total* rates had estimated ratings at the 63rd, 64th, and 77th percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2017 overall results for the Chronic Conditions population stream decreased from CY 2016 to CY 2017, and ranked first out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated two measures in CY 2017.

Paramount did not meet the MPS for the *Low Birth Weight* measure in CY 2016 or CY 2017.

Although Paramount's performance for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* declined from CY 2016 to CY 2017, Paramount still met the MPS in both years.

CAHPS

ODM requires Paramount to administer a CAHPS survey annually. Survey results provide important feedback on Paramount's performance.

- Adult Medicaid CAHPS Survey
 - In 2017, Paramount had high performance (at or above the 75th percentile) for one global rating and two composite measures. The following measures were below the 75th percentile: *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *Getting Care Quickly*, and *Coordination of Care*.

- Paramount’s 2017 means did not show a statistically significant difference in comparison to its 2016 means.
- Child Medicaid CAHPS Survey
 - In 2017, Paramount had high performance (at or above the 75th percentile) for three global ratings, three composite measures, and the one individual item measure. The following measures were below the 75th percentile: *Rating of Specialist Seen Most Often* and *Getting Needed Care*.
 - Paramount’s 2017 means did not show a statistically significant difference in comparison to its 2016 means.

Pay-for-Performance

For SFY 2018, Paramount was eligible for P4P payments equaling a percentage of net premium and delivery payments made to Paramount pursuant to the Medicaid Managed Care Provider Agreement. Eligibility for payment was divided equally between six standardized clinical quality measures derived from a national measurement set (i.e., HEDIS). Paramount had to exceed the ODM-established P4P thresholds to be eligible to receive these financial incentives. Paramount’s rates for three of the P4P measures exceeded the national Medicaid 50th percentiles.

Comprehensive Administrative Review

Paramount received a total administrative performance score of 95 percent for its Medicaid program. ODM required Paramount to develop and implement a CAP for each of the four standards that was not met.

Network Adequacy Validation

Paramount submits its network provider data through ODM’s MCPN database, which is used by ODM as a mechanism to monitor network adequacy and evaluate adherence to provider panel requirements. ODM may, at its discretion, assess an MCP a \$1,000 nonrefundable financial sanction for each provider network deficiency. In SFY 2018, Paramount incurred \$51,000 in financial sanctions due to MCPN non-compliance penalties.

PCP Access Survey

During SFY 2017, ODM collaborated with HSAG to develop a recurring, revealed caller telephone survey, the PCP Access Survey, under the existing EQR contract. The PCP Access Survey was designed to assess appointment availability among PCPs for routine and problem-focused care for existing and new Medicaid members.

HSAG conducted two statewide PCP Access Surveys in SFY 2018 using the survey methodology, sampling protocol, and telephone survey script approved by ODM in SFY 2017. The Fall PCP Access Survey concluded in December 2017 and the Spring PCP Access Survey concluded in June 2018.

Paramount’s Fall PCP Access Survey response rate was 54.3 percent, and the response rate decreased to 51.7 percent during the Spring PCP Access Survey. Table 5-10 presents a summary of Paramount’s appointment availability results for the SFY 2018 PCP Access Surveys.

Table 5-10—PCP Access Telephone Survey Appointment Availability Results—Paramount

Appointment Type	Fall 2017 PCPs with ≤30 Days Wait Time		Spring 2018 PCPs with ≤30 Days Wait Time	
	N ¹	%	N ¹	%
New Patient Routine Well Check	261	75.1	287	84.7
Existing Patient Routine Well Check	326	90.2	337	94.1
New Patient Sick Visit	259	84.2	282	91.5
Existing Patient Sick Visit	341	99.7	348	99.4

¹ N is the number of providers whose location responded to the question regarding the wait time for the specified appointment type.

OB/GYN Survey

Under the SFY 2018 EQR contract, ODM directed HSAG to conduct a secret shopper telephone survey of prenatal care providers serving Ohio MCP and MCOP members.⁵⁻²⁶ The main purpose of the survey was to provide insights on members’ access to prenatal care with CNMs or providers specializing in OB/GYN services. A secondary purpose of this study was to validate MCPN database information for such providers.

HSAG completed the OB/GYN Survey in February 2018 using the October 2017 MCPN data files.

Paramount’s OB/GYN Survey response rate was 70.7 percent, and 91.2 percent of applicable provider locations indicated that they were accepting new patients at the time of the survey call. Table 5-11 summarizes Paramount’s new patient appointment availability for the SFY 2018 OB/GYN Survey.

⁵⁻²⁶ The OB/GYN Survey included providers serving Medicaid and/or MyCare Ohio members. Due to the nature of its contract, however, Paramount’s results are limited to providers serving Medicaid members.

Table 5-11—OB/GYN Secret Shopper Survey Appointment Availability Results—Paramount

Study Indicator	Appointment Request for a First Trimester Pregnancy	Appointment Request for a Second Trimester Pregnancy
Appointment Availability Denominator¹	50	22
Percent of Providers with Appointment Availability within 30 or 15 Calendar Days ²	98.0%	72.7%
Average Wait Time in Calendar Days	16.5	11.0
Median Wait Time in Calendar Days	17.0	7.5

¹ The denominator is the number of contracted OB/GYN or CNM providers accepting new patients who responded to the question regarding the wait time for the specified appointment type.

² Appointment requests for a first trimester pregnancy considered the number of providers offering appointments within 30 calendar days of the call. Appointment requests for a second trimester pregnancy considered the number of providers offering appointments within 15 calendar days of the calls.

Home Health Survey

In March 2018, HSAG conducted a survey of all HHAs contracted with at least one of the six MCPs/MCOPs. This survey’s study objectives were to determine the accessibility of home health services for MCP/MCOP members and to validate selected elements from the MCPN data files. The HHAs were surveyed by telephone and the collected information was used to evaluate the accuracy of the information in the MCPN database. HSAG completed the survey using March 2018 MCPN files. In addition to MCPN file validation elements for Paramount, the survey also allowed for HHA self-reported access information located in [Appendix E](#).

Paramount’s HHA response rate was 33.6 percent with 39.9 percent of identified HHAs confirmed to be HHA providers. While some respondents did not answer all survey questions and may have been counted as an overall refusal, a record was validated as an HHA if the respondent answered the initial question confirming that the phone number connected to a provider of home health services.

Table 5-12 summarizes Paramount’s data accuracy rate for additional data elements.

Table 5-12—Paramount Data Accuracy Rate

Data Element	Denominator	Number Matched	% Matched
Plan Participation	48	34	70.8
Program Participation	34	14	41.2
Telephone Number	143	82	57.3
Address	31	25	80.6

Encounter Data Validation

Validation of MCP Encounters

Substantial changes in the MCPs' encounter data submission process occurred when the MCPs began submitting their claims and encounters to MITS. As such, in SFY 2016, HSAG conducted a baseline payment validation study for all claim types (i.e., dental, professional, institutional, and pharmacy). HSAG, in collaboration with ODM, then used the summary results from this study to design and revise the Medicaid Managed Care Provider Agreement contract language and data quality measures and standards to better align with the structure of the submitted data and how data are being collected and maintained in MITS. To determine if the MCPs met the standards, in SFY 2018, HSAG conducted an administrative review of the Medicaid MCPs' submitted data for all encounter types (i.e., dental, professional, institutional, and pharmacy). The administrative review included an assessment of whether the encounter data in ODM's MITS file reflected the payment amounts, TPL information, and provider information in Paramount's submitted files for the study.

Two aspects of encounter data completeness were assessed: encounter omission and encounter surplus. An encounter omission occurs when an encounter is present in the MCP's submitted data for the study but not in ODM's encounter data. An encounter surplus occurs when an encounter is present in ODM's encounter data but not in the MCP's submitted data for the study. Encounter data accuracy was evaluated by comparing payment information in ODM's encounter data to the MCP's submitted data for the study. A payment error occurred when a payment amount discrepancy was identified among matched encounters.

In addition to performing an administrative review of all the encounter types, the SFY 2018 study also included on-site reviews of sampled discrepant LTC encounters with the MCPs along with desk reviews of the sampled cases. Using results from the LTC comparative analysis, HSAG identified 411 discrepant records for Paramount for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 411 records as either *mismatch*, *payment*, *surplus*, or *omission*, depending on the nature of the discrepancies.

All associated results are provided in [Appendix E](#).

Provider Satisfaction Survey

ODM administered a Provider Satisfaction Survey in 2018 to PCPs that are contracted with one or more Medicaid MCPs. The survey evaluated 10 measures. Each MCP's mean was compared to the program average.⁵⁻²⁷ Paramount scored statistically significantly higher than the program average on two measures.

⁵⁻²⁷ The program average includes Aetna (MyCare).

Quality Rating of MCPs

The 2018 MCP Report Card used a five-star rating; therefore, results are not comparable to the 2017 MCP Report Card results. Please refer to **Section 6** for the 2018 MCP Report Card results.

Overall Performance and Conclusions

Paramount demonstrated strong, fair, and weak areas of performance in the population streams based on the results of the SFY 2018 EQR activities. Paramount’s overall performance demonstrates the following impact for each population’s quality of, timeliness of, and access to care and services.

Healthy Children/Adults

Paramount’s CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017, and ranked fifth out of the five MCPs. Paramount had some improvement in member satisfaction but otherwise demonstrated ample opportunities to better ensure its members of all ages access preventive care, supporting detection and prevention of disease so members can lead longer and healthier lives.⁵⁻²⁸

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Strong: Paramount received a CY 2017 four-star rating in the Adult Medicaid CAHPS Survey under <i>Rating of Health Plan</i>, indicating performance at or above the national Medicaid 75th percentile. • Strong: Paramount received a CY 2017 five-star rating in the Adult Medicaid CAHPS Survey under <i>Customer Service</i>, indicating performance at or above the national Medicaid 90th percentile.* • Strong: Paramount received a CY 2017 four-star rating in the Child Medicaid CAHPS Survey under <i>Rating of Health Plan</i>, indicating performance at or above the national Medicaid 75th percentile. • Strong: Paramount received a CY 2017 five-star rating in the Child Medicaid CAHPS Survey under <i>Customer Service</i>, indicating performance at or above the national Medicaid 90th percentile.*
Timeliness	<ul style="list-style-type: none"> • Weak: The <i>Adolescent Well-Care Visits</i> HEDIS measure was below the statewide average and below the national Medicaid 50th percentile. • Weak: While better than the statewide average, the rate for <i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i> was below the national Medicaid 50th percentile. • Weak: The rate for <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> HEDIS measure was below the national Medicaid 50th percentile.

⁵⁻²⁸ Centers for Disease Control and Prevention. Gateway to Health Communication & Social Marketing Practice: Preventive Healthcare, Updated September 15, 2017. Available at: <https://www.cdc.gov/healthcommunication/toolstemplates/entertainment/tips/PreventiveHealth.html>. Accessed on: January 11, 2019.

Performance Area	Overall Performance Impact
Access	<ul style="list-style-type: none"> Weak: While there was an improvement in all age groups within the <i>Children and Adolescents' Access to Primary Care Practitioners</i> HEDIS measure, performance was below the national Medicaid 50th percentile and below the statewide average for all age groups. Weak: Although there was an improvement in Adults' Access to Preventive/Ambulatory Health Services HEDIS measure, the rate was below the national Medicaid 25th percentile.

*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Women's Health

Although Paramount's CY 2017 overall results for the Women's Health population stream decreased from CY 2016 to CY 2017, Paramount's performance still ranked first out of the MCPs. Paramount should refocus its efforts in the area of women's health, particularly on improving newborn birthweights, as part of its commitment to reducing Ohio's infant mortality rate.

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weak: The <i>Low Birth Weight</i> CHIPRA measure did not meet the MPS in CY 2016 and CY 2017.
Timeliness	<ul style="list-style-type: none"> Fair: Although the <i>Prenatal and Postpartum Care—Postpartum Care</i> measure rate met the statewide average and was at or above the national Medicaid 50th percentile, it was below the national Medicaid 75th percentile. Weak: Although Paramount met the statewide average in the <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> HEDIS measure, its performance was below the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> Weak: While 100 percent of Paramount's provider names matched the MCPN data based upon the CNM and OB/GYN Survey results, only 59.9 percent of these providers' telephone numbers matched the MCPN data.

Behavioral Health

Paramount's CY 2017 overall results for the Behavioral Health population stream increased from CY 2016 to CY 2017, and ranked first out of the MCPs. Paramount should continue this heightened focus on ensuring its members with behavioral health conditions have timely access to quality behavioral healthcare, especially following hospitalization as patients hospitalized for mental health issues are vulnerable after their discharge and follow-up care is critical to their health and well-being.⁵⁻²⁹

⁵⁻²⁹ National Committee for Quality Assurance. Follow-Up After Hospitalization for Mental Illness (FUH), 2018. Available at: <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>. Accessed on: January 14, 2019.

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strong: Paramount achieved at or above the national Medicaid 75th percentile and statewide average in the <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i> HEDIS measure. Weak: Although Paramount achieved at or above statewide average in the <i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i> HEDIS measure, the rate was below the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> Strong: The <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i> HEDIS measure rate was at or above the national Medicaid 75th percentile and the statewide average.
Access	<ul style="list-style-type: none"> This area aligns with the above Timeliness performance summary for the <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i> HEDIS measure.

Chronic Conditions

Although Paramount’s overall results for the Chronic Conditions population stream decreased from CY 2016 to CY 2017, it ranked first out of the five MCPs. It is important for Paramount to continue its efforts to improve the health of members living with chronic conditions, as chronic conditions like cardiovascular disease and diabetes are among the leading causes of death in Ohio.⁵⁻³⁰

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strong: The <i>Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total</i> was at or above the national Medicaid 75th percentile and the statewide average. Strong: Paramount met the MPS for <i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i> in CY 2016 and CY 2017. Fair: The rate for the <i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i> measure was at or above the national Medicaid 50th percentile and the statewide average, but below the national Medicaid 75th percentile. Fair: Although the <i>Controlling High Blood Pressure</i> HEDIS measure rate was at or above the national Medicaid 50th percentile and the statewide average, it was below the national Medicaid 75th percentile. Fair: Paramount’s <i>Medication Management for People With Asthma, Medication Compliance 75%—Total</i> HEDIS measure rate was at or above the national Medicaid 50th percentile, but below the statewide average and the national Medicaid 75th percentile. Fair: While the <i>Statin Therapy for Patients With Diabetes, Received Statin Therapy—Total</i> HEDIS measure rate was at or above the national Medicaid 50th percentile, it was below the statewide average and the national Medicaid 75th percentile.

⁵⁻³⁰ Centers for Disease Control and Prevention. National Center for Health Statistics: Stats of the State of Ohio, Updated April 9, 2018. Available at: <https://www.cdc.gov/nchs/pressroom/states/ohio/ohio.htm>. Accessed on: January 11, 2019.

Performance Area	Overall Performance Impact
	<ul style="list-style-type: none"> Weak: Although at or above the statewide average, the <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> measure was below the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> Weak: The <i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i> measure was below the national Medicaid 50th percentile and the statewide average.
Access	<ul style="list-style-type: none"> Weak: Based upon the Home Health MCPN Survey results, only 57.3 percent of HHA providers' telephone numbers matched Paramount's MCPN data.

Overall Conclusions

Paramount has demonstrated additional areas of strength and opportunities as noted through other EQR conducted in SFY 2018.

- Although the planning and implementation of the *Hypertension Control and Disparity Reduction* PIP began in SFY 2018 and therefore outcomes are not yet reported, the work underway in this PIP effectively aligns with the Ohio Medicaid Quality Strategy's promotion of evidence-based prevention and treatment practices, and improving the health of priority populations. To maintain its focus on members with chronic conditions, Paramount should continue its progression through the quality improvement process throughout the duration of this PIP.
- Both the Adult and Child Medicaid CAHPS Surveys indicate strengths and areas of opportunity for Paramount. For the Adult Medicaid CAHPS Survey, Paramount had high performance (at or above the 75th percentile) for one global rating and two composite measures while for the Child Medicaid CAHPS Survey, three global ratings, three composite measures, and the one individual item measure were at or above the 75th percentile. To further assure positive member experiences, Paramount should focus on the *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *Getting Care Quickly*, and *Coordination of Care* for adults, as well as *Rating of Specialist Seen Most Often* and *Getting Needed Care* for children, as these measures were below the 75th percentile. A focus in these areas should have a further reaching impact resulting in preventive care utilization increases, as negative experiences can discourage members from visiting their providers.
- Paramount demonstrated compliance with ODM's Comprehensive Administrative Review CAP follow-up and Paramount should maintain its CAP commitments to meeting program requirements that provide further assurances of member timely access to quality care.
- Paramount's Home Health MCPN Survey results showed areas of weakness related to the accuracy of provider addresses and phone numbers, suggesting opportunities to improve its provider data integrity processes.
- The SFY 2018 Encounter Data Validation study found that the level of completeness among all MCPs' encounters for dental, professional, and pharmacy claim types was high. The completeness for MCPs' institutional claim type categories was also relatively high, except for the Other category with more than 11 percent of the encounters in the Other category missing from the MCPs' files. Paramount's performance error rate met the performance standard demonstrating a strength in this

area. Paramount should continue to its efforts in the area of encounter data completeness and accuracy as these data are critical to provide ODM with a transparent view of services provided to Paramount's members, allowing for accurate monitoring and calculation of MCP performance.

- Provider satisfaction may impact quality, timeliness, and access to care for all population streams. To gauge provider satisfaction, ODM administered the Provider Satisfaction Survey to PCPs contracted with one or more MCPs for the first time in 2018 to establish baseline results. These results, along with recommendations for improvement, were shared with each MCP. As future surveys are administered and trending is performed, this will provide an opportunity to identify areas of improvement and will be shared in future reports. The SFY 2018 Provider Satisfaction Survey showed that Paramount's mean exceeded the program mean by a statistically significant amount for two measures.

Follow-Up on Prior EQR Recommendations

CMS requires EQROs report annually the degree to which MCPs addressed the EQR recommendations made from the prior year's technical report. During SFY 2017 HSAG recommended that Paramount incorporate efforts for improvement of the following measures as part of its quality improvement strategy within the QAPI program:

Healthy Children

- *Adolescent Well-Care Visits* HEDIS measure
- *Children and Adolescents' Access to Primary Care Practitioners* HEDIS measures
 - *12–24 Months*
 - *25 Months–6 Years*
 - *7–11 Year*
 - *12–19 Years*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI Percentile Documentation—Total* HEDIS measure
- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* HEDIS measure
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* HEDIS measure

Healthy Adults

- *Adults' Access to Preventive/Ambulatory Health Services* HEDIS measure
- *Cervical Cancer Screening* HEDIS measure
- *Breast Cancer Screening* HEDIS measure

Behavioral Health

- *Antidepressant Medication Management* HEDIS measures
 - *Effective Acute Phase Treatment*
 - *Effective Continuation Phase Treatment*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* HEDIS measure

Chronic Conditions

- *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* HEDIS measure
- *PDI 14—Asthma Admissions* non-HEDIS measure
- *PQI 13—Angina Without Procedure Admissions* non-HEDIS measure

HSAG further recommended Paramount include the results of analyses for the measures listed above that answer the following questions within its next annual QAPI program submission:

1. What were the root causes associated with low-performing areas?
2. What unexpected outcomes were found within the data?
3. What disparities were identified in the analyses?
4. What are the most significant areas of focus (or populations) for which improvement initiatives are planned? What is the highest impact area(s) to make an improvement(s) (low effort/high yield)?
5. What intervention(s) is Paramount considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, HSAG recommended Paramount should include the following within the quality improvement work plan that is submitted as part of the annual QAPI program:

1. Measurable goals and benchmarks for each indicator.
2. Mechanisms to measure performance.
3. Mechanisms to review data trends to identify improvement, decline, or stability in the performance rates.
4. Identified opportunities for improvement.
5. Ongoing analysis to identify factors that impact the adequacy of rates.
6. Quality improvement interventions, using a rapid cycle improvement approach, that address the root cause of the deficiency.
7. A plan to monitor the quality improvement interventions to detect whether they effect improvement.

To address these recommendations, Paramount:

- Submitted its QAPI to ODM in 2018 as required by the Medicaid Managed Care Provider Agreement.
 - Since the QAPI was already in process at the time that the SFY 2017 EQR Technical Report was finalized, there was not adequate time for Paramount to adjust its quality improvement efforts in a manner that could be effectively demonstrated in its 2018 QAPI submission.
 - Since each annual QAPI submission must include a clearly delineated outcomes-driven strategy (e.g., work plan) for improvement that measures, analyzes, and tracks performance indicators reflecting the Ohio Medicaid Quality Strategy population health focus, Paramount’s QAPI program continues to align with the SFY 2017 recommendations.
 - The requirement for each MCP to evaluate the impact and effectiveness of each effort within the QAPI program and to submit these evaluation results annually to ODM further demonstrates alignment with prior EQR recommendations to identify impactful quality improvement interventions, and to continuously monitor them for effectiveness. Additionally, each MCP now must include how these results will be incorporated within its quality strategy, which also demonstrates MCP progress toward the prior year recommendations.
- Participated in a review of MCP Population Stream Dashboards at ODM’s request, in which Paramount’s efforts to improve its members’ quality of care in the areas of Healthy Children, Healthy Adults, Women’s Health, Behavioral Health, and Chronic Conditions, are measured. The dashboards display measures specific to each population stream, allowing for a comparison between MCPs and a comparison to national benchmarks, where available. The dashboards also display each MCP’s results by county.
 - Paramount will be expected to use the MCP Population Stream Dashboards for further identification of areas in the state where its members’ health shows the biggest opportunities for improvement.
 - Since these dashboards are dependent upon claims data that are as complete as possible, dashboard releases are retrospective. Paramount will therefore continue to monitor future dashboard releases to determine quality strategy planning and focused areas of opportunity to best impact member health within each population stream.

Recommendations

As a result of the findings related to the quality of, timeliness of, and access to care and services provided by Paramount to its members, HSAG recommends that Paramount incorporate efforts to prioritize these areas of member care into its QAPI program’s quality improvement strategy:

- Increase child, adolescent, and adult access to preventive services
- Promote timely and adequate prenatal care, including non-traditional services, to reduce the prevalence of poor birth outcomes
- Decrease the frequency of prescribed multiple concurrent antipsychotics to children to mitigate the serious health risks associated with these medications
- Assist members in managing diabetes to reduce the risks of serious complications such as heart disease, stroke, and amputation

As Paramount's members' health outcomes improve in these areas, these corresponding performance measures could then be used to measure the success of the interventions and impact on population health:

Healthy Children/Adults

- *Adolescent Well-Care Visits* HEDIS measure
- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* HEDIS measure
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* HEDIS measure
- *Children and Adolescents' Access to Primary Care Practitioners* HEDIS measures
 - *12–24 Months*
 - *25 Months–6 Years*
 - *7–11 Years*
 - *12–19 Years*
- *Adults' Access to Preventive/Ambulatory Health Services* HEDIS measure

Women's Health

- *Low Birth Weight* CHIPRA measure
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care* HEDIS measure

Behavioral Health

- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* HEDIS measure

Chronic Conditions

- *Comprehensive Diabetes Care* HEDIS measures
 - *HbA1c Poor Control (>9.0%)*
 - *Eye Exam (Retinal) Performed*
- *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* non-HEDIS measure

Paramount should include the results of analyses for the measures listed above that answer the following questions within its next annual QAPI program submission:

1. What were the root causes associated with low-performing areas?
2. What unexpected outcomes were found within the data?
3. What disparities were identified in the analyses?
4. What are the most significant areas of focus (or populations) for which improvement initiatives are planned? What is the highest impact area(s) to make an improvement(s) (low effort/high yield)?
5. What intervention(s) and/or initiative(s) is Paramount considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, Paramount should, at a minimum, include the following information related to identified initiatives and interventions within the quality improvement work plan that is submitted as part of the annual QAPI program:

1. Assigned team members' roles and responsibilities to support the related initiatives (including Paramount leadership).
2. A description of how Paramount has identified and used, and will continue to identify and use, the voice of the customer in its design and prioritization of the associated interventions and initiatives.
3. Baseline, measures and measure frequency, target goals, and the timeline for achievement of the goals.
4. Methods to evaluate intervention effectiveness and how Paramount will use both positive and negative results as part of lessons learned.

UnitedHealthcare Community Plan of Ohio, Inc.

To conduct the SFY 2018 EQR, HSAG reviewed UnitedHealthcare's results for mandatory and optional EQR activities. Those results were analyzed and evaluated to develop conclusions and make recommendations about the quality of, timeliness of, and access to care and services provided by UnitedHealthcare.

EQR Activity Results

This section provides the high-level results and notable findings for the mandatory and optional EQR activities performed for UnitedHealthcare. UnitedHealthcare's detailed EQR activity results are presented in [Appendix F](#).

Performance Improvement Projects

In SFY 2018, UnitedHealthcare initiated its ODM-selected *Hypertension Control and Disparity Reduction* PIP. The PIP focuses on improving the percentage of hypertensive patients being seen at participating clinical sites who have their hypertension under control as defined by a systolic blood pressure of less than 140 mm Hg and a diastolic blood pressure of less than 90 mm Hg.⁵⁻³¹ The project also aims to reduce the identified disparity in hypertension control between Ohio Medicaid's African-American and Caucasian populations being seen at participating clinical sites. The PIP addresses CMS' requirements related to quality outcomes—specifically, timeliness of, and access to care and services—and aligns with the Ohio Medicaid Quality Strategy by promoting evidence-based prevention and treatment practices, and improving the health of priority populations (e.g., clinical focus areas such as chronic conditions with disproportionately negative health outcomes).

As defined by ODM, the Global Aim for this PIP is to reduce deaths due to myocardial infarction and stroke from cardiovascular disease and reduce disparities for African Americans. The SMART Aim is to increase the percentage of enrollees with controlled hypertension by 15 percent by December 31, 2018, and, for African-American enrollees, increase the percentage of enrollees with controlled hypertension by 20 percent to reduce disparities.⁵⁻³² The planning and implementation of the *Hypertension Control and Disparity Reduction* PIP began in SFY 2018; therefore, there are no outcomes to report.

⁵⁻³¹ For continuity purposes, controlled blood pressure is defined as 140/90 rather than the updated guideline of 130/80.

⁵⁻³² Due to difficulties in ascertaining Medicaid and MyCare status from electronic health record data, the project has not been able to determine the specific baseline and goals for the SMART Aims.

Performance Measures

HEDIS

To evaluate MCP performance at the population stream level, HSAG developed a methodology for calculating population stream index scores at the request of ODM. The population stream index scores are based on percentile approximations HSAG calculated at the measure level and represent an estimation of performance compared to national Medicaid benchmarks. The approximations at the population stream level represent overall performance for each MCP compared to national benchmarks. In addition, the MCPs are ranked based on the population stream index score. Due to variation that exists between the measure-level percentile approximation and the actual percentile value for an MCP, HSAG exercised caution when ranking MCPs to ensure MCPs were ranked the same if their population stream index scores were within a reasonable threshold of each other. Due to this, HSAG considered MCP performance tied if one or more MCPs had a percentile approximation within four points of each other. Please refer to [Appendix A](#) for more information on the methodology used for calculating population stream index scores and rankings. HSAG evaluated UnitedHealthcare's HEDIS 2017 and HEDIS 2018 measure results at the population stream level. See [Section 6](#) and [Appendix F](#) for MCP index score ranking, comparisons, and MCP year over year performance.

Healthy Children/Adults

For CY 2017, UnitedHealthcare's average performance on HEDIS measures for the Healthy Children/Adults population stream is estimated to be at the 42nd national Medicaid NCQA percentile. The average score is based on disparate performance within the Healthy Children/Adults population stream, with the *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* rates having estimated ratings at the 16th and 32nd percentiles, respectively. Whereas, the *Adolescent Well-Care Visits* rate had an estimated rating at the 57th percentile. In analyzing the measures in aggregate, UnitedHealthcare's CY 2017 overall results for the Healthy Children/Adults population stream decreased from CY 2016 to CY 2017 and ranked third out of the five Ohio Medicaid MCPs.

Women's Health

For CY 2017, UnitedHealthcare's average performance on HEDIS measures for the Women's Health population stream is estimated to be at the 43rd national Medicaid NCQA percentile. The average score is based on disparate performance within the Women's Health population stream, with the *Breast Cancer Screening* and *Cervical Cancer Screening* rates having estimated ratings at the 23rd and 31st percentiles, respectively. Whereas, the *Prenatal and Postpartum Care—Postpartum Care* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care* rates had estimated ratings at the 50th and 51st percentiles, respectively. In analyzing the measures in aggregate, UnitedHealthcare's CY 2017 overall results for the Women's Health population stream decreased from CY 2016 to CY 2017, and ranked third out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2017, UnitedHealthcare's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 47th national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* rate estimated at the 8th percentile. Whereas, the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* and *Initiation and Engagement of AOD Abuse or Dependence Treatment, Initiation of AOD Treatment—Total* rates had estimated ratings at the 58th and 92nd percentiles, respectively. In analyzing the measures in aggregate, UnitedHealthcare's CY 2017 overall results for the Behavioral Health population stream decreased by more than 35 points from CY 2016 to CY 2017 and ranked fifth out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2017, UnitedHealthcare's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 48th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream. UnitedHealthcare had low performance for five of six measure ratings, ranging from the 21st percentile for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* measure to the 43rd percentile for the *Comprehensive Diabetes Care—HbA1c Testing* measure. Whereas, the rate for *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total* had an estimated rating at the 78th percentile and had a larger impact on the overall rating for the Chronic Conditions population stream due to weighting. In analyzing the measures in aggregate, UnitedHealthcare's CY 2017 overall results for the Chronic Conditions population stream increased from CY 2016 to CY 2017, and ranked third out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated two measures in CY 2017.

UnitedHealthcare's performance for the *Low Birth Weight* measure improved from CY 2016 to CY 2017 to meet the MPS in CY 2017.

Although UnitedHealthcare's performance for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* declined from CY 2016 to CY 2017, UnitedHealthcare still met the MPS in both years.

CAHPS

ODM requires UnitedHealthcare to administer a CAHPS survey annually. Survey results provide important feedback on UnitedHealthcare's performance.

- Adult Medicaid CAHPS Survey
 - In 2017, UnitedHealthcare had high performance (at or above the 75th percentile) for every global rating, every composite measure, and the one individual item measure.

- UnitedHealthcare’s 2017 means did not show a statistically significant difference in comparison to its 2016 means.
- Child Medicaid CAHPS Survey
 - In 2017, UnitedHealthcare had high performance (at or above the 75th percentile) for three global ratings, every composite measure, and the one individual item measure. Only *Rating of Health Plan* was below the 75th percentile.
 - UnitedHealthcare’s 2017 means did not show a statistically significant difference in comparison to its 2016 means.

Pay-for-Performance

For SFY 2018, UnitedHealthcare was eligible for P4P payments equaling a percentage of net premium and delivery payments made to UnitedHealthcare pursuant to the Medicaid Managed Care Provider Agreement. Eligibility for payment was divided equally between six standardized clinical quality measures derived from a national measurement set (i.e., HEDIS). UnitedHealthcare had to exceed the ODM-established P4P thresholds to be eligible to receive these financial incentives. UnitedHealthcare’s rates for two of the P4P measures exceeded the national Medicaid 50th percentiles.

Comprehensive Administrative Review

UnitedHealthcare received a total administrative performance score of 91 percent for its Medicaid program. ODM required UnitedHealthcare to develop and implement a CAP for each of the eight standards that was not met.

Network Adequacy Validation

UnitedHealthcare submits its network provider data through ODM’s MCPN database, which is used by ODM as a mechanism to monitor network adequacy. ODM may, at its discretion, assess an MCP a \$1,000 nonrefundable financial sanction for each provider network deficiency. In SFY 2018, UnitedHealthcare incurred \$24,000 in financial sanctions due to MPCN non-compliance penalties.

PCP Access Survey

During SFY 2017, ODM collaborated with HSAG to develop a recurring, revealed caller telephone survey, the PCP Access Survey, under the existing EQR contract. The PCP Access Survey was designed to assess appointment availability among PCPs for routine and problem-focused care for existing and new Medicaid members.

HSAG conducted two statewide PCP Access Surveys in SFY 2018 using the survey methodology, sampling protocol, and telephone survey script approved by ODM in SFY 2017. The Fall PCP Access Survey concluded in December 2017 and the Spring PCP Access Survey concluded in June 2018.

UnitedHealthcare’s Fall PCP Access Survey response rate was 41.8 percent, and the response rate decreased to 39.1 percent during the Spring PCP Access Survey. Table 5-13 presents a summary of UnitedHealthcare’s appointment availability results for the SFY 2018 PCP Access Surveys.

Table 5-13—PCP Access Telephone Survey Appointment Availability Results—UnitedHealthcare

Appointment Type	Fall 2017 PCPs with ≤30 Days Wait Time		Spring 2018 PCPs with ≤30 Days Wait Time	
	N ¹	%	N ¹	%
New Patient Routine Well Check	212	72.6	225	78.2
Existing Patient Routine Well Check	262	87.0	259	89.6
New Patient Sick Visit	202	89.6	209	91.4
Existing Patient Sick Visit	267	99.3	266	99.6

¹ N is the number of providers whose location responded to the question regarding the wait time for the specified appointment type.

OB/GYN Survey

Under the SFY 2018 EQR contract, ODM directed HSAG to conduct a secret shopper telephone survey of prenatal care providers serving Ohio MCP and MCOP members.⁵⁻³³ The main purpose of the survey was to provide insights on members’ access to prenatal care with CNMs or providers specializing in OB/GYN services. A secondary purpose of this study was to validate MCPN database information for such providers.

HSAG completed the OB/GYN Survey in February 2018 using the October 2017 MCPN data files.

UnitedHealthcare’s OB/GYN Survey response rate was 53.3 percent, and 88.5 percent of applicable provider locations indicated that they were accepting new patients at the time of the survey call. Table 5-14 summarizes UnitedHealthcare’s new patient appointment availability for the SFY 2018 OB/GYN Survey.

⁵⁻³³ The OB/GYN Survey included providers serving Medicaid and/or MyCare Ohio members. Due to the sampling methodology, statistically valid survey results limited to providers serving Medicaid members are not available.

Table 5-14—OB/GYN Secret Shopper Survey Appointment Availability Results—UnitedHealthcare

Study Indicator	Appointment Request for a First Trimester Pregnancy	Appointment Request for a Second Trimester Pregnancy
Appointment Availability Denominator ¹	47	31
Percent of Providers with Appointment Availability within 30 or 15 Calendar Days ²	93.6%	58.1%
Average Wait Time in Calendar Days	16.5	12.6
Median Wait Time in Calendar Days	16.0	13.0

Note: OB/GYN Survey results include results from provider locations serving Medicaid and/or MyCare Ohio members.

¹ The denominator is the number of contracted OB/GYN or CNM providers accepting new patients who responded to the question regarding the wait time for the specified appointment type.

² Appointment requests for a first trimester pregnancy considered the number of providers offering appointments within 30 calendar days of the call. Appointment requests for a second trimester pregnancy considered the number of providers offering appointments within 15 calendar days of the calls.

Home Health Survey

No HHAs were attributed to UnitedHealthcare in the March 2018 MCPN files, and follow-up by ODM determined that UnitedHealthcare systematically misclassified home health providers as home health aides. UnitedHealthcare initiated correction of the data, and validation of UnitedHealthcare’s updated MCPN data for HHAs may be considered in future surveys. Since the Home MCPN Health Survey included self-reported access information as well as MCPN file validation, UnitedHealthcare has HHA self-reported data available in [Appendix F](#).

Encounter Data Validation

Validation of MCP Encounters

Substantial changes in the MCPs’ encounter data submission process occurred when the MCPs began submitting their claims and encounters to the MITS. As such, in SFY 2016, HSAG conducted a baseline payment validation study for all claim types (i.e., dental, professional, institutional, and pharmacy). HSAG, in collaboration with ODM, then used the summary results from this study to design and revise the Medicaid Managed Care Provider Agreement contract language and data quality measures and standards to better align with the structure of the submitted data and how data are being collected and maintained in MITS. To determine if the MCPs met the standards, in SFY 2018, HSAG conducted an administrative review of the Medicaid MCPs’ submitted data for all encounter types (i.e., dental, professional, institutional, and pharmacy). The administrative review included an assessment of whether the encounter data in ODM’s MITS file reflected the payment amounts, TPL information, and provider information in UnitedHealthcare’s submitted files for the study.

Two aspects of encounter data completeness were assessed: encounter omission and encounter surplus. An encounter omission occurs when an encounter is present in the MCP’s submitted data for the study but not in ODM’s encounter data. An encounter surplus occurs when an encounter is present in ODM’s encounter data but not in the MCP’s submitted data for the study. Encounter data accuracy was evaluated by comparing payment information in ODM’s encounter data to the MCP’s submitted data for

the study. A payment error occurred when a payment amount discrepancy was identified among matched encounters.

In addition to performing an administrative review of all the encounter types, the SFY 2018 study also included on-site reviews of sampled discrepant LTC encounters with the MCPs along with desk reviews of the sampled cases. Using results from the LTC comparative analysis, HSAG identified 91 discrepant records for UnitedHealthcare for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 91 records as either *mismatch*, *payment*, *surplus*, or *omission*, depending on the nature of the discrepancies.

All associated results are provided in [Appendix F](#).

Provider Satisfaction Survey

ODM administered a Provider Satisfaction Survey in 2018 to PCPs that are contracted with one or more Medicaid MCPs. The survey evaluated 10 measures. Each MCP's mean was compared to the program average.⁵⁻³⁴ UnitedHealthcare scored statistically significantly higher than the program average on one measure.

Quality Rating of MCPs

The 2018 MCP Report Card used a five-star rating; therefore, results are not comparable to the 2017 MCP Report Card results. Please refer to [Section 6](#) for the 2018 MCP Report Card results.

Overall Performance and Conclusions

UnitedHealthcare demonstrated strong, fair, and weak areas of performance in the population streams based on the results of the SFY 2018 EQR activities. UnitedHealthcare's overall performance demonstrates the following impact for each population's quality of, timeliness of, and access to care and services.

Healthy Children/Adults

UnitedHealthcare's CY 2017 overall results for the Healthy Children/Adults population stream decreased from CY 2016 to CY 2017 and ranked third out of the MCPs. While UnitedHealthcare demonstrated improvement in some performance measures, there are opportunities for additional improvement to ensure prevention of disease before it begins, supporting UnitedHealthcare members of all ages in living healthier, longer lives.⁵⁻³⁵

⁵⁻³⁴ The program average includes Aetna (MyCare).

⁵⁻³⁵ Centers for Disease Control and Prevention. Gateway to Health Communication & Social Marketing Practice: Preventive Healthcare, Updated September 15, 2017. Available at: <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PreventiveHealth.html>. Accessed on: January 11, 2019.

Performance Area	Overall Performance Impact
<p>Quality</p>	<ul style="list-style-type: none"> • Strong: UnitedHealthcare received a CY 2017 five-star rating in the Adult Medicaid CAHPS Survey under <i>Rating of Health Plan</i>, indicating performance at or above the national Medicaid 90th percentile. • Strong: UnitedHealthcare received a CY 2017 four-star rating in the Adult Medicaid CAHPS Survey under <i>Customer Service</i>, indicating performance at or above the national Medicaid 75th percentile. • Strong: UnitedHealthcare received a CY 2017 four-star rating in the Child Medicaid CAHPS Survey under <i>Customer Service</i>, indicating performance at or above the national Medicaid 75th percentile.* • Weak: UnitedHealthcare received a CY 2017 two-star rating in the Child Medicaid CAHPS Survey under <i>Rating of Health Plan</i>, indicating performance below the national Medicaid 50th percentile, and a decline from its CY 2016 four-star rating.
<p>Timeliness</p>	<ul style="list-style-type: none"> • Fair: Although the <i>Adolescent Well-Care Visits</i> HEDIS measure was at or above the national Medicaid 50th percentile and met or exceeded the statewide average, it was below the national Medicaid 75th percentile. • Weak: The rate for <i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i> was below the national Medicaid 25th percentile. • Weak: The rate for <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> HEDIS measure declined from CY 2016 to CY 2017 to below the statewide average and the national Medicaid 50th percentile.
<p>Access</p>	<ul style="list-style-type: none"> • Fair: The <i>Children and Adolescents’ Access to Primary Care Practitioners—12–19 Years</i> HEDIS measure was above the national Medicaid 50th percentile, but below the statewide average and the national Medicaid 75th percentile. • Weak: The <i>Children and Adolescents’ Access to Primary Care Practitioners</i> measure was below the national Medicaid 25th percentile for children ages 12–24 months and below the national Medicaid 50th percentile for children ages 25 months–6 years and 7–11 years. • Weak: The <i>Adults’ Access to Preventive/Ambulatory Health Services</i> HEDIS measure, the rate was below the national Medicaid 50th percentile and below the statewide average.

*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Women’s Health

UnitedHealthcare’s CY 2017 overall results for the Women’s Health population stream decreased from CY 2016 to CY 2017, and ranked third out of the five MCPs. While UnitedHealthcare demonstrated improvement in the *Low Birth Weight* measure, HSAG recommends UnitedHealthcare maintain a strong commitment to women’s health as part of its responsibility to support a reduction in Ohio infant mortality.

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strong: The <i>Low Birth Weight</i> CHIPRA measure improved from CY 2016, meeting the MPS and statewide average in CY 2017.
Timeliness	<ul style="list-style-type: none"> Fair: UnitedHealthcare achieved at or above the national Medicaid 50th percentile and the statewide average in the <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> HEDIS measure but performed below the national Medicaid 75th percentile. Weak: While the <i>Prenatal and Postpartum Care—Postpartum Care</i> measure rate met the statewide average, it was below the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> Weak: While 100 percent of UnitedHealthcare’s provider names matched the MCPN data based upon the CNM and OB/GYN Survey results, only 41.6 percent of these providers’ telephone numbers matched to the MCPN data.

Behavioral Health

UnitedHealthcare’s CY 2017 overall results for the Behavioral Health population stream decreased by more than 35 points from CY 2016 to CY 2017 and ranked fifth out of the five MCPs. UnitedHealthcare should place a stronger focus on the quality and timeliness of care for its members living with behavioral health conditions. It is essential for UnitedHealthcare to ensure timely follow-up after a behavioral health-related hospitalization supporting appropriate outpatient management of behavioral health conditions, which not only helps members avoid readmissions, but also increases their compliance with treatment of chronic conditions.⁵⁻³⁶

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Fair: UnitedHealthcare achieved at or above the national Medicaid 50th percentile in the <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i> HEDIS measure, but performance was below the statewide average and the national Medicaid 75th percentile. Fair: Although UnitedHealthcare achieved at or above the national Medicaid 50th percentile and at or above the statewide average in the <i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i> HEDIS measure, it performed below the national Medicaid 75th percentile.
Timeliness	<ul style="list-style-type: none"> Weak: While ODM has determined the reported <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i> HEDIS measure result for UnitedHealthcare does not accurately reflect performance due to data incompleteness, UnitedHealthcare’s recalculation of this rate using complete data is 36.1 percent, which is still lowest of all MCPs.
Access	<ul style="list-style-type: none"> This area aligns with the above Timeliness performance summary for the <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i> HEDIS measure.

⁵⁻³⁶ National Institute of Mental Health. “Chronic Illness & Mental Health,” NIH Publication No. 15-MH-8015. Available at: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>. Accessed on: January 14, 2019.

Chronic Conditions

UnitedHealthcare’s CY 2017 overall results for the Chronic Conditions population stream increased from CY 2016 to CY 2017, and ranked third out of the MCPs. UnitedHealthcare should continue its progress prioritizing efforts to improve health outcomes for members with chronic conditions as the leading causes of death in Ohio include heart disease, stroke, and diabetes, with hypertension as a commonality for all three conditions.⁵⁻³⁷

Performance Area	Overall Performance Impact
<p>Quality</p>	<ul style="list-style-type: none"> • Strong: UnitedHealthcare’s <i>Medication Management for People With Asthma, Medication Compliance 75%</i>—Total HEDIS measure rate was at or above the national Medicaid 75th percentile and the statewide average. • Strong: The <i>Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy</i>—Total was at or above the national Medicaid 75th percentile and the statewide average. • Strong: UnitedHealthcare’s performance was better than the statewide average and met the MPS for <i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i>. • Fair: While the <i>Statin Therapy for Patients With Diabetes, Received Statin Therapy</i>—Total HEDIS measure rate was at or above the national Medicaid 50th percentile, it was below the statewide average and the national Medicaid 75th percentile. • Weak: Although at or better than the statewide average, the <i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i> measure was worse than the national Medicaid 25th percentile. • Weak: The rate for the <i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i> measure was below the national Medicaid 50th percentile but at or above the statewide average. • Weak: The <i>Controlling High Blood Pressure</i> HEDIS measure rate was at or above the statewide average but below the national Medicaid 50th percentile.
<p>Timeliness</p>	<ul style="list-style-type: none"> • Weak: The <i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i> measure was below the national Medicaid 50th percentile and the statewide average.
<p>Access</p>	<ul style="list-style-type: none"> • Weak: No MPCN HHA accuracy could be calculated for UnitedHealthcare since no HHAs were attributed to UnitedHealthcare in the March 2018 MCPN files upon which the Home Health MCPN Survey was based. Although UnitedHealthcare initiated data correction of its HHA MCPN records, due to its systematic misclassification of all home health providers as home health aides, this is considered an area of weakness for UnitedHealthcare.

⁵⁻³⁷ Centers for Disease Control and Prevention. National Center for Health Statistics: Stats of the State of Ohio, Updated April 9, 2018. Available at: <https://www.cdc.gov/nchs/pressroom/states/ohio/ohio.htm>. Accessed on: January 11, 2019.

Overall Conclusions

UnitedHealthcare has demonstrated additional areas of strength and opportunities as noted through other EQR conducted in SFY 2018.

- Although the planning and implementation of the *Hypertension Control and Disparity Reduction* PIP began in SFY 2018 and therefore outcomes are not yet reported, the work underway in this PIP effectively aligns with the Ohio Medicaid Quality Strategy's promotion of evidence-based prevention and treatment practices, and improving the health of priority populations. To improve upon its focus on members with chronic conditions, UnitedHealthcare should continue its progression through the quality improvement process throughout the duration of this PIP.
- Both the Adult and Child Medicaid CAHPS Surveys indicate multiple areas of strength and an area of opportunity for UnitedHealthcare. For the Adult Medicaid CAHPS Survey, UnitedHealthcare had high performance (at or above the 75th percentile) for every rating, every composite measure, and the one individual item measure while for the Child Medicaid CAHPS Survey, three global ratings, every composite measure, and the one individual item measure were at or above the 75th percentile. To further assure positive member experiences, UnitedHealthcare should focus on the *Rating of Health Plan* for children as this was the only measure that was below the 75th percentile and could result in UnitedHealthcare improving engagement of parents and guardians in their children's healthcare.
- UnitedHealthcare demonstrated compliance with ODM's Comprehensive Administrative Review CAP follow-up and UnitedHealthcare should maintain its CAP commitments to meeting program requirements that provide further assurances of member timely access to quality care.
- UnitedHealthcare's Home Health MCPN Survey results showed areas of weakness related to the accuracy of provider addresses and phone numbers, suggesting opportunities to improve its provider data integrity processes.
- The SFY 2018 Encounter Data Validation study found that the level of completeness among all MCPs' encounters for dental, professional, and pharmacy claim types was high. The completeness for MCPs' institutional claim type categories was also relatively high, except for the Other category with more than 11 percent of the encounters in the Other category missing from the MCPs' files. Although UnitedHealthcare did not meet the payment error rate performance standard, the discrepancy was related to the data extracts for the study. UnitedHealthcare should place a heightened focused effort in the area of encounter data completeness and accuracy as these data are critical to provide ODM with a transparent view of services provided to UnitedHealthcare's members, allowing for accurate monitoring and calculation of MCP performance.
- Provider satisfaction may impact quality, timeliness, and access to care for all population streams. To gauge provider satisfaction, ODM administered the Provider Satisfaction Survey to PCPs contracted with one or more MCPs for the first time in 2018 to establish baseline results. These results, along with recommendations for improvement, were shared with each MCP. As future surveys are administered and trending is performed, this will provide an opportunity to identify areas of improvement and will be shared in future reports. The SFY 2018 Provider Satisfaction Survey showed that UnitedHealthcare's mean exceeded the program mean by a statistically significant amount for one measure.

Follow-Up on Prior EQR Recommendations

CMS requires EQROs report annually the degree to which MCPs addressed the EQR recommendations made from the prior year's technical report. During SFY 2017 HSAG recommended that UnitedHealthcare incorporate efforts for improvement of the following measures as part of its quality improvement strategy within the QAPI program:

Healthy Children

- *Appropriate Treatment for Children with Upper Respiratory Infection* HEDIS measure
- *Children and Adolescents' Access to Primary Care Practitioners* HEDIS measures
 - *12–24 Months*
 - *25 Months–6 Years*
 - *7–11 Years*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI Percentile Documentation—Total* HEDIS measure
- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* HEDIS measure

Healthy Adults

- *Adults' Access to Preventive/Ambulatory Health Services* HEDIS measure
- *Cervical Cancer Screening* HEDIS measure
- *Breast Cancer Screening* HEDIS measure

Women's Health

- *Low Birth Weight* CHIPRA measure

Behavioral Health

- *Antidepressant Medication Management* HEDIS measures
 - *Effective Acute Phase Treatment*
 - *Effective Continuation Phase Treatment*
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* HEDIS measure

HSAG further recommended UnitedHealthcare include the results of analyses for the measures listed above that answer the following questions within its next annual QAPI program submission:

1. What were the root causes associated with low-performing areas?
2. What unexpected outcomes were found within the data?
3. What disparities were identified in the analyses?
4. What are the most significant areas of focus (or populations) for which improvement initiatives are planned? What is the highest impact area(s) to make an improvement(s) (low effort/high yield)?

5. What intervention(s) is UnitedHealthcare considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, HSAG recommended UnitedHealthcare should include the following within the quality improvement work plan that is submitted as part of the annual QAPI program:

1. Measurable goals and benchmarks for each indicator.
2. Mechanisms to measure performance.
3. Mechanisms to review data trends to identify improvement, decline, or stability in the performance rates.
4. Identified opportunities for improvement.
5. Ongoing analysis to identify factors that impact the adequacy of rates.
6. Quality improvement interventions, using a rapid cycle improvement approach, that address the root cause of the deficiency.
7. A plan to monitor the quality improvement interventions to detect whether they effect improvement.

To address these recommendations, UnitedHealthcare:

- Submitted its QAPI to ODM in 2018 as required by the Medicaid Managed Care Provider Agreement.
 - Since the QAPI was already in process at the time that the SFY 2017 EQR Technical Report was finalized, there was not adequate time for UnitedHealthcare to adjust its quality improvement efforts in a manner that could be effectively demonstrated in its 2018 QAPI submission.
 - Since each annual QAPI submission must include a clearly delineated outcomes-driven strategy (e.g., work plan) for improvement that measures, analyzes, and tracks performance indicators reflecting the Ohio Medicaid Quality Strategy population health focus, UnitedHealthcare’s QAPI program continues to align with the SFY 2017 recommendations.
 - The requirement for each MCP to evaluate the impact and effectiveness of each effort within the QAPI program and to submit these evaluation results annually to ODM further demonstrates alignment with prior EQR recommendations to identify impactful quality improvement interventions, and to continuously monitor them for effectiveness. Additionally, each MCP now must include how these results will be incorporated within its quality strategy, which also demonstrates MCP progress toward the prior year recommendations.
- Participated in a review of MCP Population Stream Dashboards at ODM’s request, in which UnitedHealthcare’s efforts to improve its members’ quality of care in the areas of Healthy Children, Healthy Adults, Women’s Health, Behavioral Health, and Chronic Conditions, are measured. The dashboards display measures specific to each population stream, allowing for a comparison between MCPs and a comparison to national benchmarks, where available. The dashboards also display each MCP’s results by county.

- UnitedHealthcare will be expected to use the MCP Population Stream Dashboards for further identification of areas in the state where its members' health shows the biggest opportunities for improvement.
- Since these dashboards are dependent upon claims data that are as complete as possible, dashboard releases are retrospective. UnitedHealthcare will therefore continue to monitor future dashboard releases to determine quality strategy planning and focused areas of opportunity to best impact member health within each population stream.

Recommendations

As a result of the findings related to the quality of, timeliness of, and access to care and services provided by UnitedHealthcare to its members, HSAG recommends that UnitedHealthcare incorporate efforts to prioritize these areas of member care into its QAPI program's quality improvement strategy:

- Increase child, adolescent, and adult access to preventive services
- Promote timely postpartum care to increase access to and education about effective contraception, which may reduce short interval pregnancies and preterm births
- Ensure timely follow-up care after hospitalization for members diagnosed with mental illness, confirming transitions to their home environment are supported, prescribed medications are working effectively, and ongoing care is being received
- Assist members in managing diabetes and high blood pressure to reduce the risks of serious complications such as heart disease and stroke

As UnitedHealthcare's members' health outcomes improve in these areas, these corresponding performance measures could then be used to measure the success of the interventions and impact on population health:

Healthy Children/Adults

- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* HEDIS measure
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* HEDIS measure
- *Children and Adolescents' Access to Primary Care Practitioners* HEDIS measures
 - *12–24 Months*
 - *25 Months–6 Years*
 - *7–11 Years*
- *Adults' Access to Preventive/Ambulatory Health Services* HEDIS measure

Women's Health

- *Prenatal and Postpartum Care—Postpartum Care* HEDIS measure

Behavioral Health

- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* HEDIS measure

Chronic Conditions

- *Comprehensive Diabetes Care* HEDIS measures
 - *HbA1c Poor Control (>9.0%)*
 - *Blood Pressure Control (<140-90 mm Hg)*
 - *Eye Exam (Retinal) Performed*
- *Controlling High Blood Pressure* HEDIS measure

UnitedHealthcare should include the results of analyses for the measures listed above that answer the following questions within its next annual QAPI program submission:

1. What were the root causes associated with low-performing areas?
2. What unexpected outcomes were found within the data?
3. What disparities were identified in the analyses?
4. What are the most significant areas of focus (or populations) for which improvement initiatives are planned? What is the highest impact area(s) to make an improvement(s) (low effort/high yield)?
5. What intervention(s) and/or initiative(s) is UnitedHealthcare considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, UnitedHealthcare should, at a minimum, include the following information related to identified initiatives and interventions within the quality improvement work plan that is submitted as part of the annual QAPI program:

1. Assigned team members' roles and responsibilities to support the related initiatives (including UnitedHealthcare leadership).
2. A description of how UnitedHealthcare has identified and used, and will continue to identify and use, the voice of the customer in its design and prioritization of the associated interventions and initiatives.
3. Baseline, measures and measure frequency, target goals, and the timeline for achievement of the goals.
4. Methods to evaluate intervention effectiveness and how UnitedHealthcare will use both positive and negative results as part of lessons learned.

6. MCP Comparative Information

In addition to performing a comprehensive assessment of the performance of each MCP, HSAG compared the findings and conclusions established for each MCP to assess the Ohio Medicaid managed care program as a whole. The overall findings of the five MCPs were used to identify the overall strengths and weaknesses of the Ohio Medicaid managed care program and to identify areas in which ODM could leverage or modify the Ohio Medicaid Quality Strategy to promote improvement.

EQR Activity Results

This section provides the summarized results for the mandatory and optional EQR activities across the five MCPs.

Performance Improvement Projects

In SFY 2018, all five MCPs initiated the ODM-selected *Hypertension Control and Disparity Reduction* PIP. All five MCPs completed and submitted Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection) for the annual validation. Upon initial validation of the modules, HSAG identified opportunities for improvement for each MCP to address prior to submitting the modules for final validation. Each MCP received technical assistance from HSAG and ODM and resubmitted the modules for final validation. Upon final validation, the five MCPs achieved all required validation criteria for each module. The following tables illustrate the validation criteria for each module.

Table 6-1—Validation Criteria for Module 1

Criteria
1. The topic and narrowed focus were supported by data.
2. The team members were identified for both internal MCP staff members and external partners, including representation for the narrowed focus.
3. The SMART Aim included all required components (narrowed focus, baseline rate, goal, and date) and was developed based on literature review, MCP data, and/or experience.
4. The Global Aim, SMART Aim, drivers, and potential interventions were aligned and stated accurately.

Table 6-2—Validation Criteria for Module 2

Criteria
1. The SMART Aim measure included all the following components: <ul style="list-style-type: none"> a) The numerator and denominator were well-defined to measure outcomes for the SMART Aim. b) The baseline measurement period and rate were appropriate. c) The measurement intervals were appropriate for the SMART Aim. d) The SMART Aim goal was appropriate based on the baseline rate and denominator size.
2. The SMART Aim data collection methodology supported the rapid-cycle process and included: <ul style="list-style-type: none"> a) Data sources(s). b) A step-by-step process that aligned with the baseline data collection methodology. c) Team members collecting data.
3. If a data collection tool was used, the tool(s) was appropriate and captured all required data elements.
4. The run/control chart included the titles, SMART Aim goal, baseline percentage, and data collection interval.

Because this new PIP is in the implementation phase, there are no outcomes to report for SFY 2018.

Performance Measures

HEDIS

To evaluate MCP performance at the population stream level, HSAG developed a methodology for calculating population stream index scores at the request of ODM. The population stream index scores are based on percentile approximations HSAG calculated at the measure level and represent an estimation of performance compared to national Medicaid benchmarks. The approximations at the population stream level represent overall performance for each MCP compared to national benchmarks. In addition, the MCPs are ranked based on the population stream index score. Due to variation that exists between the measure-level percentile approximation and the actual percentile value for an MCP, HSAG exercised caution when ranking MCPs to ensure MCPs were ranked the same if their population stream index scores were within a reasonable threshold of each other. Due to this, HSAG considered MCP performance tied if one or more MCPs had a percentile approximation within four points of each other. Please refer to [Appendix A](#) for more information on the methodology for calculating population stream index scores, index score color ranges, and rankings. Table 6-3 displays the HEDIS 2018 population stream index scores and rankings for each MCP.

Table 6-3—Comparative MCP Population Stream Index Scores and Rankings for HEDIS 2018

Population Stream	Buckeye		CareSource		Molina		Paramount		UnitedHealthcare	
	Index Score	Ranking	Index Score	Ranking						
Healthy Children/Adults	53.6	1	47.7	2	39.3	3*	35.4	5	42.1	3*
Women’s Health	49.9	2	38.0	5	40.7	3*	54.9	1	43.1	3*
Behavioral Health	69.6	2*	68.2	2*	70.5	2*	78.4	1	47.3	5
Chronic Conditions	57.9	1*	39.6	5	50.4	3*	58.4	1*	48.3	3*

* Indicates a tie with one or more MCPs for the applicable population stream.

	At or above the 66.7th percentile
	At or above the 50th percentile and below the 66.7th percentile
	At or above the 33.3rd percentile and below the 50th percentile
	At or above the 25th percentile and below the 33.3rd percentile
	Below the 25th percentile

Overall, the MCPs demonstrated similar performance for three of the four population streams (Healthy Children/Adults, Women’s Health, and Chronic Conditions), with all MCPs performing within 19.0 points of each other. For one of these three population streams (Chronic Conditions), three of five MCPs performed above the 50th percentile, demonstrating a strength for those MCPs. Whereas, in the Healthy Children/Adults population stream, only Buckeye performed above the 50th percentile, and in the Women’s Health population stream, only Paramount performed above the 50th percentile. This demonstrates opportunities for the MCPs to improve. For the remaining population stream, Behavioral Health, the highest performing plan (Paramount) performed at approximately the 78th percentile and the lowest performing plan (UnitedHealthcare) performed at the 47th percentile, demonstrating a difference of 31.1 points. With four of five MCPs performing above the 68th percentile, an opportunity exists for UnitedHealthcare to improve performance in this population stream.

The population stream index scores provide an estimation of performance when the measures within each population stream are compared to national benchmarks. The scores for each MCP were compared between CY 2016 to CY 2017 to identify increases and declines in performance, as shown in Table 6-4. Only changes of at least four points were considered increases or declines in performance to account for variations in the measure-level percentile approximation and the actual percentile value for an MCP. An upward green arrow indicates at least a four-point increase in performance from CY 2016 to CY 2017. A downward red arrow indicates at least a four-point decrease in performance from CY 2016 to CY 2017. A sideways gray arrow indicates no substantial change (i.e., less than a four-point change in either direction) in performance between years.

Table 6-4—MCP Population Stream Index Scores and Trending Analysis for HEDIS 2017 (CY 2016) and HEDIS 2018 (CY 2017)

Population Stream	Buckeye			CareSource			Molina			Paramount			UnitedHealthcare		
	CY 2016	CY 2017	Trend	CY 2016	CY 2017	Trend	CY 2016	CY 2017	Trend	CY 2016	CY 2017	Trend	CY 2016	CY 2017	Trend
Healthy Children/Adults	40.5	53.6	↑	45.7	47.7	→	40.9	39.3	→	37.2	35.4	→	54.5	42.1	↓
Women’s Health	62.9	49.9	↓	58.7	38.0	↓	42.9	40.7	→	60.1	54.9	↓	47.8	43.1	↓
Behavioral Health	79.4	69.6	↓	64.8	68.2	→	65.9	70.5	↑	73.1	78.4	↑	82.7	47.3	↓
Chronic Conditions	53.2	57.9	↑	39.1	39.6	→	57.8	50.4	↓	62.8	58.4	↓	43.3	48.3	↑

↑ Indicates the CY 2017 rate was four or more points higher than the CY 2016 rate.
 → Indicates no substantial change between CY 2016 and CY 2017 rates.
 ↓ Indicates the CY 2017 rate was four or more points lower than the CY 2016 rate.

From CY 2016 to CY 2017, all MCPs demonstrated a decline in performance for at least one population stream. The Women’s Health population stream had the largest decline in performance with four of the five MCPs declining from CY 2016 to CY 2017, including one MCP that declined by over 20 points. However, the Behavioral Health and Chronic Conditions population streams had increases in performance from CY 2016 to CY 2017 for at least two MCPs.

The HEDIS 2018 measure results for each MCP and the statewide weighted averages are shown in Table 6-5. Measures included in the index scores are footnoted in Table 6-5. Measure cells shaded orange indicate measures for which an MPS was established for HEDIS 2018 and rates shaded orange were the same as or better than the MPS.

Table 6-5—MCP Comparative and Statewide Weighted Average HEDIS 2018 Measure Results

Performance Measures	Buckeye	CareSource	Molina	Paramount	United-Healthcare	Statewide Average
Healthy Children/Adults						
<i>Adolescent Well-Care Visits^{2,3}</i>						
<i>Adolescent Well-Care Visits</i>	56.2%	51.3%	46.2%	45.7%	52.6%	51.0%
<i>Annual Dental Visits</i>						
<i>Total</i>	45.5%	53.4%	49.9%	44.9%	45.6%	50.5%
<i>Childhood Immunization Status</i>						
<i>Combination 2</i>	65.2%	65.9%	68.4%	62.8%	65.7%	65.8%
<i>Combination 3</i>	63.3%	64.0%	65.5%	58.4%	61.3%	63.3%
<i>Combination 10</i>	33.6%	29.9%	29.9%	26.8%	30.9%	30.2%
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>						
<i>12–24 Months</i>	93.7%	95.2%	93.9%	94.2%	93.1%	94.6%
<i>25 Months–6 Years</i>	83.9%	88.6%	86.9%	85.4%	85.6%	87.2%
<i>7–11 Years</i>	87.2%	92.2%	91.1%	89.1%	88.5%	90.9%
<i>12–19 Years</i>	86.8%	92.1%	89.7%	88.7%	89.7%	90.7%

Performance Measures	Buckeye	CareSource	Molina	Paramount	United-Healthcare	Statewide Average
Immunizations for Adolescents						
Combination 1 (Meningococcal, Tdap)	78.8%	79.8%	77.4%	74.5%	78.6%	78.8%
HPV	27.3%	32.1%	31.4%	23.1%	29.2%	30.4%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents						
BMI Percentile Documentation—Total	65.9%	55.7%	56.9%	70.6%	63.5%	59.0%
Counseling for Nutrition—Total	59.6%	50.4%	48.2%	54.7%	62.0%	52.6%
Counseling for Physical Activity—Total	53.0%	42.6%	38.7%	51.1%	49.6%	44.7%
Well-Child Visits in the First 15 Months of Life³						
Six or More Well-Child Visits	60.3%	57.2%	61.8%	58.6%	52.6%	57.9%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³						
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	68.6%	73.0%	69.1%	69.3%	68.6%	71.2%
Adults' Access to Preventive/Ambulatory Health Services						
Total	75.9%	83.3%	77.2%	74.8%	77.6%	80.0%
Ambulatory Care—Total (per 1,000 Member Months)¹						
ED Visits—Total	89.0	91.1	88.9	91.3	83.8	89.7
Women's Health						
Breast Cancer Screening³						
Breast Cancer Screening	55.1%	54.2%	49.3%	53.2%	51.3%	53.2%
Cervical Cancer Screening³						
Cervical Cancer Screening	55.0%	62.0%	59.4%	59.9%	54.3%	59.7%
Chlamydia Screening in Women						
Total	53.6%	59.1%	56.8%	56.0%	54.8%	57.4%
Prenatal and Postpartum Care^{2,3}						
Timeliness of Prenatal Care	86.6%	78.6%	82.8%	83.0%	83.7%	81.1%
Postpartum Care	63.7%	62.3%	62.6%	69.1%	64.3%	63.4%
Behavioral Health						
Antidepressant Medication Management						
Effective Acute Phase Treatment	50.3%	49.4%	50.4%	48.9%	50.1%	49.7%
Effective Continuation Phase Treatment	34.3%	33.6%	35.0%	33.9%	34.5%	34.0%
Follow-Up After Hospitalization for Mental Illness						
7-Day Follow-Up ^{2,3}	43.4%	48.3%	46.5%	53.2%	15.0% [†]	44.0%
30-Day Follow-Up	66.6%	71.2%	69.0%	72.0%	28.3% [‡]	65.3%

Performance Measures	Buckeye	CareSource	Molina	Paramount	United-Healthcare	Statewide Average
Follow-Up Care for Children Prescribed ADHD Medication						
<i>Initiation Phase</i>	55.0%	59.0%	55.9%	58.6%	33.8%	55.9%
<i>Continuation and Maintenance Phase</i>	66.2%	68.1%	67.2%	69.1%	40.8%	65.5%
Initiation and Engagement of AOD Abuse or Dependence Treatment						
<i>Initiation of AOD Treatment—Total³</i>	47.4%	48.5%	50.3%	52.4%	59.7%	49.9%
<i>Engagement of AOD Treatment—Total</i>	19.0%	20.9%	17.1%	16.4%	14.0%	19.1%
Mental Health Utilization						
<i>Any Service—Total</i>	4.6%	18.8%	7.7%	6.5%	6.3%	12.9%
<i>Inpatient—Total</i>	0.9%	0.3%	0.7%	1.1%	0.9%	0.6%
<i>Intensive Outpatient or Partial Hospitalization—Total</i>	<0.1%	0.6%	<0.1%	<0.1%	<0.1%	0.3%
<i>Outpatient—Total</i>	4.1%	18.2%	6.5%	5.7%	5.2%	12.1%
<i>ED—Total</i>	<0.1%	<0.1%	0.8%	<0.1%	0.3%	0.2%
<i>Telehealth—Total</i>	<0.1%	<0.1%	<0.1%	<0.1%	<0.1%	<0.1%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics						
<i>Total</i>	78.9%	76.3%	68.8%	81.6%	66.9%	75.1%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{1,3}						
<i>Total</i>	2.0%	4.1%	3.5%	2.9%	1.9%	3.5%
Chronic Conditions						
Adult BMI Assessment						
<i>Adult BMI Assessment</i>	79.6%	74.9%	72.6%	86.1%	82.8%	77.2%
Comprehensive Diabetes Care						
<i>HbA1c Testing³</i>	86.1%	84.6%	86.1%	83.9%	86.4%	85.2%
<i>HbA1c Control (<8.0%)</i>	48.7%	33.5%	47.9%	49.4%	38.0%	39.1%
<i>HbA1c Poor Control (>9.0)^{1,2,3}</i>	39.4%	62.2%	43.6%	42.8%	51.6%	54.0%
<i>Blood Pressure Control (<140/90 mm Hg)³</i>	58.2%	45.9%	55.7%	65.0%	57.9%	51.8%
<i>Eye Exam (Retinal) Performed³</i>	59.4%	59.4%	52.3%	52.6%	51.1%	56.9%
<i>Medical Attention for Nephropathy</i>	88.6%	91.1%	87.3%	85.6%	90.0%	89.7%
Controlling High Blood Pressure^{2,3}						
<i>Controlling High Blood Pressure</i>	56.2%	47.2%	53.3%	61.6%	53.0%	51.0%
Medication Management for People With Asthma						
<i>Medication Compliance 50%—Total</i>	73.2%	61.8%	66.3%	62.0%	63.5%	63.6%
<i>Medication Compliance 75%—Total</i>	51.6%	38.7%	39.8%	39.8%	42.1%	40.5%

Performance Measures	Buckeye	CareSource	Molina	Paramount	United-Healthcare	Statewide Average
Pharmacotherapy Management of COPD Exacerbation						
<i>Systemic Corticosteroid</i>	77.3%	75.3%	75.8%	77.2%	76.3%	75.9%
<i>Bronchodilator</i>	86.3%	85.7%	85.8%	86.0%	85.5%	85.8%
Statin Therapy for Patients With Cardiovascular Disease³						
<i>Received Statin Therapy—Total</i>	80.6%	79.9%	81.1%	80.4%	80.7%	80.3%
Statin Therapy for Patients With Diabetes						
<i>Received Statin Therapy—Total</i>	64.8%	65.9%	65.9%	63.2%	62.7%	65.1%

¹ A lower rate indicates better performance for this measure.

² Indicates a pay-for-performance measure/indicator.

³ Indicates the measure indicator was included in the index score calculation.

† ODM has determined this reported HEDIS result for UnitedHealthcare does not accurately reflect performance due to data incompleteness. UnitedHealthcare’s recalculation of this rate using complete data is 36.1 percent.

‡ ODM has determined this reported HEDIS result for UnitedHealthcare does not accurately reflect performance due to data incompleteness. UnitedHealthcare’s recalculation of this rate using complete data is 57.8 percent.

 Measure indicator cells shaded in orange indicate an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

As shown in Table 6-5, for all 20 measures with an MPS established by ODM, at least one MCP met the established MPS. Additionally, all five MCPs met the MPS for 12 of the 20 measures with an established MPS (60 percent). Overall, there were 100 opportunities for a rate to be compared to an MPS (20 measures by five MCPs), with MCPs meeting or exceeding the MPS 90 out of 100 times (90 percent). Despite the fact that MPS were met or exceeded the vast majority of the time, the MCPs only met or exceeded the national Medicaid 50th percentile 45 times (45 percent) for those measures with an MPS. Additionally, the national Medicaid 75th percentile was only met or exceeded 16 times (16 percent) for those measures with an MPS. Further, 62 rates (62 percent) for measures with an MPS showed an improvement from HEDIS 2017 to HEDIS 2018. These findings provide evidence to support ODM raising the MPS for select measures, or considering the implementation of incremental improvement (i.e., once an MCP meets an MPS, the MCP is expected to continue to improve over time).

All five MCPs met the MPS and exceeded the national Medicaid 50th percentile for the following measures:

- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total*
- *Medication Management for People With Asthma, Medication Compliance 75%—Total*
- *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total*
- *Statin Therapy for Patients With Diabetes, Received Statin Therapy—Total*

Table 6-6 displays the percentage of star ratings for each measure by MCP and the statewide weighted average for HEDIS 2017 and HEDIS 2018 are shown.

Table 6-6—Percentage of Star Ratings by MCP and Statewide Weighted Average for HEDIS 2017 and HEDIS 2018

MCP	★	★★	★★★	★★★★	★★★★★
HEDIS 2017 (CY 2016)					
<i>Buckeye</i>	4.1%	28.6%	24.5%	30.6%	12.2%
<i>CareSource</i>	8.2%	16.3%	16.3%	30.6%	28.6%
<i>Molina</i>	4.1%	18.4%	36.7%	22.4%	18.4%
<i>Paramount</i>	2.0%	18.4%	38.8%	24.5%	16.3%
<i>UnitedHealthcare</i>	10.2%	12.2%	42.9%	22.4%	12.2%
Statewide	2.0%	22.4%	30.6%	26.5%	18.4%
HEDIS 2018 (CY 2017)					
<i>Buckeye</i>	5.7%	15.1%	41.5%	20.8%	17.0%
<i>CareSource</i>	7.5%	17.0%	22.6%	28.3%	24.5%
<i>Molina</i>	5.7%	15.1%	45.3%	13.2%	20.8%
<i>Paramount</i>	5.7%	17.0%	39.6%	22.6%	15.1%
<i>UnitedHealthcare</i>	5.7%	24.5%	41.5%	18.9%	9.4%
Statewide	1.9%	20.8%	30.2%	30.2%	17.0%

HEDIS star ratings represent the following percentile comparisons:

- ★★★★★ = At or above the national Medicaid 75th percentile
- ★★★★ = At or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile
- ★★★ = At or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile
- ★★ = At or above the national Medicaid 10th percentile but below the national Medicaid 25th percentile
- ★ = Below the national Medicaid 10th percentile

Overall, the statewide rates improved between HEDIS 2017 and HEDIS 2018 compared to national percentiles, while MCP rates varied in performance compared to national percentiles between HEDIS 2017 and HEDIS 2018:

- One statewide rate was below the 10th percentile for HEDIS 2018 and each MCP had at least three rates below the 10th percentile.
- Even though Buckeye was the only MCP to decrease the number of measures below the 25th percentile, the statewide percentage decreased from 24.4 percent below the 25th percentile in HEDIS 2017 to 22.7 percent in HEDIS 2018.
- Every MCP decreased the percentage of measures at or above the 50th percentile, especially the percentage of measures at or above the 50th percentile and below the 75th percentile between HEDIS 2017 and HEDIS 2018. Additionally, every MCP except UnitedHealthcare increased the number of measures at or above the 25th percentile but below the 50th percentile, with UnitedHealthcare increasing the percentage of measures at or above the 10th percentile but below the 25th percentile and demonstrating an overall decline in performance compared to national percentiles. However, the statewide average increased the percentage of measures at or above the 50th percentile for HEDIS 2018, which indicates that the MCPs experienced performance declines across different measures, with overall statewide performance actually improving.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated the following two measures in CY 2017. For all non-HEDIS measures, a lower rate indicates better performance.

- *Low Birth Weight*
- *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes*

Table 6-7 presents the *Low Birth Weight* results for each MCP and the statewide average for CY 2017. The MPS for this measure was less than or equal to 10.3 percent.

Table 6-7—MCP and Statewide Average Low Birth Weight Results for CY 2017*

Measure	Buckeye	CareSource	Molina	Paramount	United-Healthcare	Statewide
<i>Low Birth Weight</i>	10.6%	10.6%	10.0%	10.5%	10.1%	10.5%

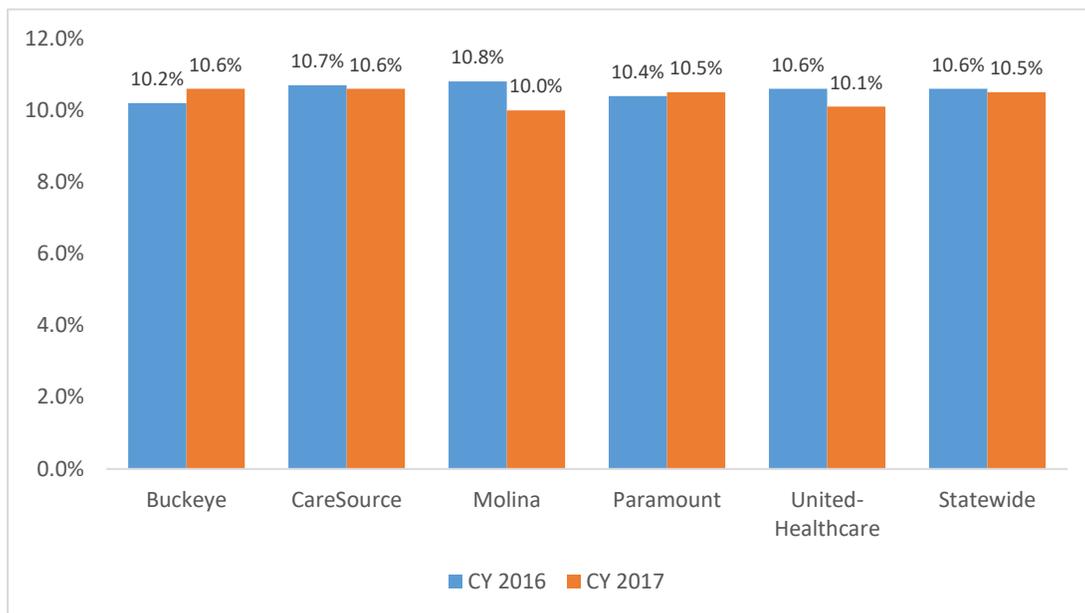
*A lower rate indicates better performance.

 Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

In CY 2017, Molina and UnitedHealthcare met the MPS for this measure. In addition, two MCPs (Molina and UnitedHealthcare) performed better than the statewide average, while two MCPs (Buckeye and CareSource) performed worse than the statewide average.

Figure 6-1 displays the CY 2016 and CY 2017 results for the *Low Birth Weight* measure for each MCP and the statewide average.

Figure 6-1—MCP and Statewide Average Low Birth Weight Results*



*A lower rate indicates better performance.

Overall, two MCPs (Buckeye and Paramount) performed worse in CY 2017 than in CY 2016. Molina had the largest improvement in performance between CY 2016 and CY 2017, while Buckeye had the largest decline in performance.

Table 6-8 presents the *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* results for each MCP and the statewide average for CY 2017. The MPS for this measure was less than or equal to 2.4 per 100,000 member months.

Table 6-8—MCP and Statewide Average PQI Results Per 100,000 Member Months*

Measure	Buckeye	CareSource	Molina	Paramount	United-Healthcare	Statewide
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i>	2.6	2.5	2.9	2.2	2.0	2.5

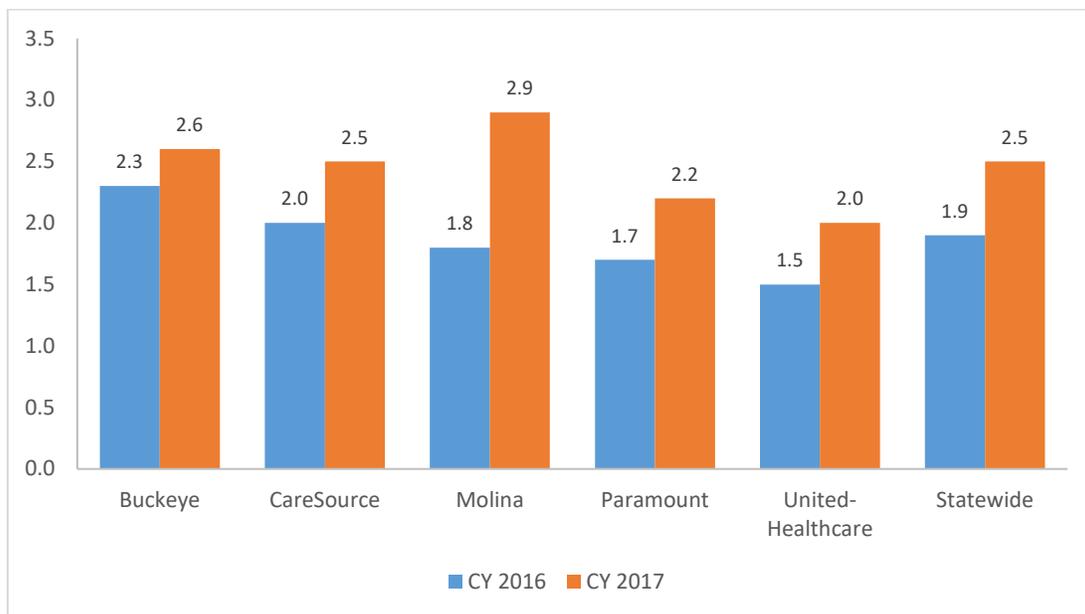
*A lower rate indicates better performance.

Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

In CY 2017, Paramount and UnitedHealthcare were the only MCPs to perform better than the statewide average and meet the MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes*. Conversely, Buckeye and Molina performed worse than the statewide average for this measure in CY 2017.

Figure 6-2 displays the *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* results for CY 2016 and CY 2017 for each MCP and the statewide average.

Figure 6-2—MCP and Statewide Average PQI 16 Measure Results Per 100,000 Member Months*



*A lower rate indicates better performance.

All MCPs and the statewide average had a decline in performance for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* from CY 2016 to CY 2017.

CAHPS

ODM requires the five MCPs to administer a CAHPS survey annually. Survey results provide important feedback on overall member satisfaction with the Ohio Medicaid managed care program. The 2017 overall adult member ratings and child member ratings on each of the four global ratings, four composite measures, and one individual item measure are presented in Table 6-9 and Table 6-10.

Table 6-9—Overall Adult Three-Point Means on the Global Ratings, Composite Measures, and Individual Item Measure Compared to National Benchmarks

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Global Ratings						
Rating of Health Plan	★★★★★ 2.51	★★★★ 2.47	★★★★★ 2.59	★★★★ 2.46	★★★★★ 2.48	★★★★★ 2.53
Rating of All Health Care	★★★★ 2.40	★★★★ 2.38	★★★★ 2.42	★★★★ 2.38	★★★ 2.37	★★★★★ 2.45
Rating of Personal Doctor	★★★★★ 2.54	★★★★★ 2.54	★★★★★ 2.56	★★★★ 2.50	★★★★ 2.51	★★★★★ 2.58
Rating of Specialist Seen Most Often	★★★★★ 2.58	★★★★★ 2.59	★★★★★ 2.59	★★★★★ 2.59	★★★ 2.48	★★★★★ 2.60
Composite Measures						
Getting Needed Care	★★★★★ 2.45	★★★★★ 2.45	★★★★★ 2.46	★★★★★ 2.45	★★★★ 2.39	★★★★★ 2.48
Getting Care Quickly	★★★★★ 2.50	★★★★★ 2.49	★★★★★ 2.55	★★★★★ 2.50	★★★ 2.37	★★★★★ 2.54
How Well Doctors Communicate	★★★★★ 2.67	★★★★★ 2.65	★★★★★ 2.67	★★★★★ 2.69	★★★★★ 2.65	★★★★★ 2.71
Customer Service	★★★★★ 2.63	★★★★★ 2.64	★★★★★ 2.68	★★★★★ 2.59	★★★★★* 2.63	★★★★★ 2.60
Individual Item Measure						
Coordination of Care	★★★★ 2.41	★★★ 2.37	★★★★ 2.42	★★★★ 2.39	★★★ 2.37	★★★★★ 2.48
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★★ 25th-49th ★ Below 25th * Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents. Indicates the 2017 MCP's mean exceeded the Ohio Medicaid mean by a statistically significant amount. Indicates the 2017 MCP's mean was lower than the Ohio Medicaid mean by a statistically significant amount.						

- In 2017, the Ohio Medicaid managed care program scored at or above the 75th percentile for three global ratings and every composite measure. The following measures were below the 75th percentile: *Rating of All Health Care* and *Coordination of Care*.
- CareSource’s 2017 overall mean was higher than the Ohio Medicaid managed care program average for *Rating of Health Plan* and *Getting Care Quickly* by a statistically significant amount.
- Paramount’s 2017 overall mean was lower than the Ohio Medicaid managed care program average for *Getting Care Quickly* by a statistically significant amount.

Table 6-10—Overall Child Three-Point Means on the Global Ratings, Composite Measures, and Individual Item Measure Compared to National Benchmarks

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Global Ratings						
Rating of Health Plan	★★★★★ 2.62	★★★★★ 2.62	★★★★★ 2.66	★★★ 2.60	★★★★★ 2.65	★★ 2.56
Rating of All Health Care	★★★★★ 2.65	★★★★★ 2.66	★★★★★ 2.63	★★★★★ 2.65	★★★★★ 2.60	★★★★★ 2.68
Rating of Personal Doctor	★★★★★ 2.68	★★★★★ 2.67	★★★★★ 2.70	★★★★★ 2.67	★★★★★ 2.66	★★★★★ 2.74
Rating of Specialist Seen Most Often	★★★★★ 2.68	★★★★★ 2.72	★★★★★* 2.70	★★★★★ 2.68	★★★* 2.61	★★★★* 2.64
Composite Measures						
Getting Needed Care	★★★★★ 2.53	★★★★★ 2.57	★★★ 2.48	★★★★★ 2.53	★★ 2.43	★★★★★ 2.57
Getting Care Quickly	★★★★★ 2.66	★★★★★ 2.71	★★★★★ 2.67	★★★ 2.62	★★★★★ 2.68	★★★★★ 2.69
How Well Doctors Communicate	★★★★★ 2.76	★★★★★ 2.77	★★★★★ 2.78	★★★★★ 2.74	★★★★★ 2.79	★★★★★ 2.77
Customer Service	★★★★★ 2.62	★★★ 2.54	★★★★* 2.62	★★★★★ 2.65	★★★★* 2.75	★★★★* 2.61
Individual Item Measure						
Coordination of Care	★★★★★ 2.52	★★★★★ 2.54	★★★★★ 2.55	★★★★★ 2.50	★★★★* 2.48	★★★★* 2.51
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th * Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.						

- In 2017, the Ohio Medicaid managed care program scored at or above the 75th percentile for every global rating, composite measure, and individual item measure.
- None of the MCPs’ overall means were higher or lower than the Ohio Medicaid managed care program average by a statistically significant amount.

Pay-for-Performance

Table 6-11 presents the MCP and statewide weighted average rates for the HEDIS 2018 P4P measures and comparisons to the national Medicaid percentiles.

Table 6-11—MCP Comparative and Statewide Weighted Average P4P Measure Results

Performance Measures	Buckeye	CareSource	Molina	Paramount	United-Healthcare	Statewide Average	NCQA Quality Compass 50th Percentile ¹
Healthy Children/Adults							
Adolescent Well-Care Visits	56.2%	51.3%	46.2%	45.7%	52.6%	51.0%	50.1%
Women’s Health							
Prenatal and Postpartum Care—Timeliness of Prenatal Care	86.6%	78.6%	82.8%	83.0%	83.7%	81.1%	83.6%
Prenatal and Postpartum Care—Postpartum Care	63.7%	62.3%	62.6%	69.1%	64.3%	63.4%	64.4%
Behavioral Health							
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	43.4%	48.3%	46.5%	53.2%	15.0%*	44.0%	36.5%
Chronic Conditions							
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) ²	39.4%	62.2%	43.6%	42.8%	51.6%	54.0%	41.1%
Controlling High Blood Pressure	56.2%	47.2%	53.3%	61.6%	53.0%	51.0%	56.9%

¹ Due to HEDIS 2018 specification changes, the Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up rates were compared to the 2018 National Medicaid Quality Compass Percentiles. The remaining measures were compared to 2017 National Medicaid Quality Compass Percentiles.

² A lower rate indicates better performance.

* ODM has determined this reported HEDIS result for UnitedHealthcare does not accurately reflect performance due to data incompleteness. UnitedHealthcare’s recalculation of this rate using complete data is 36.1 percent.

- At or above the Quality Compass 75th percentile
- At or above the Quality Compass 50th percentile and below the 75th percentile
- At or above the Quality Compass 25th percentile and below the 50th percentile
- Below the Quality Compass 25th percentile

The statewide average rates for two of the P4P measures exceeded the national Medicaid 50th percentiles. Opportunities for improvement exist within the Chronic Conditions population stream with at least one MCP performing below the national Medicaid 25th percentile for each measure within the population stream. Additionally, four of five MCPs performed below the national Medicaid 50th percentile for both measures in the Chronic Conditions population stream.

Comprehensive Administrative Review

The Ohio Medicaid managed care program received an average total administrative performance score across the five MCPs of 94 percent for the Medicaid program.

Table 6-12 presents a summary of the Ohio Medicaid managed care program performance results. The administrative performance score represents the percentage of requirements that were met.

Table 6-12—Summary of Medicaid Scores for the Comprehensive Administrative Review

MCP	Administrative Performance Score
Buckeye	96%
CareSource	96%
Molina	94%
Paramount	95%
UnitedHealthcare	91%
Ohio Medicaid Managed Care Program	94%*

*The overall administrative performance score for the Ohio Medicaid managed care program was calculated by dividing the total number of met requirements by the total number of applicable requirements for each MCP and averaging the resulting percentages across the five MCPs.

Table 6-13 presents a summary of performance results for the MCPs and the Ohio Medicaid managed care program as a whole. The percentage of requirements that were met for each standard are provided.

Table 6-13—Summary of Medicaid Scores for the Comprehensive Administrative Review

Standard #	Standard	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare	Ohio Medicaid Managed Care Program
I	Availability of Services	100%	100%	100%	100%	100%	100%
II	Assurance of Adequate Capacity and Services	100%	67%	100%	100%	67%	87%
III	Coordination and Continuity of Care	97%	93%	83%	83%	90%	89%

Standard #	Standard	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare	Ohio Medicaid Managed Care Program
IV	Coverage and Authorization of Services	93%	96%	100%	93%	93%	95%
V	Credentialing and Recredentialing	89%	100%	78%	89%	78%	87%
VI	Subcontractual Relationships and Delegation	100%	100%	100%	100%	100%	100%
VII	Member Information and Member Rights	92%	100%	100%	100%	88%	96%
VIII	Confidentiality of Health Information	80%	100%	100%	100%	100%	96%
IX	Enrollment and Disenrollment	100%	100%	100%	100%	100%	100%
X	Grievance System	97%	90%	94%	97%	87%	93%
XI	Practice Guidelines	100%	100%	100%	100%	83%	97%
XII	Quality Assessment and Performance Improvement	100%	100%	93%	100%	93%	97%
XIII	Health Information Systems	100%	100%	100%	100%	100%	100%

Since a Comprehensive Administrative Review was conducted in SFY 2017 and will not be conducted again until SFY 2020, for SFY 2018, HSAG confirmed that all MCPs submitted CAPs addressing all identified deficiencies to ODM, and that ODM reviewed and approved 100 percent of all CAPs.

Network Adequacy Validation

Through its contracts with the MCPs, ODM requires each MCP to submit documentation demonstrating that it offers an appropriate range of preventive, primary care, and specialty services adequate for the anticipated number of members in the service area, while maintaining a provider panel that is sufficient in number, mix, and geographic distribution to meet the needs of members in the service area. ODM requires this documentation of assurance of adequate capacity and services to be submitted to ODM no less frequently than at the time the MCP enters into a contract with ODM, whenever a significant change in the MCP’s operation that would affect adequate capacity and services occurs, and whenever a new population is enrolled in the MCP.

The MCPN is the tool ODM uses to determine if the MCPs are meeting all provider panel requirements outlined in ODM’s contract with each MCP. Each month, ODM provides MCPs with an electronic file containing the MCP’s provider panel as reflected in the ODM MCPN database. MCPs not meeting the minimum provider panel requirements may be assessed a \$1,000 nonrefundable fine for each category of providers in each county in the region.

In addition to ODM’s monitoring efforts, ODM contracted with HSAG to conduct telephone surveys of provider offices in SFY 2018 to validate the accuracy of the provider information reflected in the MCPN.

PCP Access Survey

The Fall PCP Access Survey concluded in December 2017 and the Spring PCP Access Survey concluded in June 2018. Survey results are presented by MCP and survey (i.e., Fall and Spring).

For each survey and MCP, Table 6-14 reports the survey response rate (i.e., whether the provider was able to be contacted).

Table 6-14—Telephone Survey Response Rate

MCP	Fall 2017		Spring 2018	
	Total Number of PCPs	Response Rate (%)	Total Number of PCPs	Response Rate (%)
Buckeye	690	49.6	772	44.0
CareSource	684	53.4	675	56.3
Molina	710	52.8	715	54.3
Paramount	725	54.3	756	51.7
UnitedHealthcare	718	41.8	797	39.1
All MCPs	3,527	50.4	3,715	48.7

Table 6-15 reports whether survey respondents were still participating with the MCP indicated in the MCPN file.

Table 6-15—MCP Participation Distribution for Respondents

MCP	Fall 2017		Spring 2018	
	Total Number of Respondents	Participation Rate (%)	Total Number of Respondents	Participation Rate (%)
Buckeye	342	91.2	340	94.4
CareSource	365	95.9	380	94.7
Molina	375	86.9	388	89.7
Paramount	394	90.6	391	91.6
UnitedHealthcare	300	95.3	312	95.2
All MCPs	1,776	91.8	1,811	93.0

Table 6-16 reports the survey responses regarding contacted PCPs who were accepting new patients at the time they were surveyed, as well as the rate of providers offering nonstandard appointments (i.e., walk-in or after-hours appointments). For each column, the denominator is the number of providers who were reached and were still with the MCP specified in the MCPN files.

Table 6-16—Rates of New Patient Acceptance and Nonstandard Appointment Availability

MCP	Fall 2017			Spring 2018		
	Accepting New Patients (%)	Offering Walk-In Appointments (%)	Offering After-Hours Appointments (%)	Accepting New Patients (%)	Offering Walk-In Appointments (%)	Offering After-Hours Appointments (%)
Buckeye	62.2	18.6	37.2	67.6	21.5	42.7
CareSource	60.0	17.7	39.1	68.1	16.7	35.3
Molina	66.3	23.6	36.8	71.8	18.1	30.5
Paramount	67.8	20.4	45.1	69.8	15.4	37.7
UnitedHealthcare	64.3	23.4	33.6	72.7	20.5	36.7
All MCPs	64.1	20.7	38.6	70.0	18.3	36.5

For each survey, Table 6-17 shows the rate of providers offering appointments to new patients for routine well-check visits with wait times of 30 calendar days or less, as well as the average, and median wait times for providers by MCP. Appointment information was collected for the overall appointment availability with the first available provider (either the sampled provider or an alternate provider) at the location surveyed.

Table 6-17—New Patient Appointment Wait Time in Calendar Days for a Routine Well-Check Appointment

MCP	Fall 2017			Spring 2018		
	≤ 30 Days Wait Time (%)	Average Wait Time (Calendar Days)	Median Wait Time (Calendar Days)	≤ 30 Days Wait Time (%)	Average Wait Time (Calendar Days)	Median Wait Time (Calendar Days)
Buckeye	76.1	21.0	12.5	82.4	19.9	11.0
CareSource	77.0	19.6	13.5	84.3	17.4	13.0
Molina	79.0	19.2	9.0	85.2	17.8	12.0
Paramount	75.1	21.1	13.0	84.7	18.7	13.0
UnitedHealthcare	72.6	18.8	8.0	78.2	22.0	14.0
All MCPs	76.0	20.0	12.0	83.2	19.0	13.0

For each survey, Table 6-18 shows the rate of providers offering appointments to new patients for a sick visit with wait times of 30 calendar days or less, as well as the average and median wait times for providers by MCP. Appointment information was collected for the overall appointment availability with the first available provider at the location surveyed.

Table 6-18—New Patient Appointment Wait Time in Calendar Days for a Sick Visit

MCP	Fall 2017			Spring 2018		
	≤ 30 Days Wait Time (%)	Average Wait Time (Calendar Days)	Median Wait Time (Calendar Days)	≤ 30 Days Wait Time (%)	Average Wait Time (Calendar Days)	Median Wait Time (Calendar Days)
Buckeye	85.0	13.6	2.0	91.1	10.9	1.0
CareSource	86.4	12.8	2.0	93.6	7.9	1.0
Molina	87.6	12.3	1.0	91.4	10.0	3.0
Paramount	84.2	13.8	3.0	91.5	11.0	2.0
UnitedHealthcare	89.6	9.9	2.5	91.4	9.9	1.0
All MCPs	86.4	12.6	2.0	91.8	10.0	2.0

Table 6-19 shows the rate of providers offering appointments to existing patients for routine well-check visits with wait times of 30 calendar days or less, as well as the average and median wait times for providers by MCP. Appointment information was collected for the overall appointment availability with the first available provider at the location surveyed.

Table 6-19—Existing Patient Appointment Wait Time in Calendar Days for a Routine Well-Check Appointment

MCP	Fall 2017			Spring 2018		
	≤ 30 Days Wait Time (%)	Average Wait Time (Calendar Days)	Median Wait Time (Calendar Days)	≤ 30 Days Wait Time (%)	Average Wait Time (Calendar Days)	Median Wait Time (Calendar Days)
Buckeye	91.4	9.6	4.0	95.5	8.8	4.0
CareSource	90.8	11.2	6.0	93.6	9.1	6.0
Molina	93.2	8.7	3.0	94.3	9.7	6.0
Paramount	90.2	10.7	5.0	94.1	9.4	5.0
UnitedHealthcare	87.0	11.6	5.0	89.6	12.4	6.0
All MCPs	90.6	10.4	5.0	93.5	9.8	6.0

Table 6-20 shows the rate of providers offering appointments for a sick visit with wait times of 30 calendar days or less, as well as the average and median wait times for providers by MCP. Appointment information was collected for the overall appointment availability with the first available provider at the location surveyed.

Table 6-20—Existing Patient Appointment Wait Time in Calendar Days for a Sick Visit

MCP	Fall 2017			Spring 2018		
	≤ 30 Days Wait Time (%)	Average Wait Time (Calendar Days)	Median Wait Time (Calendar Days)	≤ 30 Days Wait Time (%)	Average Wait Time (Calendar Days)	Median Wait Time (Calendar Days)
Buckeye	99.7	1.2	0.0	99.7	1.1	0.0
CareSource	99.7	1.4	0.0	99.7	1.0	0.0
Molina	99.7	1.2	0.0	99.4	1.3	0.0
Paramount	99.7	1.4	0.0	99.4	1.4	0.0
UnitedHealthcare	99.3	1.6	0.0	99.6	1.5	0.0
All MCPs	99.6	1.3	0.0	99.6	1.3	0.0

HSAG collected provider-specific information during the survey calls and compared this to the data contained in the MCPN files to calculate the accuracy of certain provider data elements. For each survey, Table 6-21 presents the accuracy rates by MCP for MCP acceptance and the new patient information noted in the MCPN files.

Table 6-21—MCPN Accuracy Rate for Provider Fields

MCP	Fall 2017		Spring 2018	
	Providers with Matched MCPN Information			
	MCP Acceptance ¹ (%)	Accepting New Patients ² (%)	MCP Acceptance ¹ (%)	Accepting New Patients ² (%)
Buckeye	91.2	63.8	94.4	68.2
CareSource	95.9	62.0	94.7	68.1
Molina	86.9	72.4	89.7	74.1
Paramount	90.6	73.1	91.6	74.9
UnitedHealthcare	95.3	66.1	95.2	71.4
All MCPs	91.8	67.6	93.0	71.4

¹ The denominator includes only the providers who responded to the survey question, “Can you please confirm that Dr. <last name> accepts <MCP>?”

² The denominator is the number of providers who responded to the survey question, “Is Dr. <last name> accepting new patients for <MCP>?”

MCPN accuracy for telephone numbers and addresses was calculated for all sampled providers, and providers that were not reached during the survey may have scored negatively for these study indicators if the MCPN information could not be verified. For each survey, Table 6-22 presents the accuracy rates by MCP for providers' MCPN telephone number and address information.

Table 6-22—MCPN Accuracy Rate for Location Fields

MCP	Fall 2017		Spring 2018	
	Percent of Locations with Matched MCPN Information			
	Telephone Number (%)	Address ¹ (%)	Telephone Number (%)	Address ¹ (%)
Buckeye	74.2	38.6	77.6	34.6
CareSource	76.2	43.0	80.1	44.0
Molina	78.2	38.5	77.8	40.6
Paramount	77.5	41.8	80.8	38.4
UnitedHealthcare	71.6	30.2	71.5	27.0
All MCPs	75.5	38.4	77.4	36.6

¹ Providers' Street Address, City, State, and ZIP Code data elements were combined to assess overall Address accuracy.

OB/GYN Survey

OB/GYN Survey results are presented by plan (i.e., MCP) and results for Buckeye, CareSource, Molina, and UnitedHealthcare include providers serving Medicaid and/or MyCare Ohio members. Though Aetna serves only MyCare Ohio members, Aetna's results have been included for consistency with published survey results. Paramount's results include providers serving only MCP members.

Table 6-23 reports the survey response rate regarding whether the provider was able to be contacted.

Table 6-23—OB/GYN Telephone Survey Response Rate

Plan	Total Number of Providers	Respondents	Response Rate (%)
Aetna	155	84	54.2
Buckeye	371	260	70.1
CareSource	392	259	66.1
Molina	386	230	59.6
Paramount	389	275	70.7
UnitedHealthcare	377	201	53.3
All Plans	2,070	1,309	63.2

Note: Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna's results have been included for consistency with published survey results. Paramount's results include providers serving only MCP members.

Table 6-24 reports whether survey respondents were still participating with the plan indicated in the MCPN file.

Table 6-24—Plan Participation Distribution for Respondents

Plan	Total Number of Respondents	Participating with Plan	Participation Rate (%)
Aetna	84	67	79.8
Buckeye	260	231	88.8
CareSource	259	247	95.4
Molina	230	197	85.7
Paramount	275	239	86.9
UnitedHealthcare	201	182	90.5
All Plans	1,309	1,163	88.8

Note: Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

Table 6-25 reports the survey responses regarding contacted OB/GYN and CNM providers, as well as the proportion of providers accepting new patients. All providers servicing Medicaid and/or MyCare members who confirmed during the survey that they were either OB/GYNs or CNMs were included in the eligible study population and were asked if they accepted new patients.

Table 6-25—Eligible CNM or OB/GYN Provider & New Patient Acceptance Rates, Statewide and by Plan

Plan	Providers Contracted with Plan and Medicaid/MyCare ¹	Is an OB/GYN or CNM ¹ (%)	Accepting New Patients ² (%)
Aetna	53	94.3	88.0
Buckeye	226	89.8	89.2
CareSource	239	88.3	86.3
Molina	193	82.9	95.0
Paramount	234	87.2	91.2
UnitedHealthcare	155	83.9	88.5
All Plans	1,100	87.1	89.8

Note: Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

¹ The denominator is the number of contracted providers who were able to be reached and who were still with the plan identified in the MCPN file and accepting Medicaid and/or MyCare.

² The denominator is the number of contracted OB/GYN or CNM providers who were able to be reached and who were still with the plan identified in the MCPN file and accepting Medicaid and/or MyCare.

Table 6-26 presents findings based on provider responses to the “Accepting New Patients” and “Limitations to Accepting New Patients” telephone survey questions. Limitations pertaining to a consumer’s age may or may not be reflected in the MCPN files. However, limitations related to providers’ office processes (e.g., providers who do not provide selected clinical services or who require pre-registration with the practice or office prior to scheduling an appointment) may affect members’ access even though these limitations are not reflected in the MCPN files.

Table 6-26—Rate of Providers Accepting New Patients, Statewide and by Plan

Plan	Not Accepting New Patients ¹ (%)	Accepting New Patients ¹ (%)	Accepting New Patients—No Limitations ¹ (%)	Accepting New Patients with Limitations ^{1,2}			
				Medical Record Review Required Prior to Scheduling (%)	Eligibility Verification Required Prior to Scheduling (%)	Positive Pregnancy Test Required Prior to Scheduling (%)	Other Limitations (%)
Aetna	12.0	88.0	22.0	0.0	22.0	8.0	52.0
Buckeye	10.8	89.2	27.6	13.8	3.4	2.5	45.8
CareSource	13.7	86.3	26.5	20.4	2.4	1.9	39.3
Molina	5.0	95.0	30.0	1.9	3.8	8.1	61.3
Paramount	8.8	91.2	32.4	1.5	7.8	4.4	52.9
UnitedHealthcare	11.5	88.5	43.8	0.0	2.3	5.4	37.7
All Plans	10.2	89.8	30.7	8.0	5.0	4.4	47.7

Note: Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

¹ The denominator is the number of contracted providers who were able to be reached, who were still with the plan identified in the MCPN file, were accepting Medicaid and/or MyCare, and were confirmed to be either an OB/GYN or CNM.

² Providers may respond with multiple limitations, and providers are counted once for each applicable limitation.

Among provider locations offering appointments for a first trimester pregnancy within 60 days of the call or for a second trimester pregnancy within 30 days of the call, Table 6-27 summarizes selected appointment availability indicators by plan. Appointment information was collected only for the sampled provider and does not refer to overall appointment availability with an alternate provider at the location surveyed.

Table 6-27—New Patient Appointment Wait Time in Calendar Days by Trimester and Plan

Plan	First Trimester			Second Trimester		
	≤ 30 Days Wait Time (%)	Average Wait Time (Days)	Median Wait Time (Days)	≤ 15 Days Wait Time (%)	Average Wait Time (Days)	Median Wait Time (Days)
Aetna	85.7	15.6	10.0	71.4	13.1	12.0
Buckeye	82.4	19.1	17.0	90.0	7.5	5.5
CareSource	89.3	16.7	13.5	55.6	16.1	15.0
Molina	90.5	16.3	15.5	70.4	12.6	14.0
Paramount	98.0	16.5	17.0	72.7	11.0	7.5
UnitedHealthcare	93.6	16.5	16.0	58.1	12.6	13.0
All Plans	90.5	17.0	16.0	67.9	12.1	11.5

Note: Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

To assess the accuracy of the plans’ MCPN data files, HSAG compared providers’ survey responses to the data in the MCPN files. Table 6-28 presents plan-level MCPN accuracy results for study indicators related to patient access. UnitedHealthcare’s 0.0 percent accuracy rate influenced the statewide new patient acceptance accuracy rate and was attributed to UnitedHealthcare reporting null values for all sampled providers for the MCPN data field, *Existing Patients Only*.⁶⁻¹

Table 6-28—MCPN Accuracy for Patient Access Fields, Statewide and by Plan

Plan	Is an OB/GYN or CNM		Specialty Accuracy		Accepting New Patients Accuracy	
	N ¹	% Matched	N ¹	% Matched	N ²	% Matched
Aetna	53	94.3	53	94.3	44	100.0
Buckeye	226	89.8	226	89.8	181	77.9
CareSource	239	88.3	239	87.9	182	100.0
Molina	193	82.9	193	81.9	152	90.1
Paramount	234	87.2	234	85.9	186	98.9
UnitedHealthcare	155	83.9	155	81.9	115	0.0
All Plans	1,100	87.1	1,100	86.3	860	80.0

Note: Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

¹ The denominator is the number of providers who responded to the “Are you an OB/GYN or CNM?” survey question.

² The denominator is the number of providers who responded to the “Are you accepting new patients?” survey question.

⁶⁻¹ The MCPN field, *Existing Patients Only*, is only required to be populated for records indicating that the provider is a PCP (i.e., the *IsPCP* data field has a value of “1”).

To calculate accuracy for the provider name data elements, Provider First Name and Provider Last Name were combined. Similarly, the Provider’s Street Address, City, State, and ZIP Code data elements were combined to calculate the address accuracy. Table 6-29 presents plan-level MCPN accuracy results for study indicators related to providers’ demographic information. Provider demographic information was not collected or validated for cases in which the sampled OB/GYN or CNM provider could not be contacted or were found not to be contracted with the plan noted in the MCPN data files.

Table 6-29—MCPN Accuracy Rate for Participating CNM and OB/GYN Providers, Statewide and by Plan

Plan	Locations with Matched MCPN Information				
	Provider Name ¹ (%)	Address ² (%)	Telephone Number (%)	County ³ (%)	All ⁴ (%)
Aetna	100.0	61.4	45.2	95.5	56.8
Buckeye	99.4	69.1	57.1	91.8	59.6
CareSource	99.5	62.6	59.7	90.2	60.3
Molina	97.2	70.6	47.4	95.5	63.4
Paramount	100.0	78.9	59.9	95.0	71.3
UnitedHealthcare	100.0	81.6	41.6	99.0	72.8
All Plans	99.3	71.4	52.6	93.9	64.7

Note: Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

¹ The denominator includes only the provider locations for which the provider name was verified.

² The denominator includes only the provider locations for which the address elements (i.e., street name and number, city, state, and ZIP code) were validated.

³ The denominator includes only the provider locations within an Ohio county.

⁴ The denominator includes only the provider locations for which all data elements for name, address, telephone number, and county could be validated.

Home Health Survey

MCPN File Validation

For the Home Health Survey, HSAG compared survey responses (which include providers contracted to provide services to both MCP and MCOP members) to the data contained in the MCPN files to calculate the accuracy of certain data elements. Table 6-30 reports whether survey respondents were participating as an HHA as indicated in the MCPN file. Overall, 39.6 percent of HHA cases were determined by survey responses to be HHAs, consistent with the specialty information in the MCPN file.

Table 6-30—HHA Accuracy for Respondents

MCPN-Reported Plan ¹	Denom ²	HHA ³	Not An HHA	Not Reached ⁴	HHA Accuracy Rate (%)
Aetna	340	141	20	179	41.5
Buckeye	895	346	65	484	38.7
CareSource	336	123	73	140	36.6
Molina	786	324	85	377	41.2
Paramount	143	57	25	61	39.9
All Plans	2,500	991	268	1,241	39.6

Note: Due to rounding, the sum of the percentages across each row may not equal 100 percent. Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

1. Because no HHAs were attributed to UnitedHealthcare in the MCPN data file, UnitedHealthcare has been omitted from this table.
2. The denominator includes the HHAs identified from the MCPN file.
3. While some respondents did not answer all survey questions and may have been counted as an overall refusal, a record was validated as an HHA if the respondent answered the initial question confirming that the phone number connected to a provider of home health services.
4. A record’s status as an HHA could not be confirmed if the HHA was not reached. HHAs not reached are a subset of the 1,654 non-respondents.

No HHAs were attributed to UnitedHealthcare in the March 2018 MCPN files, and follow-up by ODM determined that UnitedHealthcare systematically misclassified home health providers as home health aides. UnitedHealthcare began correcting the data, and validation of UnitedHealthcare’s updated MCPN data for HHAs may be considered in future surveys. HSAG achieved a response rate of 33.8 percent for this survey, which exceeds the typical provider survey response rate of approximately 15 percent across HSAG’s book of business for atypical provider types. Plan-level response rates ranged from 30.4 percent for CareSource to 37.0 percent for Molina.

Table 6-31 reports whether survey respondents were participating with the plan and program(s) indicated in the MCPN file. Overall, 91.0 percent of HHAs reached were contracted with the plan indicated in the MCPN file. Additionally, 8.1 percent of HHAs reached were contracted with the program(s) indicated in the MCPN file for the specified plan.

Table 6-31—MCPN Accuracy Rate for Plan and Program Participation

MCPN-Reported Plan ¹	Locations with Matched MCPN Information					
	Plan ²			Program ³		
	Den	#	%	Den	#	%
Aetna	120	109	90.8	109	69	63.3
Buckeye	285	266	93.3	266	116	43.6
CareSource	102	94	92.2	94	54	57.4
Molina	291	267	91.8	267	184	68.9
Paramount	48	34	70.8	34	14	41.2
All Plans	846	770	91.0	770	437	56.8

Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

1. Because no HHAs were attributed to UnitedHealthcare in the MCPN data file, UnitedHealthcare has been omitted from this table.
2. The denominator includes the HHAs identified from the MCPN file for which the plan information was validated (i.e., contacted HHAs).
3. The denominator includes the HHAs identified from the MCPN file that indicated they contracted with the plan specified in the MCPN file.

HSAG evaluated the HHAs’ telephone number data element to calculate the “Telephone Number” accuracy, and the address elements (i.e., the HHAs’ Street Address, City, State, and ZIP Code data elements) were combined to calculate the “Address” accuracy. Table 6-32 presents plan-level results for MCPN accuracy for participating HHAs.

Table 6-32—MCPN Accuracy Rate for Location Fields

MCPN-Reported Plan ¹	Locations with Matched MCPN Information					
	Telephone Number			Address ²		
	Den	#	%	Den	#	%
Aetna	340	161	47.4	107	43	40.2
Buckeye	895	411	45.9	259	121	46.7
CareSource	336	196	58.3	84	58	69.0
Molina	786	409	52.0	255	176	69.0
Paramount	143	82	57.3	31	25	80.6
All Plans	2,500	1,259	50.4	736	423	57.5

Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

1. Because no HHAs were attributed to UnitedHealthcare in the MCPN data file, UnitedHealthcare has been omitted from this table.
2. The denominator includes the HHAs for which the address elements were validated (i.e., contacted HHAs that were accepting the specified plan and either Medicaid or MyCare).

While 11.8 percent of HHAs listed in the MCPN files had invalid telephone numbers (e.g., fax lines or disconnected numbers), plan-level rates of invalid telephone numbers ranged from 7.1 percent for CareSource to 17.5 percent for Buckeye.

HHAs’ Self-Reported Access Information

The survey script allowed HHAs to report on multiple data elements related to members’ access to, and acceptance of, an individual plan. While no HHAs were attributed to UnitedHealthcare in the MCPN data file, UnitedHealthcare is included in the self-reported access information (i.e., Table 6-33 through Table 6-37) because HHAs were able to indicate their acceptance of members with UnitedHealthcare during the survey. This subsection presents the HHAs’ self-reported survey results by data element.

Table 6-33 reports the distribution of survey respondents statewide and by plan, and each HHA may be counted for each reported plan.

Table 6-33—Distribution of Self-Reported Plan Participation among Respondents

Self-Reported Plan	Denom ¹	Participating with Plan	Not Participating with Plan	Participation Rate (%)
Aetna	846	677	169	80.0
Buckeye	846	631	215	74.6
CareSource	846	477	369	56.4
Molina	846	691	155	81.7
Paramount	846	397	449	46.9
UnitedHealthcare	846	459	387	54.3
All Plans²	846	838	8	99.1

Note: Due to rounding, the sum of the percentages across each row may not equal 100 percent. Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

1. The denominator includes the HHAs for which the plan information was validated (i.e., contacted HHAs). Because every HHA contacted may contract with any of the six plans, the denominator is the same for all plans.
2. Because an HHA may contract with multiple plans, the “All Plans” row presents the unduplicated count of applicable survey respondents. The “Participating with Plan” column shows the count of records in which the HHA reported participating with at least one plan, and the “Not Participating with Plan” column shows the count of records in which the HHA reported that it did not participate with any of the plans.

Table 6-34 presents the self-reported regulatory certifications among survey respondents statewide and by plan, for each potential regulatory agency (e.g., an HHA could be ODH- and Medicare-certified).

Table 6-34—Distribution of Self-Reported Regulatory Information among Respondents

Self-Reported Plan	Den ³	ODH ¹ Certified		Medicare Certified		Pediatric Certified		Any Other Regulatory Agency ²	
		#	%	#	%	#	%	#	%
Aetna	583	510	87.5	541	92.8	250	42.9	26	61.9
Buckeye	608	542	89.1	571	93.9	258	42.4	29	78.4
CareSource	421	385	91.4	404	96.0	183	43.5	14	82.4
Molina	655	580	88.5	600	91.6	289	44.1	41	74.5
Paramount	374	351	93.9	364	97.3	159	42.5	7	70.0
UnitedHealthcare	416	382	91.8	401	96.4	163	39.2	12	80.0
All Plans⁴	806	703	87.2	736	91.3	311	38.6	49	70.0

Note: Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

1. Ohio Department of Health
2. This element was only collected for HHAs that indicated they were not Medicare certified to provide home health services. The denominator includes the HHAs for which program information was validated (i.e., contacted HHAs accepting the specified plan and Medicaid and/or MyCare) and the HHA was not Medicare certified to provide home health services.
3. The denominator includes the HHAs for which program information was validated (i.e., contacted HHAs accepting the specified plan and Medicaid and/or MyCare).
4. Because an HHA may contract with multiple plans, the “All Plans” row presents the unduplicated count of applicable survey respondents.

Table 6-35 presents the self-reported types of services offered by survey respondents statewide and by plan.

Table 6-35—Distribution of Self-Reported Home Health Services Offered by Respondents

Self-Reported Plan	Den ¹	Post-Hospital Care		Ongoing Care		Routine Aide		Routine Nursing	
		#	%	#	%	#	%	#	%
Aetna	583	507	87.0	541	92.8	525	90.1	503	86.3
Buckeye	608	545	89.6	573	94.2	557	91.6	528	86.8
CareSource	421	395	93.8	398	94.5	377	89.5	369	87.6
Molina	655	570	87.0	616	94.0	591	90.2	553	84.4
Paramount	374	350	93.6	357	95.5	346	92.5	339	90.6
UnitedHealthcare	416	393	94.5	397	95.4	373	89.7	360	86.5
All Plans²	806	709	88.0	753	93.4	722	89.6	681	84.5

Note: Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

1. The denominator includes the HHAs for which program information was validated (i.e., contacted HHAs accepting the specified plan and Medicaid and/or MyCare).
2. Because an HHA may contract with multiple plans, the “All Plans” row presents the unduplicated count of applicable survey respondents.

Table 6-36 presents the self-reported information on potential age limitations among survey respondents statewide and by plan.

Table 6-36—Distribution of Self-Reported Patient Age Considerations among Respondents

Self-Reported Plan	Serving All Ages			Age Limitations Noted	
	Den ¹	#	%	#	%
Aetna	583	417	71.5	55	9.4
Buckeye	608	432	71.1	48	7.9
CareSource	421	297	70.5	40	9.5
Molina	655	495	75.6	30	4.6
Paramount	374	293	78.3	18	4.8
UnitedHealthcare	416	297	71.4	35	8.4
All Plans²	806	568	70.5	69	8.6

Note: Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

1. The denominator includes the HHAs for which program information was validated (i.e., contacted HHAs accepting the specified plan and Medicaid and/or MyCare).
2. Because an HHA may contract with multiple plans, the “All Plans” row presents the unduplicated count of applicable survey respondents.

Most survey responses indicating age limitations were related to HHAs that did not serve pediatric members or members younger than 18 years of age. Additionally, respondents may have indicated that they do not serve members of all ages, but offered no further details.

To support transition of care, ODM requires the MCPs to maintain the current home care and private duty nursing (PDN) service level and provider for 90 days after a member is initially enrolled with the MCP. After 90 calendar days of enrollment and prior to transitioning to a participating provider or proposing a change in the service amount, the MCP is required to make a home visit to observe the home care or PDN service being provided, to assess the current need for continued services. The survey included an opportunity for the HHAs to self-report information on their participation in these assessments, which is presented in Table 6-37. Table 6-37 also notes whether the HHA reported being invited to participate in the assessments.

Table 6-37—Distribution of Self-Reported Participation in In-Home Assessments among Respondents

Self-Reported Plan	Reported Participation in In-Home Assessments			Reported Invitation to Participate in In-Home Assessments		
	Den ¹	#	%	Den ²	#	%
Aetna	583	495	84.9	34	1	2.9
Buckeye	608	511	84.0	43	2	4.7
CareSource	421	345	81.9	42	3	7.1
Molina	655	561	85.6	47	0	0.0
Paramount	374	322	86.1	28	0	0.0
UnitedHealthcare	416	353	84.9	32	1	3.1

Note: Rates for Buckeye, CareSource, Molina, and UnitedHealthcare include results for providers serving Medicaid and/or MCOP members. Though Aetna serves only MCOP members, Aetna’s results have been included for consistency with published survey results. Paramount’s results include providers serving only MCP members.

1. The denominator includes the HHAs for which program information was validated (i.e., contacted HHAs accepting the specified plan).
2. The denominator includes the HHAs that responded to the survey question regarding plans’ invitations to participate in-home assessments and indicating that they did not participate in the in-home assessments for the specified plan.

This survey required callers to indicate that they were conducting the survey on behalf of ODM, and some HHAs declined to participate in the survey or failed to return survey calls. These non-respondent cases were considered “unreachable.” Additionally, survey respondents may have failed to answer all survey questions, resulting in missing data for selected survey elements.

MCPN data for HHAs show substantial variability across plans for the same HHAs. A single HHA may contract with all plans and be reflected in the MCPN data differently for each plan (e.g., variations in the agency name, address(es), and/or telephone number(s)). To validate the MCPN data for HHAs, the survey administration vendor attempted to contact each of the 1,094 unique telephone numbers shown for the 2,500 MCPN records. Due to overlapping data among the survey cases (e.g., multiple telephone numbers may connect to the same HHA), the survey vendor reported frustration among the HHAs, leading to the notable number of survey refusals and lack of returned voicemails.

Nearly all HHAs that could be contacted and responded to survey questions about their contracted plans indicated that they were contracted with the plan(s) specified in the MCPN files. However, MCPN accuracy for the program participation status was 56.8 percent. When considered in conjunction with high self-reported rates of program acceptance, these findings suggest that plans’ MCPN data regarding program acceptance may be consistently inaccurate and/or the HHAs are unable to distinguish between their contracted programs for each plan. This may result in the HHAs providing inaccurate information to members seeking services (e.g., provider data indicate that an HHA contracts with a specific plan and program, but the member receives contrary information when contacting the HHA).

MCPN accuracy for telephone number and HHA status was calculated for all cases. Cases that could not be reached or who refused to participate in the survey may have scored negatively for these study indicators if the telephone number or HHA status could not be verified.⁶⁻²

Encounter Data Validation

The Ohio Validation Study of Managed Care Plan Encounter Data involved the comparison of administrative encounter data from the fully adjudicated claims and encounter files of participating MCPs to ODM’s encounter files. Table 6-38 reports differences in the overall volume and total payment amounts of claims/encounter data between ODM’s files and the files submitted by the MCPs.

Table 6-38—Claim Line Volume and Payment Amounts by Claim Type

3	Dental	Professional	Institutional ¹			Pharmacy
			Inpatient ²	Outpatient	Other	
ODM Encounters						
Claim Lines Volume	6,778,875	50,080,516	3,911,153	36,558,855	317,002	42,681,769
Payment Amount ³	\$294,582,884	\$1,937,690,831	\$2,494,349,501	\$1,865,036,330	\$230,294,526	\$2,843,519,626
Ohio MCP Claims						
Claim Lines Volume	6,769,635	50,105,350	3,851,541	36,297,257	246,246	41,117,753
Payment Amount ³	\$292,193,812	\$1,907,567,662	\$2,354,737,880	\$1,856,791,097	\$274,886,435	\$2,703,242,740
Percent Difference⁴						
Claim Lines Volume	0.1%	-0.05%	1.5%	0.7%	22.3%	3.7%
Payment Amount	0.8%	1.6%	5.6%	0.4%	-19.4%	4.9%

¹ The inpatient-DRG claim types from the institutional file are paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. As such, the header paid inpatient-DRG claims are classified as Inpatient while the detail paid claims are broken out as Outpatient and Other (i.e., where Other includes the long-term care and inpatient-DRG exempt claim types).

² Claims volume for the Inpatient claim type is reported at the detail level while the payment amounts are reported as a sum of the header paid amounts.

³ Amounts reported are rounded to the nearest whole dollar.

⁴ Percent difference was calculated based on the percent difference between ODM’s encounters and the combined Ohio MCP claims relative to ODM’s encounter information.

⁶⁻² HHAs that refused to participate in the survey or failed to return survey calls were considered unreachable because the MCPN information for the case at the specified telephone number could not be verified. For example, if the office failed to return survey calls, HSAG was unable to verify that the telephone number connected to an HHA.

Figure 6-3 and Figure 6-4 present the statewide encounter omission and surplus rates for the ODM and MCP files stratified by claim type.

Figure 6-3—Statewide Encounter Omission and Surplus Rates for Dental, Professional, and Pharmacy Claim Types

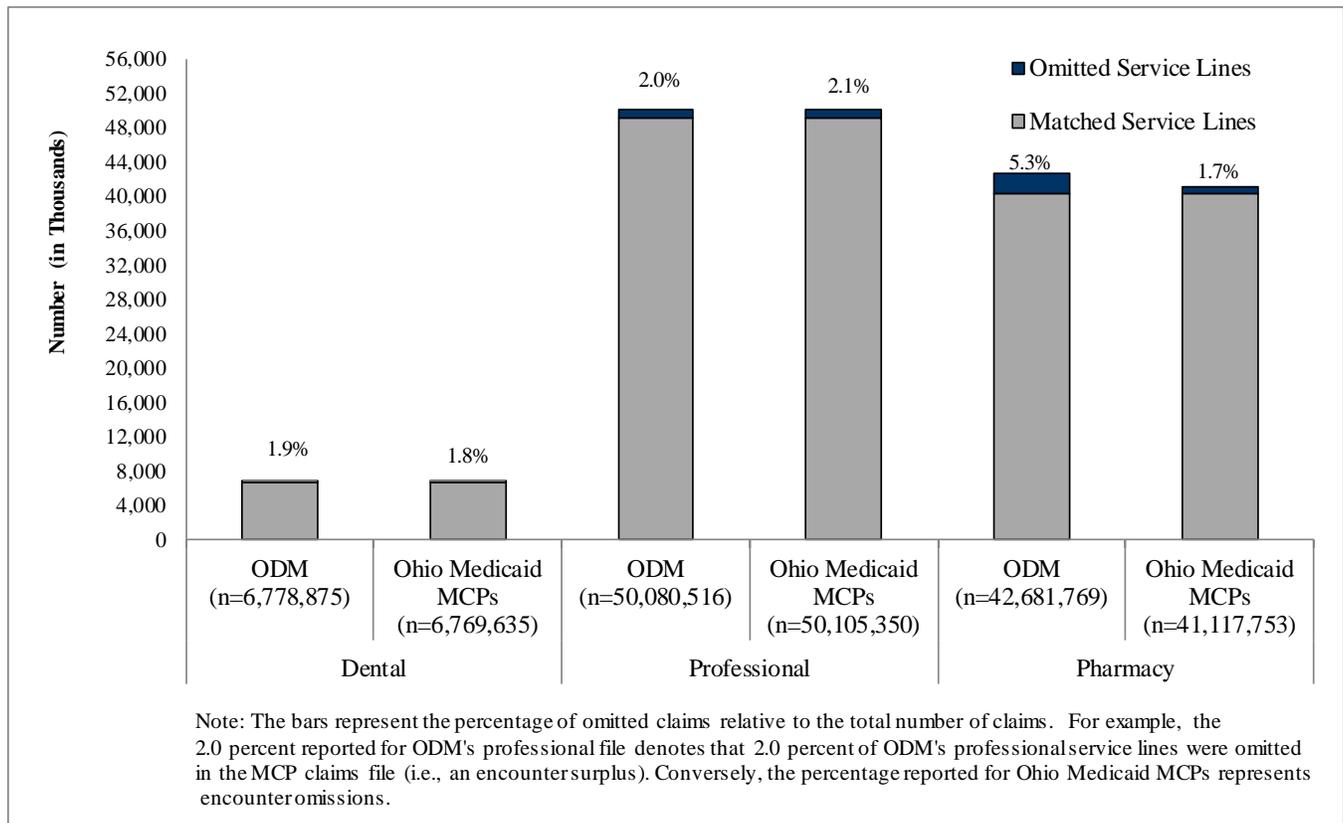


Figure 6-4—Statewide Institutional Encounter Omission and Surplus Rates for Inpatient, Outpatient, and Other Claim Types

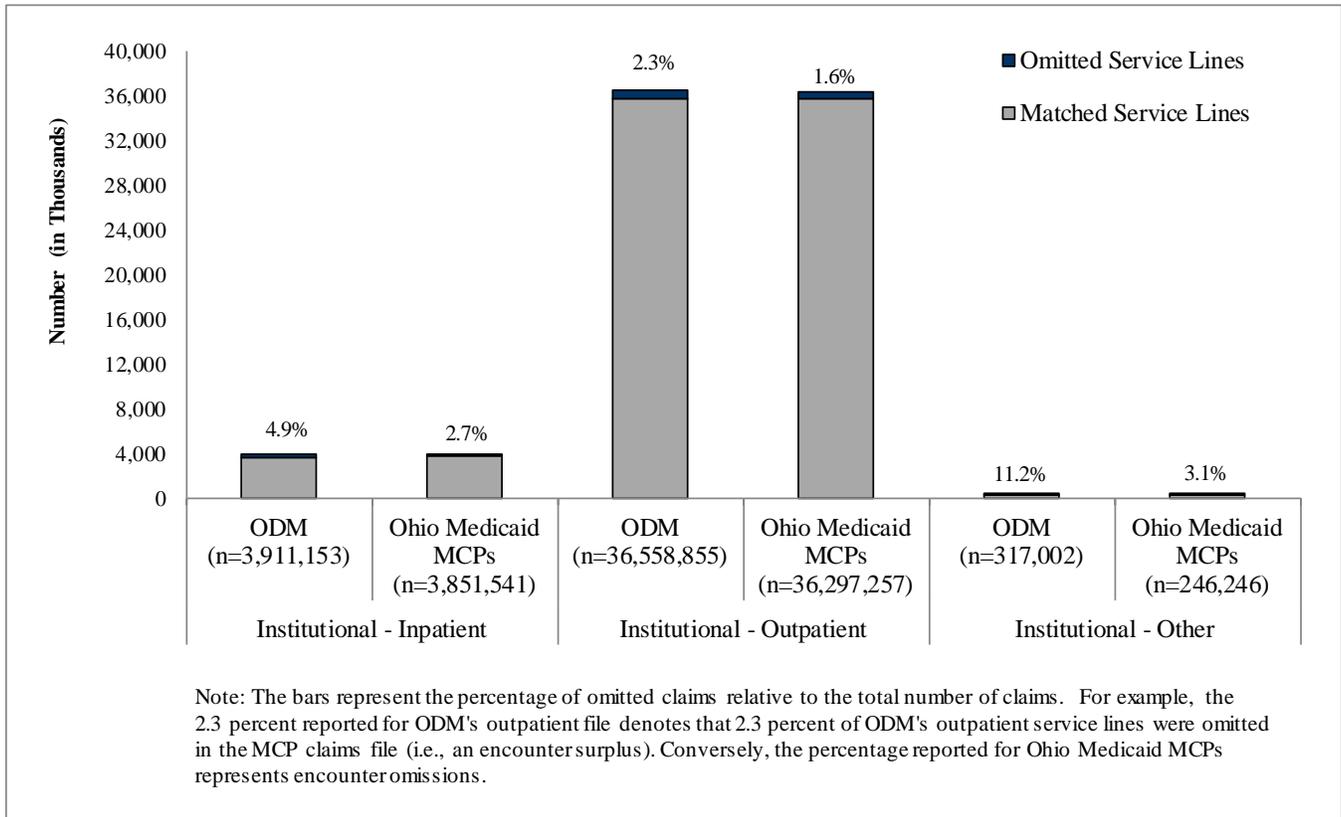


Table 6-39 presents the statewide and MCP-specific performance in complying with the encounter omission performance standards.

Table 6-39—Encounter Omission Rates by Claim Type

Ohio MCPs	Dental	Professional	Institutional			Pharmacy
			Inpatient	Outpatient	Other	
Performance Standards	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%
Buckeye	7.2%	7.9%	5.2%	0.9%	2.1%	1.9%
CareSource	1.4%	1.6%	2.6%	2.2%	3.3%	1.4%
Molina	0.6%	0.6%	2.9%	0.8%	3.2%	0.8%
Paramount	0.8%	1.1%	2.5%	1.1%	3.2%	6.8%
UnitedHealthcare	0.5%	0.6%	0.8%	0.7%	0.0%	0.7%
Statewide	1.8%	2.1%	2.7%	1.6%	3.1%	1.7%

Table 6-40 presents the statewide and the MCP-specific performance in complying with the encounter surplus performance standards.

Table 6-40—Encounter Surplus Rates by Claim Type

Ohio MCPs	Dental	Professional	Institutional			Pharmacy
			Inpatient	Outpatient	Other	
Performance Standards	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%
Buckeye	5.2%	8.0%	16.7%	5.4%	19.0%	6.4%
CareSource	1.9%	1.4%	3.6%	2.1%	9.9%	6.6%
Molina	0.3%	0.5%	1.4%	2.0%	8.0%	2.4%
Paramount	2.0%	1.3%	2.3%	0.8%	7.0%	5.3%
UnitedHealthcare	0.5%	1.0%	4.2%	1.2%	14.6%	1.0%
Statewide	1.9%	2.0%	4.9%	2.3%	11.2%	5.3%

Payment error rates were calculated based on the number of claims that matched in both the ODM and MCP files. Table 6-41 presents the statewide and the MCP-specific performance in complying with the payment error performance standards.

Table 6-41—Payment Error Rates Among Matched Encounters by Claim Type

Ohio MCPs	Dental	Professional	Institutional			Pharmacy
			Inpatient	Outpatient	Other	
Performance Standards	≤4%	≤4%	≤4%	≤4%	≤4%	≤4%
Buckeye	<0.1%	0.8%	6.3%	1.2%	5.0%	0.0%
CareSource	0.3%	<0.1%	<0.1%	<0.1%	3.2%	<0.1%
Molina	0.0%	<0.1%	<0.1%	<0.1%	<0.1%	0.0%
Paramount	0.0%	0.1%	0.7%	0.1%	<0.1%	0.0%
UnitedHealthcare	<0.1%	<0.1%	3.9%	0.1%	4.7%	0.0%
Statewide	0.2%	0.1%	1.2%	0.2%	2.7%	<0.1%

Table 6-42 presents the statewide and MCP-specific TPL surplus, omission, and payment error rates for dental, professional, institutional, and pharmacy claims.

Table 6-42—TPL Surplus and Omission Rates by Claim Type: MCP

Ohio MCP	Surplus	Omission	Payment Error
Dental			
Buckeye	NA	NA	NA
CareSource	NA	100%	NA
Molina	NA	NA	NA
Paramount	NA	NA	NA
UnitedHealthcare	NA	NA	NA
Statewide	NA	100%	NA
Professional			
Buckeye	2.2%	3.4%	0.3%
CareSource	0.0%	3.5%	<0.1%
Molina	NA	100%	NA
Paramount	NA	100%	NA
UnitedHealthcare	NA	100%	NA
Statewide	0.4%	36.6%	0.1%
Institutional			
Buckeye	4.7%	16.6%	0.6%
CareSource	0.0%	5.9%	<0.1%
Molina	NA	NA	NA
Paramount	NA	100%	NA
UnitedHealthcare	NA	100%	NA
Statewide	0.1%	31.9%	<0.1%
Pharmacy			
Buckeye	0.1%	0.1%	5.6%
CareSource	NA	NA	NA
Molina	0.2%	0.0%	20.9%
Paramount	100%	NA	NA
UnitedHealthcare	NA	100%	NA
Statewide	2.8%	18.6%	13.1%

HSAG’s provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table 6-43 presents the provider field matching results for the dental claim type.

Table 6-43—Provider Field Matching Rates for Dental Claim Type

Ohio MCP	Total Number of Matched Records	Record-Level Matching	Field-Level Matching: % Correctly Matched	
		% with All Provider Fields Correctly Matched in Both Files	Billing Provider NPI	Rendering Provider NPI
Buckeye	675,775	48.6%	49.2%	86.9%
CareSource	4,085,865	50.4%	51.7%	98.0%
Molina	675,731	91.3%	91.3%	99.8%
Paramount	517,906	69.4%	83.3%	84.8%
UnitedHealthcare	692,380	99.6%	99.6%	99.6%
MCP Statewide	6,647,657	61.0%	62.9%	96.2%

Table 6-44 presents the provider field matching results for the professional claim type.

Table 6-44—Provider Field Matching Rates for Professional Claim Type

Ohio MCP	Total Number of Matched Records	Record-Level Matching	Field-Level Matching: % Correctly Matched	
		% with All Provider Fields Correctly Matched in Both Files	Billing Provider NPI	Rendering Provider NPI
Buckeye	5,577,130	58.3%	96.4%	61.4%
CareSource	26,521,405	60.4%	91.9%	66.9%
Molina	6,451,473	96.9%	97.2%	97.6%
Paramount	5,071,308	53.6%	95.9%	57.3%
UnitedHealthcare	5,444,267	52.8%	97.9%	54.7%
MCP Statewide	49,065,583	63.4%	94.2%	67.9%

Table 6-45 presents the provider field matching results for the institutional claim type.

Table 6-45—Provider Field Matching Rates for Institutional Claim Type

Ohio MCP	Total Number of Matched Records	Record-Level Matching	Field-Level Matching: % Correctly Matched	
		% with All Provider Fields Correctly Matched in Both Files	Billing Provider NPI	Attending Provider NPI
Buckeye	4,528,605	97.1%	97.6%	97.7%
CareSource	21,780,432	95.6%	96.0%	98.7%
Molina	4,881,815	0.2%	96.4%	0.2%
Paramount	3,795,998	0.7%	98.4%	1.8%
UnitedHealthcare	4,749,523	96.5%	97.3%	97.2%
MCP Statewide	39,736,373	75.1%	96.6%	77.0%

Table 6-46 presents the provider field matching results for the pharmacy claim type.

Table 6-46—Provider Field Matching Rates for Pharmacy Claim Type

Ohio MCP	Total Number of Matched Records	Record-Level Matching	Field-Level Matching: % Correctly Matched	
		% With All Provider Fields Correctly Matched in Both Files	Billing Provider NPI	Prescribing Provider NPI
Buckeye	4,443,299	98.3%	99.2%	98.9%
CareSource	22,972,611	98.4%	99.3%	99.0%
Molina	5,174,160	98.3%	99.3%	98.9%
Paramount	3,201,887	98.0%	99.1%	98.7%
UnitedHealthcare	4,610,756	98.2%	99.2%	98.7%
MCP Statewide	40,402,713	98.3%	99.2%	98.9%

HSAG conducted on-site reviews for sampled discrepant LTC encounters with the MCPs, in conjunction with desk reviews of the sampled cases. For each MCP, HSAG identified a total of 411 eligible recipients for inclusion in the sample using a random sample stratified across discrepant classifications (i.e., *omission, surplus, mismatch, or payment*) and program type (i.e., Medicaid MCP or MCOP). The on-site reviews were performed for both the MCPs and MCOPs; however, only the review of the MCPs is discussed in this technical report. As such, the number of sampled discrepant LTC cases representing each MCP are as follows: Buckeye had 133 cases, CareSource had 146 cases, Molina had 98 cases, Paramount had 411 cases, and UnitedHealthcare had 91 cases. These sampled discrepant cases were

classified as either *mismatch*, *payment*, *surplus*, or *omission*, depending on the nature of the discrepancies. During the on-site reviews, HSAG visually validated the sampled discrepant encounters from ODM's vendor files against records retrieved from the MCPs' claims systems. In coordination with ODM and the MCPs, HSAG investigated and explored the root cause of the discrepancies. After each on-site review, HSAG continued reviewing the sampled discrepant records against screen shots from the MCPs' claims processing systems for the associated records. Multiple findings were discovered during these reviews that were MCP-specific as well as findings that occurred across most MCPs.

Provider Satisfaction Survey

ODM, in collaboration with HSAG, administered a Provider Satisfaction Survey in 2018 to PCPs who are contracted with one or more of Ohio Medicaid's MCPs. To capture PCPs' experiences with the Ohio MCPs, HSAG evaluated 10 measures.

- Buckeye's mean exceeded the program mean by a statistically significant amount for one measure. Conversely, Buckeye's mean was lower than the program mean by a statistically significant amount for two measures.
- CareSource's mean exceeded the program mean by a statistically significant amount for six measures. Conversely, CareSource's mean was lower than the program mean by a statistically significant amount for two measures.
- Molina's mean was lower than the program mean by a statistically significant amount for seven measures.
- Paramount's mean exceeded the program mean by a statistically significant amount for two measures.
- UnitedHealthcare's mean exceeded the program mean by a statistically significant amount for one measure.

Quality Rating of MCPs

ODM contracted with HSAG in 2018 to produce an MCP Report Card using Ohio Medicaid MCPs' performance measure data. Specifically, HEDIS 2018 performance measure results and CAHPS 2018 data were combined and analyzed to assess MCPs' performances as related to certain areas of interest to members.

The 2018 MCP Report Card demonstrated how Ohio Medicaid's MCPs compare to one another in key performance areas. The MCP Report Card used stars to display results for each MCP, as shown in Table 6-47.

Table 6-47—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★★★	Highest Performance	The MCP’s performance was two or more standard deviations above the Ohio Medicaid MCP average.
★★★★	High Performance	The MCP’s performance was between one and two standard deviations above the Ohio Medicaid MCP average.
★★★	Average Performance	The MCP’s performance was within one standard deviation of the Ohio Medicaid MCP average.
★★	Low Performance	The MCP’s performance was between one and two standard deviations below the Ohio Medicaid MCP average.
★	Lowest Performance	The MCP’s performance was two or more standard deviations below the Ohio Medicaid MCP average.

Table 6-48 displays the 2018 (CY 2017) quality rating results for each MCP. Please refer to the 2018 MCP Report Card released to members in December 2018.

Table 6-48—2018 (CY 2017) MCP Report Card Performance Summary

	Getting Care	Doctors’ Communication and Service	Keeping Kids Healthy	Living With Illness	Women’s Health
Buckeye	★★★	★★★★★	★★★★★	★★★★	★★★
CareSource	★★★	★★★	★★★★	★	★★★
Molina	★★	★★★	★★★	★★★	★★
Paramount	★★★	★★★	★★	★★★	★★★★★
UnitedHealthcare	★★★	★★★	★★	★★★	★★

Overall Performance and Conclusions

HSAG performed a comprehensive assessment of the performance of each MCP and of the overall areas of strong, fair, and weak performance within the Ohio Medicaid managed care program. All components of each EQR activity and the resulting findings were thoroughly analyzed and reviewed across the continuum of program areas and activities that comprise the Ohio Medicaid managed care program.

The individual MCPs were evaluated against State and national benchmarks for measures related to the quality, access, and timeliness domains, which include ODM-designated P4P incentive measures that reward performance exceeding the MPS.

Healthy Children/Adults

Strong

The PCP MCPN Survey results showed that, in general, PCPs' offices offered appointments to new and existing patients for routine well-checks or illnesses within 30 calendar days, and also had availability of both well-checks and illness visits sooner for existing patients. This demonstrates a strength for the Healthy Children/Adults population stream related to PCP appointment availability.

Fair

The statewide average rate for the *Adolescent Well-Care Visits* HEDIS measure was at or above the Quality Compass 50th percentile, but below the national Medicaid 75th percentile, demonstrating an area of fair performance for the MCPs.

Weak

Only one MCP performed above the 50th percentile for the Healthy Children/Adults population stream, demonstrating great opportunity for the MCPs to improve overall in this area as there are weaknesses when comparing MCP performance in the Healthy Children/Adults HEDIS measures to national benchmarks.

Women's Health

Strong

Three MCPs improved performance in the *Low Birth Weight* CHIPRA measure from CY 2016 to CY 2017 and there was a small improvement in the statewide average.

Weak

The Women's Health population stream had the largest decline in performance with four of the five MCPs declining from CY 2016 to CY 2017, including one MCP that declined by over 20 points. In CY 2017, only two MCPs met the MPS for the *Low Birth Weight* CHIPRA measure and the statewide average was worse than the established MPS. While some MCPs demonstrated success in prenatal care that should support early identification of members' low-birth-weight risk factors such as smoking, history of a prior low-birth-weight baby, maternal age, etc., the expected impact was not reflected in the *Low Birth Weight* CHIPRA measure. The statewide average rates for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Prenatal and Postpartum Care—Postpartum Care* HEDIS measures were below the Quality Compass 50th percentile. This demonstrates great opportunity for the MCPs to improve in this area.

Behavioral Health

Fair

While two MCPs had increases in performance for the Behavioral Health population stream from CY 2016 to CY 2017 and the statewide average rate for the *Follow-Up After Hospitalizations for Mental Illness—7-Day Follow-Up* HEDIS measure was at or above the Quality Compass 50th percentile, it was below the Quality Compass 75th percentile. This demonstrates an area of fair performance for the MCPs.

Weak

While no program-wide weaknesses were identified for this population stream, the lowest performing MCP performed at the 47th percentile whereas four of the five MCPs performed above the 68th percentile. This shows an individual MCP weakness requiring improvement.

Chronic Conditions

Strong

Two MCPs had increases in performance for the Chronic Conditions population stream from CY 2016 to CY 2017. The statewide average rate for the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total*; *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total*; and *Statin Therapy for Patients With Diabetes, Received Statin Therapy—Total* measures exceeded the national Medicaid 75th percentile, showing strengths across the program.

Fair

Although all five MCPs met the MPS and exceeded the national Medicaid 50th percentile for the *Medication Management for People With Asthma, Medication Compliance 75%—Total* measure, the statewide average was below the national Medicaid 75th percentile, demonstrating an area of fair performance for the program.

Weak

The statewide average rate for the *Comprehensive Diabetes Care—HBA1c Poor Control (>9.0%)* measure was below the Quality Compass 25th percentile. Additionally, the *Controlling High Blood Pressure* measure statewide average rate was below the Quality Compass 50th percentile. At least one MCP performed below the national Medicaid 25th percentile for each of these measures and four of the five MCPs performed below the national Medicaid 50th percentile for both of these measures. Additionally, there was a decline in the statewide average and all MCPs' performance for *PQI 16—Lower-Extremity Amputation Among Patients with Diabetes* from CY 2016 to CY 2017. The statewide average rate and three of the five MCP rates did not meet the MPS.

Overall Conclusions

The HEDIS performance measures year over year analysis showed that, overall, the statewide rates improved between HEDIS 2017 and HEDIS 2018 as compared to national percentiles, while MCP rates varied in performance compared to national percentiles between HEDIS 2017 and HEDIS 2018. This suggests some strengths in general program improvement mixed with individual MCP-specific areas of fair performance and weaknesses.

In the 2017 Adult CAHPS Survey, the Ohio Medicaid managed care program scored at or above the 75th percentile for three global ratings and every composite measure while the *Rating of All Health Care* and *Coordination of Care* measures were below the 75th percentile. These results show both program strengths for the measures above the 75th percentile and weaknesses in the areas scoring below the 75th percentile. The Ohio Medicaid managed care program scored at or above the 75th percentile for every Child CAHPS Survey global rating, composite measure, and individual item measure, suggesting member satisfaction for pediatric care and services as an area of strength for the program overall.

MCPN Survey results continue to show opportunities to improve upon provider data accuracy program-wide. The Fall PCP Survey had a 38.4 percent MCPN address match for all plans and the Spring PCP Survey had only a 36.6 percent MCPN address match for all plans. The MCPN telephone number match rate across all plans for the OB/GYN Survey was 52.6 percent. Additionally, the Home Health Survey revealed a 50.4 percent MCPN telephone number match for all plans and a 57.5 percent MCPN address match for all plans. These areas of weakness in MCPN data accuracy likely impact members' ability to contact and locate providers to access needed care.

The SFY 2018 Encounter Data Validation study found that the level of completeness among all MCPs' encounters for dental, professional, and pharmacy claim types was high. The completeness for MCPs' institutional claim type categories was also relatively high for most categories. These results demonstrate program area strengths in encounter data accuracy and completeness.

The Provider Satisfaction Survey results showed that statewide CPC providers' means were statistically significantly lower than non-CPC providers' means in four of the 10 survey measures. This implies an area of opportunity for MCPs to improve in their CPC interactions and engagement efforts. The survey also revealed that MCPs' prior authorization processes, formularies, and reimbursement are potential program-wide weaknesses as reported by PCPs through the open-ended comments in their surveys. Additionally, over half of the providers (nearly 52 percent) reported they were not satisfied with the MCPs, showing provider satisfaction as a general area of weakness.

Appendix A. Description of the EQR Activities

Performance Improvement Projects

ODM requires its contracted MCPs to conduct PIPs as specified in 42 CFR §438.330. The projects aim to improve the quality of care for a targeted clinical or nonclinical service and to report the results annually. ODM contracted with HSAG to conduct the annual validation of PIPs over the period of July 1, 2017, through June 30, 2018. The selected PIP for this time period was the *Hypertension Control and Disparity Reduction* PIP, which began in SFY 2018.

Objectives of the Activity

The purpose of the *Hypertension Control and Disparity Reduction* PIP is for the MCPs to use quality improvement science methods and tools to standardize processes for identifying those enrollees with hypertension, assist provider practice sites with using evidence-based strategies for treating enrollees with hypertension, and remove barriers to care at both the patient and provider-level. The objectives for this PIP are:

- Promote evidence-based interventions for hypertension management to improve blood pressure control.
- Identify, implement, and share best practices for hypertension management across the State, beginning with the selected high-volume provider practices.
- Establish a data collection methodology and provider practice site-specific reporting system for electronic health record (EHR) data.
- Develop processes and outcome measures to track PIP progress and sustainability.
- Engage provider practice sites in quality improvement activities to identify, modify, and adapt best practice interventions into practice and MCP systems and sustain activities over time.

The key concepts of the rapid cycle PIP framework include forming a PIP team, setting aims, establishing measures, determining interventions, testing interventions, and spreading successful changes. The core component of the rapid cycle approach involves testing changes on a small scale—using a series of Plan-Do-Study-Act (PDSA) cycles and applying rapid cycle learning principles over the course of the improvement project to adjust intervention strategies—so that improvement can occur more efficiently and lead to long-term sustainability. The following outlines the rapid cycle PIP framework.

- **Module 1—PIP Initiation:** Module 1 outlines the framework for the project. The framework follows the Associates in Process Improvement’s (API’s) Model for Improvement, which was popularized by the Institute for Healthcare Improvement, by:
 - Clearly stating the desired accomplishment through articulating how the project fits into ODM’s larger Global Aim (reducing deaths due to myocardial infarction and stroke from cardiovascular disease and reducing disparities for African Americans).

- Precisely stating a project-specific SMART Aim (specific, measurable, attainable, relevant and time-bound) including the topic rationale and supporting data so that alignment with larger initiatives and feasibility are clear.
- Building a PIP team consisting of internal and external stakeholders.
- Completing a key driver diagram (KDD) that summarizes the changes that are agreed upon by the team as having sufficient evidence to lead to improvement.
- Module 2—SMART Aim Data Collection: In Module 2, the SMART Aim measure is operationalized, and the data collection methodology is described. SMART Aim data are displayed in a run chart.
- Module 3—Intervention Determination: In Module 3, there is a deeper dive into the quality improvement activities reasonably thought to impact the SMART Aim. Interventions, in addition to those in the original KDD, are identified using tools such as process mapping, failure modes and effects analysis (FMEA), Pareto charts, and failure mode priority ranking, for testing using PDSA cycles in Module 4.
- Module 4—Plan-Do-Study-Act: The interventions selected in Module 3 are tested and evaluated through a thoughtful and incremental series of PDSA cycles.
- Module 5—PIP Conclusions: Module 5 summarizes key findings and presents comparisons of successful and unsuccessful interventions, outcomes achieved, and lessons learned.

Technical Methods of Data Collection and Analysis

HSAG evaluated and documented PIP activities using a consistent, structured process and mechanism for providing the MCPs with specific validation feedback and recommendations for completed modules. Once the MCPs complete and submit Module 5 (PIP Conclusions), HSAG will use a standardized scoring methodology to determine the overall validity and reliability of the PIP and report a level of confidence for the PIP results. The confidence levels are as follows:

- *High confidence*—the PIP was methodologically sound, achieved the SMART Aim goal, and the demonstrated improvement was clearly linked to the quality improvement processes conducted.
- *Confidence*—the PIP was methodologically sound, achieved the SMART Aim goal, and some of the quality improvement processes were linked to the demonstrated improvement; however, there was not a clear link to all of the quality improvement processes and the demonstrated improvement.
- *Low confidence*—(A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.
- *Reported PIP results were not credible*—the PIP methodology was not executed as approved.

Description of the Data Obtained/Time Period

In SFY 2018, the MCPs completed Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection). These activities were conducted and validated between July 1, 2017, and June 30, 2018.

Performance Measures

In accordance with 42 CFR §438.358, ODM has established quality measures and standards to evaluate MCP performance in key program areas. The selected measures align with specific priorities, goals, and/or focus areas of the Ohio Medicaid Quality Strategy. These include HEDIS measures and non-HEDIS measures (i.e., CHIPRA and PQI performance measures, CAHPS survey measures). Additionally, specific measures are designated for use in the P4P Incentive System. All measures used by ODM for performance evaluation are derived from national measurement sets, widely used for evaluation of Medicaid and/or managed care industry data. ODM contracted with HSAG, as its EQRO, during SFY 2018 to validate the HEDIS measures and calculate the non-HEDIS measures.

For the HEDIS measures, federal requirements allow states, agents that are not managed care organizations, or an EQRO to conduct the performance measure validation to ascertain the validity of the reported rates. Beginning SFY 2013, ODM required MCPs to self-report performance measure results for HEDIS measures selected for required reporting and to undergo an independent NCQA HEDIS Compliance Audit^{A-1} by a licensed organization (LO). The LO documented findings associated with the MCPs' compliance with NCQA's Information System standards and the audit results associated with each measure. As Ohio's EQRO, HSAG received the HEDIS measure results and the final audit reports (FARs) and conducted verification to determine that the LO's audit process was consistent with NCQA's audit methodology. After the verification, HSAG used the HEDIS measure results to calculate the statewide results and conduct MCP comparisons. HSAG also used NCQA's national benchmarks to assess the MCPs' performance.

In addition to the HEDIS measures, each performance measure section discusses two non-HEDIS measures, one CHIPRA measure related to low birth weight, and one Agency for Healthcare Research and Quality (AHRQ) measure related to a PQI. HSAG calculated the *Low Birth Weight* performance measure by following the Child Core Set of technical specifications. HSAG calculated the *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* measure by following the AHRQ technical specifications, Version 7.0.

Objectives of the Activity

The performance measure validation included objectively verifying the accuracy of HEDIS, CAHPS, and P4P measures. HSAG calculated the non-HEDIS measures following the specifications approved by ODM.

HEDIS Measures

Each MCP contracted with an independent LO and underwent an NCQA HEDIS Compliance Audit of its HEDIS 2018 data, which represents the CY 2017 measurement period. To ensure that each MCP calculated its rates based on complete and accurate data and according to NCQA's established standards,

^{A-1} NCQA HEDIS Compliance AuditTM is a trademark of the National Committee for Quality Assurance (NCQA).

and that each MCP's independent auditors performed the audit using NCQA's guidelines, HSAG reviewed the FARs produced for each MCP by the MCP's independent auditor. Once the MCP's compliance with NCQA's established standards was examined, HSAG also objectively analyzed the MCP's HEDIS 2018 results and evaluated each MCP's current performance levels relative to national Medicaid percentiles.^{A-2}

Non-HEDIS Measures

The non-HEDIS measure calculations are based on the specifications developed by CMS for the *Low Birth Weight* measure. ODM and HSAG worked to develop a comprehensive linking methodology using vital statistics data in order to link mothers to babies. For the PQI measure, HSAG used AHRQ's specifications.

HSAG calculated the rates in accordance with the specifications developed for ODM. For the CY 2017 measurement period, the *Low Birth Weight* and *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* measures had an MPS.

CAHPS Measures

ODM required the MCPs to contract with an NCQA-certified HEDIS survey vendor to conduct annual CAHPS Health Plan Surveys. The CAHPS surveys are standardized surveys that assess member, parent, or caregiver perspectives on care and services. The standardized survey instruments administered in 2017 were the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (within the children with chronic conditions measurement set). HSAG aggregated and analyzed the survey data to measure members' experiences with regard to quality of care, access to care, the communication skills of providers and administrative staff members, and overall experience with the MCPs and providers.

Technical Methods of Data Collection and Analysis

HEDIS Measures

Audit Process

ODM required that each MCP undergo an NCQA HEDIS Compliance Audit. During the NCQA audits, data management processes were reviewed using findings from the HEDIS Record of Administration, Data Management, and Processes (Roadmap) review. Interviews were conducted with key MCP staff members, and there was a review of data queries and output files. Auditors reviewed data extractions from systems used to house production files and generate reports, and, when necessary, data included in the samples for the selected measures were reviewed. Based on validation findings, NCQA produced an initial written report identifying any perceived issues of noncompliance, problematic measures, and

^{A-2} For CY 2017 results, NCQA's Quality Compass benchmarks were used, where appropriate.

recommended opportunities for improvement. NCQA then completed a final report with updated text and findings based on comments about the initial report.

HSAG used the final audit results and the 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 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 for each MCP and the sources used for validation.

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

Data Reviewed	Source of Data
Pre-On-Site Visit Call/Meeting —Initial conference call or meeting between NCQA’s auditor and the MCP’s staff members. HSAG verified that the NCQA auditor addressed key HEDIS topics, such as timelines and on-site review dates.	HEDIS 2018 FAR
HEDIS Roadmap Review —Provided the NCQA auditors 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 NCQA auditors completed a thorough review of all components of the Roadmap.	HEDIS 2018 FAR (or the Roadmap, as necessary)
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).	HEDIS 2018 FAR
Source Code Review —HSAG ensured that the NCQA auditors 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.	HEDIS 2018 FAR

Data Reviewed	Source of Data
<p>Supplemental Data Validation—If the MCPs used any supplemental data for reporting, the NCQA auditor was to validate the supplemental data according to NCQA’s guideline. HSAG verified whether the NCQA auditor was following the NCQA-required approach while validating the supplemental databases.</p>	<p>HEDIS 2018 FAR</p>
<p>MRRV—The NCQA auditors were required to perform a more extensive validation of the medical records reviewed, which would be conducted late in the abstraction process. This review would ensure that the MCPs’ review processes were executed as planned and that the results were accurate. HSAG reviewed whether the NCQA auditors 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 2018 FAR</p>
<p>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.</p>	<p>Final Audit Review Table, Final Audit Statement, Interactive Data Submission System (IDSS)</p>
<p>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.</p>	<p>MCP Self-Reporting HEDIS Data Letter of Certification for Final Audit Report</p>

Percentile Approximations, Index Scores, and Rankings Calculations

To evaluate MCPs at the population stream level, HSAG, in collaboration with ODM, developed a methodology for calculating population stream index scores as part of their Medicaid Managed Care Quality Dashboards. To align with the dashboards, HSAG incorporated the percentile approximations, index scores, and rankings into the HEDIS performance measure results of this report. Percentile approximations were calculated for all HEDIS performance measures, regardless if they were included in the index scores.

To calculate the percentile approximations at the measure level, each MCP’s rate was compared to the applicable Quality Compass national Medicaid 10th, 25th, 33.33rd, 50th, 66.67th, 75th, and 90th percentiles to determine the percentile range (i.e., the lower and upper percentile bounds) the rate fell between (e.g., between the 25th and 33.33rd percentile).^{A-3} For measures that did not have Quality Compass benchmarks available, NCQA’s Audit Means and Percentiles were used. Each MCP’s rate was compared to the 10th, 25th, 50th, 75th, and 90th percentiles to determine within which percentile range

^{A-3} Due to significant changes in the HEDIS 2018 specifications, the CY 2017 rate for *Breast Cancer Screening, Follow-Up After Hospitalization for Mental Illness, Immunization for Adolescents—HPV, Initiation and Engagement of AOD Abuse or Dependence Treatment, and Mental Health Utilization—Outpatient, ED, and Telehealth* were compared to 2018 Quality Compass benchmarks. The remaining CY 2017 measures were compared to 2017 Quality Compass benchmarks.

the MCP’s rate fell (e.g., between the 25th and 50th percentile). The percentile approximation for each measure was derived using the following formula:

$$Percentile\ Approximation = P_0 + \left\{ \left[\frac{(MCP\ Rate - PV_0)}{(PV_1 - PV_0)} \right] \times (P_1 - P_0) \right\}$$

- Where: P₀ = the lower percentile bound (e.g., 10 for the 10th percentile, 25 for the 25th percentile, etc.)
- P₁ = the upper percentile bound (e.g., 25 for the 10th percentile, 33.33 for the 33.33rd percentile, etc.)
- PV₀ = the actual rate value for the lower percentile bound
- PV₁ = the actual rate value for the upper percentile bound
- MCP Rate = the reported measure rate for the MCP

The percentile approximation for each measure was assigned a weight as shown in Table A-2.

Table A-2—Measure Weights by Population Stream and Year

Population Stream/Measure	HEDIS 2017 (CY 2016) Weight	HEDIS 2018 (CY 2017) Weight
Healthy Children/Adults		
<i>Adolescent Well-Care Visits</i>	55.0%	55.0%
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	22.5%	22.5%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	22.5%	22.5%
Women’s Health		
<i>Breast Cancer Screening</i>	15.0%	15.0%*
<i>Cervical Cancer Screening</i>	15.0%	15.0%
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	35.0%	35.0%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	35.0%	35.0%
Behavioral Health		
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	45.0%	45.0%*
<i>Initiation and Engagement of AOD Abuse or Dependence Treatment, Initiation of AOD Treatment—Total</i>	35.0%	35.0%*
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i>	20.0%	20.0%

Population Stream/Measure	HEDIS 2017 (CY 2016) Weight	HEDIS 2018 (CY 2017) Weight
Chronic Conditions		
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	10.0%	10.0%
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)</i>	12.5%	12.5%
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	17.5%	17.5%
<i>Comprehensive Diabetes Care—Eye Exam (Retinal) Preformed</i>	10.0%	10.0%
<i>Controlling High Blood Pressure</i>	20.0%	20.0%
<i>Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total</i>	30.0%	30.0%

* Due to changes in the technical specifications for this measure in HEDIS 2018, the HEDIS 2018 rates were compared to the Quality Compass 2018 benchmarks.

The weights within each population stream sum to 1. The final index score for each population stream was derived by summing all the weighted percentile approximation values for each MCP using the following formula:

$$Index\ Score = \sum (Percentile\ Approximation \times Measure\ Weight)$$

The final index scores ranged from 0 to 100 and received a corresponding color to reflect how well the MCP performed compared to national benchmarks.

Index Score Range				
< 25.0	25.0–33.2	33.3–49.9	50.0–66.6	≥ 66.7

Once the population stream index scores were derived, then the MCPs were ranked accordingly. Since the population stream index scores were based on percentile approximations, a threshold of four points was chosen by ODM for the rankings to ensure MCPs that performed similarly received the same ranking. Therefore, when one or more MCPs performed within four points of each other, a tie occurred and the MCPs received the same ranking.

Further, to evaluate improvement over time (i.e., between HEDIS 2017 and HEDIS 2018) the same threshold of four points was used to determine if the MCP performance improved, declined, or stayed the same at the population stream level. In the MCP-specific results, arrows are used to indicate the change in performance. An upward green arrow was used to indicate at least a four-point increase in performance from HEDIS 2017 to HEDIS 2018. A downward red arrow was used to indicate at least a four-point decrease in performance from HEDIS 2017 to HEDIS 2018. A sideways gray arrow was used to indicate no substantial change (i.e., a less than a four-point change in either direction) in performance between years.

Non-HEDIS Measures

For the CHIPRA measure, HSAG relied on claims/encounter data, vital statistics data, MCP quarterly enrollment files, and a linked vital statistics file produced by the Ohio Colleges of Medicine Government Resource Center. For the PQI measure, HSAG relied on claims/encounter data and MCP quarterly enrollment files. HSAG used the most current final quarterly enrollment file to calculate clinical non-HEDIS quality measures.

ODM generated Medicaid's MCP Quarterly Enrollment Files specific to each MCP to be used by the MCPs to validate enrollment for calculation of quality and data quality metrics. Medicaid's MCP Quarterly Enrollment Files serve as a recipient master file with the most current MCP enrollment information by calendar month for the previous year up through the most current enrollment month. The MCP must submit a file to ODM specifying any enrollment span deletions and/or additions pertaining to the enrollment information in Medicaid's MCP Quarterly Enrollment File or confirm that the MCP does not have any changes to ODM's enrollment information.

If the MCP submits additional and/or deletes enrollment information, the MCP must certify that the information is accurate and complete. ODM then provides the quarterly reconciled enrollment files to HSAG for rate calculation.

CAHPS Measures

HSAG obtained the adult and child Medicaid CAHPS data from the MCPs' NCQA-certified survey vendors. To assess the overall performance of the Ohio Medicaid managed care program and MCPs, the four global ratings (*Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Rating of Specialist Seen Most Often*), four composite measures (*Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service*), and one individual item measure (*Coordination of Care*) were scored on a three-point scale using an NCQA-approved scoring methodology. The three-point means were calculated in accordance with HEDIS specifications for survey measures.^{A-4} According to HEDIS specifications, results for the adult and child populations were reported separately, and no weighting or case-mix adjustment was performed on the results. However, all MCPs' CAHPS/HEDIS results were reported, regardless of the number of responses. Measures with fewer than 100 responses are noted with a cross (+).

Three-Point Mean Calculations

Three-point means were calculated for each of the four global rating questions (*Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Rating of Specialist Seen Most Often*) and one individual item measure (*Coordination of Care*). For the global rating questions, scoring was based on a three-point scale: response values of 0 through 6 were given a score of 1, response values of 7 and 8 were given a score of 2, and response values of 9 and 10 were given a score of 3. For the individual item measure, scoring was based on a three-point scale: responses of "Always" were given a score of 3, responses of "Usually" were given a score of 2, and all other responses were given a

^{A-4} National Committee for Quality Assurance. *HEDIS 2017, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2016.

score of 1. Table A-3 illustrates how the three-point global rating and individual item score values were determined. The three-point global rating and individual item means were the sum of the response scores (1, 2, or 3) divided by the total number of responses to the question.

Three-point means were calculated for the composite measures (*Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service*). Scoring was based on a three-point scale: responses of “Always” were given a score of 3, responses of “Usually” were given a score of 2, and all other responses were given a score of 1. Table A-3 illustrates how the three-point composite score values were determined. The three-point composite mean was the average of the mean score for each question included in the composite measure. That is, each question contributed equally to the average, regardless of the number of respondents to the question.

Table A-3—Determining Three-Point Score Values

Response Category	Score Values
Global Ratings: 0–10 Format	
0–6	1
7–8	2
9–10	3
Composite Measures/Individual Item Measure: Never/Sometimes/Usually/Always Format	
Never	1
Sometimes	1
Usually	2
Always	3

The Ohio Medicaid managed care program’s and MCPs’ three-point mean scores were compared to NCQA’s 2017 Benchmarks and Thresholds for Accreditation.^{A-5} Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table A-4.

Table A-4—Star Ratings

Stars	Percentiles
★ Poor	Below the 25th percentile
★★ Fair	At or between the 25th and 49th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★★★ Excellent	At or above the 90th percentile

^{A-5} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

Trending Hypothesis Test

Mean scores in 2017 were compared to the mean scores in 2016 to determine whether there were statistically significant differences between scores in 2017 and 2016. A t test was performed to determine whether the MCP mean in 2017 was significantly different from the MCP mean in 2016.

Directional triangles were assigned to each MCP's overall means to indicate whether there were statistically significant differences between MCP-level mean scores in 2017 and MCP-level mean scores in 2016. Directional triangles were also assigned to the program's overall means to indicate whether there were statistically significant differences between program-level mean scores in 2017 and program-level mean scores in 2016. The difference in performance from 2016 to 2017 was considered significant if the two-sided p value of the t test was less than 0.05. Scores that were statistically higher in 2017 than in 2016 were noted with upward (▲) triangles. Scores that were statistically lower in 2017 than in 2016 were noted with downward (▼) triangles. Scores in 2017 that were not statistically different from scores in 2016 were not noted with triangles.

Description of the Data Obtained/Time Period

Validation was performed on MCP self-reported, audited HEDIS rates for the CY 2017 measurement period (i.e., January 1, 2017–December 31, 2017). HSAG calculated the CHIPRA and PQI measure rates for the CY 2017 (i.e., January 1, 2017–December 31, 2017) measurement period.

Adult members and the parents or caretakers of child members from each MCP completed the 2017 CAHPS surveys from February to May 2017. The members eligible for sampling included those who were MCP members at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2016. Adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2016). Child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2016). The MCPs were responsible for obtaining an NCQA-certified CAHPS survey vendor to administer the CAHPS surveys to the adult and child Medicaid populations. HSAG obtained the CAHPS data for analyses through the MCPs' survey vendors.

Comprehensive Administrative Review

According to 42 CFR §438.358, a review must be conducted within the previous three-year period that determines MCPs' ability to meet standards established by the State related to member rights and protections, access to services, structure and operations, measurement and improvement, and grievance system standards as well as applicable elements of ODM's Medicaid Managed Care Provider Agreement with the MCPs. The most recent comprehensive review of the MCPs covered the SFY 2017 review period of July 1, 2016, through December 31, 2016.^{A-6} In follow-up to the SFY 2017 Comprehensive Administrative Review, ODM required CAPs from each MCP for program areas with deficiencies. HSAG has therefore organized and analyzed ODM's monitoring and oversight of the MCPs' Comprehensive Administrative Review CAPs submitted in SFY 2018.

Objectives of the Activity

The primary objective for HSAG's SFY 2017 review was to determine the extent to which the MCPs met federal requirements, Ohio Administrative Code, and the Medicaid Managed Care Provider Agreement. To accomplish this objective, HSAG, in collaboration with ODM, defined the scope of the SFY 2017 review to include applicable federal and State regulations and laws and the requirements set forth in the July 2016 Medicaid Managed Care Provider Agreement between ODM and the MCPs.

The scope of the review covers requirements that address the following program areas:

- Standard I—Availability of Services
- Standard II—Assurance of Adequate Capacity and Services
- Standard III—Coordination and Continuity of Care
- Standard IV—Coverage and Authorization of Services
- Standard V—Credentialing and Recredentialing
- Standard VI—Subcontractual Relationships and Delegation
- Standard VII—Member Information and Member Rights
- Standard VIII—Confidentiality of Health Information
- Standard IX—Enrollment and Disenrollment
- Standard X—Grievance System
- Standard XI—Practice Guidelines
- Standard XII—Quality Assessment and Performance Improvement
- Standard XIII—Health Information Systems

^{A-6} The SFY 2017 Comprehensive Administrative Review was performed for both the MCPs and MCOPs; however, only the review of the MCPs is discussed in this technical report.

Technical Methods of Data Collection and Analysis

The data collection and analysis for the SFY 2017 Comprehensive Administrative Review consisted of a desk review of documentation gathered from various data sources, an on-site review, and assignment of scores.

Document Submission

HSAG requested that the MCPs cite supporting evidence in the online Ohio Comprehensive Administrative Review tool, which was developed by HSAG, and upload the related source documents to the review tool on or prior to February 5, 2017. Two weeks prior to each MCP's on-site review, HSAG provided cases selected for the file reviews to ensure they were available during the audit. The case and member selections were uploaded to a folder specific to each MCP via HSAG's secure file transfer protocol (SFTP). Additionally, each MCP was given the opportunity to provide additional documentation before the close of business on the last day of its on-site review.

On-Site Review

The on-site review consisted of a five-day review at each MCP's location. Prior to the on-site visit, the HSAG team reviewed all documents and prepared for the on-site interviews. The HSAG review team completed key staff member interviews, which focused on each of the program areas, and conducted case file reviews for the *Coordination and Continuity of Care* standard. The team also requested that each MCP provide a system demonstration of its processes for loading Health Insurance Portability and Accountability Act of 1996 (HIPAA) 834 enrollment files.

Scoring Methodology

HSAG used a two-point scoring methodology, and elements were scored based on *Met* and *Not Met* criteria. These scores indicate the degree to which the MCPs' performance met the requirements. If a requirement was not relevant, the element was neither evaluated nor scored and was identified as *Not Applicable*.

Met indicates that the plan achieved *one* of the following criteria:

- All documentation and data sources reviewed (including MCP and ODM data and documentation, file reviews, and systems demonstrations for a regulatory provision, or component thereof) were present and provided supportive evidence of congruence, and staff members were able to provide responses to reviewers that were consistent with each other, with the data and documentation reviewed, and with the regulatory provision.
- The MCP achieved deemed status on standards eligible for this designation according to ODM's methodology.

Not Met indicates any of the following:

- Documentation and data sources were not present and/or did not provide supportive evidence of congruence with the regulatory provision.
- Staff members had little or no knowledge of processes or issues addressed by the regulatory provisions.
- For those provisions with multiple components, key components of the provision could not be identified and/or did not provide sufficient evidence of congruence with the regulatory provision. Any findings of *Not Met* for these components resulted in an overall provisional finding of *Not Met* for the standard, regardless of the findings noted for the remaining components.

For a standard to have been exempt from the Comprehensive Administrative Review (i.e., deemed), the MCP's score on the accreditation standard/element must have been 100 percent of the point value during the most recent accreditation survey. HSAG reviewed the most current accreditation report for the MCP prior to the review and determined which standards were eligible to be deemed based on the MCP's score on the related accreditation standard. Prior to deeming an element within a standard, HSAG consulted with ODM to determine final deeming status for each element for the MCP. Deemed standards were assigned a finding of *Met*. HSAG used the SFY 2017 Deeming Review report issued by ODM in September 2016 to determine elements eligible for deeming.

HSAG used the results from the file review tools along with Model of Care information, QAPI program descriptions, ODM-monitored reports, aggregated data sources (e.g., Utilization Management Tracking Database [UMTD]), policies and procedures, systems demonstrations, staff member interviews, and other MCP/MCOP-provided documentation when assessing each element. For elements that were scored based on the file review tools, a *Met* score was assigned if the element requirements were met for 80 percent of the applicable cases reviewed.

HSAG assessed for congruence among all data sources as well as patterns of having met or not met standards when all data sources are taken into consideration. Subsequently, the overall assessment of all data sources determined whether a *Met* or *Not Met* finding was assigned.

Data Aggregation and Analysis of Findings

Scores of *Met* and *Not Met* indicate the degree to which the MCPs' performance met the requirements. This scoring methodology is consistent with CMS' final protocol, set forth in its *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.^{A-7}

^{A-7} Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: 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: June 12, 2017.

From the scores it assigns for each of the requirements, HSAG calculated a total administrative performance score for each of the 13 standards and an overall administrative performance score across the 13 standards. HSAG calculated the total and overall scores for each of the standards by adding the score for each requirement in the standard receiving a score of *Met* (value: 1 point) or *Not Met* (value: 0 points) and dividing the summed score by the total number of applicable requirements for that standard. Any *Not Applicable* elements were removed from the calculation.

Description of the Data Obtained/Time Period

HSAG gathered documentation and data from multiple sources prior to conducting the evaluation. The MCPs' noncompliance logs provided by ODM aided in directing HSAG to areas needing focused review. The MCPs' Model of Care submissions to ODM were used by HSAG to assess performance with the *Coordination and Continuity of Care* standard and components of the care management file review. The MCPs' QAPI program descriptions were used by HSAG to assess the *Quality Assessment and Performance Improvement* standard. HSAG used data from the UMTD when evaluating the *Coverage and Authorization of Services* standard and used data from ODM's Athena database when reviewing elements within the *Grievance System* standard. HSAG also leveraged ODM's oversight processes and the associated monitoring reports as additional evidence of overall MCP performance. Additionally, HSAG requested accreditation reports for standards that may be eligible for deeming.

Corrective Action Plans

For SFY 2018, ODM provided HSAG with the MCP CAPs related to each deficient program area. HSAG confirmed that each MCP had submitted a CAP to ODM, and that ODM had reviewed to ensure each CAP item addressed the deficient area.

Network Adequacy Validation

The Medicaid Managed Care Provider Agreement specifies provider panel requirements that must be met by each MCP. MCPs' provider directories must include all contracted providers as well as certain noncontracted providers as specified by ODM. The MCPN is the tool used by ODM to monitor the MCPs' provider networks; therefore, the MCPs are required to submit all network provider information data into the MCPN. To validate the accuracy of the information in the MCPN and to provide insights on members' access to providers, ODM contracted with HSAG to conduct secret shopper telephone surveys of OB/GYN and HHA^{A-8} provider types in each MCP region during SFY 2018. A secret shopper is a person employed to pose as a shopper, client, or patient in order to evaluate the quality of customer service or the validity of information (e.g., accurate prices or location information). The secret shopper telephone survey allows for objective data collection from healthcare providers without potential biases introduced by knowing the identity of the surveyor. In SFY 2018, ODM also contracted

^{A-8} For the purposes of this study, an HHA is defined as a home health agency or an individual provider identified in the Ohio MCPN data files as providing home health services.

with HSAG to conduct two non-secret (i.e., revealed caller) telephone surveys of PCPs contracted with at least one of the MCPs to provide additional insights on members' access to PCPs.

Objectives of the Activity

The primary objectives for each survey were to evaluate the accuracy of the information in the MCPN database and assess appointment and service availability. To accomplish these objectives, HSAG, in collaboration with ODM, defined the scope of the SFY 2018 reviews as follows:

PCP Access Survey

Study objectives of the PCP Access Survey included assessing new and existing Medicaid members' access to PCPs, as well as validating selected elements from the MCPN data files. HSAG used a revealed caller telephone survey among provider locations sampled from the five MCPs to fulfill the study objectives related to provider network adequacy and data validation.

OB/GYN Survey

The main purpose of the OB/GYN Survey was to provide insights on members' access to prenatal care with CNMs or providers specializing in OB/GYN services. A secondary purpose of the study was to validate MCPN database information for such providers. HSAG used a secret shopper telephone survey among randomly sampled provider locations to fulfill the study objectives related to provider network adequacy and data validation.

Home Health Survey

Using data from the MCPN, HSAG conducted a survey of all HHAs contracted with at least one of the six MCPs/MCOPs. This survey's study objectives were to determine the accessibility of home health services for MCP/MCOP members and to validate selected elements from the MCPN data files. The HHAs were surveyed by telephone and the collected information was used to evaluate the accuracy of the information in the MCPN database.

Technical Methods of Data Collection and Analysis

PCP Access Survey

The SFY 2018 PCP Access Surveys used survey materials developed during SFY 2017, at which time HSAG conducted a pilot survey to evaluate and customize the survey script and data collection tool. During the pilot survey, HSAG tested the flow of the script to ensure that questions were asked in an efficient manner for office staff members and that questions were easily understandable. HSAG worked with ODM after the pilot survey to review any concerns identified during the testing period. When issues were identified, HSAG, in collaboration with ODM, adjusted the telephone script to better meet the study objectives.

HSAG conducted each PCP Access Survey for Medicaid PCP providers enrolled with any of the five MCPs as of the August 2017 MCPN files for the Fall survey and the March 2018 MCPN files for the Spring survey. The sampled providers for each statewide survey were proportionally distributed across the three MCP regions to align with the actual distribution of PCPs serving Ohio Medicaid members.

HSAG assembled the sample frame from all PCPs identified in the pertinent MCPN files, excluding OB/GYNs.^{A-9} Out-of-state PCPs were included in the sample frame and attributed to the nearest MCP region. To facilitate the grouping of providers for survey calls, HSAG standardized the MCPN address data to align with the United States Postal Service Coding Accuracy Support System (CASS). Address standardization did not affect the sample frame; provider locations requiring address standardization remained in the sample frame, and standardization changes were rejected if they resulted in a different address (e.g., potential misspellings in street names were retained for verification during the survey calls).

For each MCP, HSAG selected a statistically valid sample from the list of unique providers based on a 95 percent confidence level and ± 5 percent margin of error.^{A-10} A 30 percent oversample for each MCP was added to the sample size to increase the probability of capturing appointment availability information from a statistically valid number of providers.

Before conducting the survey calls, HSAG identified all MCP-contracted locations for each sampled PCP and grouped the providers by location based on address and telephone number. This location-based deduplication enabled HSAG to ask about all sampled providers at a given location during the same call to minimize the survey burden on the providers' office staff members.

During the survey, callers used an ODM-approved script while making up to two telephone calls on different days and times of day to each selected provider office during standard operating hours. A location was considered unreachable if the telephone number did not connect to a medical provider's office, or if the caller was unable to speak with office personnel during either call attempt (e.g., placed on hold for five minutes or longer). If a call attempt was answered by an answering service or voicemail, a subsequent call was attempted on another day, at another time; if the caller reached an answering service or voicemail on the second call attempt, a message was left requesting a return call to complete the survey. If a return call was received, the telephone script was completed; otherwise, the location was listed as "unreachable." HSAG allowed up to one week for a return call from the provider location. Callers underwent project-specific training with a dedicated analytics manager to ensure adherence to the call process and data collection protocol. To ensure data quality and consistency within and between callers, the analytics manager reviewed 100 percent of calls placed during the training and survey periods.

^{A-9} The *IsPCP* MCPN data field was used to identify PCP providers (i.e., a data value of "1"), regardless of specialty.

^{A-10} Unique providers were identified within each MCP using the *MPN/PRN* data field.

HSAG's callers entered survey responses from sampled provider locations into an electronic data collection tool. Prior to analyzing the results, HSAG reviewed the responses to ensure complete and accurate data entry. Results from the sampled providers were aggregated by MCP for analysis and reporting.

Data elements collected at the location level (e.g., telephone number accuracy, appointment availability, and address accuracy) were attributed to each sampled provider affiliated with the unique location. While appointment availability was assessed at the practice location level, validation of MCPN elements such as MCP affiliation and acceptance of new patients were assessed for the selected provider.

OB/GYN Survey

HSAG conducted the survey among OB/GYN and CNM providers^{A-11} enrolled with any of the six plans as of the October 2017 MCPN files and serving MCP and/or MCOP members.^{A-12} The sampled providers for this statewide survey were proportionally distributed across the three MCP regions to align with the actual distribution of prenatal care providers serving Ohio Medicaid members.

HSAG assembled a list of unique providers (i.e., the sample frame) from all OB/GYNs and CNMs identified in the October 2017 MCPN files for all MCPs. Out-of-state providers were included in the sample frame and attributed to the nearest MCP region.

For each MCP, HSAG selected a statistically valid sample from the list of unique providers based on a 95 percent confidence level and ± 5 percent margin of error.^{A-13} A 30 percent oversample for each MCP was added to the sample size to increase the probability of capturing appointment availability information from a statistically valid number of providers.

Before conducting the survey, HSAG identified all locations contracted with the specified MCP for each sampled provider and randomly selected one location to be surveyed (i.e., the provider location). Provider locations selected for the survey were unique to each MCP, and a provider location may have been included in the survey for more than one MCP.

During the survey, HSAG's callers used an ODM-approved script while making up to two telephone calls to each selected provider office during standard operating hours. A location was considered unreachable if the telephone number did not connect to a medical provider's office, or if the caller was unable to speak with office personnel during either call attempt (e.g., placed on hold for five minutes or longer). If a call attempt was answered by an answering service or voicemail, a subsequent call was attempted on another day, at another time; if the caller reached an answering service or voicemail on the second call attempt, the location was listed as "unreachable." Callers underwent project-specific training with a dedicated analytics manager to ensure adherence to the call process and data collection protocol.

^{A-11} The *primaryspec* MCPN data field was used to identify OB/GYN and CNM providers (i.e., data values of "078" for OB/GYNs or "017" for CNMs).

^{A-12} The OB/GYN Survey included providers serving Medicaid and/or MyCare Ohio members. Due to the sampling methodology, statistically valid survey results limited to providers serving Medicaid members are not available.

^{A-13} Unique providers were identified within each plan using the *MPN/PRN* data field.

To ensure data quality and consistency within and between callers, the analytics manager reviewed 100 percent of calls placed by each caller during the first week after the training period and a minimum of 10 percent of each caller's calls for the remainder of the survey period.

HSAG's callers entered survey responses from sampled provider locations into an electronic data collection tool. Prior to analyzing the results, HSAG reviewed the responses to ensure complete and accurate data entry. Results from the sampled providers were aggregated by MCP for analysis and reporting.

Home Health Survey

Due to the relatively small population of HHAs, the survey was conducted among all HHAs^{A-14,A-15} reported as contracted with any of the MCPs/MCOPs in the March 2018 MCPN file, and out-of-state HHAs were included in the case list.

To facilitate the grouping of providers for survey calls, HSAG standardized the MCPN address data to align with the United States Postal Service CASS. Address standardization did not affect the case list; provider locations requiring address standardization remained in the case list, and standardization changes were rejected if they resulted in a different address (e.g., potential misspellings in street names were retained for verification during the survey calls).

The survey interviewers captured survey responses into the Computer Assisted Telephone Interviewing (CATI) system using transcribed audio recordings for open-ended responses. Data elements collected at the case level (e.g., telephone number accuracy) were attributed to each HHA affiliated with the unique telephone number. Results from the surveyed cases were aggregated by plan for analysis and reporting.

No HHAs were attributed to UnitedHealthcare in the MCPN data file, therefore, UnitedHealthcare has no results to display.

Trained interviewers used a standardized ODM-approved script to collect survey responses, allowing for assessment of the MCPN accuracy and informational indicators selected for the survey.

MCPN accuracy indicators included:

- Accuracy of the MCPN telephone number and address
- Accuracy of the plan and program affiliations
- Accuracy of the MCPN specialty (i.e., is the HHA Medicare certified to provide home health services?)

^{A-14} The *Specialty* MCPN data field was used to identify HHAs (i.e., a data value of "056"), regardless of specialty or provider name.

^{A-15} Home infusion providers and private duty nurses were excluded from the survey population. HHAs that provide home infusion services were included in the study population, but were only surveyed regarding home health services.

Informational indicators included:

- Information on the regulatory certification(s) (e.g., The Joint Commission, Community Health Accreditation Partner [CHAP], Accreditation Commission for Health Care [ACHC], or the Ohio Department of Aging [ODA])
- Information on geographic areas served (e.g., counties)
- Information on the types and timing of services offered (e.g., does the HHA provide post-hospital services and/or ongoing care?)
- Information on pediatric certification(s) and any limitations on the ages of Medicaid and/or MyCare members served
- Information on the HHA's self-reported staffing levels (e.g., average time to have a registered nurse or physician sent to conduct an initial assessment after opening a case)
- Information on the HHA's experience participating in MCPs'/MCOPs' in-home assessments for transition of care and functional status

The HHA was considered nonresponsive if any of the following criteria were met:

- The telephone number was invalid (i.e., disconnected) or did not connect to an HHA office
- Office personnel refused to complete the survey
- Office personnel failed to respond to voicemail requests to complete the survey
- The interviewer was unable to speak with office personnel during either call attempt (e.g., an automated answering service that prevented the interviewer from speaking with office staff members or leaving a voicemail).

Description of the Data Obtained/Time Period

PCP Access Survey

The Fall PCP Access Survey reflected provider information from the August 2017 MCPN data files, with survey calls conducted between September and October 2017. The Spring PCP Access Survey reflected provider information from the March 2018 MCPN data files, with survey calls conducted between April and May 2018.

Providers' survey responses were used to assess access to providers and the validity of MCPN data across three domains:

- **Provider access:** information on whether the provider could be contacted via telephone, was still contracted with the specified MCP, and whether the provider was accepting new patients.

- Appointment availability: information on the soonest-available appointment with any provider at the location for sick and well-check visits among new and existing Medicaid members, including the availability of after-hours and walk-in appointments.^{A-16}
- MCPN data accuracy: the degree to which survey responses align with MCPN data for providers' telephone number, location, MCP contract status, and new patient acceptance status.

Due to the nature of the survey script, data may have been unavailable for some providers. For example, if the MCPN telephone number was incorrect for the location and a corrected telephone number could not be obtained from the person responding to the survey, the survey script would end and data would be missing for remaining survey elements.

OB/GYN Survey

The secret shopper survey of prenatal care providers reflected OB/GYN and CNM provider information from the October 2017 MCPN data files. HSAG conducted survey calls between November and December 2017.

Survey responses from sampled OB/GYN and CNM provider locations were used to assess access to prenatal care providers and the validity of MCPN data across three domains:

- Provider access: information on whether or not the provider could be contacted via telephone, was contracted with the specified plan and program, and whether or not the provider was accepting new patients.
- Appointment availability: information on the soonest-available appointment with the sampled provider at the sampled location.
- MCPN data accuracy: the degree to which survey responses align with MCPN data for providers' telephone number, location, plan contract status, and new patient acceptance status.

Due to the nature of the survey script, data may have been unavailable for some provider locations. For example, if the MCPN telephone number was incorrect for the location and a corrected telephone number could not be obtained from the person responding to the survey, the survey would stop and remaining survey elements would be missing.

Home Health Survey

The Home Health Survey was conducted statewide with HHAs reported as contracted with any of the MCPs/MCOPs in the March 2018 MCPN file. HSAG conducted all survey calls in March 2018.

^{A-16} A “walk-in appointment” is defined as a situation in which a patient can arrive at a provider’s office and be seen by a provider without scheduling an appointment prior to arriving. An “after-hours appointment” is defined as any appointment offered before or after regular business hours (i.e., before or after 8 a.m.–5 p.m., Monday through Friday).

Survey responses were used to assess HHA access and the validity of MCPN data as follows:

- HHA access: HHAs' self-reported information on certifications, staffing, and experience with the plans' in-home assessments.
- MCPN data accuracy: information on whether the HHA could be contacted via telephone, was an HHA, and was still contracted with the specified plan and serving Medicaid and/or MyCare members.

Due to the nature of the survey script, data was unavailable for some cases. For example, if the MCPN telephone number was incorrect for the case, the survey would stop, and the remaining survey elements would not be collected (i.e., null values).

Encounter Data Validation

The Medicaid Managed Care Provider Agreement requires MCPs to collect data on services furnished to members through a claims system, and the encounter data must be reported to ODM electronically according to the specified schedule following ODM Encounter Data Submission Guidelines and the Quality Measure Methodology document. The MCP must submit a letter of certification, using the form required by ODM, with each encounter data file. In SFY 2018, ODM contracted with HSAG to conduct an Encounter Data Validation study focusing on all encounter types (i.e., dental, professional, institutional, and pharmacy).

Objectives of the Activity

The primary objectives for HSAG's validation of encounter data were to verify that MCPs submitted encounter data accurately and that payment was made appropriately.

Validation of MCP Encounters

Substantial changes in the MCPs' encounter data submission process occurred when the MCPs began submitting their claims and encounters to MITS. As such, in SFY 2016, HSAG conducted a baseline payment validation study for all claim types (i.e., dental, professional, institutional, and pharmacy). HSAG, in collaboration with ODM, then used the summary results from this study to design and revise the Medicaid Managed Care Provider Agreement contract language and data quality measures and standards to better align with the structure of the submitted data and how data are being collected and maintained in MITS. To determine if the MCPs met the standards as stipulated in the current Medicaid Managed Care Provider Agreement contracts, HSAG conducted an administrative review of the Medicaid MCPs' submitted data for all encounter types (i.e., dental, professional, institutional, and pharmacy).

During the SFY 2017 EDV study, in addition to performing an administrative review of the institutional encounters, HSAG performed on-site reviews of sampled discrepant encounters with the MCPs along with desk reviews of the sampled cases. HSAG, ODM, and the MCPs determined that the on-site review component of the SFY 2017 study was effective in identifying issues and their root causes. As such, ODM

requested that HSAG include an on-site component with the SFY 2018 study. ODM was also interested in investigating how plans were submitting their LTC encounter data. Therefore, an on-site review of the LTC encounter data was conducted as part of the SFY 2018 study.

Technical Methods of Data Collection and Analysis

Validation of MCP Encounters

The comparative analysis of administrative data (i.e., dental, professional, institutional, and pharmacy) and LTC encounter data review components of the SFY 2018 study focused on encounters for the Covered Families and Children/Modified Adjusted Gross Income (CFC/MAGI) as well as the Aged, Blind, and Disabled (ABD) with dates of service during CY 2016.

To successfully complete this study, HSAG collaborated with ODM and the MCPs to perform the following key activities:

- **Data collection and preliminary file review:** This task involved the MCPs' submission of all final paid dental, professional, institutional, and pharmacy claims/encounters required for the study. All data submitted by the MCPs to HSAG underwent a preliminary file review to ensure that the submitted files were generally comparable to the encounters extracted from ODM's vendor data. HSAG prepared preliminary file acceptance reports summarizing the results of the reviews as well as any notable data issues. After the MCPs reviewed their preliminary file acceptance reports, they had an opportunity to resubmit their files to HSAG.
- **Comparative analysis:** This task involved a comparison between the dental, professional, institutional, and pharmacy claims/encounter data from ODM's vendor data and the MCPs' submitted claims/encounters for the study. Key data fields that were evaluated for alignment between data sources include:
 - MCP paid amount.
 - TPL paid amount.
 - Provider information.
- **Sample selection:** This task determined how the sample LTC encounters were selected for HSAG's review from discrepant encounters identified during the comparative analysis. MCPs were responsible for retrieving selected records from their claims systems during the on-site data reviews. The MCPs were also responsible for preparing screen shots from their claims systems of all the selected discrepant encounters.
- **On-site data review of sampled LTC cases:** The goal of this activity was to visually validate sampled encounters from ODM's vendor data against records retrieved from the MCPs' claims systems and to investigate and explore the root cause of the discrepancies.
- **Desk review of sampled LTC cases:** This task was an extension of the on-site data reviews where sample discrepant encounters were validated against screen shots of the associated sampled LTC cases from the MCPs' claims systems.

- **Review of TPL information:** The goal of this activity was to determine if the TPL information was being submitted, collected, and maintained in MITS appropriately. HSAG compared the TPL information from ODM's vendor data with the MCPs' claims/encounter data submitted for the study.
- **Analysis and reporting of results:** Upon conclusion of the comparative analysis and on-site reviews, HSAG performed an analysis of key data elements assessed during the review. Each MCP's results were summarized as well as aggregated to capture an overall statewide performance.

Description of the Data Obtained/Time Period

Validation of MCP Encounters

Comparative analyses and data reviews were performed on claims/encounters with dates of service between January 1, 2016, and December 31, 2016.

During the preliminary file review process, HSAG examined the following data characteristics:

- The extent to which the submitted MCP line item records matched ODM's vendor data based on the Invoice Control Number (ICN).
- The extent to which, where applicable, the payment amount in the MCP dental, professional, and outpatient header records matched those in the MCP detail records.

For the submitted files to be accepted for the Encounter Data Validation study, at least 90 percent of the MCP's claims/encounters must match those in ODM's vendor data. Additionally, at least 95 percent of the payment amounts in the MCP's header records had to match the sum of the payment amounts in the detail line item records, where applicable, for the MCPs' dental, professional, and outpatient files. The MCPs were required to resubmit their files if the established thresholds were not met. The MCPs had one opportunity to resubmit their files.

Additionally, HSAG evaluated the general quality of each submitted file, including the following aspects of the submitted files:

- The volume of the MCP's claims file compared to ODM's encounter file
- The MCP's compliance with payment reporting requirements for diagnosis-related group (DRG) claims and capitated claims
- Completeness and reasonableness of critical data fields (see Table A-5)

Table A-5—Key Data Fields for Data Quality Assessment

Claim File Type		Data Fields Used	
Dental and Professional		<ul style="list-style-type: none"> • ICN • Recipient ID • First Line DOS (Date of Service) • Last Line DOS • All Diagnosis Fields 	<ul style="list-style-type: none"> • Procedure Code • Modifier • Unit • Paid Date • All Paid Amounts • All Provider Fields
Institutional ¹	Inpatient	<ul style="list-style-type: none"> • ICN • TCN (Transaction Control Number) 	<ul style="list-style-type: none"> • Paid Date • Revenue Center Code • Modifier
	Outpatient	<ul style="list-style-type: none"> • Recipient ID • First Line DOS • Last Line DOS 	<ul style="list-style-type: none"> • Unit • All Paid Amounts • All Provider Fields
	Other	<ul style="list-style-type: none"> • DRG • Procedure Code • All Diagnosis Fields 	
Pharmacy		<ul style="list-style-type: none"> • ICN • Recipient ID • First DOS • National Drug Code 	<ul style="list-style-type: none"> • Drug Quantity • Paid Date • All Paid Amounts • All Provider Fields

¹ Payment amounts for the institutional file are paid at the header level for inpatient-DRG claim types, while outpatient, inpatient-DRG-exempt, and long-term care claim types are paid at the detail level of the claim. As such, results related to the institutional file are broken out as Inpatient (for header paid claims), Outpatient (for detail paid outpatient claims), and Other (for detail paid long-term care and inpatient-DRG exempt claims).

HSAG prepared a preliminary file acceptance report for each MCP and coordinated with ODM to provide individual technical assistance sessions with the MCPs to review their preliminary file review results. The review provided a general description of the quality of the MCP-submitted files prior to the comparative analysis and on-site reviews.

For each claim type (i.e., dental, professional, institutional, and pharmacy), comparative analyses were conducted to evaluate the following key data fields: MCP paid amount, TPL paid amount, and provider information.

For claims payment validation, HSAG evaluated the extent to which claim payment information in ODM’s MITS reflected the payment data contained in the fully adjudicated claims data files from the MCPs. HSAG also conducted additional analyses to investigate payment data associated with TPL information and provider information.

Table A-6 presents the study indicators for the administrative audit, associated with payment validation, TPL field validation, and provider field validation.

Table A-6—Administrative Audit System Indicators

Payment Validation	
Payment Validation	
Omission encounter rate	The percentage of encounters in an MCP’s fully adjudicated claims files not present in the ODM encounter files.
Surplus encounter rate	The percentage of encounters in the ODM encounter files not present in an MCP’s fully adjudicated claims files.
Payment error rate	The percentage of matched encounters for which a payment amount discrepancy was identified.
Absolute payment discrepancy	The absolute dollar amount associated with claims for which the MCP and ODM payment amounts differ.
TPL Validation	
TPL omission encounter rate	The percentage of encounters with TPL information in an MCP’s fully adjudicated claims files not present in the ODM encounter files.
TPL surplus encounter rate	The percentage of encounters with TPL information in the ODM encounter files not present in an MCP’s fully adjudicated claims files.
TPL payment error rate	The percentage of matched encounters with TPL information for which a TPL payment amount discrepancy was identified.
Absolute TPL payment discrepancy	The absolute dollar amount associated with TPL information for which the MCP and ODM payment amounts differ.
Provider Field Validation	
Encounter-level provider agreement rate	The percentage of matched encounters in which all provider NPI fields match between both the ODM encounter files and the MCP’s fully adjudicated claims files.
Encounter-level provider omission rate	The percentage of matched encounters in which all provider National Provider Identifier (NPI) fields were omitted/mismatched in the ODM encounter files.
Encounter-level provider surplus rate	The percentage of matched encounters in which all provider NPI fields were omitted/mismatched in the MCP’s fully adjudicated claims files.
Field-level provider agreement rate	The percentage of matched encounters in which the submitted provider field matched between both data sources for the specific provider field.
Field-level provider mismatch source	The percentage of matched encounters in which the provider field mismatch was due to: <ol style="list-style-type: none"> 1. Provider NPI submitted in both files (a true provider NPI mismatch). 2. Absence of provider NPI in the ODM encounter files. 3. Absence of provider NPI in the MCP files.

The encounters for the on-site and desk reviews were sampled from the LTC encounters within the institutional claim type, where discrepancies were noted during the comparative analysis. For each MCP/MCOP, HSAG identified a total of 411 eligible recipients (i.e., MCP and MCOP) for inclusion in the review sample using a random sample stratified across discrepant classifications (i.e., *omission*, *surplus*, *mismatch*, or *payment*) and program type (i.e., Medicaid MCP and MCOP). The on-site reviews were performed for both the MCPs and MCOPs; however, only the review of the MCPs is discussed in this technical report. The sample size was based on a 95.0 percent confidence level and no more than 5.0 percent margin of error at the MCP/MCOP level.^{A-17} HSAG employed a two-stage stratified sampling design to ensure that (1) a recipient's record was selected once such that the number of recipients was proportional to the distribution of recipients' encounters that were noted in the comparative analysis, and (2) that the number of encounters included in the final sample were approximately proportional to the distribution of all discrepant encounters by discrepant classification (i.e., *omission*, *surplus*, or *mismatch*). First, HSAG identified all recipients per MCP/MCOP and determined the required sample size based on the total distribution of users from the discrepant encounters. HSAG then randomly selected the recipients from each discrepant classification based on the required sample size. Once sample recipients were selected, HSAG identified all discrepant LTC encounters for these recipients. From these encounters, one date of service was randomly selected as the final sampled encounter record per sampled recipient.

Of the total eligible recipients per MCP, 10 percent were identified for review during the on-site data reviews with MCPs; the remaining cases were compared with screen shot of the selected cases from the MCPs' claims systems.

During the on-site review, the following components were reviewed and validated by HSAG:

- Verification of recipient information: HSAG verified that the recipient retrieved from the MCP's claims system corresponded with the recipient from the sampled encounter.
- Verification of the DOS: HSAG verified that the DOS associated with the recipient corresponded with the DOS from the sampled encounter.
- Verification of accurate claim payment: HSAG evaluated the extent to which claim payment information in ODM's MITS reflected the payment contained in the MCP's claims system.
- Verification of TPL payment information: TPL information was reviewed to determine if the TPL information in ODM's MITS reflects the TPL payment contained in the MCP's claims system.
- Verification of provider information: HSAG evaluated the accuracy of MCPs' population of provider information on claims/encounters submitted to MITS as compared with what is stored in their claims processing systems.

^{A-17} The sampling approach described above relies on a final sample of 411 discrepant LTC encounters for each MCP/MCOP based on the MCP's/MCOP's percentages of *omission*, *surplus*, or *mismatch* encounters. This approach ensures the results generated from the sample were within ± 5.0 percent of the MCP's/MCOP's overall results for discrepant LTC encounters at a 95.0 percent confidence level.

Upon conclusion of the comparative analysis and on-site/desk reviews, HSAG analyzed the key data elements assessed during the review. Each MCP's results were summarized as well as aggregated to capture an overall statewide performance for the comparative analysis. Findings from the on-site and desk reviews were also summarized to capture the different scenarios that contributed to the records being classified as discrepant.

Provider Satisfaction Survey

ODM, in collaboration with HSAG, administered a Provider Satisfaction Survey in 2018 to PCPs who are contracted with one or more of Ohio Medicaid's MCPs. ODM contracted with HSAG to administer the survey, analyze the data, and report the survey findings. HSAG collaborated with ODM to develop a customized survey instrument to gather data on PCP satisfaction with Ohio Medicaid's MCPs in a uniform and timely manner. Ten measures were identified for the survey and included items such as claims processing and prior authorization.

Objectives of the Activity

The goal of the Provider Satisfaction Survey was to provide feedback to ODM as it relates to PCPs' perceptions of the MCPs and to evaluate differences in satisfaction between CPC and non-CPC providers. This survey was administered for the first time in 2018 in order to establish baseline PCP satisfaction results for MCPs. Since this is the first year the Provider Satisfaction Survey was administered and MCPs have not yet had an opportunity to address and impact measures that may be performing lower than the program average, specific rates were not presented in this report. As the survey is continually administered in future years, satisfaction rates will be made available in future EQR reports.

Technical Methods of Data Collection and Analysis

A customized Provider Satisfaction Survey instrument was developed by HSAG, in collaboration with ODM. The questions in the Provider Satisfaction Survey modeled Likert scale questions and included closed-ended response options. To be eligible for the survey, providers were required to meet the following criteria at the time the eligible population file was created:

1. Be flagged as a valid PCP based on ODM's PCP definition^{A-18}
2. Have at least 30 attributed MCP members
3. Have submitted at least one claim for each of these members during the measurement period (i.e., July 1, 2016–June 30, 2017)

Prior to sending out the first survey mailing, a pre-survey notification campaign was completed to notify providers that they were selected to take part in the survey. All eligible PCPs were mailed a cover letter

^{A-18} Ohio Governor's Office of Health Transformation. Ohio CPC: Methodology for Member Attribution. June 2017.

that provided the option to complete a paper-based survey or complete a Web-based survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. Furthermore, PCPs who had not completed a survey received a reminder phone call.

To capture PCPs’ experiences with the MCPs, 10 measures were evaluated. All questions included the following response categories: Very Dissatisfied, Dissatisfied, Neutral, Satisfied, Very Satisfied, and Not Applicable. For each question, a mean was calculated on a three-point scale at the MCP and program levels. Table A-7 indicates how the three-point mean score values were determined.

Table A-7—Determining Mean Score Values

Response Category	Score Values
Very Dissatisfied	1
Dissatisfied	1
Neutral	2
Satisfied	3
Very Satisfied	3
Not Applicable	Missing

A comparative analysis was performed to determine whether there were statistically significant differences between the results for each MCP and the statewide program. A Hierarchical Model for Latent Variables was used to identify statistically significant differences between the MCPs’ results. In this model, the correlation structure of the responses was considered in order to adjust the MCPs’ results.

Description of the Data Obtained/Time Period

PCPs completed the survey from January to March 2018.

Quality Rating of MCPs

ODM contracted with HSAG in 2018 to produce an MCP Report Card using Ohio Medicaid MCPs’ performance measure data. Specifically, HEDIS 2018 performance measure results and CAHPS 2018 data were combined and analyzed to assess MCPs’ performance as related to certain areas of interest to members.

Objectives of the Activity

The MCP Report Card was developed to support ODM’s public reporting of MCP performance information to be used by members to make informed decisions about their healthcare. Because the MCP Report Card evaluated individual MCP performance in specific areas (e.g., how well doctors

involved members in decisions about their care, if children regularly received checkups and important shots that helped protect them against serious illness), members had the opportunity to be better informed in certain areas of interest. Additionally, the MCP Report Card provided a five-level rating scale with an easy-to-read “picture” of quality performance across MCPs, and it presented data in a manner that clearly emphasized meaningful differences between MCPs (i.e., one- to five-star rating) to assist members when selecting an MCP. The finalized MCP Report Card, which was made publicly available in December 2018, included an overview, description of the performance areas, and MCP-specific results, as well as background information for assisting members in choosing a Medicaid MCP, including MCP contact information.

Technical Methods of Data Collection and Analysis

To derive the results included in the MCP Report Card, HSAG scored each MCP’s quality of care provided in the following performance areas: Getting Care, Doctors’ Communication and Service, Keeping Kids Healthy, Living With Illness, and Women’s Health. For each performance area, a summary score for each MCP was calculated to determine MCP performance. The summary score and respective confidence interval for each MCP were then compared to the Ohio Medicaid average to determine variations in MCP performance. Based on this comparison, each MCP’s performance was categorized into one of five performance categories as displayed in Table A-8.

Table A-8—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★★★	Highest Performance	The MCP’s performance was two or more standard deviations above the Ohio Medicaid MCP average.
★★★★☆	High Performance	The MCP’s performance was between one and two standard deviations above the Ohio Medicaid MCP average.
★★★☆☆	Average Performance	The MCP’s performance was within one standard deviation of the Ohio Medicaid MCP average.
★★☆☆☆	Low Performance	The MCP’s performance was between one and two standard deviations below the Ohio Medicaid MCP average.
★☆☆☆☆	Lowest Performance	The MCP’s performance was two or more standard deviations below the Ohio Medicaid MCP average.

Description of the Data Obtained/Time Period

For the 2018 (CY 2017) MCP Report Card, HSAG obtained HEDIS 2018 (i.e., January 1, 2017–December 31, 2017) performance measure results from the MCPs. HSAG also obtained CAHPS 2018 (i.e., July 1, 2017–December 31, 2017) data from ODM and/or the MCPs.

Appendix B. Buckeye’s Detailed EQR Activity Results

Performance Improvement Projects

In SFY 2018, Buckeye completed Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection). The following outlines the validation findings for each of the completed modules.

Module 1: PIP Initiation

Upon initial validation of Module 1, HSAG identified opportunities for improvement related to Buckeye’s documentation of the baseline rate for the African-American population and documentation of the interventions listed in the KDD. After receiving technical assistance from HSAG and ODM, Buckeye revised Module 1 and resubmitted the module for final validation. For the final validation, Buckeye met the Module 1 validation criteria, as evidenced by receiving *Achieved* scores for all evaluation elements. In SFY 2018, all five MCPs initiated the ODM-selected *Hypertension Control and Disparity Reduction* PIP. All five MCPs completed and submitted Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection) for the annual validation. Upon initial validation of the modules, HSAG identified opportunities for improvement for each MCP to address prior to submitting the modules for final validation. Each MCP received technical assistance from HSAG and ODM and resubmitted the modules for final validation. Upon final validation, the five MCPs achieved all required validation criteria for each module. The following tables illustrate the validation criteria for each module.

Table B-1—Validation Criteria for Module 1

Criteria	Achieved
1. The topic and narrowed focus were supported by data.	X
2. The team members were identified for both internal MCP staff members and external partners, including representation for the narrowed focus.	X
3. The SMART Aim included all required components (narrowed focus, baseline rate, goal, and date) and was developed based on literature review, MCP data, and/or experience.	X
4. The Global Aim, SMART Aim, drivers, and potential interventions were aligned and stated accurately.	X

Module 2: SMART Aim Data Collection

Upon initial validation of Module 2, HSAG identified that Buckeye needed to include the attachments referenced in its documentation and label the x-axis in its SMART Aim run chart. Buckeye had the opportunity to make these corrections and resubmit the module for final validation. For the final

validation, Buckeye met the Module 2 validation criteria, as evidenced by receiving *Achieved* scores for all evaluation elements.

Table B-2 describes the validation criteria for Module 2 and whether the MCP achieved the criteria.

Table B-2—Validation Criteria for Module 2

Criteria	Achieved
1. The SMART Aim measure included all the following components: <ol style="list-style-type: none"> a) The numerator and denominator were well-defined to measure outcomes for the SMART Aim. b) The baseline measurement period and rate were appropriate. c) The measurement intervals were appropriate for the SMART Aim. d) The SMART Aim goal was appropriate based on the baseline rate and denominator size. 	X
2. The SMART Aim data collection methodology supported the rapid-cycle process and included: <ol style="list-style-type: none"> a) Data source(s). b) A step-by-step process that aligned with the baseline data collection methodology. c) Team members collecting data. 	X
3. If a data collection tool was used, the tool(s) was appropriate and captured all required data elements.	X
4. The run/control chart included the titles, SMART Aim goal, baseline percentage, and data collection interval.	X

The validation findings indicate that Buckeye was successful in executing the initiation phase of the *Hypertension Control and Disparity Reduction* PIP and met all validation and documentation criteria for Modules 1 and 2. Buckeye was also successful in building its internal and external PIP teams and developing collaborative partnerships with its provider practice sites.

As the PIP progresses, HSAG made the following recommendations to Buckeye:

- Ensure the KDD is updated throughout the duration of the PIP as the initial interventions identified may change.
- As Buckeye progresses through the quality improvement process, process maps may need to be conducted at the clinic and MCP levels to determine the opportunities for improvement that will lead to the interventions tested through PDSA cycles.
- The Rapid-Cycle PIP Process Reference Guide and submission form instructions should be used as Buckeye completes subsequent modules to ensure that the documentation requirements are addressed.

Performance Measures

HEDIS

To evaluate MCP performance, HSAG analyzed Buckeye's 2018 HEDIS IDSS files. HSAG compared prior years' performance (i.e., HEDIS 2017) to current performance, and compared current performance to national Medicaid NCQA benchmarks to develop star ratings. In addition, HSAG presented a percentile approximation relative to national Medicaid NCQA benchmarks at the measure and population stream level. The percentile approximation methodology is located in [Appendix A](#).

Buckeye's HEDIS 2017 and HEDIS 2018 measure results are shown in Table B-3. Rates shaded green were the same as or better than the statewide weighted average. Additionally, HEDIS 2018 star ratings are presented in Table B-3 based on comparisons to the national Medicaid percentiles. The percentile approximation for each measure is displayed below the HEDIS 2017 star rating.

Table B-3—Buckeye's HEDIS Measure Results

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Healthy Children/Adults			
<i>Adolescent Well-Care Visits</i> ^{2,3}			
<i>Adolescent Well-Care Visits</i>	49.8%	56.2%	★★★★★ 67.2
Annual Dental Visits			
<i>Total</i>	43.5%	45.5%	★★ 24.1
Childhood Immunization Status			
<i>Combination 2</i>	64.6%	65.2%	★★ 16.5
<i>Combination 3</i>	62.0%	63.3%	★★ 20.9
<i>Combination 10</i>	29.0%	33.6%	★★★★★ 52.0
Children and Adolescents' Access to Primary Care Practitioners			
<i>12–24 Months</i>	90.8%	93.7%	★★★★ 28.8
<i>25 Months–6 Years</i>	82.9%	83.9%	★★ 21.2
<i>7–11 Years</i>	86.7%	87.2%	★★ 23.8
<i>12–19 Years</i>	86.3%	86.8%	★★★★ 31.4

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Immunizations for Adolescents			
<i>Combination 1 (Meningococcal, Tdap)</i>	71.5%	78.8%	★★★★★ 54.9
<i>HPV⁴</i>	19.3%	27.3%	★★ 21.6
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile Documentation—Total</i>	45.5%	65.9%	★★★★ 38.0
<i>Counseling for Nutrition—Total</i>	47.6%	59.6%	★★★★ 28.8
<i>Counseling for Physical Activity—Total</i>	40.3%	53.0%	★★★★ 34.0
Well-Child Visits in the First 15 Months of Life³			
<i>Six or More Well-Child Visits</i>	53.5%	60.3%	★★★★ 42.2
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	64.6%	68.6%	★★★★ 31.7
Adults' Access to Preventive/Ambulatory Health Services			
<i>Total</i>	75.4%	75.9%	★★ 24.5
Ambulatory Care—Total (per 1,000 Member Months)¹			
<i>ED Visits—Total</i>	93.7	89.0	★ 8.1
Women's Health			
Breast Cancer Screening^{3,4}			
<i>Breast Cancer Screening</i>	58.3%	55.1%	★★★★ 36.9
Cervical Cancer Screening³			
<i>Cervical Cancer Screening</i>	56.1%	55.0%	★★★★ 32.7
Chlamydia Screening in Women			
<i>Total</i>	53.4%	53.6%	★★★★ 38.4
Prenatal and Postpartum Care^{2,3}			
<i>Timeliness of Prenatal Care</i>	86.8%	86.6%	★★★★★ 65.8
<i>Postpartum Care</i>	65.3%	63.7%	★★★★ 46.8

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Behavioral Health			
Antidepressant Medication Management⁵			
<i>Effective Acute Phase Treatment</i>	49.6%	50.3%	★★★ 39.6
<i>Effective Continuation Phase Treatment</i>	34.0%	34.3%	★★★ 36.5
Follow-Up After Hospitalization for Mental Illness⁴			
<i>7-Day Follow-Up^{2,3}</i>	55.4%	43.4%	★★★★★ 70.1
<i>30-Day Follow-Up</i>	70.8%	66.6%	★★★★★ 71.0
Follow-Up Care for Children Prescribed ADHD Medication⁵			
<i>Initiation Phase</i>	45.6%	55.0%	★★★★★ 84.1
<i>Continuation and Maintenance Phase</i>	54.5%	66.2%	★★★★★ 81.4
Initiation and Engagement of AOD Abuse or Dependence Treatment⁴			
<i>Initiation of AOD Treatment—Total³</i>	63.4%	47.4%	★★★★★ 78.5
<i>Engagement of AOD Treatment—Total</i>	16.8%	19.0%	★★★★★ 80.2
Mental Health Utilization			
<i>Any Service—Total</i>	4.3%	4.6%	★ 7.5
<i>Inpatient—Total</i>	1.0%	0.9%	★★★ 40.0
<i>Intensive Outpatient or Partial Hospitalization—Total</i>	<0.1%	<0.1%	★ 10.0
<i>Outpatient—Total⁴</i>	—	4.1%	★ 6.7
<i>ED—Total⁴</i>	—	<0.1%	★★★ 43.3
<i>Telehealth—Total⁴</i>	—	<0.1%	★★★ 33.3
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics⁵			
<i>Total</i>	81.6%	78.9%	★★★★★ 91.8
Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{1,3}			
<i>Total</i>	1.5%	2.0%	★★★★★ 52.7

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Chronic Conditions			
Adult BMI Assessment			
Adult BMI Assessment	72.1%	79.6%	★★★ 26.9
Comprehensive Diabetes Care			
HbA1c Testing ³	85.1%	86.1%	★★★★ 40.5
HbA1c Control (<8.0%)	43.6%	48.7%	★★★★ 49.1
HbA1c Poor Control (>9.0%) ^{1,2,3}	48.6%	39.4%	★★★★★ 58.0
Blood Pressure Control (<140/90 mm Hg) ³	49.3%	58.2%	★★★★ 42.0
Eye Exam (Retinal) Performed ³	55.7%	59.4%	★★★★★ 65.0
Medical Attention for Nephropathy	87.9%	88.6%	★★★★ 25.0
Controlling High Blood Pressure^{2,3}			
Controlling High Blood Pressure	52.5%	56.2%	★★★★ 47.8
Medication Management for People With Asthma			
Medication Compliance 50%—Total	58.8%	73.2%	★★★★★ 90.3
Medication Compliance 75%—Total	33.0%	51.6%	★★★★★ 90.3
Pharmacotherapy Management of COPD Exacerbation			
Systemic Corticosteroid	76.4%	77.3%	★★★★★ 88.5
Bronchodilator	85.4%	86.3%	★★★★★ 74.2
Statin Therapy for Patients With Cardiovascular Disease³			
Received Statin Therapy—Total	80.6%	80.6%	★★★★★ 77.2
Statin Therapy for Patients With Diabetes			
Received Statin Therapy—Total	63.7%	64.8%	★★★★★ 74.7

¹ A lower rate indicates better performance for this measure.

² Indicates a pay-for-performance measure/indicator.

³ Indicates the measure indicator was included in the index score calculation.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; however, the HEDIS 2017 rates are presented, if applicable, and the HEDIS 2018 rates are compared to the Quality Compass 2018 benchmarks.

⁵ Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

— Due to changes in the technical specifications for this measure in HEDIS 2018, these indicator rates cannot be displayed.



Indicates the rate was the same as or better than the statewide average for Ohio.

HEDIS 2018 star ratings represent the following percentile comparisons:

★★★★★ = At or above the national Medicaid 75th percentile

★★★★ = At or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile

★★★ = At or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile

★★ = At or above the national Medicaid 10th percentile but below the national Medicaid 25th percentile

★ = Below the national Medicaid 10th percentile

Table B-4 displays Buckeye's population stream index scores for CY 2017 and CY 2018. The scores provide an estimation of performance when the measures within each population stream are compared to national benchmarks. An upward green arrow indicates at least a four-point increase in performance from CY 2016 to CY 2017. A downward red arrow indicates at least a four-point decrease in performance from CY 2016 to CY 2017. A sideways gray arrow indicates no substantial change (i.e., less than a four-point change in either direction) in performance between years.

Table B-4—Buckeye's MCP Population Stream Index Score and Ranking

Population Stream	CY 2016	CY 2017	Performance	CY 2017 Ranking
Healthy Children/Adults	40.5	53.6	↑	1
Women's Health	62.9	49.9	↓	2
Behavioral Health	79.4	69.6	↓	2*
Chronic Conditions	53.2	57.9	↑	1*

* Indicates a tie with one or more MCPs for the applicable population stream.

↑ Indicates the CY 2017 rate was four or more points higher than the CY 2016 rate.

→ Indicates no substantial change between CY 2016 and CY 2017 rates.

↓ Indicates the CY 2017 rate was four or more points lower than the CY 2016 rate.

Healthy Children/Adults

For CY 2017, Buckeye's average performance on HEDIS measures for the Healthy Children/Adults population stream is estimated to be at the 54th national Medicaid NCQA percentile. The average score is based on disparate performance within the Healthy Children/Adults population stream with the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* rate having an estimated rating below the 32nd percentile; whereas, the *Adolescent Well-Care Visits* rate had an estimated rating above the 67th percentile. In analyzing the measures in aggregate, Buckeye's CY 2017 overall results for the Healthy Children/Adults population stream increased from CY 2016 to CY 2017 by more than 13 points and ranked first out of the five Ohio Medicaid MCPs.

Women's Health

For CY 2017, Buckeye's average performance on HEDIS measures for the Women's Health population stream is estimated to be at the 50th national Medicaid NCQA percentile. The average score is based on disparate performance within the Women's Health population stream with both the *Breast Cancer Screening* and *Cervical Cancer Screening* rates estimated to be below the 37th percentile, but the *Prenatal and Postpartum Care—Timeless of Prenatal Care* measure estimated to be just above the 65th percentile. In analyzing the measures in aggregate, Buckeye's CY 2017 overall results for the Women's Health population stream decreased by 13 points from CY 2016 to CY 2017 and ranked second out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2017, Buckeye's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 70th national Medicaid NCQA percentile. This average score is based on consistent performance within the Behavioral Health population stream with the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Initiation and Engagement of AOD Abuse or Dependence Treatment, Initiation of AOD Treatment—Total* rates being at the 70th and 78th percentiles, respectively. In analyzing the measures in aggregate, Buckeye's CY 2017 overall results for the Behavioral Health population stream declined by almost 10 points from CY 2016 to CY 2017 and ranked second out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2017, Buckeye's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 58th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Comprehensive Diabetes Care—HbA1c Testing*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, and *Controlling High Blood Pressure* rates having estimated ratings at the 40th, 42nd, and 48th percentiles, respectively. Whereas, the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, and *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total* rates had estimated ratings at the 58th, 65th, and 77th percentiles, respectively. In analyzing the measures in aggregate, Buckeye's CY 2017 overall results for the Chronic Conditions population stream increased from CY 2016 to CY 2017 and ranked first out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated two measures in CY 2017. Please note, for all non-HEDIS measures, a lower rate indicates better performance.

Table B-5 presents Buckeye's *Low Birth Weight* rate for CY 2016 and CY 2017.

Table B-5—Low Birth Weight Results for Buckeye

Measure	CY 2016 Rate	CY 2017 Rate	CY 2017 Statewide Rate
<i>Low Birth Weight</i>	10.2%	10.6%	10.5%

Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

Buckeye met the MPS for the *Low Birth Weight* measure in CY 2016 but not in CY 2017. In CY 2017, Buckeye's rate was worse than the statewide average rate.

Table B-6 presents Buckeye's *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* results for CY 2016 and CY 2017.

Table B-6—PQI 16 Results Per 100,000 Member Months for Buckeye

Measure	CY 2016 Rate	CY 2017 Rate	CY 2017 Statewide Rate
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i>	2.3	2.6	2.5

Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

Buckeye met the MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* in CY 2016, but Buckeye's performance declined in CY 2017 and did not meet the MPS in CY 2017.

CAHPS

ODM requires Buckeye to administer a CAHPS survey annually. Survey results provide important feedback on Buckeye's performance.

Summaries of Buckeye's adult and child Medicaid CAHPS performance results are in Table B-7 and Table B-8, respectively. The numbers documented below the stars represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings that resulted when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.^{B-1,B-2} Additionally, 2017 mean scores were compared to 2016 mean scores to determine whether there were

^{B-1} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

^{B-2} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

statistically significant differences between the results from these two years. For each measure, statistically significant differences between scores are denoted using triangles.

Table B-7—Summary of Buckeye’s Adult Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2016	2017		
Global Ratings				
Rating of Health Plan	★★ 2.39	★★★★ 2.47	—	Quality
Rating of All Health Care	★★★★ 2.38	★★★★ 2.38	—	Quality
Rating of Personal Doctor	★★★★★ 2.54	★★★★★ 2.54	—	Quality
Rating of Specialist Seen Most Often	★★★★ 2.54	★★★★★ 2.59	—	Quality
Composite Measures				
Getting Needed Care	★★★★ 2.39	★★★★★ 2.45	—	Access
Getting Care Quickly	★★★★ 2.42	★★★★★ 2.49	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.66	★★★★★ 2.65	—	Quality
Customer Service	★★★★ 2.57	★★★★★ 2.64	—	Quality
Individual Item Measure				
Coordination of Care	★★ 2.33	★★ 2.37	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th				
▲ Indicates the 2017 mean exceeded the 2016 mean by a statistically significant amount. ▼ Indicates the 2017 mean was lower than the 2016 mean by a statistically significant amount. — Indicates that the difference between the 2017 mean and 2016 mean was not statistically significant.				

- In 2017, Buckeye had high performance (at or above the 75th percentile) for two global ratings and every composite measure. The following measures were below the 75th percentile: *Rating of Health Plan*, *Rating of All Health Care*, and *Coordination of Care*.
- Buckeye’s 2017 means did not show a statistically significant difference in comparison to its 2016 means.

Table B-8—Summary of Buckeye’s Child Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2016	2017		
Global Ratings				
Rating of Health Plan	★★★ 2.59	★★★★★ 2.62	—	Quality
Rating of All Health Care	★★★★★ 2.60	★★★★★ 2.66	—	Quality
Rating of Personal Doctor	★★★ 2.64	★★★★★ 2.67	—	Quality
Rating of Specialist Seen Most Often	★★★★★* 2.72	★★★★★ 2.72	—	Quality
Composite Measures				
Getting Needed Care	★★ 2.44	★★★★★ 2.57	▲	Access
Getting Care Quickly	★★★★★ 2.67	★★★★★ 2.71	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.74	★★★★★ 2.77	—	Quality
Customer Service	* 2.49	★★★ 2.54	—	Quality
Individual Item Measure				
Coordination of Care	* 2.31	★★★★★ 2.54	▲	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Indicates the 2017 mean exceeded the 2016 mean by a statistically significant amount. ▼ Indicates the 2017 mean was lower than the 2016 mean by a statistically significant amount. — Indicates that the difference between the 2017 mean and 2016 mean was not statistically significant.				

- In 2017, Buckeye had high performance (at or above the 75th percentile) for every global rating, three composite measures, and the one individual item measure. Only *Customer Service* was below the 75th percentile.
- Buckeye’s 2017 mean exceeded the 2016 mean by a statistically significant amount for two measures: *Getting Needed Care* and *Coordination of Care*.

Pay-for-Performance

For SFY 2018, Buckeye was eligible for P4P payments equaling a percentage of net premium and delivery payments made to Buckeye pursuant to the Medicaid Managed Care Provider Agreement. Eligibility for payment was divided equally between six standardized clinical quality measures derived from a national measurement set (i.e., HEDIS). Buckeye had to exceed the ODM-established P4P thresholds to be eligible to receive these financial incentives.

In Table B-9, Buckeye’s SFY 2018 P4P measure rates and comparisons to the national Medicaid percentiles are shown.

Table B-9—Buckeye’s Pay-for-Performance Measure Results

Performance Measures	Buckeye	NCQA Quality Compass 50th Percentile ¹
Healthy Children/Adults		
<i>Adolescent Well-Care Visits</i>	56.2%	50.1%
Women’s Health		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	86.6%	83.6%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	63.7%	64.4%
Behavioral Health		
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	43.4%	36.5%
Chronic Conditions		
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)²</i>	39.4%	41.1%
<i>Controlling High Blood Pressure</i>	56.2%	56.9%

¹ Due to HEDIS 2018 specification changes, the Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up rates were compared to the 2018 National Medicaid Quality Compass Percentiles. The remaining measures were compared to 2017 National Medicaid Quality Compass Percentiles.

² A lower rate indicates better performance.

	At or above the Quality Compass 75th percentile
	At or above the Quality Compass 50th percentile and below the 75th percentile
	At or above the Quality Compass 25th percentile and below the 50th percentile
	Below the Quality Compass 25th percentile

Buckeye’s rates for four of the P4P measures exceeded the national Medicaid 50th percentiles.

Comprehensive Administrative Review

Buckeye received a total administrative performance score of 96 percent for its Medicaid program. While Buckeye achieved high scores in many areas, for six standards, it did not meet some requirements. Buckeye was required to develop and implement a CAP for each requirement that was not met.

Table B-10 presents a summary of Buckeye’s performance results for the Medicaid program. The administrative performance score represents the percentage of requirements that were met.

Table B-10—Summary of Medicaid Scores for the Comprehensive Administrative Review

Standard #	Standard	Administrative Performance Score
I	Availability of Services	100%
II	Assurance of Adequate Capacity and Services	100%
III	Coordination and Continuity of Care	97%
IV	Coverage and Authorization of Services	93%
V	Credentialing and Recredentialing	89%
VI	Subcontractual Relationships and Delegation	100%
VII	Member Information and Member Rights	92%
VIII	Confidentiality of Health Information	80%
IX	Enrollment and Disenrollment	100%
X	Grievance System	97%
XI	Practice Guidelines	100%
XII	Quality Assessment and Performance Improvement	100%
XIII	Health Information Systems	100%
	Total Score	96%

ODM required Buckeye to submit a CAP for the program areas Coordination and Continuity of Care, Coverage and Authorization of Services, Credentialing and Recredentialing, Member Information and Member Rights, Confidentiality of Health Information, and Grievance System. Buckeye submitted its CAP to ODM on October 13, 2017. ODM reviewed the CAP and rejected the CAP on January 18, 2018, requesting additional information. Buckeye submitted the additional information to ODM on February 1, 2018, and ODM formally approved Buckeye’s CAP on February 16, 2018. Buckeye therefore demonstrated compliance with ODM’s CAP process, addressing the identified SFY 2017 Comprehensive Administrative Review deficiencies to ODM’s satisfaction.

Network Adequacy Validation

ODM requires Buckeye to submit documentation demonstrating that it offers an appropriate range of preventive, primary care, and specialty services adequate for the anticipated number of members in the service area, while maintaining a provider panel that is sufficient in number, mix, and geographic distribution to meet the needs of members in the service area. Buckeye submits its network provider data through ODM’s MCPN database, which is used by ODM as a mechanism to monitor network adequacy. Through the MCPN monitoring process, ODM evaluated Buckeye’s adherence to provider panel requirements. To validate the accuracy of the information in the MCPN and to provide insight on members’ access to providers, ODM also contracted with HSAG to conduct telephone surveys of providers’ offices of various specialty types.

PCP Access Survey

To validate the accuracy of the information in the MCPN and to provide insight on members' access to providers, ODM contracted HSAG to conduct two statewide PCP Access Surveys during SFY 2018. The Fall PCP Access Survey concluded in December 2017 and the Spring PCP Access Survey concluded in June 2018.

Table B-11 presents Buckeye's study indicator findings, including rates related to members' access to PCPs and the accuracy of selected MCPN data elements.

Table B-11—PCP Access Survey Study Indicator Results—Buckeye

Study Indicators	Fall PCP Access Survey		Spring PCP Access Survey	
	N ¹	%	N ¹	%
New and Existing Patient Access	N¹	%	N¹	%
Telephone Survey Response Rate	690	49.6	772	44.0
Plan Participation Rate	342	91.2	340	94.4
Percent of Providers Accepting New Patients for MCP	312	62.2	321	67.6
Percent of Providers at Locations Offering Walk-In Appointments	312	18.6	321	21.5
Percent of Providers at Locations Offering After-Hours Appointments	312	37.2	321	42.7
New Patient Routine Well-Check – ≤ 30 Days Wait Time	218	76.1	244	82.4
Existing Patient Routine Well-Check – ≤ 30 Days Wait Time	279	91.4	289	95.5
New Patient Sick Visit – ≤ 30 Days Wait Time	213	85.0	235	91.1
Existing Patient Sick Visit – ≤ 30 Days Wait Time	293	99.7	309	99.7
Appointment Availability for New Patients	N¹	Calendar Days	N¹	Calendar Days
Routine Well-Check – Average Wait Time in Days	218	21.0	244	19.9
Routine Well-Check – Median Wait Time in Days	218	12.5	244	11.0
Sick Visit – Average Wait Time in Days	213	13.6	235	10.9
Sick Visit – Median Wait Time in Days	213	2.0	235	1.0
Appointment Availability for Existing Patients	N¹	Calendar Days	N¹	Calendar Days
Routine Well-Check – Average Wait Time in Days	279	9.6	289	8.8
Routine Well-Check – Median Wait Time in Days	279	4.0	289	4.0
Sick Visit – Average Wait Time in Days	293	1.2	309	1.1
Sick Visit – Median Wait Time in Days	293	0	309	0

Study Indicators	Fall PCP Access Survey		Spring PCP Access Survey	
	N ¹	%	N ¹	%
MCPN Accuracy Rates Among Selected Study Indicators				
MCP Acceptance	342	91.2	340	94.4
Accepting New Patients	312	63.8	321	68.2
Telephone Number	690	74.2	772	77.6
Address	690	38.6	772	34.6

¹ Due to nature of the script, denominators vary by study indicator; N is the number of providers who met the denominator criteria for each indicator, as defined in the ODM-approved analysis plan.

OB/GYN Survey

ODM contracted HSAG to conduct a secret shopper telephone survey during SFY 2018 to provide insight on members' access to prenatal care providers and validate the accuracy of MCPN information.

Table B-12 and Table B-13 present Buckeye's study indicator findings related to new patients' access to prenatal care and the accuracy of selected MCPN data elements. Rates include results for randomly sampled Buckeye providers serving Medicaid and/or MyCare Ohio members; due to the sampling methodology, survey results are not limited to providers serving Medicaid members.

Table B-12—OB/GYN Secret Shopper Survey Study Indicator Findings Regarding New Patient Access—Buckeye

New Patient Access Findings	N ¹	%
Telephone Survey Response Rate	371	70.1
Plan Participation Rate	260	88.8
Sampled Provider is an OB/GYN or CNM	226	89.8
New Patient Acceptance Rate	203	89.2
Provider Locations Offering Appointment with No Limitations	203	27.6
Appointment Request for First Trimester Pregnancy – ≤ 30 Days Wait Time	51	82.4
Appointment Request for Second Trimester Pregnancy – ≤ 15 Days Wait Time	10	90.0

¹ Due to nature of the script, denominators vary by study indicator; N is the number of provider locations that met the denominator criteria for each indicator, as defined in the ODM-approved analysis plan.

Table B-13—OB/GYN Secret Shopper Survey MCPN Accuracy Rates for Selected Study Indicators—Buckeye

MCPN Accuracy Rates	# Matched ¹	%
Provider Specialty	203	89.8
Accepting New Patients	141	77.9
Telephone Number	212	57.1
Address	125	69.1

¹ Due to nature of the script, denominators vary by study indicator.

Home Health Survey

MCPN File Validation

For the Home Health Survey, HSAG compared survey responses to the data contained in the MCPN files to calculate the accuracy of certain data elements. Buckeye’s results (which include providers contracted to provide services to both MCP and MCOP members) of this comparison are presented in Table B-14. Data elements collected at the case level (e.g., telephone number) were attributed to each HHA affiliated with the unique telephone number.

Table B-14—Buckeye Data Accuracy Rate

Data Element	Denominator	Number Matched	% Matched
Confirmed as an HHA Provider	895 ¹	346 ²	38.7
Plan Participation	285	266	93.3
Program Participation	266	116	43.6
Telephone Number	895	411	45.9
Address	259	121	46.7

1. The denominator includes the HHAs identified from the MCPN file.
2. A record was validated as an HHA if the respondent answered the initial question confirming that the phone number connected to a provider of home health services.

There were 285 respondents out of 895 total HHA records selected for Buckeye, resulting in a 31.8 percent response rate. A completed survey constituting a response is defined as a case with a valid telephone number connecting to an HHA, where a member of the HHA’s staff answers at least one survey question (i.e., confirming whether the HHA provides services to members with each plan). Common reasons for non-responsiveness included no HHA response to two survey call attempts, invalid phone number, the entity indicated they were not an HHA, and survey refusal. Buckeye’s response rate is higher than the response rate of approximately 15 percent among atypical Medicaid providers that HSAG has observed historically across its book of business.^{B-3}

While there were no established benchmarks for this survey’s percentage of matched cases, Buckeye had the highest percentage of invalid telephone numbers (e.g., fax lines or disconnected numbers), with 17.5 percent that did not match. MCPN accuracy for telephone number and HHA status was calculated for all cases. Cases that could not be reached or who refused to participate in the survey may have scored negatively for these study indicators if the telephone number or HHA status could not be verified.^{B-4}

^{B-3} While HSAG’s book of business includes surveys for states other than Ohio, comparisons to national data are not available.

^{B-4} HHAs that refused to participate in the survey or failed to return survey calls were considered unreachable because the MCPN information for the case at the specified telephone number could not be verified. For example, if the office failed to return survey calls, HSAG was unable to verify that the telephone number connected to an HHA.

HHAs' Self-Reported Access Information

The survey script allowed HHAs to report on multiple data elements related to members' access to, and acceptance of, an individual plan. These data elements include HHAs' self-reported information on certifications, staffing, and experience with the plans' in-home assessments. Table B-15 presents multiple data elements related to members' access to the HHA and the HHA acceptance of Buckeye, as self-reported by the HHAs.

Table B-15—Buckeye Self-Reported Data

Data Element	Denominator	Number	%
Plan Participation	846	631	74.6
ODH Certified	608	542	89.1
Medicare Certified	608	571	93.9
Pediatric Certified	608	258	42.4
Any Other Regulatory Agency	37	29	78.4
Post-Hospital Care Offered	608	545	89.6
Ongoing Care Offered	608	573	94.2
Routine Aide Care Offered	608	557	91.6
Routine Nursing Care Offered	608	528	86.8
Serving All Ages	608	432	71.1
Age Limitations Noted	608	48	7.9
No Difference in Timing to Staff for Rural Areas	608	306	50.3
Reported Participation in In-Home Assessments	608	511	84.0
Reported Invitation to Participate in In-Home Assessments ¹	43	2	4.7

1. The denominator includes the HHAs that responded to the survey question regarding plans' invitations to participate in in-home assessments and indicating that they did not participate in the in-home assessments for the specified plan.

In addition to the self-reported data as displayed in Table B-15, HHAs also self-reported program participation for Medicaid only, MyCare only, Medicaid and MyCare, and Medicaid or MyCare. Buckeye's MCPN accuracy for program participation was 43.6 percent whereas its self-reported rate of program participation was 74.6 percent. This finding suggests that the MCPN data regarding program participation may be consistently inaccurate and/or the HHAs are unable to distinguish between their contracted programs for each plan. This may result in the HHAs providing inaccurate information to members seeking services (e.g., provider data indicate that an HHA contracts with a specific plan and program, but the member receives contrary information when contacting the HHA).

Encounter Data Validation

The SFY 2018 EDV study was conducted to assess whether the encounter data in ODM's MITS file reflected the payment amounts, TPL information, and provider information in Buckeye's file.

Two aspects of encounter data completeness were assessed: encounter omission and encounter surplus. An encounter omission occurs when an encounter is present in the MCP's submitted data for the study but not in ODM's encounter data. An encounter surplus occurs when an encounter is present in ODM's encounter data but not in the MCP's submitted data for the study. Encounter data accuracy was evaluated by comparing payment information in ODM's encounter data to the MCP's submitted data for the study. A payment error occurred when a payment amount discrepancy was identified among matched encounters.

Table B-16 displays rates for encounter omission, encounter surplus, and payment error by dental, professional, institutional, and pharmacy encounters for Buckeye.

Table B-16—Encounter Omission, Surplus, and Payment Error Rates—Buckeye

Indicator	Dental	Professional	Institutional			Pharmacy
			Inpatient	Outpatient	Other	
Performance Standards	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%
Encounter Omission Rate	7.2%	7.9%	5.2%	0.9%	2.1%	1.9%
Encounter Surplus Rate	5.2%	8.0%	16.7%	5.4%	19.0%	6.4%
Performance Standards	≤4%	≤4%	≤4%	≤4%	≤4%	≤4%
Payment Error Rate	<0.1%	0.8%	6.3%	1.2%	5.0%	0.0%

¹The inpatient-DRG claim type from the institutional files is paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. As such, the header paid inpatient-DRG claims are classified as Inpatient while the detail paid claims are broken out as Outpatient and Other (where Other includes the long-term care and inpatient-DRG exempt claim types).

The TPL analysis examined the accuracy of Buckeye's population of TPL claims payment data compared to the TPL payment data in the ODM claims processing system. Table B-17 displays Buckeye's TPL rates related to encounter omission and encounter surplus, and payment error by dental, professional, institutional, and pharmacy encounters for Buckeye.

Table B-17—Record Level TPL Match Rates—Buckeye

Indicator	Dental	Professional	Institutional	Pharmacy
Encounter Omission Rate	NA	3.4%	16.6%	0.1%
Encounter Surplus Rate	NA	2.2%	4.7%	0.1%
Payment Error Rate	NA	0.3%	0.6%	5.6%

¹ The inpatient-DRG claim type from the institutional files is paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. As such, the header paid inpatient-DRG claims are classified as Inpatient while the detail paid claims are broken out as Outpatient and Other (where Other includes the long-term care and inpatient-DRG exempt claim types).

The provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table B-18 presents Buckeye’s record-level provider field matching rates for dental, professional, institutional, and pharmacy claim type encounters.

Table B-18—Record-Level Provider Field Matching Rates by Claim Type—Buckeye

Indicator	Record-Level Match: % With All Provider Fields Correctly Matched in Both Files	Field-Level Match: % Correctly Matched
Dental		
Billing Provider NPI	48.6%	49.2%
Rendering Provider NPI		86.9%
Professional		
Billing Provider NPI	58.3%	96.4%
Rendering Provider NPI		61.4%
Institutional		
Billing Provider NPI	97.1%	97.6%
Attending Provider NPI		97.7%
Pharmacy		
Billing Provider NPI	98.3%	99.2%
Prescribing Provider NPI		98.9%

HSAG conducted on-site reviews for sampled discrepant LTC encounters with the MCPs in conjunction with desk reviews of the sampled cases. During the on-site reviews, HSAG visually validated the sampled encounters from ODM’s vendor files against records retrieved from the MCPs’ claims systems. In coordination with ODM and the MCPs, HSAG investigated and explored the root cause of the discrepancies. After each on-site review, HSAG continued reviewing the sampled discrepant records against screen shots from the MCPs’ claims processing systems for the associated records.

HSAG identified 133 discrepant LTC records for inclusion in the on-site/desk reviews. During the reviews, the 133 records were classified as either *mismatch*, *payment*, *surplus*, or *omission*, depending on the nature of the discrepancies.

Table B-19 presents the findings from the on-site and desk reviews of the sampled LTC encounters for Buckeye. Buckeye contracted with both the MyCare Ohio program and the Medicaid managed care program. Buckeye’s MCP results are displayed.

Table B-19—Findings from the On-site and Desk Review of Sampled LTC Encounters—Buckeye

Findings	MCP	
	N=133	Percent
TPL related	0	0.0%
RUG (Resource Utilization Group) code related	24	18.0%
Data submission for the study	39	29.3%
Units billed	112	84.2%
Screen shots and/or supplemental documentation submission for desk reviews (e.g., not submitted, incomplete, not readable)	3	2.3%
Payment related	24	18.0%
Member ID	NA	NA
Billing and/or attending provider NPI	4	3.0%
Other	46	34.6%

Provider Satisfaction Survey

ODM administered a Provider Satisfaction Survey to PCPs contracted with Buckeye. A summary of Buckeye’s performance results is as follows:

- Buckeye’s mean was statistically significantly higher than the program’s mean for one measure. Conversely, Buckeye’s means were statistically significantly lower than the program’s means for two measures.

Appendix C. CareSource’s Detailed EQR Activity Results

Performance Improvement Projects

In SFY 2018, CareSource completed Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection). The following outlines the validation findings for each of these completed modules.

Module 1: PIP Initiation

Upon initial validation of Module 1, HSAG identified opportunities for improvement related to CareSource’s documentation of the baseline rate and goal in its SMART Aim, as well as the baseline rate for the African-American population. CareSource made the necessary corrections and submitted the module for final validation. For the final validation, CareSource met the Module 1 validation criteria, as evidenced by receiving *Achieved* scores for all evaluation elements. In SFY 2018, all five MCPs initiated the ODM-selected *Hypertension Control and Disparity Reduction* PIP. All five MCPs completed and submitted Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection) for the annual validation. Upon initial validation of the modules, HSAG identified opportunities for improvement for each MCP to address prior to submitting the modules for final validation. Each MCP received technical assistance from HSAG and ODM and resubmitted the modules for final validation. Upon final validation, the five MCPs achieved all required validation criteria for each module. The following tables illustrate the validation criteria for each module.

Table C-1—Validation Criteria for Module 1

Criteria	Achieved
1. The topic and narrowed focus were supported by data.	X
2. The team members were identified for both internal MCP staff members and external partners, including representation for the narrowed focus.	X
3. The SMART Aim included all required components (narrowed focus, baseline rate, goal, and date) and was developed based on literature review, MCP data, and/or experience.	X
4. The Global Aim, SMART Aim, drivers, and potential interventions were aligned and stated accurately.	X

Module 2: SMART Aim Data Collection

Upon initial validation of Module 2, HSAG identified that CareSource needed to use consistent documentation of the baseline rate and SMART Aim goal in Module 2 as was documented in Module 1. CareSource also needed to include the attachments referenced in its documentation and label the x-axis in its SMART Aim run chart. CareSource had the opportunity to make these corrections and resubmit

the module for final validation. For the final validation, CareSource met the Module 2 validation criteria, as evidenced by receiving *Achieved* scores for all evaluation elements.

Table C-2 describes the validation criteria for Module 2 and whether the MCP achieved the criteria.

Table C-2—Validation Criteria for Module 2

Criteria	Achieved
1. The SMART Aim measure included all the following components: <ul style="list-style-type: none"> a) The numerator and denominator were well-defined to measure outcomes for the SMART Aim. b) The baseline measurement period and rate were appropriate. c) The measurement intervals were appropriate for the SMART Aim. d) The SMART Aim goal was appropriate based on the baseline rate and denominator size. 	X
2. The SMART Aim data collection methodology supported the rapid-cycle process and included: <ul style="list-style-type: none"> a) Data source(s). b) A step-by-step process that aligned with the baseline data collection methodology. c) Team members collecting data. 	X
3. If a data collection tool was used, the tool(s) was appropriate and captured all required data elements.	X
4. The run/control chart included the titles, SMART Aim goal, baseline percentage, and data collection interval.	X

The validation findings indicate that CareSource was successful in executing the initiation phase of the *Hypertension Control and Disparity Reduction* PIP and met all validation and documentation criteria for Modules 1 and 2. CareSource was also successful in building a collaborative relationship with its provider practice sites.

As the PIP progresses, HSAG made the following recommendations to CareSource:

- Ensure the KDD is updated throughout the duration of the PIP as the initial interventions identified may change.
- As CareSource progresses through the quality improvement process, process maps may need to be conducted at the clinic and MCP levels to determine the opportunities for improvement that will lead to the interventions tested through PDSA cycles.
- The Rapid-Cycle PIP Process Reference Guide and submission form instructions should be used as CareSource completes subsequent modules to ensure that the documentation requirements are addressed.

Performance Measures

HEDIS

To evaluate MCP performance, HSAG analyzed CareSource's 2018 IDSS files. HSAG compared prior years' performance (i.e., HEDIS 2017) to current performance, and compared current performance to national Medicaid NCQA benchmarks to develop star ratings. In addition, HSAG presented a percentile approximation relative to national Medicaid NCQA benchmarks at the measure and population stream level. The percentile approximation methodology is located in [Appendix A](#).

CareSource's HEDIS 2017 and HEDIS 2018 measure results are shown in Table C-3. Rates shaded green were the same as or better than the statewide weighted average. Additionally, HEDIS 2018 star ratings are presented in Table C-3 based on comparisons to the national Medicaid percentiles. The percentile approximation for each measure is displayed below the HEDIS 2018 star rating.

Table C-3—CareSource's HEDIS Measure Results

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Healthy Children/Adults			
<i>Adolescent Well-Care Visits^{2,3}</i>			
<i>Adolescent Well-Care Visits</i>	45.0%	51.3%	★★★★★ 53.5
Annual Dental Visits			
<i>Total</i>	53.1%	53.4%	★★★ 45.7
Childhood Immunization Status			
<i>Combination 2</i>	66.7%	65.9%	★★ 18.0
<i>Combination 3</i>	61.1%	64.0%	★★ 22.4
<i>Combination 10</i>	26.0%	29.9%	★★★ 39.2
Children and Adolescents' Access to Primary Care Practitioners			
<i>12–24 Months</i>	94.9%	95.2%	★★★ 45.0
<i>25 Months–6 Years</i>	88.4%	88.6%	★★★★★ 56.6
<i>7–11 Years</i>	92.0%	92.2%	★★★★★ 64.9
<i>12–19 Years</i>	91.8%	92.1%	★★★★★ 72.1

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Immunizations for Adolescents			
<i>Combination 1 (Meningococcal, Tdap)</i>	76.9%	79.8%	★★★★★ 58.9
<i>HPV⁴</i>	17.0%	32.1%	★★★ 39.4
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile Documentation—Total</i>	47.0%	55.7%	★★ 19.1
<i>Counseling for Nutrition—Total</i>	54.7%	50.4%	★★ 12.7
<i>Counseling for Physical Activity—Total</i>	45.0%	42.6%	★★ 12.0
Well-Child Visits in the First 15 Months of Life³			
<i>Six or More Well-Child Visits</i>	61.6%	57.2%	★★★ 28.9
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	71.0%	73.0%	★★★★★ 52.4
Adults' Access to Preventive/Ambulatory Health Services			
<i>Total</i>	83.9%	83.3%	★★★★★ 57.1
Ambulatory Care—Total (per 1,000 Member Months)¹			
<i>ED Visits—Total</i>	93.5	91.1	★ 6.6
Women's Health			
Breast Cancer Screening^{3,4}			
<i>Breast Cancer Screening</i>	56.3%	54.2%	★★★ 33.2
Cervical Cancer Screening³			
<i>Cervical Cancer Screening</i>	65.9%	62.0%	★★★★★ 61.8
Chlamydia Screening in Women			
<i>Total</i>	58.3%	59.1%	★★★★★ 58.0
Prenatal and Postpartum Care^{2,3}			
<i>Timeliness of Prenatal Care</i>	83.7%	78.6%	★★★ 28.5
<i>Postpartum Care</i>	63.3%	62.3%	★★★ 39.5

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Behavioral Health			
<i>Antidepressant Medication Management⁵</i>			
<i>Effective Acute Phase Treatment</i>	50.4%	49.4%	★★★ 33.3
<i>Effective Continuation Phase Treatment</i>	34.7%	33.6%	★★★ 31.3
<i>Follow-Up After Hospitalization for Mental Illness⁴</i>			
<i>7-Day Follow-Up^{2,3}</i>	52.4%	48.3%	★★★★★ 79.5
<i>30-Day Follow-Up</i>	72.8%	71.2%	★★★★★ 82.9
<i>Follow-Up Care for Children Prescribed ADHD Medication⁵</i>			
<i>Initiation Phase</i>	59.2%	59.0%	★★★★★ 90.5
<i>Continuation and Maintenance Phase</i>	69.2%	68.1%	★★★★★ 86.3
<i>Initiation and Engagement of AOD Abuse or Dependence Treatment⁴</i>			
<i>Initiation of AOD Treatment—Total³</i>	45.1%	48.5%	★★★★★ 83.2
<i>Engagement of AOD Treatment—Total</i>	18.2%	20.9%	★★★★★ 87.9
<i>Mental Health Utilization</i>			
<i>Any Service—Total</i>	17.9%	18.8%	★★★★★ 82.6
<i>Inpatient—Total</i>	1.0%	0.3%	★ 7.9
<i>Intensive Outpatient or Partial Hospitalization—Total</i>	1.5%	0.6%	★★★★★ 76.2
<i>Outpatient—Total⁴</i>	—	18.2%	★★★★★ 87.9
<i>ED—Total⁴</i>	—	<0.1%	★★★ 43.3
<i>Telehealth—Total⁴</i>	—	<0.1%	★★★★★ 50.0
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics⁵</i>			
<i>Total</i>	74.2%	76.3%	★★★★★ 90.8
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{1,3}</i>			
<i>Total</i>	3.5%	4.1%	★★ 16.4

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Chronic Conditions			
Adult BMI Assessment			
Adult BMI Assessment	66.9%	74.9%	★★ 21.5
Comprehensive Diabetes Care			
HbA1c Testing ³	81.8%	84.6%	★★★★ 27.8
HbA1c Control (<8.0%)	33.1%	33.5%	★ 9.9
HbA1c Poor Control (>9.0%) ^{1,2,3}	63.9%	62.2%	★ 9.2
Blood Pressure Control (<140/90 mm Hg) ³	48.2%	45.9%	★★ 10.2
Eye Exam (Retinal) Performed ³	57.4%	59.4%	★★★★★ 65.3
Medical Attention for Nephropathy	91.0%	91.1%	★★★★★ 64.1
Controlling High Blood Pressure^{2,3}			
Controlling High Blood Pressure	36.5%	47.2%	★★ 24.1
Medication Management for People With Asthma			
Medication Compliance 50%—Total	60.9%	61.8%	★★★★★ 63.8
Medication Compliance 75%—Total	37.9%	38.7%	★★★★★ 71.1
Pharmacotherapy Management of COPD Exacerbation			
Systemic Corticosteroid	77.1%	75.3%	★★★★★ 82.2
Bronchodilator	87.1%	85.7%	★★★★★ 70.5
Statin Therapy for Patients With Cardiovascular Disease³			
Received Statin Therapy—Total	78.9%	79.9%	★★★★★ 75.0
Statin Therapy for Patients With Diabetes			
Received Statin Therapy—Total	65.9%	65.9%	★★★★★ 80.1

¹ A lower rate indicates better performance for this measure.

² Indicates a pay-for-performance measure/indicator.

³ Indicates the measure indicator was included in the index score calculation.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; however, the HEDIS 2017 rates are presented, if applicable, and the HEDIS 2018 rates are compared to the Quality Compass 2018 benchmarks.

⁵ Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

— Due to changes in the technical specifications for this measure in HEDIS 2018, these indicator rates cannot be displayed.



Indicates the rate was the same as or better than the statewide average for Ohio.

HEDIS 2018 star ratings represent the following percentile comparisons:

★★★★★ = At or above the national Medicaid 75th percentile

★★★★ = At or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile

★★★ = At or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile

★★ = At or above the national Medicaid 10th percentile but below the national Medicaid 25th percentile

★ = Below the national Medicaid 10th percentile

Table C-4 displays CareSource's population stream index scores for CY 2016 and CY 2017. The scores provide an estimation of performance when the measures within each population stream are compared to national benchmarks. An upward green arrow indicates at least a four-point increase in performance from CY 2016 to CY 2017. A downward red arrow indicates at least a four-point decrease in performance from CY 2016 to CY 2017. A sideways gray arrow indicates no substantial change (i.e., less than a four-point change in either direction) in performance between years.

Table C-4—CareSource's MCP Population Stream Index Score and Ranking

Population Stream	CY 2016	CY 2017	Performance	CY 2017 Ranking
Healthy Children/Adults	45.7	47.7	→	2
Women's Health	58.7	38.0	↓	5
Behavioral Health	64.8	68.2	→	2*
Chronic Conditions	39.1	39.6	→	5

* Indicates a tie with one or more MCPs for the applicable population stream.

↑ Indicates the CY 2017 rate was four or more points higher than the CY 2016 rate.

→ Indicates no substantial change between CY 2016 and CY 2017 rates.

↓ Indicates the CY 2017 rate was four or more points lower than the CY 2016 rate.

Healthy Children/Adults

For CY 2017, CareSource's average performance on HEDIS measures for the Healthy Children/Adults population stream is estimated to be at the 48th national Medicaid NCQA percentile. The average score is based on disparate performance within the Healthy Children/Adults population stream, with the *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* rate having an estimated rating below the 29th percentile. Whereas, the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Adolescent Well-Care Visits* rates had estimated ratings at the 52nd and 54th percentiles, respectively. In analyzing the measures in aggregate, CareSource's CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017, and ranked second out of the five Ohio Medicaid MCPs.

Women's Health

For CY 2017, CareSource's average performance on HEDIS measures for the Women's Health population stream is estimated to be at the 38th national Medicaid NCQA percentile. The average score is based on consistently low performance for the Women's Health population stream, with three of four measures having estimated ratings below the 40th percentile. Conversely, *Cervical Cancer Screening* had an estimated rating at the 62nd percentile. In analyzing the measures in aggregate, CareSource's CY 2017 overall results for the Women's Health population stream decreased by over 20 points from CY 2016 to CY 2017, and ranked fifth out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2017, CareSource's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 68th national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* rate estimated to be at the 16th percentile. Whereas, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Initiation and Engagement of AOD Abuse or Dependence Treatment, Initiation of AOD Treatment—Total* rates had estimated ratings at the 79th and 83rd percentiles, respectively. In analyzing the measures in aggregate, CareSource's CY 2017 overall results for the Behavioral Health population stream had no substantial change from CY 2016 to CY 2017, and ranked second out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2017, CareSource's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 40th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, *Controlling High Blood Pressure*, and *Comprehensive Diabetes Care—HbA1c Testing* rates having estimated ratings at the 9th, 10th, 24th, and 28th percentiles, respectively. Whereas, the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* and *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total* rates had estimated ratings at the 65th and 75th percentiles, respectively. In analyzing the measures in aggregate, CareSource's CY 2017 overall results for the Chronic Conditions population stream showed no substantial change from CY 2016 to CY 2017, and ranked fifth out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated two measures in CY 2017. Please note, for all non-HEDIS measures, a lower rate indicates better performance.

Table C-5 presents CareSource's *Low Birth Weight* rate for CY 2016 and CY 2017.

Table C-5—Low Birth Weight Results for CareSource

Measure	CY 2016 Rate	CY 2017 Rate	CY 2017 Statewide Rate
<i>Low Birth Weight</i>	10.7%	10.6%	10.5%

Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

CareSource did not meet the MPS for the *Low Birth Weight* measure in CY 2016 or CY 2017.

Table C-6 presents CareSource's *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* results for CY 2016 and CY 2017.

Table C-6—PQI Results Per 100,000 Member Months for CareSource

Measure	CY 2016 Rate	CY 2017 Rate	CY 2017 Statewide Rate
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i>	2.0	2.5	2.5

Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

CareSource met the MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* in CY 2016, but CareSource's performance declined and did not meet the MPS in CY 2017.

CAHPS

ODM requires CareSource to administer a CAHPS survey annually. Survey results provide important feedback on CareSource's performance.

Summaries of CareSource's adult and child Medicaid CAHPS performance results are presented in Table C-7 and Table C-8, respectively. The numbers documented below the stars represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings that resulted when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.^{C-1,C-2} In addition, 2017 mean scores were compared to 2016 mean scores to determine whether there were statistically significant differences between the results from these two years. For each measure, statistically significant differences between scores are denoted using triangles.

^{C-1} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

^{C-2} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

Table C-7—Summary of CareSource’s Adult Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2016	2017		
Global Ratings				
Rating of Health Plan	★★★★★ 2.56	★★★★★ 2.59	—	Quality
Rating of All Health Care	★★★ 2.40	★★★ 2.42	—	Quality
Rating of Personal Doctor	★★★ 2.50	★★★★★ 2.56	—	Quality
Rating of Specialist Seen Most Often	★ 2.38	★★★★★ 2.59	▲	Quality
Composite Measures				
Getting Needed Care	★★★ 2.38	★★★★★ 2.46	—	Access
Getting Care Quickly	★★ 2.41	★★★★★ 2.55	▲	Timeliness
How Well Doctors Communicate	★★★★★ 2.64	★★★★★ 2.67	—	Quality
Customer Service	★★★★★ 2.61	★★★★★ 2.68	—	Quality
Individual Item Measure				
Coordination of Care	★★ 2.35	★★★ 2.42	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Indicates the 2017 mean exceeded the 2016 mean by a statistically significant amount. ▼ Indicates the 2017 mean was lower than the 2016 mean by a statistically significant amount. — Indicates that the difference between the 2017 mean and 2016 mean was not statistically significant.				

- In 2017, CareSource had high performance (at or above the 75th percentile) for three global ratings and every composite measure. The following measures were below the 75th percentile: *Rating of All Health Care* and *Coordination of Care*.
- CareSource’s 2017 mean exceeded the 2016 mean by a statistically significant amount for two measures: *Rating of Specialist Seen Most Often* and *Getting Care Quickly*.

Table C-8—Summary of CareSource's Child Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2016	2017		
Global Ratings				
Rating of Health Plan	★★★★ 2.65	★★★★ 2.66	—	Quality
Rating of All Health Care	★★★★★ 2.66	★★★★★ 2.63	—	Quality
Rating of Personal Doctor	★★★★★ 2.69	★★★★★ 2.70	—	Quality
Rating of Specialist Seen Most Often	★★★★★* 2.82	★★★★★* 2.70	—	Quality
Composite Measures				
Getting Needed Care	★★★★ 2.56	★★★ 2.48	—	Access
Getting Care Quickly	★★★★★ 2.69	★★★★★ 2.67	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.76	★★★★★ 2.78	—	Quality
Customer Service	★★★★★* 2.65	★★★★* 2.62	—	Quality
Individual Item Measure				
Coordination of Care	★★★ 2.44	★★★★★ 2.55	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Indicates the 2017 mean exceeded the 2016 mean by a statistically significant amount. ▼ Indicates the 2017 mean was lower than the 2016 mean by a statistically significant amount. — Indicates that the difference between the 2017 mean and 2016 mean was not statistically significant. * Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.				

- In 2017, CareSource had high performance (at or above the 75th percentile) for every global rating, three composite measures, and the one individual item measure. Only *Getting Needed Care* was below the 75th percentile.
- CareSource's 2017 means did not show a statistically significant difference in comparison to its 2016 means.

Pay-for-Performance

For SFY 2018, CareSource was eligible for P4P payments equaling a percentage of net premium and delivery payments made to CareSource pursuant to the Medicaid Managed Care Provider Agreement. Eligibility for payment was divided equally between six standardized clinical quality measures derived from a national measurement set (i.e., HEDIS). To be eligible to receive these financial incentives, CareSource had to exceed the MPS set by ODM.

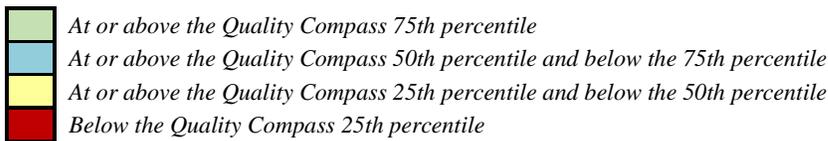
In Table C-9, CareSource's SFY 2018 P4P measure rates and comparisons to the national Medicaid percentiles are shown.

Table C-9—CareSource's Pay-for-Performance Measure Results

Performance Measures	CareSource	NCQA Quality Compass 50th Percentile ¹
Healthy Children/Adults		
<i>Adolescent Well-Care Visits</i>	51.3%	50.1%
Women's Health		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	78.6%	83.6%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	62.3%	64.4%
Behavioral Health		
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	48.3%	36.5%
Chronic Conditions		
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)²</i>	62.2%	41.1%
<i>Controlling High Blood Pressure</i>	47.2%	56.9%

¹ Due to HEDIS 2018 specification changes, the Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up rates were compared to the 2018 National Medicaid Quality Compass Percentiles. The remaining measures were compared to 2017 National Medicaid Quality Compass Percentiles.

² A lower rate indicates better performance.



CareSource's rates for two of the P4P measures exceeded the national Medicaid 50th percentiles.

Comprehensive Administrative Review

CareSource received a total administrative performance score of 96 percent for its Medicaid program. While CareSource achieved high scores in many areas, for four standards, it did not meet some requirements. CareSource was required to develop and implement a CAP for each requirement that was not met.

Table C-10 presents a summary of CareSource's performance results for the Medicaid program. The administrative performance score represents the percentage of requirements that were met.

Table C-10—Summary of Medicaid Scores for the Comprehensive Administrative Review

Standard #	Standard	Administrative Performance Score
I	Availability of Services	100%
II	Assurance of Adequate Capacity and Services	67%
III	Coordination and Continuity of Care	93%
IV	Coverage and Authorization of Services	96%
V	Credentialing and Recredentialing	100%
VI	Subcontractual Relationships and Delegation	100%
VII	Member Information and Member Rights	100%
VIII	Confidentiality of Health Information	100%
IX	Enrollment and Disenrollment	100%
X	Grievance System	90%
XI	Practice Guidelines	100%
XII	Quality Assessment and Performance Improvement	100%
XIII	Health Information Systems	100%
	Total Score	96%

ODM required CareSource to submit a CAP for the program areas Assurance of Adequate Capacity and Services, Coordination and Continuity of Care, Coverage and Authorization of Services, and Grievance System. CareSource submitted its CAP to ODM on October 6, 2017. ODM reviewed and approved the CAP on December 4, 2017, requiring no additional clarifications or action from CareSource. CareSource therefore demonstrated compliance with ODM’s CAP process, addressing the identified SFY 2017 Comprehensive Administrative Review deficiencies to ODM’s satisfaction.

Network Adequacy Validation

ODM requires CareSource to submit documentation demonstrating that it offers an appropriate range of preventive, primary care, and specialty services adequate for the anticipated number of members in the service area, while maintaining a provider panel that is sufficient in number, mix, and geographic distribution to meet the needs of members in the service area. CareSource submits its network provider data through ODM’s MCPN database, which is used by ODM as a mechanism to monitor network adequacy. Through the MCPN monitoring process, ODM evaluated CareSource’s adherence to provider panel requirements. To validate the accuracy of the information in the MCPN and to provide insight on members’ access to providers, ODM also contracted with HSAG to conduct telephone surveys of providers’ offices of various specialty types.

PCP Access Survey

To validate the accuracy of the information in the MCPN and to provide insight on members' access to providers, ODM contracted HSAG to conduct two statewide PCP Access Surveys during SFY 2018. The Fall PCP Access Survey concluded in December 2017 and the Spring PCP Access Survey concluded in June 2018.

Table C-11 presents CareSource's study indicator findings, including rates related to members' access to PCPs and the accuracy of selected MCPN data elements.

Table C-11—PCP Access Survey Study Indicator Results—CareSource

Study Indicators	Fall PCP Access Survey		Spring PCP Access Survey	
	N ¹	%	N ¹	%
New and Existing Patient Access				
Telephone Survey Response Rate	684	53.4	675	56.3
Plan Participation Rate	365	95.9	380	94.7
Percent of Providers Accepting New Patients for MCP	350	60.0	360	68.1
Percent of Providers at Locations Offering Walk-In Appointments	350	17.7	360	16.7
Percent of Providers at Locations Offering After-Hours Appointments	350	39.1	360	35.3
New Patient Routine Well-Check – ≤ 30 Days Wait Time	222	77.0	267	84.3
Existing Patient Routine Well-Check – ≤ 30 Days Wait Time	315	90.8	329	93.6
New Patient Sick Visit – ≤ 30 Days Wait Time	213	86.4	251	93.6
Existing Patient Sick Visit – ≤ 30 Days Wait Time	331	99.7	341	99.7
Appointment Availability for New Patients	N¹	Calendar Days	N¹	Calendar Days
Routine Well-Check – Average Wait Time in Days	222	19.6	267	17.4
Routine Well-Check – Median Wait Time in Days	222	13.5	267	13.0
Sick Visit – Average Wait Time in Days	213	12.8	251	7.9
Sick Visit – Median Wait Time in Days	213	2.0	251	1.0
Appointment Availability for Existing Patients	N¹	Calendar Days	N¹	Calendar Days
Routine Well-Check – Average Wait Time in Days	315	11.2	329	9.1
Routine Well-Check – Median Wait Time in Days	315	6.0	329	6.0
Sick Visit – Average Wait Time in Days	331	1.4	341	1.0
Sick Visit – Median Wait Time in Days	331	0	341	0

Study Indicators	Fall PCP Access Survey		Spring PCP Access Survey	
	N ¹	%	N ¹	%
MCPN Accuracy Rates Among Selected Study Indicators				
MCP Acceptance	365	95.9	380	94.7
Accepting New Patients	350	62.0	360	68.1
Telephone Number	684	76.2	675	80.1
Address	684	43.0	675	44.0

¹ Due to nature of the script, denominators vary by study indicator; N is the number of providers who met the denominator criteria for each indicator, as defined in the ODM-approved analysis plan.

OB/GYN Survey

ODM contracted HSAG to conduct a secret shopper telephone survey during SFY 2018 to provide insight on members' access to prenatal care providers and validate the accuracy of MCPN information.

Table C-12 and Table C-13 present CareSource's study indicator findings related to new patients' access to prenatal care and the accuracy of selected MCPN data elements. Rates include results for randomly sampled CareSource providers serving Medicaid and/or MyCare Ohio members; due to the sampling methodology, survey results are not limited to providers serving Medicaid members.

Table C-12—OB/GYN Secret Shopper Survey Study Indicator Findings Regarding New Patient Access—CareSource

New Patient Access Findings	N ¹	%
Telephone Survey Response Rate	392	66.1
Plan Participation Rate	259	95.4
Sampled Provider is an OB/GYN or CNM	239	88.3
New Patient Acceptance Rate	211	86.3
Provider Locations Offering Appointment with No Limitations	211	26.5
Appointment Request for First Trimester Pregnancy – ≤ 30 Days Wait Time	56	89.3
Appointment Request for Second Trimester Pregnancy – ≤ 15 Days Wait Time	9	55.6

¹ Due to nature of the script, denominators vary by study indicator; N is the number of provider locations that met the denominator criteria for each indicator, as defined in the ODM-approved analysis plan.

Table C-13—OB/GYN Secret Shopper Survey MCPN Accuracy Rates for Selected Study Indicators—CareSource

MCPN Accuracy Rates	# Matched ¹	%
Provider Specialty	210	87.9
Accepting New Patients	182	100.0
Telephone Number	234	59.7
Address	114	62.6

¹ Due to nature of the script, denominators vary by study indicator.

Home Health Survey

MCPN File Validation

For the Home Health Survey, HSAG compared survey responses to the data contained in the MCPN files to calculate the accuracy of certain data elements. CareSource's results (which include providers contracted to provide services to both MCP and MCOP members) of this comparison are presented in Table C-14. Data elements collected at the case level (e.g., telephone number) were attributed to each HHA affiliated with the unique telephone number.

Table C-14—CareSource Data Accuracy Rate

Data Element	Denominator	Number Matched	% Matched
Confirmed as an HHA Provider	336 ¹	123 ²	36.6
Plan Participation	102	94	92.2
Program Participation	94	54	57.4
Telephone Number	336	196	58.3
Address	84	58	69.0

1. The denominator includes the HHAs identified from the MCPN file.
2. A record was validated as an HHA if the respondent answered the initial question confirming that the phone number connected to a provider of home health services.

There were 102 respondents out of 336 total HHA records selected for CareSource, resulting in a 30.4 percent response rate. A completed survey constituting a response is defined as a case with a valid telephone number connecting to an HHA, where a member of the HHA's staff answers at least one survey question (i.e., confirming whether the HHA provides services to members with each plan). Common reasons for non-responsiveness included no HHA response to two survey call attempts, invalid phone number, the entity indicated they were not an HHA, and survey refusal. Although CareSource had the lowest response rate of all the MCPs, its response rate is higher than the response rate of approximately 15 percent among atypical Medicaid providers that HSAG has observed historically across its book of business.^{C-3}

^{C-3} While HSAG's book of business includes surveys for states other than Ohio, comparisons to national data are not available.

While there were no established benchmarks for this survey's percentage of matched cases, CareSource had the lowest percentage of invalid telephone numbers (e.g., fax lines or disconnected numbers), with 7.1 percent that did not match. MCPN accuracy for telephone number and HHA status was calculated for all cases. Cases that could not be reached or who refused to participate in the survey may have scored negatively for these study indicators if the telephone number or HHA status could not be verified.^{C-4}

HHAs' Self-Reported Access Information

The survey script allowed HHAs to report on multiple data elements related to members' access to, and acceptance of, an individual plan. These data elements include HHAs' self-reported information on certifications, staffing, and experience with the plans' in-home assessments. Table C-15 presents multiple data elements related to members' access to the HHA and the HHA acceptance of CareSource, as self-reported by the HHAs.

Table C-15—CareSource Self-Reported Data

Data Element	Denominator	Number	%
Plan Participation	846	477	56.4
ODH Certified	421	385	91.4
Medicare Certified	421	404	96.0
Pediatric Certified	421	183	43.5
Any Other Regulatory Agency	17	14	82.4
Post-Hospital Care Offered	421	395	93.8
Ongoing Care Offered	421	398	94.5
Routine Aide Care Offered	421	377	89.5
Routine Nursing Care Offered	421	369	87.6
Serving All Ages	421	297	70.5
Age Limitations Noted	421	40	9.5
No Difference in Timing to Staff for Rural Areas	421	215	51.1
Reported Participation in In-Home Assessments	421	345	81.9
Reported Invitation to Participate in In-Home Assessments ¹	42	3	7.1

1. The denominator includes the HHAs that responded to the survey question regarding plans' invitations to participate in in-home assessments and indicating that they did not participate in the in-home assessments for the specified plan.

^{C-4} HHAs that refused to participate in the survey or failed to return survey calls were considered unreachable because the MCPN information for the case at the specified telephone number could not be verified. For example, if the office failed to return survey calls, HSAG was unable to verify that the telephone number connected to an HHA.

In addition to the self-reported data as displayed in Table C-15, HHAs also self-reported program participation for Medicaid only, MyCare only, Medicaid and MyCare, and Medicaid or MyCare. CareSource's MCPN accuracy for program participation was 57.4 percent whereas its self-reported rate of program participation was 88.3 percent. This finding suggests that the MCPN data regarding program participation may be consistently inaccurate and/or the HHAs are unable to distinguish between their contracted programs for each plan. This may result in the HHAs providing inaccurate information to members seeking services (e.g., provider data indicate that an HHA contracts with a specific plan and program, but the member receives contrary information when contacting the HHA).

Encounter Data Validation

The SFY 2018 EDV study was conducted to assess whether the encounter data in ODM's MITS file reflected the payment amounts, TPL information, and provider information in CareSource's file.

Two aspects of encounter data completeness were assessed: encounter omission and encounter surplus. An encounter omission occurs when an encounter is present in the MCP's submitted data for the study but not in ODM's encounter data. An encounter surplus occurs when an encounter is present in ODM's encounter data but not in the MCP's submitted data for the study. Encounter data accuracy was evaluated by comparing payment information in ODM's encounter data to the MCP's submitted data for the study. A payment error occurred when a payment amount discrepancy was identified among matched encounters.

Table C-16 displays rates for encounter omission, encounter surplus, and payment error by dental, professional, institutional, and pharmacy encounters for CareSource.

Table C-16—Encounter Omission, Surplus, and Payment Error Rates—CareSource

Indicator	Dental	Professional	Institutional			Pharmacy
			Inpatient	Outpatient	Other	
Performance Standards	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%
Encounter Omission Rate	1.4%	1.6%	2.6%	2.2%	3.3%	1.4%
Encounter Surplus Rate	1.9%	1.4%	3.6%	2.1%	9.9%	6.6%
Performance Standards	≤4%	≤4%	≤4%	≤4%	≤4%	≤4%
Payment Error Rate	0.3%	<0.1%	<0.1%	<0.1%	3.2%	<0.1%

¹ The inpatient-DRG claim type from the institutional files is paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. As such, the header paid inpatient-DRG claims are classified as Inpatient while the detail paid claims are broken out as Outpatient and Other (where Other includes the long-term care and inpatient-DRG exempt claim types).

The TPL analysis examined the accuracy of CareSource's population of TPL claims payment data compared to the TPL payment data in the ODM claims processing system. Table C-17 displays CareSource's TPL rates related to encounter omission and encounter surplus, and payment error by dental, professional, institutional, and pharmacy encounters for CareSource.

Table C-17—Record Level TPL Match Rates—CareSource

Indicator	Dental	Professional	Institutional	Pharmacy
Encounter Omission Rate	100%	3.5%	5.9%	NA
Encounter Surplus Rate	NA	0.0%	0.0%	NA
Payment Error Rate	NA	<0.1%	<0.1%	NA

¹The inpatient-DRG claim type from the institutional files is paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. As such, the header paid inpatient-DRG claims are classified as Inpatient while the detail paid claims are broken out as Outpatient and Other (where Other includes the long-term care and inpatient-DRG exempt claim types).

The provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table C-18 presents CareSource's record-level provider field matching rates for dental, professional, institutional, and pharmacy claim type encounters.

Table C-18—Record-Level Provider Field Matching Rates by Claim Type—CareSource

Indicator	Record-Level Match: % With All Provider Fields Correctly Matched in Both Files	Field-Level Match: % Correctly Matched
Dental		
Billing Provider NPI	50.4%	51.7%
Rendering Provider NPI		98.0%
Professional		
Billing Provider NPI	60.4%	91.9%
Rendering Provider NPI		66.9%
Institutional		
Billing Provider NPI	95.6%	96.0%
Attending Provider NPI		98.7%
Pharmacy		
Billing Provider NPI	98.4%	99.3%
Prescribing Provider NPI		99.0%

HSAG conducted on-site reviews for sampled discrepant LTC encounters with the MCPs, in conjunction with desk reviews of the sampled cases. During the on-site reviews, HSAG visually validated the sampled encounters from ODM's vendor files against records retrieved from the MCPs' claims systems. In coordination with ODM and the MCPs, HSAG investigated and explored the root cause of the discrepancies. After each on-site review, HSAG continued reviewing the sampled discrepant records against screen shots from the MCPs' claims processing systems for the associated records.

HSAG identified 146 discrepant LTC records for inclusion in the on-site/desk reviews. During the reviews, the 146 records were classified as either *mismatch*, *payment*, *surplus*, or *omission*, depending on the nature of the discrepancies.

Table C-19 presents the findings from the on-site and desk reviews of the sampled LTC encounters for CareSource. CareSource contracted with both the MyCare Ohio program and the Medicaid managed care program. CareSource’s MCP results are displayed.

Table C-19—Findings from the On-site and Desk Review of Sampled LTC Encounters—CareSource

Findings	MCP	
	N=146	Percent
TPL related	0	0.0%
RUG code related	121	82.9%
Data submission for the study	9	6.2%
Units billed	NA	NA
Screen shots and/or supplemental documentation submission for desk reviews (e.g., not submitted, incomplete, not readable)	0	0.0%
Payment related	12	8.2%
Member ID	13	8.9%
Billing and/or attending provider NPI	127	87.0%
Other	12	8.2%

Provider Satisfaction Survey

ODM administered a Provider Satisfaction Survey to PCPs contracted with CareSource. A summary of CareSource’s performance results is as follows:

- CareSource’s means were statistically significantly higher than the program’s means for six measures. Conversely, CareSource’s means were statistically significantly lower than the program’s means for two measures.

Appendix D. Molina’s Detailed EQR Activity Results

Performance Improvement Projects

In SFY 2018, Molina completed Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection). The following outlines the validation findings for each of the completed modules.

Module 1: PIP Initiation

Upon initial validation of Module 1, HSAG identified opportunities for improvement related to Molina’s documentation of the baseline rate for the African-American population and the completion of the KDD. After receiving technical assistance from HSAG and ODM, Molina revised Module 1 and submitted the module for final validation. For the final validation, Molina met the Module 1 validation criteria, as evidenced by receiving *Achieved* scores for all evaluation elements. In SFY 2018, all five MCPs initiated the ODM-selected *Hypertension Control and Disparity Reduction* PIP. All five MCPs completed and submitted Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection) for the annual validation. Upon initial validation of the modules, HSAG identified opportunities for improvement for each MCP to address prior to submitting the modules for final validation. Each MCP received technical assistance from HSAG and ODM and resubmitted the modules for final validation. Upon final validation, the five MCPs achieved all required validation criteria for each module. The following tables illustrate the validation criteria for each module.

Table D-1—Validation Criteria for Module 1

Criteria	Achieved
1. The topic and narrowed focus were supported by data.	X
2. The team members were identified for both internal MCP staff members and external partners, including representation for the narrowed focus.	X
3. The SMART Aim included all required components (narrowed focus, baseline rate, goal, and date) and was developed based on literature review, MCP data, and/or experience.	X
4. The Global Aim, SMART Aim, drivers, and potential interventions were aligned and stated accurately.	X

Module 2: SMART Aim Data Collection

Upon initial validation of Module 2, HSAG identified that Molina needed to revise its SMART Aim run chart. The run chart included both the overall measure and the measure for the African-American population. Molina had the opportunity to make these corrections and submit the module for final

validation. For the final validation, Molina met the Module 2 validation criteria, as evidenced by receiving *Achieved* scores for all evaluation elements.

Table D-2 describes the validation criteria for Module 2 and whether the MCP achieved the criteria.

Table D-2—Validation Criteria for Module 2

Criteria	Achieved
1. The SMART Aim measure included all the following components: a) The numerator and denominator were well-defined to measure outcomes for the SMART Aim. b) The baseline measurement period and rate were appropriate. c) The measurement intervals were appropriate for the SMART Aim. d) The SMART Aim goal was appropriate based on the baseline rate and denominator size.	X
2. The SMART Aim data collection methodology supported the rapid-cycle process and included: a) Data source(s). b) A step-by-step process that aligned with the baseline data collection methodology. c) Team members collecting data.	X
3. If a data collection tool was used, the tool(s) was appropriate and captured all required data elements.	X
4. The run/control chart included the titles, SMART Aim goal, baseline percentage, and data collection interval.	X

The validation findings indicate that Molina was successful in executing the initiation phase of the *Hypertension Control and Disparity Reduction* PIP and met all validation and documentation criteria for Modules 1 and 2. Molina was also successful in building a collaborative relationship with its provider practice sites.

As the PIP progresses, HSAG made the following recommendations to Molina:

- Ensure the KDD is updated throughout the duration of the PIP as the initial interventions identified may change.
- As Molina progresses through the quality improvement process, process maps may need to be conducted at the clinic and MCP levels to determine the opportunities for improvement that will lead to the interventions tested through PDSA cycles.
- The Rapid-Cycle PIP Process Reference Guide and submission form instructions should be used as Molina completes subsequent modules to ensure that the documentation requirements are addressed.

Performance Measures

HEDIS

To evaluate MCP performance, HSAG analyzed Molina's 2018 IDSS files. HSAG compared prior years' performance (i.e., HEDIS 2017) to current performance, and compared current performance to national Medicaid NCQA benchmarks to develop star ratings. In addition, HSAG presented a percentile approximation relative to national Medicaid NCQA benchmarks at the measure and population stream level. The percentile approximation methodology is located in [Appendix A](#).

Molina's HEDIS 2017 and HEDIS 2018 measure results are shown in Table D-3. Rates shaded green were the same as or better than the statewide weighted average. Additionally, HEDIS 2018 star ratings are presented in Table D-3 based on comparisons to the national Medicaid percentiles. The percentile approximation for each measure is displayed below the HEDIS 2018 star rating.

Table D-3—Molina's HEDIS Measure Results

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Healthy Children/Adults			
<i>Adolescent Well-Care Visits^{2,3}</i>			
<i>Adolescent Well-Care Visits</i>	46.6%	46.2%	★★★ 37.9
Annual Dental Visits			
<i>Total</i>	46.0%	49.9%	★★★ 36.2
Childhood Immunization Status			
<i>Combination 2</i>	61.6%	68.4%	★★ 22.6
<i>Combination 3</i>	59.6%	65.5%	★★★ 25.6
<i>Combination 10</i>	25.2%	29.9%	★★★ 39.2
Children and Adolescents' Access to Primary Care Practitioners			
<i>12–24 Months</i>	92.5%	93.9%	★★★ 30.7
<i>25 Months–6 Years</i>	86.2%	86.9%	★★★ 42.0
<i>7–11 Years</i>	90.9%	91.1%	★★★★ 53.0
<i>12–19 Years</i>	89.5%	89.7%	★★★★ 51.2

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Immunizations for Adolescents			
<i>Combination 1 (Meningococcal, Tdap)</i>	70.0%	77.4%	★★★★ 49.3
<i>HPV⁴</i>	16.6%	31.4%	★★★★ 34.9
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile Documentation—Total</i>	52.1%	56.9%	★★★ 20.7
<i>Counseling for Nutrition—Total</i>	50.8%	48.2%	★ 9.9
<i>Counseling for Physical Activity—Total</i>	37.3%	38.7%	★ 9.3
Well-Child Visits in the First 15 Months of Life³			
<i>Six or More Well-Child Visits</i>	58.1%	61.8%	★★★★ 49.0
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	65.7%	69.1%	★★★★ 33.2
Adults' Access to Preventive/Ambulatory Health Services			
<i>Total</i>	78.0%	77.2%	★★★★ 28.3
Ambulatory Care—Total (per 1,000 Member Months)¹			
<i>ED Visits—Total</i>	92.0	88.9	★ 8.1
Women's Health			
Breast Cancer Screening^{3,4}			
<i>Breast Cancer Screening</i>	51.5%	49.3%	★★ 14.1
Cervical Cancer Screening³			
<i>Cervical Cancer Screening</i>	50.9%	59.4%	★★★★★ 52.9
Chlamydia Screening in Women			
<i>Total</i>	57.5%	56.8%	★★★★★ 50.3
Prenatal and Postpartum Care^{2,3}			
<i>Timeliness of Prenatal Care</i>	84.0%	82.8%	★★★★ 46.5
<i>Postpartum Care</i>	58.8%	62.6%	★★★★ 41.0

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Behavioral Health			
<i>Antidepressant Medication Management⁵</i>			
<i>Effective Acute Phase Treatment</i>	52.7%	50.4%	★★★ 39.8
<i>Effective Continuation Phase Treatment</i>	36.8%	35.0%	★★★ 41.3
<i>Follow-Up After Hospitalization for Mental Illness⁴</i>			
<i>7-Day Follow-Up^{2,3}</i>	49.3%	46.5%	★★★★★ 76.3
<i>30-Day Follow-Up</i>	69.9%	69.0%	★★★★★ 77.5
<i>Follow-Up Care for Children Prescribed ADHD Medication⁵</i>			
<i>Initiation Phase</i>	57.2%	55.9%	★★★★★ 86.7
<i>Continuation and Maintenance Phase</i>	61.5%	67.2%	★★★★★ 84.1
<i>Initiation and Engagement of AOD Abuse or Dependence Treatment⁴</i>			
<i>Initiation of AOD Treatment—Total³</i>	47.0%	50.3%	★★★★★ 90.0
<i>Engagement of AOD Treatment—Total</i>	14.9%	17.1%	★★★★★ 72.4
<i>Mental Health Utilization</i>			
<i>Any Service—Total</i>	6.3%	7.7%	★★ 20.2
<i>Inpatient—Total</i>	0.9%	0.7%	★★★ 31.1
<i>Intensive Outpatient or Partial Hospitalization—Total</i>	<0.1%	<0.1%	★★★ 33.3
<i>Outpatient—Total⁴</i>	—	6.5%	★★ 11.7
<i>ED—Total⁴</i>	—	0.8%	★★★★★ 90.0
<i>Telehealth—Total⁴</i>	—	<0.1%	★★★ 33.3
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics⁵</i>			
<i>Total</i>	68.9%	68.8%	★★★★★ 76.5
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{1,3}</i>			
<i>Total</i>	2.9%	3.5%	★★ 23.2

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Chronic Conditions			
Adult BMI Assessment			
<i>Adult BMI Assessment</i>	85.4%	72.6%	★★★ 19.4
Comprehensive Diabetes Care			
<i>HbA1c Testing³</i>	85.4%	86.1%	★★★★ 40.5
<i>HbA1c Control (<8.0%)</i>	46.0%	47.9%	★★★★ 45.9
<i>HbA1c Poor Control (>9.0)^{1,2,3}</i>	42.7%	43.6%	★★★★ 41.2
<i>Blood Pressure Control (<140/90 mm Hg)³</i>	58.2%	55.7%	★★★★ 34.1
<i>Eye Exam (Retinal) Performed³</i>	56.6%	52.3%	★★★★ 36.5
<i>Medical Attention for Nephropathy</i>	87.4%	87.3%	★★★ 16.0
Controlling High Blood Pressure^{2,3}			
<i>Controlling High Blood Pressure</i>	54.3%	53.3%	★★★★ 39.2
Medication Management for People With Asthma			
<i>Medication Compliance 50%—Total</i>	62.1%	66.3%	★★★★★ 77.7
<i>Medication Compliance 75%—Total</i>	39.1%	39.8%	★★★★★ 74.3
Pharmacotherapy Management of COPD Exacerbation			
<i>Systemic Corticosteroid</i>	75.7%	75.8%	★★★★★ 83.9
<i>Bronchodilator</i>	85.7%	85.8%	★★★★★ 71.0
Statin Therapy for Patients With Cardiovascular Disease³			
<i>Received Statin Therapy—Total</i>	77.8%	81.1%	★★★★★ 79.2
Statin Therapy for Patients With Diabetes			
<i>Received Statin Therapy—Total</i>	65.3%	65.9%	★★★★★ 80.5

¹ A lower rate indicates better performance for this measure.

² Indicates a pay-for-performance measure/indicator.

³ Indicates the measure indicator was included in the index score calculation.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; however, the HEDIS 2017 rates are presented, if applicable, and the HEDIS 2018 rates are compared to the Quality Compass 2018 benchmarks.

⁵ Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

— Due to changes in the technical specifications for this measure in HEDIS 2018, these indicator rates cannot be displayed.



Indicates the rate was the same as or better than the statewide average for Ohio.

HEDIS 2018 star ratings represent the following percentile comparisons:

★★★★★ = At or above the national Medicaid 75th percentile

★★★★ = At or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile

★★★ = At or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile

★★ = At or above the national Medicaid 10th percentile but below the national Medicaid 25th percentile

★ = Below the national Medicaid 10th percentile

Table D-4 displays Molina's population stream index scores for CY 2016 and CY 2017. The scores provide an estimation of performance when the measures within each population stream are compared to national benchmarks. An upward green arrow indicates at least a four-point increase in performance from CY 2016 to CY 2017. A downward red arrow indicates at least a four-point decrease in performance from CY 2016 to CY 2017. A sideways gray arrow indicates no substantial change (i.e., less than a four-point change in either direction) in performance between years.

Table D-4—Molina's MCP Population Stream Index Score and Ranking

Population Stream	CY 2016	CY 2017	Performance	CY 2017 Ranking
Healthy Children/Adults	40.9	39.3	→	3*
Women's Health	42.9	40.7	→	3*
Behavioral Health	65.9	70.5	↑	2*
Chronic Conditions	57.8	50.4	↓	3*

* Indicates a tie with one or more MCPs for the applicable population stream.

↑ Indicates the CY 2017 rate was four or more points higher than the CY 2016 rate.

→ Indicates no substantial change between CY 2016 and CY 2017 rates.

↓ Indicates the CY 2017 rate was four or more points lower than the CY 2016 rate.

Healthy Children/Adults

For CY 2017, Molina's average performance on HEDIS measures for the Healthy Children/Adults population stream is estimated to be at the 39th national Medicaid NCQA percentile. The average score is based on consistently low performance within the Healthy Children/Adults population stream, with the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; Adolescent Well-Care Visits; and Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* rates having estimated ratings at the 33rd, 38th, and 49th percentiles, respectively. In analyzing the measures in aggregate, Molina's CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017, and ranked third out of the five Ohio Medicaid MCPs.

Women's Health

For CY 2017, Molina's average performance on HEDIS measures for the Women's Health population stream is estimated to be at the 41st national Medicaid NCQA percentile. The average score is based on

disparate performance within the Women's Health population stream, with the *Breast Cancer Screening* rate having an estimated rating at the 14th percentile. Whereas, the *Prenatal and Postpartum Care—Postpartum Care*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Cervical Cancer Screening* rates had estimated ratings at the 41st, 47th, and 53rd percentiles, respectively. In analyzing the measures in aggregate, Molina's CY 2017 overall results for the Women's Health population showed no substantial change from CY 2016 to CY 2017, and ranked third out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2017, Molina's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 71st national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* rate having an estimated rating at the 23rd percentile. Whereas, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Initiation and Engagement of AOD Abuse or Dependence Treatment, Initiation of AOD Treatment—Total* rates had estimated ratings at the 76th and 90th percentiles, respectively. In analyzing the measures in aggregate, Molina's CY 2017 overall results for the Behavioral Health population stream increased from CY 2016 to CY 2017, and ranked second out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2017, Molina's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 50th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream. Molina had low performance for five of six measure ratings, ranging from the 34th percentile for the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* measure to the 41st percentile for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)*. Whereas, the rate for *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total* had an estimated rating at the 79th percentile and had a larger impact on the overall rating for the Chronic Conditions population stream due to weighting. In analyzing the measures in aggregate, Molina's CY 2017 overall results for the Chronic Conditions population stream decreased from CY 2016 to CY 2017, and ranked third out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated two measures in CY 2017. Please note, for all non-HEDIS measures, a lower rate indicates better performance.

Table D-5 presents Molina’s *Low Birth Weight* results for CY 2016 and CY 2017.

Table D-5—Low Birth Weight Results for Molina

Measure	CY 2016 Rate	CY 2017 Rate	CY 2017 Statewide Rate
<i>Low Birth Weight</i>	10.8%	10.0%	10.5%

Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

Molina’s performance for the *Low Birth Weight* measure improved from CY 2016 to CY 2017 to meet the MPS in CY 2017. In CY 2017, Molina’s rate was also better than the statewide average rate.

Table D-6 presents Molina’s *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* results for CY 2016 and CY 2017.

Table D-6—PQI 16 Results Per 100,000 Member Months for Molina

Measure	CY 2016 Rate	CY 2017 Rate	CY 2017 Statewide Rate
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i>	1.8	2.9	2.5

Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

Molina’s performance for the *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* declined from CY 2016 to CY 2017 and did not meet the MPS in CY 2017.

CAHPS

ODM requires Molina to administer a CAHPS survey annually. Survey results provide important feedback on Molina’s performance.

Summaries of Molina’s adult and child Medicaid CAHPS performance results are presented in Table D-7 and Table D-8, respectively. The numbers documented below the stars represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings that resulted when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.^{D-1,D-2} In addition, 2017 mean scores were compared to 2016 mean scores to determine

^{D-1} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

^{D-2} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

whether there were statistically significant differences between the results from these two years. For each measure, statistically significant differences between scores are denoted using triangles.

Table D-7—Summary of Molina’s Adult Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2016	2017		
Global Ratings				
Rating of Health Plan	★ 2.35	★★★★ 2.46	▲	Quality
Rating of All Health Care	★★ 2.32	★★★★ 2.38	—	Quality
Rating of Personal Doctor	★★ 2.46	★★★★ 2.50	—	Quality
Rating of Specialist Seen Most Often	★★★★★ 2.56	★★★★★ 2.59	—	Quality
Composite Measures				
Getting Needed Care	★★ 2.34	★★★★★ 2.45	—	Access
Getting Care Quickly	★★★★ 2.42	★★★★★ 2.50	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.64	★★★★★ 2.69	—	Quality
Customer Service	★★★★ 2.55	★★★★★ 2.59	—	Quality
Individual Item Measure				
Coordination of Care	★★★★ 2.39	★★★★ 2.39	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Indicates the 2017 mean exceeded the 2016 mean by a statistically significant amount. ▼ Indicates the 2017 mean was lower than the 2016 mean by a statistically significant amount. — Indicates that the difference between the 2017 mean and 2016 mean was not statistically significant.				

- In 2017, Molina had high performance (at or above the 75th percentile) for one global rating and every composite measure. The following measures were below the 75th percentile: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Coordination of Care*.
- Molina’s 2017 mean exceeded the 2016 mean by a statistically significant amount for one measure, *Rating of Health Plan*.

Table D-8—Summary of Molina’s Child Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2016	2017		
Global Ratings				
Rating of Health Plan	★★ 2.54	★★★ 2.60	—	Quality
Rating of All Health Care	★★★★ 2.58	★★★★★ 2.65	—	Quality
Rating of Personal Doctor	★★★ 2.63	★★★★ 2.67	—	Quality
Rating of Specialist Seen Most Often	★★★★★ 2.69	★★★★★ 2.68	—	Quality
Composite Measures				
Getting Needed Care	★★★★ 2.54	★★★★★ 2.53	—	Access
Getting Care Quickly	★★★ 2.64	★★★ 2.62	—	Timeliness
How Well Doctors Communicate	★★★ 2.69	★★★★ 2.74	—	Quality
Customer Service	★★★★ 2.58	★★★★★ 2.65	—	Quality
Individual Item Measure				
Coordination of Care	★★★ 2.42	★★★★ 2.50	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Indicates the 2017 mean exceeded the 2016 mean by a statistically significant amount. ▼ Indicates the 2017 mean was lower than the 2016 mean by a statistically significant amount. — Indicates that the difference between the 2017 mean and 2016 mean was not statistically significant.				

- In 2017, Molina had high performance (at or above the 75th percentile) for three global ratings, three composite measures, and the one individual item measure. The following measures were below the 75th percentile: *Rating of Health Plan* and *Getting Care Quickly*.
- Molina’s 2017 means did not show a statistically significant difference in comparison to its 2016 means.

Pay-for-Performance

For SFY 2018, Molina was eligible for P4P payments equaling a percentage of net premium and delivery payments made to Molina pursuant to the Medicaid Managed Care Provider Agreement. Eligibility for payment was divided equally between six standardized clinical quality measures derived from a national measurement set (i.e., HEDIS). To be eligible to receive these financial incentives, Molina had to exceed the MPS set by ODM.

In Table D-9, Molina's SFY 2018 P4P measure rates and comparisons to the national Medicaid percentiles are shown.

Table D-9—Molina's Pay-for-Performance Measure Results

Performance Measures	Molina	NCQA Quality Compass 50th Percentile ¹
Healthy Children/Adults		
<i>Adolescent Well-Care Visits</i>	46.2%	50.1%
Women's Health		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	82.8%	83.6%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	62.6%	64.4%
Behavioral Health		
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	46.5%	36.5%
Chronic Conditions		
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)²</i>	43.6%	41.1%
<i>Controlling High Blood Pressure</i>	53.3%	56.9%

¹ Due to HEDIS 2018 specification changes, the Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up rates were compared to the 2018 National Medicaid Quality Compass Percentiles. The remaining measures were compared to 2017 National Medicaid Quality Compass Percentiles.

² A lower rate indicates better performance.

	At or above the Quality Compass 75th percentile
	At or above the Quality Compass 50th percentile and below the 75th percentile
	At or above the Quality Compass 25th percentile and below the 50th percentile
	Below the Quality Compass 25th percentile

Molina's rates for one of the P4P measures exceeded the national Medicaid 50th percentile.

Comprehensive Administrative Review

Molina received a total administrative performance score of 94 percent for its Medicaid program. While Molina achieved high scores in many areas, for four standards, it did not meet some requirements. Molina was required to develop and implement a CAP for each requirement that was not met.

Table D-10 presents a summary of Molina's performance results for the Medicaid program. The administrative performance score represents the percentage of requirements that were met.

Table D-10—Summary of Medicaid Scores for the Comprehensive Administrative Review

Standard #	Standard	Administrative Performance Score
I	Availability of Services	100%
II	Assurance of Adequate Capacity and Services	100%
III	Coordination and Continuity of Care	83%
IV	Coverage and Authorization of Services	100%
V	Credentialing and Recredentialing	78%
VI	Subcontractual Relationships and Delegation	100%
VII	Member Information and Member Rights	100%
VIII	Confidentiality of Health Information	100%
IX	Enrollment and Disenrollment	100%
X	Grievance System	94%
XI	Practice Guidelines	100%
XII	Quality Assessment and Performance Improvement	93%
XIII	Health Information Systems	100%
	Total Score	94%

ODM required Molina to submit a CAP for the program areas, Coordination and Continuity of Care, Credentialing and Recredentialing, Grievance System, and Quality Assessment and Performance Improvement. Molina submitted a CAP for each deficient program area to ODM between October 23, 2017, and November 21, 2017. ODM reviewed and approved these CAPs between November 8, 2017, and December 7, 2017. Molina therefore demonstrated compliance with ODM's CAP process, addressing the identified SFY 2017 Comprehensive Administrative Review deficiencies to ODM's satisfaction.

Network Adequacy Validation

ODM requires Molina to submit documentation demonstrating that it offers an appropriate range of preventive, primary care, and specialty services adequate for the anticipated number of members in the service area, while maintaining a provider panel that is sufficient in number, mix, and geographic distribution to meet the needs of members in the service area. Molina submits its network provider data through ODM's MCPN database, which is used by ODM as a mechanism to monitor network adequacy. Through the MCPN monitoring process, ODM evaluated Molina's adherence to provider panel requirements. To validate the accuracy of the information in the MCPN and to provide insight on members' access to providers, ODM also contracted with HSAG to conduct telephone surveys of providers' offices of various specialty types.

PCP Access Survey

To validate the accuracy of the information in the MCPN and to provide insight on members' access to providers, ODM contracted HSAG to conduct two statewide PCP Access Surveys during SFY 2018. The Fall PCP Access Survey concluded in December 2017 and the Spring PCP Access Survey concluded in June 2018.

Table D-11 presents Molina's study indicator findings, including rates related to members' access to PCPs and the accuracy of selected MCPN data elements.

Table D-11—PCP Access Survey Study Indicator Results—Molina

Study Indicators	Fall PCP Access Survey		Spring PCP Access Survey	
	N ¹	%	N ¹	%
New and Existing Patient Access				
Telephone Survey Response Rate	710	52.8	715	54.3
Plan Participation Rate	375	86.9	388	89.7
Percent of Providers Accepting New Patients for MCP	326	66.3	348	71.8
Percent of Providers at Locations Offering Walk-In Appointments	326	23.6	348	18.1
Percent of Providers at Locations Offering After-Hours Appointments	326	36.8	348	30.5
New Patient Routine Well-Check – ≤ 30 Days Wait Time	243	79.0	277	85.2
Existing Patient Routine Well-Check – ≤ 30 Days Wait Time	293	93.2	316	94.3
New Patient Sick Visit – ≤ 30 Days Wait Time	241	87.6	266	91.4
Existing Patient Sick Visit – ≤ 30 Days Wait Time	300	99.7	321	99.4
Appointment Availability for New Patients	N¹	Calendar Days	N¹	Calendar Days
Routine Well-Check – Average Wait Time in Days	243	19.2	277	17.8
Routine Well-Check – Median Wait Time in Days	243	9.0	277	12.0
Sick Visit – Average Wait Time in Days	241	12.3	266	10.0
Sick Visit – Median Wait Time in Days	241	1.0	266	3.0
Appointment Availability for Existing Patients	N¹	Calendar Days	N¹	Calendar Days
Routine Well-Check – Average Wait Time in Days	293	8.7	316	9.7
Routine Well-Check – Median Wait Time in Days	293	3.0	316	6.0
Sick Visit – Average Wait Time in Days	300	1.2	321	1.3
Sick Visit – Median Wait Time in Days	300	0	321	0

Study Indicators	Fall PCP Access Survey		Spring PCP Access Survey	
	N ¹	%	N ¹	%
MCPN Accuracy Rates Among Selected Study Indicators				
MCP Acceptance	375	86.9	388	89.7
Accepting New Patients	326	72.4	348	74.1
Telephone Number	710	78.2	715	77.8
Address	710	38.5	715	40.6

¹ Due to nature of the script, denominators vary by study indicator; N is the number of providers who met the denominator criteria for each indicator, as defined in the ODM-approved analysis plan.

OB/GYN Survey

ODM contracted HSAG to conduct a secret shopper telephone survey during SFY 2018 to provide insight on members' access to prenatal care providers and validate the accuracy of MCPN information.

Table D-12 and Table D-13 present Molina's study indicator findings related to new patients' access to prenatal care and the accuracy of selected MCPN data elements. Rates include results for randomly sampled Molina providers serving Medicaid and/or MyCare Ohio members; due to the sampling methodology, survey results are not limited to providers serving Medicaid members.

Table D-12—OB/GYN Secret Shopper Survey Study Indicator Findings Regarding New Patient Access—Molina

New Patient Access Findings	N ¹	%
Telephone Survey Response Rate	386	59.6
Plan Participation Rate	230	85.7
Sampled Provider is an OB/GYN or CNM	193	82.9
New Patient Acceptance Rate	160	95.0
Provider Locations Offering Appointment with No Limitations	160	30.0
Appointment Request for First Trimester Pregnancy – ≤ 30 Days Wait Time	42	90.5
Appointment Request for Second Trimester Pregnancy – ≤ 15 Days Wait Time	27	70.4

¹ Due to nature of the script, denominators vary by study indicator; N is the number of provider locations that met the denominator criteria for each indicator, as defined in the ODM-approved analysis plan.

Table D-13—OB/GYN Secret Shopper Survey MCPN Accuracy Rates for Selected Study Indicators—Molina

MCPN Accuracy Rates	# Matched ¹	%
Provider Specialty	158	81.9
Accepting New Patients	137	90.1
Telephone Number	183	47.4
Address	101	70.6

¹ Due to nature of the script, denominators vary by study indicator.

Home Health Survey

MCPN File Validation

For the Home Health Survey, HSAG compared survey responses to the data contained in the MCPN files to calculate the accuracy of certain data elements. Molina's results (which include providers contracted to provide services to both MCP and MCOP members) of this comparison are presented in Table D-14. Data elements collected at the case level (e.g., telephone number) were attributed to each HHA affiliated with the unique telephone number.

Table D-14—Molina Data Accuracy Rate

Data Element	Denominator	Number Matched	% Matched
Confirmed as an HHA Provider	786 ¹	324 ²	41.2
Plan Participation	291	267	91.8
Program Participation	267	184	68.9
Telephone Number	786	409	52.0
Address	255	176	69.0

1. The denominator includes the HHAs identified from the MCPN file.
2. A record was validated as an HHA if the respondent answered the initial question confirming that the phone number connected to a provider of home health services.

There were 291 respondents out of 786 total HHA records selected for Molina, resulting in a 37.0 percent response rate. A completed survey constituting a response is defined as a case with a valid telephone number connecting to an HHA, where a member of the HHA's staff answers at least one survey question (i.e., confirming whether the HHA provides services to members with each plan). Common reasons for non-responsiveness included no HHA response to two survey call attempts, invalid phone number, the entity indicated they were not an HHA, and survey refusal. Molina's response rate was the highest response rate of all the MCPs, and also higher than the response rate of approximately 15 percent among atypical Medicaid providers that HSAG has observed historically across its book of business.^{D-3}

^{D-3} While HSAG's book of business includes surveys for states other than Ohio, comparisons to national data are not available.

MCPN accuracy for telephone number and HHA status was calculated for all cases. Cases that could not be reached or who refused to participate in the survey may have scored negatively for these study indicators if the telephone number or HHA status could not be verified.^{D-4}

HHAs' Self-Reported Access Information

The survey script allowed HHAs to report on multiple data elements related to members' access to, and acceptance of, an individual plan. These data elements include HHAs' self-reported information on certifications, staffing, and experience with the plans' in-home assessments. Table D-15 presents multiple data elements related to members' access to the HHA and the HHA acceptance of Molina, as self-reported by the HHAs.

Table D-15—Molina Self-Reported Data

Data Element	Denominator	Number	%
Plan Participation	846	691	81.7
ODH Certified	655	580	88.5
Medicare Certified	655	600	91.6
Pediatric Certified	655	289	44.1
Any Other Regulatory Agency	55	41	74.5
Post-Hospital Care Offered	655	570	87.0
Ongoing Care Offered	655	616	94.0
Routine Aide Care Offered	655	591	90.2
Routine Nursing Care Offered	655	553	84.4
Serving All Ages	655	495	75.6
Age Limitations Noted	655	30	4.6
No Difference in Timing to Staff for Rural Areas	655	313	47.8
Reported Participation in In-Home Assessments	655	561	85.6
Reported Invitation to Participate in In-Home Assessments ¹	47	0	0.0

1. The denominator includes the HHAs that responded to the survey question regarding plans' invitations to participate in in-home assessments and indicating that they did not participate in the in-home assessments for the specified plan.

^{D-4} HHAs that refused to participate in the survey or failed to return survey calls were considered unreachable because the MCPN information for the case at the specified telephone number could not be verified. For example, if the office failed to return survey calls, HSAG was unable to verify that the telephone number connected to an HHA.

In addition to the self-reported data as displayed in Table D-15, HHAs also self-reported program participation for Medicaid only, MyCare only, Medicaid and MyCare, and Medicaid or MyCare. Molina's MCPN accuracy for program participation was 68.9 percent whereas its self-reported rate of program participation was 94.8 percent. This finding suggests that the MCPN data regarding program participation may be consistently inaccurate and/or the HHAs are unable to distinguish between their contracted programs for each plan. This may result in the HHAs providing inaccurate information to members seeking services (e.g., provider data indicate that an HHA contracts with a specific plan and program, but the member receives contrary information when contacting the HHA).

Encounter Data Validation

The SFY 2018 EDV study was conducted to assess whether the encounter data in ODM's MITS file reflected the payment amounts, TPL information, and provider information in Molina's file.

Two aspects of encounter data completeness were assessed: encounter omission and encounter surplus. An encounter omission occurs when an encounter is present in the MCP's submitted data for the study but not in ODM's encounter data. An encounter surplus occurs when an encounter is present in ODM's encounter data but not in the MCP's submitted data for the study. Encounter data accuracy was evaluated by comparing payment information in ODM's encounter data to the MCP's submitted data for the study. A payment error occurred when a payment amount discrepancy was identified among matched encounters.

Table D-16 displays rates for encounter omission, encounter surplus, and payment error by dental, professional, institutional, and pharmacy encounters for Molina.

Table D-16—Encounter Omission, Surplus, and Payment Error Rates—Molina

Indicator	Dental	Professional	Institutional			Pharmacy
			Inpatient	Outpatient	Other	
Performance Standards	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%
Encounter Omission Rate	0.6%	0.6%	2.9%	0.8%	3.2%	0.8%
Encounter Surplus Rate	0.3%	0.5%	1.4%	2.0%	8.0%	2.4%
Performance Standards	≤4%	≤4%	≤4%	≤4%	≤4%	≤4%
Encounter Payment Error Rate	0.0%	<0.1%	<0.1%	<0.1%	<0.1%	0.0%

¹ The inpatient-DRG claim type from the institutional files is paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. As such, the header paid inpatient-DRG claims are classified as Inpatient while the detail paid claims are broken out as Outpatient and Other (where Other includes the long-term care and inpatient-DRG exempt claim types).

The TPL analysis examined the accuracy of Molina’s population of TPL claims payment data compared to the TPL payment data in the ODM claims processing system. Table D-17 displays Molina’s TPL rates related to encounter omission and encounter surplus, and payment error by dental, professional, institutional, and pharmacy encounters for Molina.

Table D-17—Record Level TPL Match Rates—Molina

Indicator	Dental	Professional	Institutional	Pharmacy
Encounter Omission Rate	NA	100%	NA	0.0%
Encounter Surplus Rate	NA	NA	NA	0.2%
Payment Error Rate	NA	NA	NA	20.9%

¹ The inpatient-DRG claim type from the institutional files is paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. As such, the header paid inpatient-DRG claims are classified as Inpatient while the detail paid claims are broken out as Outpatient and Other (where Other includes the long-term care and inpatient-DRG exempt claim types).

The provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table D-18 presents Molina’s record-level provider field matching rates for dental, professional, institutional, and pharmacy claim type encounters.

Table D-18—Record-Level Provider Field Matching Rates by Claim Type—Molina

Indicator	Record-Level Match: % With All Provider Fields Correctly Matched in Both Files	Field-Level Match: % Correctly Matched
Dental		
Billing Provider NPI	91.3%	91.3%
Rendering Provider NPI		99.8%
Professional		
Billing Provider NPI	96.9%	97.2%
Rendering Provider NPI		97.6%
Institutional		
Billing Provider NPI	0.2%	96.4%
Attending Provider NPI		0.2%
Pharmacy		
Billing Provider NPI	98.3%	99.3%
Prescribing Provider NPI		98.9%

HSAG conducted on-site reviews for sampled discrepant LTC encounters with the MCPs in conjunction with desk reviews of the sampled cases. During the on-site reviews, HSAG visually validated the sampled encounters from ODM's vendor files against records retrieved from the MCPs' claims systems. In coordination with ODM and the MCPs, HSAG investigated and explored the root cause of the discrepancies. After each on-site review, HSAG continued reviewing the sampled discrepant records against screen shots from the MCPs' claims processing systems for the associated records.

HSAG identified 98 discrepant LTC records for inclusion in the on-site/desk reviews. During the reviews, the 98 records were classified as either *mismatch*, *payment*, *surplus*, or *omission*, depending on the nature of the discrepancies.

Table D-19 presents the findings from the on-site and desk reviews of the sampled LTC encounters for Molina. Molina contracted with both the MyCare Ohio program and the Medicaid managed care program. Molina's MCP results are displayed.

Table D-19—Findings from the On-site and Desk Review of Sampled LTC Encounters—Molina

Findings	MCP	
	N=98	Percent
TPL related	0	0.0%
RUG code related	6	6.1%
Data submission for the study	8	8.2%
Units billed	NA	NA
Screen shots and/or supplemental documentation submission for desk reviews (e.g., not submitted, incomplete, not readable.)	39	39.8%
Payment related	1	1.0%
Member ID	0	0.0%
Billing and/or attending provider NPI	98	100%
Other	NA	NA

Provider Satisfaction Survey

ODM administered a Provider Satisfaction Survey to PCPs contracted with Molina. A summary of Molina's performance results is as follows:

- Molina's means were statistically significantly lower than the program's means for seven measures.

Appendix E. Paramount’s Detailed EQR Activity Results

Performance Improvement Projects

In SFY 2018, Paramount completed Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection). The following outlines the validation findings for each of the completed modules.

Module 1: PIP Initiation

Upon initial validation of Module 1, HSAG identified opportunities for improvement related to Paramount’s documentation of its plan-specific data for the narrowed focus, baseline data, and the completion of the KDD. After receiving technical assistance from HSAG and ODM, Paramount made the necessary corrections and submitted the module for final validation. For the final validation, Paramount met the Module 1 validation criteria, as evidenced by receiving *Achieved* scores for all evaluation elements. In SFY 2018, all five MCPs initiated the ODM-selected *Hypertension Control and Disparity Reduction* PIP. All five MCPs completed and submitted Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection) for the annual validation. Upon initial validation of the modules, HSAG identified opportunities for improvement for each MCP to address prior to submitting the modules for final validation. Each MCP received technical assistance from HSAG and ODM and resubmitted the modules for final validation. Upon final validation, the five MCPs achieved all required validation criteria for each module. The following tables illustrate the validation criteria for each module.

Table E-1—Validation Criteria for Module 1

Criteria	Achieved
1. The topic and narrowed focus were supported by data.	X
2. The team members were identified for both internal MCP staff members and external partners, including representation for the narrowed focus.	X
3. The SMART Aim included all required components (narrowed focus, baseline rate, goal, and date) and was developed based on literature review, MCP data, and/or experience.	X
4. The Global Aim, SMART Aim, drivers, and potential interventions were aligned and stated accurately.	X

Module 2: SMART Aim Data Collection

Upon initial validation of Module 2, HSAG identified that Paramount needed to revise its SMART Aim run chart. The MCP needed to plot the correct baseline rate and label the x-axis to reflect the correct monthly measurement periods. Paramount had the opportunity to make these corrections and submit the

module for final validation. For the final validation, Paramount met the Module 2 validation criteria, as evidenced by receiving *Achieved* scores for all evaluation elements.

Table E-2 describes the validation criteria for Module 2 and whether the MCP achieved the criteria.

Table E-2—Validation Criteria for Module 2

Criteria	Achieved
1. The SMART Aim measure included all the following components: a) The numerator and denominator were well-defined to measure outcomes for the SMART Aim. b) The baseline measurement period and rate were appropriate. c) The measurement intervals were appropriate for the SMART Aim. d) The SMART Aim goal was appropriate based on the baseline rate and denominator size.	X
2. The SMART Aim data collection methodology supported the rapid-cycle process and included: a) Data source(s). b) A step-by-step process that aligned with the baseline data collection methodology. c) Team members collecting data.	X
3. If a data collection tool was used, the tool(s) was appropriate and captured all required data elements.	X
4. The run/control chart included the titles, SMART Aim goal, baseline percentage, and data collection interval.	X

The validation findings indicate that Paramount was successful in executing the initiation phase of the *Hypertension Control and Disparity Reduction* PIP and met all validation and documentation criteria for Modules 1 and 2. Paramount was also successful in building a collaborative relationship with its provider practice sites.

As the PIP progresses, HSAG made the following recommendations to Paramount:

- Ensure the KDD is updated throughout the duration of the PIP as the initial interventions identified may change.
- As Paramount progresses through the quality improvement process, process maps may need to be conducted at the clinic and MCP levels to determine the opportunities for improvement that will lead to the interventions tested through PDSA cycles.
- The Rapid-Cycle PIP Process Reference Guide and submission form instructions should be used as Paramount completes subsequent modules to ensure that the documentation requirements are addressed.

Performance Measures

HEDIS

To evaluate MCP performance, HSAG analyzed Paramount's 2018 IDSS files. HSAG compared prior years' performance (i.e., HEDIS 2017) to current performance, and compared current performance to national Medicaid NCQA benchmarks to develop star ratings. In addition, HSAG presented a percentile approximation relative to national Medicaid NCQA benchmarks at the measure and population stream level. The percentile approximation methodology is located in [Appendix A](#).

Paramount's HEDIS 2017 and HEDIS 2018 measure results are shown in Table E-3. Rates shaded green were the same as or better than the statewide weighted average. Additionally, HEDIS 2018 star ratings are presented in Table E-3 based on comparisons to the national Medicaid percentiles. The percentile approximation for each measure is displayed below the HEDIS 2018 star rating.

Table E-3—Paramount's HEDIS Measure Results

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Healthy Children/Adults			
<i>Adolescent Well-Care Visits^{2,3}</i>			
<i>Adolescent Well-Care Visits</i>	43.6%	45.7%	★★★ 36.4
Annual Dental Visits			
<i>Total</i>	45.8%	44.9%	★★ 23.5
Childhood Immunization Status			
<i>Combination 2</i>	66.2%	62.8%	★★ 11.9
<i>Combination 3</i>	63.3%	58.4%	★★ 10.7
<i>Combination 10</i>	24.6%	26.8%	★★★★ 28.9
Children and Adolescents' Access to Primary Care Practitioners			
<i>12–24 Months</i>	92.1%	94.2%	★★★★ 34.0
<i>25 Months–6 Years</i>	84.8%	85.4%	★★★★ 28.7
<i>7–11 Years</i>	88.8%	89.1%	★★★★ 34.6
<i>12–19 Years</i>	88.5%	88.7%	★★★★ 44.1

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Immunizations for Adolescents			
<i>Combination 1 (Meningococcal, Tdap)</i>	67.9%	74.5%	★★★★ 41.6
<i>HPV⁴</i>	15.3%	23.1%	★★ 10.0
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile Documentation—Total</i>	58.9%	70.6%	★★★★ 46.8
<i>Counseling for Nutrition—Total</i>	55.5%	54.7%	★★ 19.3
<i>Counseling for Physical Activity—Total</i>	48.9%	51.1%	★★★★ 29.5
Well-Child Visits in the First 15 Months of Life³			
<i>Six or More Well-Child Visits</i>	56.0%	58.6%	★★★★ 34.4
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	69.2%	69.3%	★★★★ 34.0
Adults' Access to Preventive/Ambulatory Health Services			
<i>Total</i>	73.8%	74.8%	★★ 22.3
Ambulatory Care—Total (per 1,000 Member Months)¹			
<i>ED Visits—Total</i>	94.5	91.3	★ 6.4
Women's Health			
Breast Cancer Screening^{3,4}			
<i>Breast Cancer Screening</i>	55.3%	53.2%	★★★★ 30.0
Cervical Cancer Screening³			
<i>Cervical Cancer Screening</i>	55.3%	59.9%	★★★★★ 54.5
Chlamydia Screening in Women			
<i>Total</i>	56.9%	56.0%	★★★★ 47.4
Prenatal and Postpartum Care^{2,3}			
<i>Timeliness of Prenatal Care</i>	87.6%	83.0%	★★★★ 47.3
<i>Postpartum Care</i>	63.7%	69.1%	★★★★★ 73.3

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Behavioral Health			
<i>Antidepressant Medication Management⁵</i>			
<i>Effective Acute Phase Treatment</i>	49.0%	48.9%	★★★ 29.8
<i>Effective Continuation Phase Treatment</i>	34.1%	33.9%	★★★ 33.2
<i>Follow-Up After Hospitalization for Mental Illness⁴</i>			
<i>7-Day Follow-Up^{2,3}</i>	54.4%	53.2%	★★★★★ 88.4
<i>30-Day Follow-Up</i>	71.3%	72.0%	★★★★★ 84.7
<i>Follow-Up Care for Children Prescribed ADHD Medication⁵</i>			
<i>Initiation Phase</i>	56.7%	58.6%	★★★★★ 90.4
<i>Continuation and Maintenance Phase</i>	69.5%	69.1%	★★★★★ 89.1
<i>Initiation and Engagement of AOD Abuse or Dependence Treatment⁴</i>			
<i>Initiation of AOD Treatment—Total³</i>	48.5%	52.4%	★★★★★ 90.4
<i>Engagement of AOD Treatment—Total</i>	15.8%	16.4%	★★★★★ 69.5
<i>Mental Health Utilization</i>			
<i>Any Service—Total</i>	5.3%	6.5%	★★★ 12.5
<i>Inpatient—Total</i>	1.2%	1.1%	★★★★★ 67.2
<i>Intensive Outpatient or Partial Hospitalization—Total</i>	<0.1%	<0.1%	★★★ 10.0
<i>Outpatient—Total⁴</i>	—	5.7%	★ 9.2
<i>ED—Total⁴</i>	—	<0.1%	★★★ 50.0
<i>Telehealth—Total⁴</i>	—	<0.1%	★★★ 33.3
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics⁵</i>			
<i>Total</i>	80.9%	81.6%	★★★★★ 92.9
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents^{1,3}</i>			
<i>Total</i>	2.3%	2.9%	★★★ 34.7

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Chronic Conditions			
Adult BMI Assessment			
Adult BMI Assessment	75.4%	86.1%	★★★ 49.6
Comprehensive Diabetes Care			
HbA1c Testing ³	81.8%	83.9%	★★ 23.6
HbA1c Control (<8.0%)	45.0%	49.4%	★★★★★ 53.0
HbA1c Poor Control (>9.0%) ^{1,2,3}	47.0%	42.8%	★★★ 43.9
Blood Pressure Control (<140/90 mm Hg) ³	67.9%	65.0%	★★★★★ 64.4
Eye Exam (Retinal) Performed ³	58.2%	52.6%	★★★ 37.7
Medical Attention for Nephropathy	90.3%	85.6%	★ 9.9
Controlling High Blood Pressure^{2,3}			
Controlling High Blood Pressure	59.9%	61.6%	★★★★★ 62.5
Medication Management for People With Asthma			
Medication Compliance 50%—Total	59.2%	62.0%	★★★★★ 64.6
Medication Compliance 75%—Total	36.5%	39.8%	★★★★★ 74.2
Pharmacotherapy Management of COPD Exacerbation			
Systemic Corticosteroid	76.1%	77.2%	★★★★★ 88.1
Bronchodilator	85.1%	86.0%	★★★★★ 72.4
Statin Therapy for Patients With Cardiovascular Disease³			
Received Statin Therapy—Total	78.0%	80.4%	★★★★★ 76.7
Statin Therapy for Patients With Diabetes			
Received Statin Therapy—Total	61.9%	63.2%	★★★★★ 65.2

¹ A lower rate indicates better performance for this measure.

² Indicates a pay-for-performance measure/indicator.

³ Indicates the measure indicator was included in the index score calculation.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; however, the HEDIS 2017 rates are presented, if applicable, and the HEDIS 2018 rates are compared to the Quality Compass 2018 benchmarks.

⁵ Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

— Due to changes in the technical specifications for this measure in HEDIS 2018, these indicator rates cannot be displayed.



Indicates the rate was the same as or better than the statewide average for Ohio.

HEDIS 2018 star ratings represent the following percentile comparisons:

★★★★★ = At or above the national Medicaid 75th percentile

★★★★ = At or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile

★★★ = At or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile

★★ = At or above the national Medicaid 10th percentile but below the national Medicaid 25th percentile

★ = Below the national Medicaid 10th percentile

Table E-4 displays Paramount's population stream index scores for CY 2016 and CY 2017. The scores provide an estimation of performance when the measures within each population stream are compared to national benchmarks. An upward green arrow indicates at least a four-point increase in performance from CY 2016 to CY 2017. A downward red arrow indicates at least a four-point decrease in performance from CY 2016 to CY 2017. A sideways gray arrow indicates no substantial change (i.e., less than a four-point change in either direction) in performance between years.

Table E-4—Paramount's MCP Population Stream Index Score and Ranking

Population Stream	CY 2016	CY 2017	Performance	CY 2017 Ranking
Healthy Children/Adults	37.2	35.4	→	5
Women's Health	60.1	54.9	↓	1
Behavioral Health	73.1	78.4	↑	1
Chronic Conditions	62.8	58.4	↓	1*

* Indicates a tie with one or more MCPs for the applicable population stream.

↑ Indicates the CY 2017 rate was four or more points higher than the CY 2016 rate.

→ Indicates no substantial change between CY 2016 and CY 2017 rates.

↓ Indicates the CY 2017 rate was four or more points lower than the CY 2016 rate.

Healthy Children/Adults

For CY 2017, Paramount's average performance on HEDIS measures for the Healthy Children/Adults population stream is estimated to be at the 35th national Medicaid NCQA percentile. The average score is based on consistently low performance within the Healthy Children/Adults population stream, with the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* rates both having estimated ratings at the 34th percentile and the *Adolescent Well-Care Visits* rate having an estimated rating at the 36th percentile. In analyzing the measures in aggregate, Paramount's CY 2017 overall results for the Healthy Children/Adults population stream had no substantial change from CY 2016 to CY 2017, and ranked fifth out of the five Ohio Medicaid MCPs.

Women's Health

For CY 2017, Paramount's average performance on HEDIS measures for the Women's Health population stream is estimated to be at the 55th national Medicaid NCQA percentile. The average score is based on disparate performance within the Women's Health population stream, with the *Breast Cancer Screening* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care* rates having estimated ratings at the 30th and 47th percentiles, respectively. Whereas, the *Cervical Cancer Screening* and *Prenatal and Postpartum Care—Postpartum Care* rates had estimated ratings at the 55th and 73rd percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2017 overall results for the Women's Health population stream decreased from CY 2016 to CY 2017, and ranked first out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2017, Paramount's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 78th national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* rate having an estimated rating at the 35th percentile. Whereas, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Initiation and Engagement of AOD Abuse or Dependence Treatment, Initiation of AOD Treatment—Total* rates had estimated ratings at the 88th and 90th percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2017 overall results for the Behavioral Health population stream increased from CY 2016 to CY 2017, and ranked first out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2017, Paramount's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 58th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Comprehensive Diabetes Care—HbA1c Testing*, *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* rates having estimated ratings at the 24th, 38th, and 44th percentiles, respectively. Whereas, the *Controlling High Blood Pressure*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, and *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total* rates had estimated ratings at the 63rd, 64th, and 77th percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2017 overall results for the Chronic Conditions population stream decreased from CY 2016 to CY 2017, and ranked first out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated two measures in CY 2017. Please note, for all non-HEDIS measures, a lower rate indicates better performance.

Table E-5 presents Paramount's *Low Birth Weight* results for CY 2016 and CY 2017.

Table E-5—Low Birth Weight Results for Paramount

Measure	CY 2016 Rate	CY 2017 Rate	CY 2017 Statewide Rate
<i>Low Birth Weight</i>	10.4%	10.5%	10.5%

Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

Paramount did not meet the MPS for the *Low Birth Weight* measure in CY 2016 or CY 2017.

Table E-6 presents Paramount's *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* results for CY 2016 and CY 2017.

Table E-6—PQI 16 Results Per 100,000 Member Months for Paramount

Measure	CY 2016 Rate	CY 2017 Rate	CY 2017 Statewide Rate
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i>	1.7	2.2	2.5

Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

Although Paramount's performance for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* declined from CY 2016 to CY 2017, Paramount still met the MPS in both years.

CAHPS

ODM requires Paramount to administer a CAHPS survey annually. Survey results provide important feedback on Paramount's performance.

Summaries of Paramount's adult and child Medicaid CAHPS performance results are presented in Table E-7 and Table E-8, respectively. The numbers documented below the stars represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.^{E-1,E-2} In addition, mean scores in 2017 were compared to the mean scores in 2016 to determine whether there were statistically significant differences between the results from these two years. Statistically significant differences between scores for each measure are denoted using triangles.

^{E-1} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

^{E-2} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

Table E-7—Summary of Paramount's Adult Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2016	2017		
Global Ratings				
Rating of Health Plan	★★★★ 2.48	★★★★★ 2.48	—	Quality
Rating of All Health Care	★★★★ 2.39	★★ 2.37	—	Quality
Rating of Personal Doctor	★★★★★ 2.54	★★★★ 2.51	—	Quality
Rating of Specialist Seen Most Often	★ 2.42	★★ 2.48	—	Quality
Composite Measures				
Getting Needed Care	★★★★ 2.41	★★★★ 2.39	—	Access
Getting Care Quickly	★★★★ 2.43	★★ 2.37	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.67	★★★★★ 2.65	—	Quality
Customer Service	★★★★★ 2.71	★★★★★* 2.63	—	Quality
Individual Item Measure				
Coordination of Care	★★★★★ 2.47	★★ 2.37	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Indicates the 2017 mean exceeded the 2016 mean by a statistically significant amount. ▼ Indicates the 2017 mean was lower than the 2016 mean by a statistically significant amount. — Indicates that the difference between the 2017 mean and 2016 mean was not statistically significant. * Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.				

- In 2017, Paramount had high performance (at or above the 75th percentile) for one global rating and two composite measures. The following measures were below the 75th percentile: *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *Getting Care Quickly*, and *Coordination of Care*.
- Paramount's 2017 means did not show a statistically significant difference in comparison to its 2016 means.

Table E-8—Summary of Paramount's Child Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2016	2017		
Global Ratings				
Rating of Health Plan	★★★ 2.59	★★★★ 2.65	—	Quality
Rating of All Health Care	★★★★ 2.57	★★★★★ 2.60	—	Quality
Rating of Personal Doctor	★★★★ 2.68	★★★★ 2.66	—	Quality
Rating of Specialist Seen Most Often	★* 2.52	★★★* 2.61	—	Quality
Composite Measures				
Getting Needed Care	★★★ 2.47	★★ 2.43	—	Access
Getting Care Quickly	★★★★★ 2.69	★★★★★ 2.68	—	Timeliness
How Well Doctors Communicate	★★★★ 2.73	★★★★★ 2.79	—	Quality
Customer Service	★★★★* 2.61	★★★★★* 2.75	—	Quality
Individual Item Measure				
Coordination of Care	★★★★ 2.49	★★★★* 2.48	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Indicates the 2017 mean exceeded the 2016 mean by a statistically significant amount. ▼ Indicates the 2017 mean was lower than the 2016 mean by a statistically significant amount. — Indicates that the difference between the 2017 mean and 2016 mean was not statistically significant. * Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.				

- In 2017, Paramount had high performance (at or above the 75th percentile) for three global ratings, three composite measures, and the one individual item measure. The following measures were below the 75th percentile: *Rating of Specialist Seen Most Often* and *Getting Needed Care*.
- Paramount's 2017 means did not show a statistically significant difference in comparison to its 2016 means.

Pay-for-Performance

For SFY 2018, Paramount was eligible for P4P payments equaling a percentage of net premium and delivery payments made to Paramount pursuant to the Medicaid Managed Care Provider Agreement. Eligibility for payment was divided equally between six standardized clinical quality measures derived from a national measurement set (i.e., HEDIS). To be eligible to receive these financial incentives, Paramount had to exceed the MPS set by ODM.

In Table E-9, Paramount’s SFY 2018 P4P measure rates and comparisons to the national Medicaid percentiles are shown.

Table E-9—Paramount’s Pay-for-Performance Measure Results

Performance Measures	Paramount	NCQA Quality Compass 50th Percentile ¹
Healthy Children/Adults		
<i>Adolescent Well-Care Visits</i>	45.7%	50.1%
Women’s Health		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	83.0%	83.6%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	69.1%	64.4%
Behavioral Health		
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	53.2%	36.5%
Chronic Conditions		
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)²</i>	42.8%	41.1%
<i>Controlling High Blood Pressure</i>	61.6%	56.9%

¹ Due to HEDIS 2018 specification changes, the Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up rates were compared to the 2018 National Medicaid Quality Compass Percentiles. The remaining measures were compared to 2017 National Medicaid Quality Compass Percentiles.

² A lower rate indicates better performance.

	At or above the Quality Compass 75th percentile
	At or above the Quality Compass 50th percentile and below the 75th percentile
	At or above the Quality Compass 25th percentile and below the 50th percentile
	Below the Quality Compass 25th percentile

Paramount’s rates for three of the P4P measures exceeded the national Medicaid 50th percentiles.

Comprehensive Administrative Review

Paramount received a total administrative performance score of 95 percent for its Medicaid program. While Paramount achieved high scores in many areas, for four standards, it did not meet some requirements. Paramount was required to develop and implement a CAP for each requirement that was not met.

Table E-10 presents a summary of Paramount’s performance results for the Medicaid program. The administrative performance score represents the percentage of requirements that were met.

Table E-10—Summary of Medicaid Scores for the Comprehensive Administrative Review

Standard #	Standard	Administrative Performance Score
I	Availability of Services	100%
II	Assurance of Adequate Capacity and Services	100%
III	Coordination and Continuity of Care	83%
IV	Coverage and Authorization of Services	93%
V	Credentialing and Recredentialing	89%
VI	Subcontractual Relationships and Delegation	100%
VII	Member Information and Member Rights	100%
VIII	Confidentiality of Health Information	100%
IX	Enrollment and Disenrollment	100%
X	Grievance System	97%
XI	Practice Guidelines	100%
XII	Quality Assessment and Performance Improvement	100%
XIII	Health Information Systems	100%
	Total Score	95%

ODM required Paramount to submit a CAP for the program areas Coordination and Continuity of Care, Coverage and Authorization of Services, Credentialing and Recredentialing, and Grievance System. Paramount submitted a CAP for each deficient program area to ODM in October 2017 and November 2017. ODM reviewed and approved the CAPs on January 3, 2018. Paramount therefore demonstrated compliance with ODM’s CAP process, addressing the identified SFY 2017 Comprehensive Administrative Review deficiencies to ODM’s satisfaction.

Network Adequacy Validation

ODM requires Paramount to submit documentation demonstrating that it offers an appropriate range of preventive, primary care, and specialty services adequate for the anticipated number of members in the service area, while maintaining a provider panel that is sufficient in number, mix, and geographic distribution to meet the needs of members in the service area. Paramount submits its network provider data through ODM’s MCPN database, which is used by ODM as a mechanism to monitor network adequacy. Through the MCPN monitoring process, ODM evaluated Paramount’s adherence to provider panel requirements. To validate the accuracy of the information in the MCPN and to provide insight on members’ access to providers, ODM also contracted with HSAG to conduct telephone surveys of providers’ offices of various specialty types.

PCP Access Survey

To validate the accuracy of the information in the MCPN and to provide insight on members' access to providers, ODM contracted HSAG to conduct two statewide PCP Access Surveys during SFY 2018. The Fall PCP Access Survey concluded in December 2017 and the Spring PCP Access Survey concluded in June 2018.

Table E-11 presents Paramount's study indicator findings, including rates related to members' access to PCPs and the accuracy of selected MCPN data elements.

Table E-11—PCP Access Survey Study Indicator Results—Paramount

Study Indicators	Fall PCP Access Survey		Spring PCP Access Survey	
	N ¹	%	N ¹	%
New and Existing Patient Access	N¹	%	N¹	%
Telephone Survey Response Rate	725	54.3	756	51.7
Plan Participation Rate	394	90.6	391	91.6
Percent of Providers Accepting New Patients for MCP	357	67.8	358	69.8
Percent of Providers at Locations Offering Walk-In Appointments	357	20.4	358	15.4
Percent of Providers at Locations Offering After-Hours Appointments	357	45.1	358	37.7
New Patient Routine Well-Check – ≤ 30 Days Wait Time	261	75.1	287	84.7
Existing Patient Routine Well-Check – ≤ 30 Days Wait Time	326	90.2	337	94.1
New Patient Sick Visit – ≤ 30 Days Wait Time	259	84.2	282	91.5
Existing Patient Sick Visit – ≤ 30 Days Wait Time	341	99.7	348	99.4
Appointment Availability for New Patients	N¹	Calendar Days	N¹	Calendar Days
Routine Well-Check – Average Wait Time in Days	261	21.1	287	18.7
Routine Well-Check – Median Wait Time in Days	261	13.0	287	13.0
Sick Visit – Average Wait Time in Days	259	13.8	282	11.0
Sick Visit – Median Wait Time in Days	259	3.0	282	2.0
Appointment Availability for Existing Patients	N¹	Calendar Days	N¹	Calendar Days
Routine Well-Check – Average Wait Time in Days	326	10.7	337	9.4
Routine Well-Check – Median Wait Time in Days	326	5.0	337	5.0
Sick Visit – Average Wait Time in Days	341	1.4	348	1.4
Sick Visit – Median Wait Time in Days	341	0	348	0

Study Indicators	Fall PCP Access Survey		Spring PCP Access Survey	
	N ¹	%	N ¹	%
MCPN Accuracy Rates Among Selected Study Indicators				
MCP Acceptance	394	90.6	391	91.6
Accepting New Patients	357	73.1	358	74.9
Telephone Number	725	77.5	756	80.8
Address	725	41.8	756	38.4

¹ Due to nature of the script, denominators vary by study indicator; N is the number of providers who met the denominator criteria for each indicator, as defined in the ODM-approved analysis plan.

OB/GYN Survey

ODM contracted HSAG to conduct a secret shopper telephone survey during SFY 2018 to provide insight on members' access to prenatal care providers and validate the accuracy of MCPN information.

Table E-12 and Table E-13 present Paramount's study indicator findings related to new patients' access to prenatal care and the accuracy of selected MCPN data elements.

Table E-12—OB/GYN Secret Shopper Survey Study Indicator Findings Regarding New Patient Access—Paramount

New Patient Access Findings	N ¹	%
Telephone Survey Response Rate	389	70.7
Plan Participation Rate	275	86.9
Sampled Provider is an OB/GYN or CNM	234	87.2
New Patient Acceptance Rate	204	91.2
Provider Locations Offering Appointment with No Limitations	204	32.4
Appointment Request for First Trimester Pregnancy – ≤ 30 Days Wait Time	50	98.0
Appointment Request for Second Trimester Pregnancy – ≤ 15 Days Wait Time	22	72.7

¹ Due to nature of the script, denominators vary by study indicator; N is the number of provider locations that met the denominator criteria for each indicator, as defined in the ODM-approved analysis plan.

Table E-13—OB/GYN Secret Shopper Survey MCPN Accuracy Rates for Selected Study Indicators—Paramount

MCPN Accuracy Rates	# Matched ¹	%
Provider Specialty	201	85.9
Accepting New Patients	184	98.9
Telephone Number	233	59.9
Address	146	78.9

¹ Due to nature of the script, denominators vary by study indicator.

Home Health Survey

MCPN File Validation

For the Home Health Survey, HSAG compared survey responses to the data contained in the MCPN files to calculate the accuracy of certain data elements. Paramount’s results (which include providers contracted to provide services to both MCP and MCOP members) of this comparison are presented in Table E-14. Data elements collected at the case level (e.g., telephone number) were attributed to each HHA affiliated with the unique telephone number.

Table E-14—Paramount Data Accuracy Rate

Data Element	Denominator	Number Matched	% Matched
Confirmed as an HHA Provider	143 ¹	57 ²	39.9
Plan Participation	48	34	70.8
Program Participation	34	14	41.2
Telephone Number	143	82	57.3
Address	31	25	80.6

1. The denominator includes the HHAs identified from the MCPN file.
2. A record was validated as an HHA if the respondent answered the initial question confirming that the phone number connected to a provider of home health services.

There were 48 respondents out of 143 total HHA records selected for Paramount, resulting in a 33.6 percent response rate. A completed survey constituting a response is defined as a case with a valid telephone number connecting to an HHA, where a member of the HHA’s staff answers at least one survey question (i.e., confirming whether the HHA provides services to members with each plan). Common reasons for non-responsiveness included no HHA response to two survey call attempts, invalid phone number, the entity indicated they were not an HHA, and survey refusal. This response rate is higher than the response rate of approximately 15 percent among atypical Medicaid providers that HSAG has observed historically across its book of business.^{E-3}

MCPN accuracy for telephone number and HHA status was calculated for all cases. Cases that could not be reached or who refused to participate in the survey may have scored negatively for these study indicators if the telephone number or HHA status could not be verified.^{E-4}

^{E-3} While HSAG’s book of business includes surveys for states other than Ohio, comparisons to national data are not available.

^{E-4} HHAs that refused to participate in the survey or failed to return survey calls were considered unreachable because the MCPN information for the case at the specified telephone number could not be verified. For example, if the office failed to return survey calls, HSAG was unable to verify that the telephone number connected to an HHA.

HHAs' Self-Reported Access Information

The survey script allowed HHAs to report on multiple data elements related to members' access to, and acceptance of, an individual plan. These data elements include HHAs' self-reported information on certifications, staffing, and experience with the plans' in-home assessments. Table E-15 presents multiple data elements related to members' access to the HHA and the HHA acceptance of Paramount, as self-reported by the HHAs.

Table E-15—Paramount Self-Reported Data

Data Element	Denominator	Number	%
Plan Participation	846	397	46.9
ODH Certified	374	351	93.9
Medicare Certified	374	364	97.3
Pediatric Certified	374	159	42.5
Any Other Regulatory Agency	10	7	70.0
Post-Hospital Care Offered	374	350	93.6
Ongoing Care Offered	374	357	95.5
Routine Aide Care Offered	374	346	92.5
Routine Nursing Care Offered	374	339	90.6
Serving All Ages	374	293	78.3
Age Limitations Noted	374	18	4.8
No Difference in Timing to Staff for Rural Areas	374	187	50.0
Reported Participation in In-Home Assessments	374	322	86.1
Reported Invitation to Participate in In-Home Assessments ¹	28	0	0.0

1. The denominator includes the HHAs that responded to the survey question regarding plans' invitations to participate in in-home assessments and indicating that they did not participate in the in-home assessments for the specified plan.

In addition to the self-reported data as displayed in Table E-15, HHAs also self-reported program participation for Medicaid only, MyCare only, Medicaid and MyCare, and Medicaid or MyCare. Paramount's MCPN accuracy for program participation was 41.2 percent whereas its self-reported rate of program participation was 94.2 percent. This finding suggests that the MCPN data regarding program participation may be consistently inaccurate and/or the HHAs are unable to distinguish between their contracted programs for each plan. This may result in the HHAs providing inaccurate information to members seeking services (e.g., provider data indicate that an HHA contracts with a specific plan and program, but the member receives contrary information when contacting the HHA).

Encounter Data Validation

The SFY 2018 EDV study was conducted to assess whether the encounter data in ODM's MITS file reflected the payment amounts, TPL information, and provider information in Paramount's file.

Two aspects of encounter data completeness were assessed: encounter omission and encounter surplus. An encounter omission occurs when an encounter is present in the MCP's submitted data for the study but not in ODM's encounter data. An encounter surplus occurs when an encounter is present in ODM's encounter data but not in the MCP's submitted data for the study. Encounter data accuracy was evaluated by comparing payment information in ODM's encounter data to the MCP's submitted data for the study. A payment error occurred when a payment amount discrepancy was identified among matched encounters.

Table E-16 displays rates for encounter omission, encounter surplus, and payment error by dental, professional, institutional, and pharmacy encounters for Paramount.

Table E-16—Encounter Omission, Surplus, and Payment Error Rates—Paramount

Indicator	Dental	Professional	Institutional			Pharmacy
			Inpatient	Outpatient	Other	
Performance Standards	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%
Encounter Omission Rate	0.8%	1.1%	2.5%	1.1%	3.2%	6.8%
Encounter Surplus Rate	2.0%	1.3%	2.3%	0.8%	7.0%	5.3%
Performance Standards	≤4%	≤4%	≤4%	≤4%	≤4%	≤4%
Encounter Payment Error Rate	0.0%	0.1%	0.7%	0.1%	<0.1%	0.0%

¹ The inpatient-DRG claim type from the institutional files is paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. As such, the header paid inpatient-DRG claims are classified as Inpatient while the detail paid claims are broken out as Outpatient and Other (where Other includes the long-term care and inpatient-DRG exempt claim types).

The TPL analysis examined the accuracy of Paramount's population of TPL claims payment data compared to the TPL payment data in the ODM claims processing system. Table E-17 displays Paramount's TPL rates related to encounter omission and encounter surplus, and payment error by dental, professional, institutional, and pharmacy encounters for Paramount.

Table E-17—Record Level TPL Match Rates—Paramount

Indicator	Dental	Professional	Institutional	Pharmacy
Encounter Omission Rate	NA	100%	100%	NA
Encounter Surplus Rate	NA	NA	NA	100%
Payment Error Rate	NA	NA	NA	NA

¹The inpatient-DRG claim type from the institutional files is paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. As such, the header paid inpatient-DRG claims are classified as Inpatient while the detail paid claims are broken out as Outpatient and Other (where Other includes the long-term care and inpatient-DRG exempt claim types).

The provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table E-18 presents Paramount's record-level provider field matching rates for dental, professional, institutional, and pharmacy claim type encounters.

Table E-18—Record-Level Provider Field Matching Rates by Claim Type—Paramount

Indicator	Record-Level Match: % With All Provider Fields Correctly Matched in Both Files	Field-Level Match: % Correctly Matched
Dental		
Billing Provider NPI	69.4%	83.3%
Rendering Provider NPI		84.8%
Professional		
Billing Provider NPI	53.6%	95.9%
Rendering Provider NPI		57.3%
Institutional		
Billing Provider NPI	0.7%	98.4%
Attending Provider NPI		1.8%
Pharmacy		
Billing Provider NPI	98.0%	99.1%
Prescribing Provider NPI		98.7%

HSAG conducted on-site reviews for sampled discrepant LTC encounters with the MCPs in conjunction with desk reviews of the sampled cases. During the on-site reviews, HSAG visually validated the sampled encounters from ODM's vendor files against records retrieved from the MCPs' claims systems. In coordination with ODM and the MCPs, HSAG investigated and explored the root cause of the discrepancies. After each on-site review, HSAG continued reviewing the sampled discrepant records against screen shots from the MCPs' claims processing systems for the associated records.

HSAG identified 411 discrepant LTC records for inclusion in the on-site/desk reviews. During the reviews, the 411 records were classified as either *mismatch*, *payment*, *surplus*, or *omission*, depending on the nature of the discrepancies.

Table E-19 presents the findings from the on-site and desk reviews of the sampled LTC encounters for Paramount. Paramount contracted with only the Medicaid managed care program. Paramount’s MCP results are displayed.

Table E-19—Findings from the On-site and Desk Review of Sampled LTC Encounters—Paramount

Findings	MCP	
	N=411	Percent
TPL related	NA	NA
RUG code related	106	25.8%
Data submission for the study	38	9.2%
Units billed	NA	NA
Screen shots and/or supplemental documentation submission for desk reviews (e.g., not submitted, incomplete, not readable)	NA	NA
Payment related	15	3.6%
Member ID	16	3.9%
Billing and/or attending provider NPI	386	93.9%
Other	17	4.1%

Provider Satisfaction Survey

ODM administered a Provider Satisfaction Survey to PCPs contracted with Paramount. A summary of Paramount’s performance results is as follows:

- Paramount’s means were statistically significantly higher than the program’s means for two measures.

Appendix F. UnitedHealthcare’s Detailed EQR Activity Results

Performance Improvement Projects

In SFY 2018, UnitedHealthcare completed Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection). The following outlines the validation findings for each of these completed modules.

Module 1: PIP Initiation

Upon initial validation of Module 1, HSAG identified opportunities for improvement related to UnitedHealthcare’s documentation of the baseline rate in the SMART Aim statement and how it calculated the goal for the targeted population. UnitedHealthcare made the necessary revisions and submitted the module for final validation. For the final validation, UnitedHealthcare met the Module 1 validation criteria, as evidenced by receiving *Achieved* scores for all evaluation. In SFY 2018, all five MCPs initiated the ODM-selected *Hypertension Control and Disparity Reduction* PIP. All five MCPs completed and submitted Modules 1 and 2 (PIP Initiation and SMART Aim Data Collection) for the annual validation. Upon initial validation of the modules, HSAG identified opportunities for improvement for each MCP to address prior to submitting the modules for final validation. Each MCP received technical assistance from HSAG and ODM and resubmitted the modules for final validation. Upon final validation, the five MCPs achieved all required validation criteria for each module. The following tables illustrate the validation criteria for each module.

Table F-1—Validation Criteria for Module 1

Criteria	Achieved
1. The topic and narrowed focus were supported by data.	X
2. The team members were identified for both internal MCP staff members and external partners, including representation for the narrowed focus.	X
3. The SMART Aim included all required components (narrowed focus, baseline rate, goal, and date) and was developed based on literature review, MCP data, and/or experience.	X
4. The Global Aim, SMART Aim, drivers, and potential interventions were aligned and stated accurately.	X

Module 2: SMART Aim Data Collection

Upon initial validation of Module 2, HSAG identified that UnitedHealthcare calculated its SMART Aim goal for the targeted population using the incorrect percentage increase. ODM mandated that the goal was to increase the baseline rate by 15 percent, and the MCP used 10 percent to calculate its goal. UnitedHealthcare also needed to include the monthly measurement intervals in the x-axis of the

SMART Aim run chart. The MCP made the necessary corrections and submitted Module 2 for final validation. For the final validation, UnitedHealthcare met the Module 2 validation criteria, as evidenced by receiving *Achieved* scores for all evaluation elements.

Table F-2 describes the validation criteria for Module 2 and whether the MCP achieved the criteria.

Table F-2—Validation Criteria for Module 2

Criteria	Achieved
1. The SMART Aim measure included all the following components: <ul style="list-style-type: none"> a) The numerator and denominator were well-defined to measure outcomes for the SMART Aim. b) The baseline measurement period and rate were appropriate. c) The measurement intervals were appropriate for the SMART Aim. d) The SMART Aim goal was appropriate based on the baseline rate and denominator size. 	X
2. The SMART Aim data collection methodology supported the rapid-cycle process and included: <ul style="list-style-type: none"> a) Data source(s). b) A step-by-step process that aligned with the baseline data collection methodology. c) Team members collecting data. 	X
3. If a data collection tool was used, the tool(s) was appropriate and captured all required data elements.	X
4. The run/control chart included the titles, SMART Aim goal, baseline percentage, and data collection interval.	X

The validation findings indicate that UnitedHealthcare was successful in executing the initiation phase of the *Hypertension Control and Disparity Reduction* PIP and met all validation and documentation criteria for Modules 1 and 2. UnitedHealthcare also successfully initiated collaborative partnerships with its provider practice sites.

As the PIP progresses, HSAG made the following recommendations to UnitedHealthcare:

- Ensure the KDD is updated throughout the duration of the PIP as the initial interventions identified may change.
- As UnitedHealthcare progresses through the quality improvement process, process maps may need to be conducted at the clinic and MCP levels to determine the opportunities for improvement that will lead to the interventions tested through PDSA cycles.
- The Rapid-Cycle PIP Process Reference Guide and submission form instructions should be used as UnitedHealthcare completes subsequent modules to ensure that the documentation requirements are addressed.

Performance Measures

HEDIS

To evaluate MCP performance, HSAG analyzed UnitedHealthcare’s 2018 IDSS files. HSAG compared prior years’ performance (i.e., HEDIS 2017) to current performance, and compared current performance to national Medicaid NCQA benchmarks to develop star ratings. In addition, HSAG presented a percentile approximation relative to national Medicaid NCQA benchmarks at the measure and population stream level. The percentile approximation methodology is located in [Appendix A](#).

UnitedHealthcare’s HEDIS 2017 and HEDIS 2018 measure results are shown in Table F-3. Rates shaded green were the same as or better than the statewide weighted average. Additionally, HEDIS 2018 star ratings are presented in Table F-3 based on comparisons to the national Medicaid percentiles. The percentile approximation for each measure is displayed below the HEDIS 2017 star rating.

Table F-3—UnitedHealthcare’s HEDIS Measure Results

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Healthy Children/Adults			
<i>Adolescent Well-Care Visits^{2,3}</i>			
<i>Adolescent Well-Care Visits</i>	52.6%	52.6%	★★★★★ 56.9
<i>Annual Dental Visits</i>			
<i>Total</i>	46.1%	45.6%	★★ 24.3
<i>Childhood Immunization Status</i>			
<i>Combination 2</i>	60.3%	65.7%	★★ 17.5
<i>Combination 3</i>	57.7%	61.3%	★★ 16.8
<i>Combination 10</i>	23.8%	30.9%	★★★ 42.5
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>			
<i>12–24 Months</i>	91.2%	93.1%	★★ 24.1
<i>25 Months–6 Years</i>	87.0%	85.6%	★★★★ 31.0
<i>7–11 Years</i>	89.9%	88.5%	★★★★ 30.5
<i>12–19 Years</i>	90.2%	89.7%	★★★★★ 51.5

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Immunizations for Adolescents			
<i>Combination 1 (Meningococcal, Tdap)</i>	67.9%	78.6%	★★★★★ 53.9
<i>HPV⁴</i>	14.1%	29.2%	★★★ 27.3
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
<i>BMI Percentile Documentation—Total</i>	55.5%	63.5%	★★★ 33.3
<i>Counseling for Nutrition—Total</i>	57.2%	62.0%	★★★ 36.0
<i>Counseling for Physical Activity—Total</i>	46.2%	49.6%	★★★ 26.3
Well-Child Visits in the First 15 Months of Life³			
<i>Six or More Well-Child Visits</i>	56.0%	52.6%	★★ 16.3
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	73.6%	68.6%	★★★ 31.7
Adults' Access to Preventive/Ambulatory Health Services			
<i>Total</i>	78.8%	77.6%	★★★ 29.4
Ambulatory Care—Total (per 1,000 Member Months)¹			
<i>ED Visits—Total</i>	89.8	83.8	★★ 12.9
Women's Health			
Breast Cancer Screening^{3,4}			
<i>Breast Cancer Screening</i>	53.4%	51.3%	★★ 22.8
Cervical Cancer Screening³			
<i>Cervical Cancer Screening</i>	53.0%	54.3%	★★★★ 31.0
Chlamydia Screening in Women			
<i>Total</i>	56.5%	54.8%	★★★★ 43.0
Prenatal and Postpartum Care^{2,3}			
<i>Timeliness of Prenatal Care</i>	83.5%	83.7%	★★★★★ 50.6
<i>Postpartum Care</i>	61.2%	64.3%	★★★★ 49.5

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Behavioral Health			
<i>Antidepressant Medication Management</i>⁵			
<i>Effective Acute Phase Treatment</i>	51.9%	50.1%	★★★★ 38.0
<i>Effective Continuation Phase Treatment</i>	37.1%	34.5%	★★★★ 37.6
<i>Follow-Up After Hospitalization for Mental Illness</i>⁴			
<i>7-Day Follow-Up</i> ^{2,3}	63.8%	15.0% [†]	★ 7.9
<i>30-Day Follow-Up</i>	79.2%	28.3% [‡]	★ 7.1
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>⁵			
<i>Initiation Phase</i>	35.3%	33.8%	★★ 14.4
<i>Continuation and Maintenance Phase</i>	45.2%	40.8%	★★ 14.9
<i>Initiation and Engagement of AOD Abuse or Dependence Treatment</i>⁴			
<i>Initiation of AOD Treatment—Total</i> ³	65.3%	59.7%	★★★★★ 91.9
<i>Engagement of AOD Treatment—Total</i>	22.5%	14.0%	★★★★★ 53.4
<i>Mental Health Utilization</i>			
<i>Any Service—Total</i>	6.2%	6.3%	★★ 10.9
<i>Inpatient—Total</i>	1.0%	0.9%	★★★★ 43.3
<i>Intensive Outpatient or Partial Hospitalization—Total</i>	<0.1%	<0.1%	★★ 10.0
<i>Outpatient—Total</i> ⁴	—	5.2%	★ 8.3
<i>ED—Total</i> ⁴	—	0.3%	★★★★★ 75.7
<i>Telehealth—Total</i> ⁴	—	<0.1%	★★★★ 33.3
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>⁵			
<i>Total</i>	71.2%	66.9%	★★★★★ 69.2
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents</i>^{1,3}			
<i>Total</i>	2.0%	1.9%	★★★★★ 57.8

Performance Measures	HEDIS 2017 (CY 2016) Rate	HEDIS 2018 (CY 2017) Rate	HEDIS 2018 (CY 2017) Star Rating and Percentile Approximation
Chronic Conditions			
Adult BMI Assessment			
Adult BMI Assessment	82.5%	82.8%	★★★★ 36.5
Comprehensive Diabetes Care			
HbA1c Testing ³	83.2%	86.4%	★★★★ 42.8
HbA1c Control (<8.0%)	29.7%	38.0%	★★ 17.5
HbA1c Poor Control (>9.0%) ^{1,2,3}	61.3%	51.6%	★★ 20.7
Blood Pressure Control (<140/90 mm Hg) ³	54.5%	57.9%	★★★★ 41.3
Eye Exam (Retinal) Performed ³	54.7%	51.1%	★★★★ 32.2
Medical Attention for Nephropathy	85.9%	90.0%	★★★★ 46.6
Controlling High Blood Pressure^{2,3}			
Controlling High Blood Pressure	45.7%	53.0%	★★★★ 38.4
Medication Management for People With Asthma			
Medication Compliance 50%—Total	59.1%	63.5%	★★★★★ 70.0
Medication Compliance 75%—Total	36.8%	42.1%	★★★★★ 78.1
Pharmacotherapy Management of COPD Exacerbation			
Systemic Corticosteroid	66.3%	76.3%	★★★★★ 85.4
Bronchodilator	80.8%	85.5%	★★★★★ 69.1
Statin Therapy for Patients With Cardiovascular Disease³			
Received Statin Therapy—Total	78.4%	80.7%	★★★★★ 77.8
Statin Therapy for Patients With Diabetes			
Received Statin Therapy—Total	62.1%	62.7%	★★★★★ 60.6

¹ A lower rate indicates better performance for this measure.

² Indicates a pay-for-performance measure/indicator.

³ Indicates the measure indicator was included in the index score calculation.

⁴ Due to changes in the technical specifications for this measure in HEDIS 2018, NCQA does not recommend trending between 2018 and prior years; however, the HEDIS 2017 rates are presented, if applicable, and the HEDIS 2018 rates are compared to the Quality Compass 2018 benchmarks.

⁵ Due to changes in the technical specifications for this measure in HEDIS 2018, exercise caution when trending rates between 2018 and prior years.

— Due to changes in the technical specifications for this measure in HEDIS 2018, these indicator rates cannot be displayed.

†ODM has determined this reported HEDIS result for UnitedHealthcare does not accurately reflect performance due to data incompleteness. UnitedHealthcare's recalculation of this rate using complete data is 36.1 percent.

‡ ODM has determined this reported HEDIS result for UnitedHealthcare does not accurately reflect performance due to data incompleteness. UnitedHealthcare's recalculation of this rate using complete data is 57.8 percent.

Indicates the rate was the same as or better than the statewide average for Ohio.

HEDIS 2018 star ratings represent the following percentile comparisons:

★★★★★ = At or above the national Medicaid 75th percentile

★★★★ = At or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile

★★★ = At or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile

★★ = At or above the national Medicaid 10th percentile but below the national Medicaid 25th percentile

★ = Below the national Medicaid 10th percentile

Table F-4 displays UnitedHealthcare's population stream index scores for CY 2016 and CY 2017. The scores provide an estimation of performance when the measures within each population stream are compared to national benchmarks. An upward green arrow indicates at least a four-point increase in performance from CY 2016 to CY 2017. A downward red arrow indicates at least a four-point decrease in performance from CY 2016 to CY 2017. A sideways gray arrow indicates no substantial change (i.e., less than a four-point change in either direction) in performance between years.

Table F-4—UnitedHealthcare's MCP Population Stream Index Score and Ranking

Population Stream	CY 2016	CY 2017	Performance	CY 2017 Ranking
Healthy Children/Adults	54.5	42.1	↓	3*
Women's Health	47.8	43.1	↓	3*
Behavioral Health	82.7	47.3	↓	5
Chronic Conditions	43.3	48.3	↑	3*

* Indicates a tie with one or more MCPs for the applicable population stream.

↑ Indicates the CY 2017 rate was four or more points higher than the CY 2016 rate.

→ Indicates no substantial change between CY 2016 and CY 2017 rates.

↓ Indicates the CY 2017 rate was four or more points lower than the CY 2016 rate.

Healthy Children/Adults

For CY 2017, UnitedHealthcare's average performance on HEDIS measures for the Healthy Children/Adults population stream is estimated to be at the 42nd national Medicaid NCQA percentile. The average score is based on disparate performance within the Healthy Children/Adults population stream, with the *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* rates having estimated ratings at the 16th and 32nd percentiles, respectively. Whereas, the *Adolescent Well-Care Visits* rate had an estimated rating at the 57th percentile. In analyzing the measures in aggregate, UnitedHealthcare's CY 2017 overall results for the Healthy Children/Adults population stream decreased from CY 2016 to CY 2017 and ranked third out of the five Ohio Medicaid MCPs.

Women's Health

For CY 2017, UnitedHealthcare's average performance on HEDIS measures for the Women's Health population stream is estimated to be at the 43rd national Medicaid NCQA percentile. The average score is based on disparate performance within the Women's Health population stream, with the *Breast Cancer Screening* and *Cervical Cancer Screening* rates having estimated ratings at the 23rd and 31st percentiles, respectively. Whereas, the *Prenatal and Postpartum Care—Postpartum Care* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care* rates had estimated ratings at the 50th and 51st percentiles, respectively. In analyzing the measures in aggregate, UnitedHealthcare's CY 2017 overall results for the Women's Health population stream decreased from CY 2016 to CY 2017, and ranked third out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2017, UnitedHealthcare's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 47th national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* rate estimated at the 8th percentile. Whereas, the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* and *Initiation and Engagement of AOD Abuse or Dependence Treatment, Initiation of AOD Treatment—Total* rates had estimated ratings at the 58th and 92nd percentiles, respectively. In analyzing the measures in aggregate, UnitedHealthcare's CY 2017 overall results for the Behavioral Health population stream decreased by more than 35 points from CY 2016 to CY 2017 and ranked fifth out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2017, UnitedHealthcare's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 48th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream. UnitedHealthcare had low performance for five of six measure ratings, ranging from the 21st percentile for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)* measure to the 43rd percentile for the *Comprehensive Diabetes Care—HbA1c Testing* measure. Whereas, the rate for *Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy—Total* had an estimated rating at the 78th percentile and had a larger impact on the overall rating for the Chronic Conditions population stream due to weighting. In analyzing the measures in aggregate, UnitedHealthcare's CY 2017 overall results for the Chronic Conditions population stream increased from CY 2016 to CY 2017, and ranked third out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated two measures in CY 2017. Please note, for all non-HEDIS measures, a lower rate indicates better performance.

Table F-5 presents UnitedHealthcare's *Low Birth Weight* results for CY 2016 and CY 2017.

Table F-5—Low Birth Weight Results for UnitedHealthcare

Measure	CY 2016 Rate	CY 2017 Rate	CY 2017 Statewide Rate
<i>Low Birth Weight</i>	10.6%	10.1%	10.5%

Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

UnitedHealthcare's performance for the *Low Birth Weight* measure improved from CY 2016 to CY 2017 to meet the MPS in CY 2017. In CY 2017, UnitedHealthcare's rate was also better than the statewide average rate.

Table F-6 presents UnitedHealthcare's *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* results for CY 2016 and CY 2017.

Table F-6—PQI 16 Results Per 100,000 Member Months for UnitedHealthcare

Measure	CY 2016 Rate	CY 2017 Rate	CY 2017 Statewide Rate
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i>	1.5	2.0	2.5

Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

Although UnitedHealthcare's performance for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* declined from CY 2016 to CY 2017, UnitedHealthcare still met the MPS in both years.

CAHPS

ODM requires UnitedHealthcare to administer a CAHPS survey annually. Survey results provide important feedback on UnitedHealthcare's performance.

Summaries of UnitedHealthcare's adult and child Medicaid CAHPS performance results are presented in Table F-7 and Table F-8, respectively. The numbers documented below the stars represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings that resulted when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.^{F-1,F-2} In addition, 2017 mean scores were compared to 2016 mean scores to determine

^{F-1} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

^{F-2} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA; May 4, 2017.

whether there were statistically significant differences between the results from these two years. For each measure, statistically significant differences between scores are denoted using triangles.

Table F-7—Summary of UnitedHealthcare’s Adult Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2016	2017		
Global Ratings				
Rating of Health Plan	☆☆☆ 2.44	★★★★★ 2.53	—	Quality
Rating of All Health Care	★★★★★ 2.46	★★★★★ 2.45	—	Quality
Rating of Personal Doctor	★★★★★ 2.58	★★★★★ 2.58	—	Quality
Rating of Specialist Seen Most Often	★★★★★ 2.64	★★★★★ 2.60	—	Quality
Composite Measures				
Getting Needed Care	★★★★★ 2.44	★★★★★ 2.48	—	Access
Getting Care Quickly	★★★★★ 2.47	★★★★★ 2.54	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.69	★★★★★ 2.71	—	Quality
Customer Service	★★★★★ 2.61	★★★★★ 2.60	—	Quality
Individual Item Measure				
Coordination of Care	★★★★★ 2.43	★★★★★ 2.48	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ☆☆☆ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Indicates the 2017 mean exceeded the 2016 mean by a statistically significant amount. ▼ Indicates the 2017 mean was lower than the 2016 mean by a statistically significant amount. — Indicates that the difference between the 2017 mean and 2016 mean was not statistically significant.				

- In 2017, UnitedHealthcare had high performance (at or above the 75th percentile) for every global rating, every composite measure, and the one individual item measure.
- UnitedHealthcare’s 2017 means did not show a statistically significant difference in comparison to its 2016 means.

Table F-8—Summary of UnitedHealthcare’s Child Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2016	2017		
Global Ratings				
Rating of Health Plan	★★★★ 2.65	★★ 2.56	—	Quality
Rating of All Health Care	★★★★★ 2.64	★★★★★ 2.68	—	Quality
Rating of Personal Doctor	★★★★★ 2.74	★★★★★ 2.74	—	Quality
Rating of Specialist Seen Most Often	★★★★★* 2.69	★★★★★* 2.64	—	Quality
Composite Measures				
Getting Needed Care	★★★★★ 2.59	★★★★★ 2.57	—	Access
Getting Care Quickly	★★★★★ 2.70	★★★★★ 2.69	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.81	★★★★★ 2.77	—	Quality
Customer Service	★★★★* 2.59	★★★★* 2.61	—	Quality
Individual Item Measure				
Coordination of Care	★★★ 2.45	★★★★* 2.51	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Indicates the 2017 mean exceeded the 2016 mean by a statistically significant amount. ▼ Indicates the 2017 mean was lower than the 2016 mean by a statistically significant amount. — Indicates that the difference between the 2017 mean and 2016 mean was not statistically significant. * Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.				

- In 2017, UnitedHealthcare had high performance (at or above the 75th percentile) for three global ratings, every composite measure, and the one individual item measure. Only *Rating of Health Plan* was below the 75th percentile.
- UnitedHealthcare’s 2017 means did not show a statistically significant difference in comparison to its 2016 means.

Pay-for-Performance

For SFY 2018, UnitedHealthcare was eligible for P4P payments equaling a percentage of net premium and delivery payments made to UnitedHealthcare pursuant to the Medicaid Managed Care Provider Agreement. Eligibility for payment was divided equally between six standardized clinical quality measures derived from a national measurement set (i.e., HEDIS). To be eligible to receive these financial incentives, UnitedHealthcare had to exceed the MPS set by ODM.

In Table F-9, UnitedHealthcare's SFY 2018 P4P measure rates and comparisons to the national Medicaid percentiles are shown.

Table F-9—UnitedHealthcare's Pay-for-Performance Measure Results

Performance Measures	UnitedHealthcare	NCQA Quality Compass 50th Percentile ¹
Healthy Children/Adults		
<i>Adolescent Well-Care Visits</i>	52.6%	50.1%
Women's Health		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	81.1%	83.6%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	63.4%	64.4%
Behavioral Health		
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	15.0%*	36.5%
Chronic Conditions		
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)²</i>	51.6%	41.1%
<i>Controlling High Blood Pressure</i>	53.0%	56.9%

¹ Due to HEDIS 2018 specification changes, the Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up rates were compared to the 2018 National Medicaid Quality Compass Percentiles. The remaining measures were compared to 2017 National Medicaid Quality Compass Percentiles.

² A lower rate indicates better performance.

* ODM has determined this reported HEDIS result for UnitedHealthcare does not accurately reflect performance due to data incompleteness. UnitedHealthcare's recalculation of this rate using complete data is 36.1 percent.

	At or above the Quality Compass 75th percentile
	At or above the Quality Compass 50th percentile and below the 75th percentile
	At or above the Quality Compass 25th percentile and below the 50th percentile
	Below the Quality Compass 25th percentile

UnitedHealthcare's rates for two of the P4P measures exceeded the national Medicaid 50th percentiles.

Comprehensive Administrative Review

UnitedHealthcare received a total administrative performance score of 91 percent for its Medicaid program. While UnitedHealthcare achieved high scores in many areas, for eight standards, it did not meet some requirements. UnitedHealthcare was required to develop and implement a CAP for each requirement that was not met.

Table F-10 presents a summary of UnitedHealthcare's performance results for the Medicaid program. The administrative performance score represents the percentage of requirements that were met.

Table F-10—Summary of Medicaid Scores for the Comprehensive Administrative Review

Standard #	Standard	Administrative Performance Score
I	Availability of Services	100%
II	Assurance of Adequate Capacity and Services	67%
III	Coordination and Continuity of Care	90%
IV	Coverage and Authorization of Services	93%
V	Credentialing and Recredentialing	78%
VI	Subcontractual Relationships and Delegation	100%
VII	Member Information and Member Rights	88%
VIII	Confidentiality of Health Information	100%
IX	Enrollment and Disenrollment	100%
X	Grievance System	87%
XI	Practice Guidelines	83%
XII	Quality Assessment and Performance Improvement	93%
XIII	Health Information Systems	100%
	Total Score	91%

ODM required UnitedHealthcare to submit a CAP for the program areas Assurance of Adequate Capacity and Services, Coordination and Continuity of Care, Coverage and Authorization of Services, Credentialing and Recredentialing, Member Information and Member Rights, Grievance System, Practice Guidelines, and Quality Assessment and Performance Improvement. UnitedHealthcare submitted a CAP for all deficient program areas to ODM on October 10, 2017. ODM reviewed the CAP and requested additional information, which UnitedHealthcare then submitted on January 24, 2018. ODM formally approved UnitedHealthcare’s CAP on March 6, 2018. UnitedHealthcare therefore demonstrated compliance with ODM’s CAP process, addressing the identified SFY 2017 Comprehensive Administrative Review deficiencies to ODM’s satisfaction.

Network Adequacy Validation

ODM requires UnitedHealthcare to submit documentation demonstrating that it offers an appropriate range of preventive, primary care, and specialty services adequate for the anticipated number of members in the service area, while maintaining a provider panel that is sufficient in number, mix, and geographic distribution to meet the needs of members in the service area. UnitedHealthcare submits its network provider data through ODM’s MCPN database, which is used by ODM as a mechanism to monitor network adequacy. Through the MCPN monitoring process, ODM evaluated UnitedHealthcare’s adherence to provider panel requirements. To validate the accuracy of the information in the MCPN and to provide insight on members’ access to providers, ODM also contracted with HSAG to conduct telephone surveys of providers’ offices of various specialty types.

PCP Access Survey

To validate the accuracy of the information in the MCPN and to provide insight on members' access to providers, ODM contracted HSAG to conduct two statewide PCP Access Surveys during SFY 2018. The Fall PCP Access Survey concluded in December 2017 and the Spring PCP Access Survey concluded in June 2018.

Table F-11 presents UnitedHealthcare's study indicator findings, including rates related to members' access to PCPs and the accuracy of selected MCPN data elements.

Table F-11—PCP Access Survey Study Indicator Results—UnitedHealthcare

Study Indicators	Fall PCP Access Survey		Spring PCP Access Survey	
	N ¹	%	N ¹	%
New and Existing Patient Access				
Telephone Survey Response Rate	718	41.8	797	39.1
Plan Participation Rate	300	95.3	312	95.2
Percent of Providers Accepting New Patients for MCP	286	64.3	297	72.7
Percent of Providers at Locations Offering Walk-In Appointments	286	23.4	297	20.5
Percent of Providers at Locations Offering After-Hours Appointments	286	33.6	297	36.7
New Patient Routine Well-Check – ≤ 30 Days Wait Time	212	72.6	225	78.2
Existing Patient Routine Well-Check – ≤ 30 Days Wait Time	262	87.0	259	89.6
New Patient Sick Visit – ≤ 30 Days Wait Time	202	89.6	209	91.4
Existing Patient Sick Visit – ≤ 30 Days Wait Time	267	99.3	266	99.6
Appointment Availability for New Patients	N¹	Calendar Days	N¹	Calendar Days
Routine Well-Check – Average Wait Time in Days	212	18.8	225	22.0
Routine Well-Check – Median Wait Time in Days	212	8.0	225	14.0
Sick Visit – Average Wait Time in Days	202	9.9	209	9.9
Sick Visit – Median Wait Time in Days	202	2.5	209	1.0
Appointment Availability for Existing Patients	N¹	Calendar Days	N¹	Calendar Days
Routine Well-Check – Average Wait Time in Days	262	11.6	259	12.4
Routine Well-Check – Median Wait Time in Days	262	5.0	259	6.0
Sick Visit – Average Wait Time in Days	267	1.6	266	1.5
Sick Visit – Median Wait Time in Days	267	0	266	0

Study Indicators	Fall PCP Access Survey		Spring PCP Access Survey	
	N ¹	%	N ¹	%
MCPN Accuracy Rates Among Selected Study Indicators				
MCP Acceptance	300	95.3	312	95.2
Accepting New Patients	286	66.1	297	71.4
Telephone Number	718	71.6	797	71.5
Address	718	30.2	797	27.0

¹ Due to nature of the script, denominators vary by study indicator; N is the number of providers who met the denominator criteria for each indicator, as defined in the ODM-approved analysis plan.

OB/GYN Survey

ODM contracted HSAG to conduct a secret shopper telephone survey during SFY 2018 to provide insight on members' access to prenatal care providers and validate the accuracy of MCPN information.

Table F-12 and Table F-13 present UnitedHealthcare's study indicator findings related to new patients' access to prenatal care and the accuracy of selected MCPN data elements. Rates include results for randomly sampled UnitedHealthcare providers serving Medicaid and/or MyCare Ohio members; due to the sampling methodology, survey results are not limited to providers serving Medicaid members.

Table F-12—OB/GYN Secret Shopper Survey Study Indicator Findings Regarding New Patient Access—UnitedHealthcare

New Patient Access Findings	N ¹	%
Telephone Survey Response Rate	377	53.3
Plan Participation Rate	201	90.5
Sampled Provider is an OB/GYN or CNM	155	83.9
New Patient Acceptance Rate	130	88.5
Provider Locations Offering Appointment with No Limitations	130	43.8
Appointment Request for First Trimester Pregnancy – ≤ 30 Days Wait Time	47	93.6
Appointment Request for Second Trimester Pregnancy – ≤ 15 Days Wait Time	31	58.1

¹ Due to nature of the script, denominators vary by study indicator; N is the number of provider locations that met the denominator criteria for each indicator, as defined in the ODM-approved analysis plan.

Table F-13—OB/GYN Secret Shopper Survey MCPN Accuracy Rates for Selected Study Indicators—UnitedHealthcare

MCPN Accuracy Rates	# Matched ¹	%
Provider Specialty	127	81.9
Accepting New Patients	0	0.0
Telephone Number	157	41.6
Address	93	81.6

¹ Due to nature of the script, denominators vary by study indicator.

Home Health Survey

MCPN File Validation

No HHAs were attributed to UnitedHealthcare in the March 2018 MCPN files, and follow-up by ODM determined that UnitedHealthcare systematically misclassified home health providers as home health aides. UnitedHealthcare initiated correction of the data, and validation of UnitedHealthcare's updated MCPN data for HHAs may be considered in future surveys.

HHAs' Self-Reported Access Information

The survey script allowed HHAs to report on multiple data elements related to members' access to, and acceptance of, an individual plan. While no HHAs were attributed to UnitedHealthcare in the MCPN data file, UnitedHealthcare is included in the self-reported access information because HHAs were able to indicate their acceptance of members with UnitedHealthcare during the survey. These data elements include HHAs' self-reported information on certifications, staffing, and experience with the plans' in-home assessments. Table F-14 presents multiple data elements related to members' access to the HHA and the HHA acceptance of UnitedHealthcare, as self-reported by the HHAs.

Table F-14—UnitedHealthcare Self-Reported Data

Data Element	Denominator	Number	%
Plan Participation	846	459	54.3
ODH Certified	416	382	91.8
Medicare Certified	416	401	96.4
Pediatric Certified	416	163	39.2
Any Other Regulatory Agency	15	12	80.0
Post-Hospital Care Offered	416	393	94.5

Data Element	Denominator	Number	%
Ongoing Care Offered	416	397	95.4
Routine Aide Care Offered	416	373	89.7
Routine Nursing Care Offered	416	360	86.5
Serving All Ages	416	297	71.4
Age Limitations Noted	416	35	8.4
No Difference in Timing to Staff for Rural Areas	416	205	49.3
Reported Participation in In-Home Assessments	416	353	84.9
Reported Invitation to Participate in In-Home Assessments ¹	32	1	3.1

1. The denominator includes the HHAs that responded to the survey question regarding plans' invitations to participate in in-home assessments and indicating that they did not participate in the in-home assessments for the specified plan.

Since no HHAs were attributed to UnitedHealthcare in the MCPN data file, comparisons between self-reported data and MCPN data are not available for UnitedHealthcare.

Encounter Data Validation

The SFY 2018 EDV study was conducted to assess whether the encounter data in ODM's MITS file reflected the payment amounts, TPL information, and provider information in UnitedHealthcare's file.

Two aspects of encounter data completeness were assessed: encounter omission and encounter surplus. An encounter omission occurs when an encounter is present in the MCP's submitted data for the study but not in ODM's encounter data. An encounter surplus occurs when an encounter is present in ODM's encounter data but not in the MCP's submitted data for the study. Encounter data accuracy was evaluated by comparing payment information in ODM's encounter data to the MCP's submitted data for the study. A payment error occurred when a payment amount discrepancy was identified among matched encounters.

Table F-15 displays rates for encounter omission, encounter surplus, and payment error by dental, professional, institutional, and pharmacy encounters for UnitedHealthcare.

Table F-15—Encounter Omission, Surplus, and Payment Error Rates—UnitedHealthcare

Indicator	Dental	Professional	Institutional			Pharmacy
			Inpatient	Outpatient	Other	
Performance Standards	≤10%	≤10%	≤10%	≤10%	≤10%	≤10%
Encounter Omission Rate	0.5%	0.6%	0.8%	0.7%	0.0%	0.7%
Encounter Surplus Rate	0.5%	1.0%	4.2%	1.2%	14.6%	1.0%
Performance Standards	≤4%	≤4%	≤4%	≤4%	≤4%	≤4%
Encounter Payment Error Rate	<0.1%	<0.1%	3.9%	0.1%	4.7%	0.0%

¹ The inpatient-DRG claim type from the institutional files is paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. As such, the header paid inpatient-DRG claims are classified as Inpatient while the detail paid claims are broken out as Outpatient and Other (where Other includes the long-term care and inpatient-DRG exempt claim types).

The TPL analysis examined the accuracy of UnitedHealthcare’s population of TPL claims payment data compared to the TPL payment data in the ODM claims processing system. Table F-16 displays UnitedHealthcare’s TPL rates related to encounter omission and encounter surplus, and payment error by dental, professional, institutional, and pharmacy encounters for UnitedHealthcare.

Table F-16—Record Level TPL Match Rates—UnitedHealthcare

Indicator	Dental	Professional	Institutional	Pharmacy
Encounter Omission Rate	NA	100%	100%	100%
Encounter Surplus Rate	NA	NA	NA	NA
Payment Error Rate	NA	NA	NA	NA

¹ The inpatient-DRG claim type from the institutional files is paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. As such, the header paid inpatient-DRG claims are classified as Inpatient while the detail paid claims are broken out as Outpatient and Other (where Other includes the long-term care and inpatient-DRG exempt claim types).

The provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table F-17 presents UnitedHealthcare’s record-level provider field matching rates for dental, professional, institutional, and pharmacy claim type encounters.

Table F-17—Provider Field and Record Matching Rates by Claim Type—UnitedHealthcare

Indicator	Record-Level Match: % With All Provider Fields Correctly Matched in Both Files	Field-Level Match: % Correctly Matched
Dental		
Billing Provider NPI	99.6%	99.6%
Rendering Provider NPI		99.6%
Professional		
Billing Provider NPI	52.8%	97.9%
Rendering Provider NPI		54.7%
Institutional		
Billing Provider NPI	96.5%	97.3%
Attending Provider NPI		97.2%
Pharmacy		
Billing Provider NPI	98.2%	99.2%
Prescribing Provider NPI		98.7%

HSAG conducted on-site reviews for sampled discrepant LTC encounters with the MCPs in conjunction with desk reviews of the sampled cases. During the on-site reviews, HSAG visually validated the sampled encounters from ODM’s vendor files against records retrieved from the MCPs’ claims systems. In coordination with ODM and the MCPs, HSAG investigated and explored the root cause of the discrepancies. After each on-site review, HSAG continued reviewing the sampled discrepant records against screen shots from the MCPs’ claims processing systems for the associated records.

HSAG identified 91 discrepant LTC records for inclusion in the on-site/desk reviews. During the reviews, the 91 records were classified as either *mismatch*, *payment*, *surplus*, or *omission*, depending on the nature of the discrepancies.

Table F-18 presents the findings from the on-site and desk reviews of the sampled LTC encounters for UnitedHealthcare. UnitedHealthcare contracted with both the MyCare Ohio program and the Medicaid managed care program. UnitedHealthcare’s MCP results are displayed.

Table F-18—Findings from the On-site and Desk Review of Sampled LTC Encounters—UnitedHealthcare

Findings	MCP	
	N=91	Percent
TPL related	NA	NA
RUG code related	19	20.9%
Data submission for the study	27	29.7%
Units billed	NA	NA
Screen shots and/or supplemental documentation submission for desk reviews (e.g., not submitted, incomplete, not readable, etc.)	15	16.5%
Payment related	30	33.0%
Member ID	29	31.9%
Billing and/or attending provider NPI	18	19.8%
Other	13	14.3%

Provider Satisfaction Survey

ODM administered a Provider Satisfaction Survey to PCPs contracted with UnitedHealthcare. A summary of UnitedHealthcare's performance results is as follows:

- UnitedHealthcare's mean was statistically significantly higher than the program's mean for one measure.