



**State Fiscal Year 2017
External Quality Review
Technical Report**

Review Period: July 1, 2016 – June 30, 2017

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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 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 comprises 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) 2017 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, Performance Measures Validation, Comprehensive Administrative Review, and Network Adequacy Validation

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

High-Level Findings, Conclusions, and Recommendations

HSAG used its analyses and evaluations of EQR activity findings from the review period of July 1, 2016–June 30, 2017, 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 as a whole. 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, 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. Parents or guardians responding to member experience surveys indicated they were highly satisfied with their children's overall healthcare, ability to get care quickly, personal doctors and how well those doctors communicated, and the customer service provided by the health plan. Adult members expressed satisfaction with how well their doctors communicated and the customer service provided to them by their health plans. Through the comprehensive administrative review activity, the program demonstrated areas of strength in managing and adhering to expectations established for the Medicaid program through State and federal requirements. Additionally, nine of the 13 program standards evaluated during the comprehensive administrative review received MCP aggregated scores of 95 percent or higher. When compared to the prior SFY, the program also showed a general improvement in members getting needed care as reflected in access and quality measure results.

This annual comprehensive assessment of the program through this EQR also revealed that predominant areas of the program had opportunities for improvement when performance was compared against national benchmarks. Adult and child preventive healthcare and treatment and management of chronic conditions are key areas of opportunity for the Ohio Medicaid managed care program. Parents, guardians, and adults responding to member experience surveys indicated they were not always able to get appointments with providers or to get the care, tests, or treatments they felt they needed in a timely manner. Access and quality measure results also confirmed members were not always visiting their primary care providers (PCPs), getting recommended preventive care and screenings, and did not consistently have optimal outcomes related to hypertension and diabetes. An additional area of opportunity in the Ohio Medicaid managed care program relates to coordination of and accessibility to care. Adult member experience surveys showed some dissatisfaction with their ability to obtain needed care quickly and appointments for care when needed. Results from the comprehensive administrative review further showed a need for MCPs to improve their processes and procedures for care coordination of healthcare services for their members. These identified areas with opportunities for improvement also impact all population streams that comprise the Ohio Medicaid managed care program, including Women of Reproductive Age and Behavioral Health.

In order to best serve the Medicaid population across all population streams, HSAG makes the following recommendations to ODM:

Healthy Children and Healthy Adults

- To improve overall Ohioans' health and increase the percentage of children and adults receiving regular preventive care from their PCPs, consider implementing a quality improvement initiative to target specific population groups and interventions. The statewide average for seven Healthy Children and two Healthy Adults Healthcare Effectiveness Data and Information Set (HEDIS®)¹⁻¹ measures rated below the national Medicaid 50th percentiles.

Women of Reproductive Age

- Reduction of Ohio infant mortality and achievement of the best possible health for babies are priorities for ODM and the MCPs. To ensure the program addresses these priorities, ODM should continue efforts to reduce preterm birth by sustaining and spreading efforts initiated through the *Progesterone Initiation* performance improvement project (PIP).

Behavioral Health

- ODM has already prioritized MCP accountability for assuring timely outpatient follow-up after hospitalization for a mental illness through its Pay-for-Performance (P4P) program. To further enhance its strategy for addressing gaps in behavioral health care and to prepare for behavioral health managed care integration, HSAG recommends ODM:
 - Request MCPs to identify hospital admissions driven by secondary behavioral health diagnoses, and to ensure timely post-discharge follow-up with a mental health provider.
 - Reinforce the importance of behavioral health managed care integration through an MCP behavioral health barrier analysis for unsuccessful timely mental health follow-up visits.

Chronic Conditions

- To improve the health of Ohioans living with chronic conditions, HSAG recommends ODM:
 - Conduct a targeted analysis of HEDIS data and associated program activities to identify successes and failures effectively impacting population health for those members living with diabetes and hypertension.
 - Leverage the Comprehensive Primary Care (CPC) program to improve the health of members with diabetes and hypertension using member-specific HEDIS data to target geographical regions with higher noncompliance rates for treatment of these chronic conditions and work with CPCs in those areas to implement interventions.

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

Coordination of and Accessibility to Care

- To positively impact the care coordination processes that support members in accessing care, HSAG recommends ODM:
 - Leverage the MCP Quality Assessment and Performance Improvement (QAPI) process and the CPC initiative to identify and mitigate any identified health disparities that may contribute to barriers to accessing care.
 - Enhance provider data validation activities by conducting a review of each MCP’s provider data systems to assess the collection, maintenance, and publication of data, and implement mechanisms to improve the accuracy of provider data.
 - Assess and address barriers to members receiving needed healthcare services by requesting the MCPs work collaboratively to identify and propose an innovative program to ODM that will demonstrate measurable positive impact to members’ social determinants of health as part of MCP quality improvement projects (QIPs) and ODM’s efforts to improve population health.

Buckeye

Based on the aggregated results of the SFY 2017 EQR activities, HSAG concludes and recommends the following:

- While Buckeye demonstrated improvement in most Healthy Children performance measures, rates for seven out of nine of these ODM SFY 2017 MCP HEDIS (ODM HEDIS) performance measures were below the national Medicaid 50th percentile. HSAG recommends Buckeye develop strategies focused on primary care access for children under the age of 12 to improve the HEDIS measures *Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* and *Children and Adolescents' Access to Primary Care Practitioners (12–24 Months, 25 Months–6 Years, and 7–11 Years)* in the next measurement period. This focus on children's preventive care access should positively impact other Healthy Children HEDIS measures, ensuring Ohio children establish healthy lifestyles early in life, improving their health as adults, and positively impacting Ohio's population health in the future.
- While two out of three of Buckeye's Healthy Adults ODM HEDIS performance measures were below statewide average, Buckeye was the only MCP to achieve a rating at or above the national Medicaid 50th percentile in the *Breast Cancer Screening* measure. Prevention of disease before it begins is key to helping people have healthier, longer lives. Additionally, people in the early stages of disease can avoid becoming sicker by accessing preventive care; therefore, Buckeye should maintain its focus on encouraging its members to get breast cancer screenings and heighten its focus on other adult preventive care.¹⁻²
- 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 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.¹⁻³ 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* 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 address factors contributing to low birth weights.
- Buckeye demonstrated consistent strength in the performance area of Behavioral Health based on the results of the SFY 2017 EQR activities. For the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* HEDIS measure, Buckeye displayed the largest percentage point increase when compared to the other MCPs, measuring at or above statewide average and at or above the national Medicaid 75th percentile. Timely follow-up is essential to avoid readmissions and emergency department visits and can potentially impact comorbidities as appropriate outpatient

¹⁻² 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: March 28, 2018.

¹⁻³ 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: March 28, 2018.

management of behavioral health conditions supports increased compliance with treatment of chronic conditions such as diabetes and hypertension. Buckeye should therefore continue efforts in this area to ensure the best possible overall health for its members.

- Buckeye exhibited disparate performance in managing members with Chronic Conditions as reflected by multiple ODM HEDIS measure ratings at or above the national Medicaid 50th percentile and several ODM HEDIS measure ratings below the national Medicaid 50th percentile. HSAG recommends Buckeye adjust efforts to prioritize positive member outcomes related to the HEDIS measures *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, *Comprehensive Diabetes Care—Controlling High Blood Pressure*, and *Blood Pressure Control (<140/90 mm Hg)* 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 adjust these 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.¹⁻⁴
- Both the adult and child Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS®)¹⁻⁵ surveys indicate that, while Buckeye’s provider network appears adequate to meet member needs, members’ reported experiences show otherwise. Through CAHPS surveys, members have reported difficulty accessing timely and quality care from contracted providers as well as poor care coordination. Buckeye should take action to improve both adult and child member experiences as reflected in Medicaid CAHPS survey results regarding *Coordination of Care* and the child Medicaid CAHPS survey measure *Getting Needed Care*. A heightened 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.

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 to address the performance measures requiring improvement, which are listed in **Section 5**. Buckeye should incorporate these improvement efforts in its quality improvement strategy within the QAPI program to prioritize areas of low performance. 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, member satisfaction, and other targets of improvement efforts.

¹⁻⁴ 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 March 28, 2018.

¹⁻⁵ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

CareSource

Based on the aggregated results of the SFY 2017 EQR activities, HSAG concludes and recommends the following:

- While CareSource received a rating above the Ohio Medicaid statewide average for the Keeping Kids Healthy performance area in the MCP Report Card, four out of nine Healthy Children ODM HEDIS performance measures rated below the national Medicaid 50th percentile, with one measure falling below the national Medicaid 25th percentile. HSAG recommends a specific focus on children’s preventive care access as it is critical to ensure Ohio children establish healthy lifestyles early in life, improving their health as adults, which can positively impact Ohio’s population health in the future. As more children are getting the preventive care they need, CareSource’s corresponding results should show an improvement in the *Adolescent Well-Care Visits*, *Children and Adolescents’ Access to Primary Care Practitioners (12–24 months)*, and *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* HEDIS measure rates.
- CareSource was the only MCP with ODM HEDIS results at or above the statewide average in all three of the ODM Healthy Adults performance measures. CareSource was also the only MCP to achieve a rating at or above the national Medicaid 50th percentile in *Adults’ Access to Preventive/Ambulatory Health Services—Total*, and the only MCP to achieve a rating at or above the national Medicaid 75th percentile in *Cervical Cancer Screening*. This adult access and utilization of preventive care is important to supporting people to lead longer, healthier lives while ensuring people in the early stages of disease can avoid becoming sicker.¹⁻⁶ CareSource’s adult members’ above average utilization of these preventive services should result in an overall healthier adult population.
- CareSource results in the Women of Reproductive Age performance area show a discrepancy between high performance with above statewide-average results in newborn birth weights, yet below statewide average prenatal care utilization. These disparate results are contradictory to industry-standard guidance indicating prenatal care reduces the incidence of low birth weight, as CareSource’s members have above average newborn birthweights yet below average prenatal care utilization.¹⁻⁷ Prenatal care services 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. HSAG recommends CareSource increase efforts related to members accessing prenatal care to ensure babies have optimal birth outcomes.
- Although CareSource’s result in the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* was above the national Medicaid 50th percentile, it was below the statewide average, showing a need to ensure appropriate timely follow-up occurs after hospitalization. Appropriate

¹⁻⁶ 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: March 28, 2018.

¹⁻⁷ 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: March 28, 2018.

management of behavioral health conditions may improve quality of life, which is especially important for people living with chronic conditions.¹⁻⁸

- While CareSource did not have a substantial change in the Chronic Conditions ODM HEDIS performance measures, there was a decline in performance in Living With Illness in the MCP Report Card. HSAG recommends CareSource prioritize positive member outcomes for the HEDIS measures *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, and *Controlling High Blood Pressure* 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 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.¹⁻⁹
- While CareSource demonstrated consistent strength in children’s coordination of and accessibility to care, the measure results indicate that performance declined in this area for adults. Adult members’ experience displayed a decline in the *Rating of Specialist Seen Most Often*, *Getting Care Quickly*, and *Getting Needed Care* adult Medicaid CAHPS survey measures. CareSource should focus efforts in adult care coordination and access to positively impact adult members’ experiences, which should be reflected by improvements in these corresponding measures. Improvement in these areas should have a further reaching impact on members’ perceptions of the care and services that are being provided to them by CareSource and their providers. Additionally, by improving member experience in these areas, CareSource should impact adult preventive care utilization plus management of chronic conditions, since members’ negative experiences can prevent members from visiting their providers.

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 to address the performance measures requiring improvement, which are listed in **Section 5**. CareSource should incorporate these improvement efforts in its quality improvement strategy within the QAPI program to prioritize areas of low performance. 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, member satisfaction, and other targets of improvement efforts.

¹⁻⁸ 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: March 28, 2018.

¹⁻⁹ 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 March 28, 2018.

Molina

Based on the aggregated results of the SFY 2017 EQR activities, HSAG concludes and recommends the following:

- Molina demonstrated disparate performance in the Healthy Children performance area. While two out of the nine ODM HEDIS performance measures were above the national Medicaid 50th percentile, seven measures were below the national Medicaid 50th percentile and two of these measures fell below the national Medicaid 25th percentile. This performance indicates Molina should deploy focus in the area of pediatric healthcare management. Through prioritization of children’s preventive care access, Molina can positively impact the lifestyles of Ohio children, improving their health as adults, which should lead to overall improvement for the future of Ohio population health.
- Molina did not achieve the statewide average in any of the three ODM Healthy Adults performance measures and was below the national Medicaid 50th percentile in all three measures. The *Breast Cancer Screening* measure was below the national Medicaid 25th percentile. Molina should focus on encouraging its members to get breast cancer screenings according to the American Cancer Society recommendations because early detection of breast cancer is the most reliable way to identify and treat breast cancer successfully.¹⁻¹⁰
- Molina demonstrated a decline in star rating for Women’s Health within the MCP Report Card. The performance decreases in the *Postpartum Care* HEDIS measure and the *Percent of Live Births Weighing Less than 2,500 grams* CHIPRA measure warrant specific attention. These lower newborn birth weights could potentially be linked to the lack of timely postpartum care as members are missing opportunities to discuss ideal birth spacing and family planning with their providers.
- Although the rate was above the national Medicaid 50th percentile, Molina’s result in the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* was below the statewide average, showing a need to ensure appropriate timely follow-up occurs after hospitalization. Timely follow-up is important to prevent hospital readmissions and emergency department visits and can have a positive impact on comorbidities since appropriate management of behavioral health conditions may lead to an increased ability to focus on treatment of chronic conditions.¹⁻¹¹
- Molina received a three-star quality rating for the Living With Illness MCP Report Card performance area in both calendar year (CY) 2015 and CY 2016, thereby meeting or exceeding the Ohio Medicaid average. These consistent results demonstrate a need to maintain diligence related to Molina’s Chronic Conditions management programs to ensure *Comprehensive Diabetes Care* and *Controlling High Blood Pressure* HEDIS measures remain at or improve to at least the statewide average. It is important Molina maintain this diligence to ensure optimal health outcomes for

¹⁻¹⁰ American Cancer Society. American Cancer Society Recommendations for the Early Detection of Breast Cancer, Last Revised: October 9, 2017. Available at: <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>. Accessed on March 28, 2018.

¹⁻¹¹ 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: March 28, 2018.

members with chronic conditions since Ohio's leading causes of death include multiple chronic conditions that could be better managed with the appropriate care.¹⁻¹²

- Molina demonstrated opportunities in the performance area of coordination of and accessibility to care. Molina's 83 percent result in the *Coordination and Continuity of Care* standard within the SFY 2017 Comprehensive Administrative Review suggests transition of care and care coordination processes require targeted initiatives to improve. The adult Medicaid CAHPS survey measures *Rating of Health Plan, Rating of Personal Doctor, Getting Care Quickly, Getting Needed Care, Coordination of Care*, plus the child Medicaid CAHPS survey measures *Getting Care Quickly* and *Coordination of Care* were all below the national Medicaid 75th percentile. Molina should focus efforts in adult and child care coordination and access, with a goal to positively impact member experience and effective care coordination. As member experience and care coordination improve, the corresponding measures should reflect these efforts. This is an especially important area of focus for Molina as both the CAHPS results and the SFY 2017 Comprehensive Administrative Review results reinforce the need to improve member access and care coordination programs.

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 to address the performance measures requiring improvement, which are listed in **Section 5**. Molina should incorporate these improvement efforts in its quality improvement strategy within the QAPI program to prioritize areas of low performance. 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, member satisfaction, and other targets of improvement efforts.

¹⁻¹² 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 March 28, 2018.

Paramount

Based on the aggregated results of the SFY 2017 EQR activities, HSAG concludes and recommends the following:

- Paramount demonstrated a need to prioritize efforts to enhance pediatric healthcare programs. Eight out of nine ODM HEDIS performance measure rates within the area of Healthy Children were below the national Medicaid 50th percentile. HSAG recommends Paramount evaluate strategies for impacting access to children’s preventive care and improving care related to the HEDIS measures *Adolescent Well-Care Visits; Children and Adolescents' Access to Primary Care Practitioners; Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; and Well-Child Visits in the First 15 Months of Life* in the next measurement period. This focus on children’s preventive care access should increase other Healthy Children HEDIS measures, ensuring Ohio children develop healthy habits, improving their health as adults, and positively impacting the future of Ohio’s population health.
- Paramount’s *Adults' Access to Preventive/Ambulatory Health Services—Total* HEDIS measure was below the statewide Medicaid average and the national Medicaid 25th percentile. Both the *Breast Cancer Screening* and *Cervical Cancer Screening* measures were below the national Medicaid 50th percentile. HSAG recommends Paramount revise programs for Healthy Adults to ensure adults are connected to and routinely visit their providers for preventive services. Proactive disease prevention is key to assisting people to have healthier and longer lives and people with early onset of disease can avoid becoming sicker by accessing preventive care. It is therefore important that Paramount focus its efforts to increase adult members’ utilization of these critical preventive services.¹⁻¹³
- Paramount demonstrated consistent strengths in the performance area of Women of Reproductive Age. The *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* and *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure rates were at or above the national Medicaid 75th percentile and the *Percent of Live Births Weighing Less than 2,500 grams* measure rate was better than statewide average. As part of Paramount’s responsibility to improve Ohio infant mortality rates, Paramount should maintain diligence in ensuring women are getting the prenatal and postpartum care they need so babies have optimal birth outcomes.
- Paramount demonstrated disparate performance in the Behavioral Health population stream based on the results of the SFY 2017 EQR activities. Paramount’s *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* remained at or above the statewide average and the national Medicaid 50th percentile, reflecting a stable area of focus that should be maintained; however, other HEDIS measures in this area, including *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*, and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* demonstrate the need for improvement. It is important Paramount maintain this focus on behavioral health as timely follow-up helps reduce the

¹⁻¹³ 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: March 28, 2018.

risk of readmissions and emergency department visits and can positively impact member comorbidities through appropriate care.

- Paramount was the only MCP to meet or exceed the statewide average in all *Comprehensive Diabetes Care* HEDIS measures. Additionally, the *Controlling High Blood Pressure* HEDIS measure met or exceeded the statewide average and was at or above the national Medicaid 50th percentile. Paramount has generally shown appropriate management of members living with chronic conditions, which is key to ensuring the best possible outcomes for these members. Paramount should maintain efforts in the area of chronic conditions to support members to achieve optimal health.
- Paramount's 83 percent result in the *Coordination and Continuity of Care* standard within the SFY 2017 Comprehensive Administrative Review suggests care coordination processes require targeted initiatives to improve. The adult Medicaid CAHPS survey measures *Rating of Health Plan*, *Rating of All Health Care*, *Getting Care Quickly*, and *Getting Needed Care*, plus the child Medicaid CAHPS survey measures *Rating of Health Plan* and *Getting Needed Care* were all below the national Medicaid 75th percentile. Adult and child Medicaid CAHPS *Rating of Specialist Seen Most Often* measured below the national Medicaid 25th percentile. To positively impact members' experiences, Paramount should focus efforts to improve adult and child care coordination and access, which should be reflected by improvements in these corresponding measures.

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 to address the performance measures requiring improvement, which are listed in **Section 5**. Paramount should incorporate these improvement efforts in its quality improvement strategy within the QAPI program to prioritize areas of low performance. 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, member satisfaction, and other targets of improvement efforts.

UnitedHealthcare

Based on the aggregated results of the SFY 2017 EQR activities, HSAG concludes and recommends the following:

- UnitedHealthcare demonstrated a need to prioritize efforts to support children’s health by enhancing its pediatric healthcare programs. Six out of nine Healthy Children ODM HEDIS performance measures were below the national Medicaid 50th percentile with one measure falling below the national Medicaid 25th percentile. HSAG recommends UnitedHealthcare evaluate interventions designed to impact access to preventive care for children and seek to improve care related to the HEDIS *Children and Adolescents’ Access to Primary Care (12–24 Months, 25 Months–6 Years, 7–11 Years)* and *Well-Child Visits in the First 15 Months of Life* measures in the next measurement period. This focus on children’s preventive care access should increase other Healthy Children measures, ensuring Ohio children adopt healthy lifestyles, improving their health as adults, and positively influencing Ohio’s population health outcomes in the future.
- While UnitedHealthcare showed some improvement in the *Breast Cancer Screening* and the *Cervical Cancer Screening* Healthy Adults performance measures, all three Healthy Adults measures were below the national Medicaid 50th percentile. These results demonstrate UnitedHealthcare should apply a more heightened emphasis on programs related to adult preventive care. It is important UnitedHealthcare focus on adult preventive care as prevention of disease before it begins is key to helping people have healthier, longer lives. Additionally, access to preventive care can help people in the early stages of disease from becoming sicker. It is therefore important UnitedHealthcare focus efforts to increase adult members’ utilization of these critical preventive services.¹⁻¹⁴
- UnitedHealthcare demonstrated disparate performance in the Women of Reproductive Age population stream. HEDIS ratings for all measures within this performance area were at or above the national Medicaid 50th percentile. The performance decrease in the *Percent of Live Births Weighing Less than 2,500 grams* CHIPRA measure warrants specific attention as part of UnitedHealthcare’s responsibility to improving birth outcomes and reducing Ohio infant mortality. *Prenatal and Postpartum Care* HEDIS measures were below the Ohio statewide average. As part of UnitedHealthcare’s responsibility to improve Ohio infant mortality rates, HSAG recommends UnitedHealthcare develop enhancements to the Women’s Health program to improve women’s health and birth outcomes.
- UnitedHealthcare demonstrated State comparative strengths in the performance area of Behavioral Health based on the results of the SFY 2017 EQR activities. For the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* HEDIS measure, UnitedHealthcare measured at or above statewide average and at or above the national Medicaid 75th percentile. UnitedHealthcare should maintain this focus and consistent performance in Behavioral Health programs to achieve a rate above the national Medicaid 50th percentile in all measures. It is important UnitedHealthcare maintain this focus on Behavioral Health as timely follow-up is essential to avoid readmissions and

¹⁻¹⁴ Ibid.

emergency department visits and can potentially impact comorbidities through appropriate outpatient care.

- UnitedHealthcare received a below average one-star rating in the Living With Illness performance area within the MCP Report Card. To improve the overall health of UnitedHealthcare members living with chronic conditions, HSAG recommends UnitedHealthcare focus efforts on enhancing care coordination activities and ensuring appropriate provider accountability for management of hypertensive and diabetic patients. It is expected that these efforts will result in improved results for the *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, *Controlling High Blood Pressure*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, and *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid* measures for the next measurement year.
- UnitedHealthcare demonstrated improvement and strong consistency in all adult and child CAHPS survey areas, indicating the highest MCP performance and a focused priority on member experience. Care coordination efforts were generally aligned with these results, as the only two CAHPS survey results that were below the national Medicaid 75th percentile were *Rating of Health Plan* (adult measure) and *Coordination of Care* (child measure). Member experience is a critical component of an effective care coordination program, therefore, UnitedHealthcare should maintain its focus in both areas to ensure the positive members' perceptions carry over into positive member and provider engagement in care coordination activities.¹⁻¹⁵

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 to address the performance measures requiring improvement, which are listed in **Section 5**. UnitedHealthcare should incorporate these improvement efforts in its quality improvement strategy within the QAPI program to prioritize areas of low performance. 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, member satisfaction, and other targets of improvement efforts.

¹⁻¹⁵ Anhang Price et al. "Examining the Role of Patient Experience Surveys in Measuring Health Care Quality," *Medical Care Research and Review: MCRR*, 71(5). (2014): 522–554. Available at: <http://doi.org/10.1177/1077558714541480>. Accessed on March 28, 2018.

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 the Centers for Medicare & Medicaid Services' (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 Ohio Medicaid's 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 2016 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 Ohio Medicaid's 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 Ohio Medicaid's 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 2017.

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:

- Preventive health for children and adults
- Treatment and management of chronic conditions
- Coordination of and accessibility to care

The areas identified by HSAG as requiring additional focus also align with key areas and related initiatives already underway by ODM as part of Ohio Medicaid's Quality Strategy. These key areas include desired health improvements pertaining to preventive screenings and well-managed diabetes and hypertension, and initiatives such as the healthcare access initiative 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.

Population Health

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 screens and appropriate care, addressing priority population health issues, integrating behavioral and physical healthcare, and managing chronic conditions while addressing social determinants of health as appropriate. 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 Healthy Adults

To increase the percentage of children and adults who are receiving regular preventive care from their PCPs, HSAG recommends ODM initiate a QIP to specifically target this issue. This QIP should include the following activities:

- Leverage the CPC initiative to identify which individuals have not seen a PCP and what support is needed to assist them in establishing a usual source of care.
- Identification of the common and covariate characteristics among members who are not seeing their PCPs and not receiving regular preventive services, including well visits. These characteristics may include such factors as: health status, geographical location, ethnicity, primary language, care management arrangement status, etc.

- Consideration of the selection of at least one group within each child and adult population that is less likely to see a PCP and focus efforts to improve their PCP utilization. For example, if a geographic region or linguistic group predicts not having a regular PCP, the MCP may want to select a region in Ohio or specific linguistic group.
- Additional analysis of the selected group(s) to identify additional predictive attributes and key drivers such as assignment to the same PCP groups; diagnoses of other conditions, such as behavioral health conditions; or family members with trends of noncompliance with treatments.
- Based on results from the secondary analysis, development of one or more targeted interventions to test for improvement in children's and adults' access to their PCPs and receipt of preventive services. These interventions might include working with PCPs to teach engagement strategies for improving members' treatment plan adherence; providing targeted education to identified families; or implementing alternative means to facilitate visits, such as inviting families to mobile clinics, using visiting nurse practitioners to conduct preventive services, or providing additional transportation services.

Women of Reproductive Age

As part of the 2015 Executive Budget, ODM was charged with investing \$26.8 million over two years to support local-level, community-driven proposals to combat infant mortality and enhance agency coordination in providing care to at-risk women and infants. In order to effectively allocate the funds, ODM and its five contracted MCPs engaged local leaders in nine Ohio communities with high infant mortality rates, where disparity of African American infant mortality rates are significantly higher than Caucasian mortality rates—Butler, Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark, and Summit counties—to identify and fund innovative projects to connect women and infants to quality healthcare services and care management.

MCPs are expected to use ODM-prescribed strategies to connect women with CPC practices—actively collaborating with community partners and performing expedited outreach—to systematically address modifiable risk factors and obtain measurable improvements in birth outcomes. In addition to these strategies, MCPs should continue performance improvement efforts by regularly evaluating and enhancing their processes related to administering progesterone treatment for at-risk mothers and providing enhanced care management services to women in high-risk neighborhoods. The MCPs, in collaboration with ODM when appropriate, should:

- Enhance collaborative relationships with Ohio Perinatal Quality Collaborative (OPQC) sites through established communication methods and information exchange to identify additional barriers to women receiving treatment and evaluate root cause for continued high rates of low-birth-weight infants.
- Educate other providers, such as PCPs, on the benefits of progesterone treatment for high-risk pregnant women, enabling the PCPs to provide education and treatment or, when necessary, refer the member to a provider experienced in treating high-risk pregnant women and administering progesterone treatment.

- Work with other agencies (e.g., the County Department of Job and Family Services [CDJFS]) to provide educational materials to pregnant women at the time those women are seeking benefits.
- Ensure pregnant women and their families in high-risk neighborhoods have access to nearby support and education by referring them to existing community support groups or, when necessary, establishing support groups. Track progress, including successes and failures, in the QAPI workplan and annual program evaluation.
- Identify best practice for improving infant outcomes, including performing further exploration of the relationship between prenatal care utilization and birth-weight outcomes.

Behavioral Health

A 2015 report released by the Government Accountability Office indicates that one-fifth of Medicaid members are diagnosed with a behavioral health condition.³⁻¹ Additionally, more than half of Medicaid members in the top 5 percent of expenditures who had diabetes or asthma also had a behavioral health condition.³⁻² Medicaid members with behavioral health conditions often have co-morbid physical health conditions that need treatment, which can lead to fragmented care and lack of coordination of the physical and behavioral health conditions. This reinforces the importance of behavioral health integration into managed care. ODM has already prioritized MCP accountability for assuring timely outpatient follow-up after hospitalization for a mental illness through its P4P program. To further enhance its strategy for addressing gaps in behavioral health care and to prepare for behavioral health managed care integration, HSAG recommends that ODM ask the MCPs to:

- Identify hospital admissions that have a primary diagnosis of a chronic condition and an additional behavioral diagnosis.
- Follow up with an applicable behavioral health provider upon discharge, to coordinate timely post-discharge behavioral health care.
- Collect data to identify the success rate of post-discharge behavioral health follow-up visits within 30 days.
- Perform a barrier analysis for unsuccessful timely follow-up visits.
- Submit results of the analysis to ODM by an ODM-designated due date.

ODM should review and evaluate the MCP-submitted analyses to determine necessary program changes to address any deficiencies leading to member barriers to accessing behavioral health services.

³⁻¹ Medicaid.gov. Physical and Mental Health Integration, N.D. Available at: <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/program-areas/physical-and-mental-health-integration/>. Accessed on: March 28, 2018.

³⁻² Ibid.

Chronic Conditions

To improve the health outcomes of Ohio Medicaid members diagnosed with chronic conditions, HSAG recommends ODM request its MCPs to conduct a targeted analysis of HEDIS data and associated program activities. Using this information, the MCPs should identify members with poor outcomes in comparison to members who do not have poor outcomes. Once identified, the MCPs should use this information to evaluate trends and leverage lessons learned to determine which interventions and programs are most effective in improving outcomes for those members living with diabetes and hypertension. To identify the most successful mechanisms for achieving positive results, HSAG recommends the analysis and deliverable include the following:

- An analysis of the 2017 validated HEDIS data to determine areas of potential interventions for the following measures:
 - *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*
 - *Controlling High Blood Pressure*
- Within this analysis of the HEDIS data, each MCP should identify the population of individuals where improvement is most needed by examining the following:
 - The individual member data within the applicable denominator.
 - The individual member data within the applicable numerator.
- The MCPs and ODM should next determine a lookback period of at least one year, so trends for these individuals can be examined.
- This information should be collected and evaluated to determine how these individuals differed from one another in areas such as care management, over- and under-utilization of services, and participation in incentive programs.
 - The evaluation should include an examination of these differences over the lookback period and be repeated over time to identify long-term trends as applicable.
 - The evaluation should also consider system-wide activities that occurred during the period examined (e.g., education and outreach, policy changes, etc.).
- Examples of data that can be used in this evaluation include, but are not limited to:
 - Care management status and risk stratification throughout CY 2017 for all members in both denominators, flagging those who are also in the applicable numerator.
 - Care management status and risk stratification for those members in both numerators.
 - Care management status and risk stratification trends for those members within both denominators who do not appear in the applicable numerator.
 - Member-specific over- and under-utilization review.
 - MCP member incentive participation status for the evaluated conditions.
 - Provider incentives that are applicable to the members' results in the analysis.
 - Any outbound health education campaigns that could be influential on the HEDIS measures.
 - Provider education and coding initiatives within the timeframe being evaluated.
 - Having a usual source of care (seeing their PCP).
 - Medication compliance (measured as filled prescriptions).

- Each MCP should submit to ODM the results of this evaluation with a clearly defined, measurable action plan that addresses time-bound program changes to be implemented as a result of this evaluation.
- Each MCP should include this information in the quality improvement workplan that is submitted as part of the annual QAPI program.

ODM could consider incentivizing the MCPs to leverage the CPC program to improve the health of members with diabetes and hypertension. To effectively use the unique resources afforded by this program to address issues regarding the treatment and management of chronic conditions, HSAG recommends MCPs:

- Use member-specific HEDIS data to target geographical regions with higher member noncompliance rates for treatment of diabetes and hypertension.
- Compare the data compiled above with the CPC practices available in the identified geographical regions having higher noncompliance rates for treatment of these chronic conditions to identify a subset of CPC practice groups for which to target initial interventions.
- Identify members within these geographical regions who are not utilizing their assigned CPC practice. Look for opportunities to conduct additional targeted outreach to these members and the applicable CPC practices, to connect these members to their assigned CPC practice.
- Share information about members who have these chronic conditions with the CPC practices. This information should include barriers to care, such as primary language, identified missing services, and patterns of nonadherence to treatment plans.
- Determine CPC practices' adherence to clinical practice guidelines for treating and managing diabetes and hypertension and work more closely with CPC practices to ensure the target member groups are having their chronic conditions treated and managed appropriately.
- Schedule collaborative meetings with willing CPC practice groups and determine the most effective solutions for providing outreach, care, and referrals to members with these chronic conditions who may need additional assistance in getting their healthcare needs met.
- Develop a documented plan of action that identifies roles and responsibilities related to this collaborative initiative among MCPs and CPC practices (e.g., the MCP will conduct outreach to members who are assigned to the CPC practice, capitalizing on contact information they have for members).

Program Improvement

Care Coordination and Accessibility to Care

Care coordination is an important component to ensuring the delivery of quality healthcare and improving health outcomes for Medicaid members. By leveraging ODM's CPC initiative, MCPs play a key role in improving population health outcomes through their support of the CPC practices. In addition to supporting CPC activities and overall initiatives, HSAG recommends that ODM further build upon the provider agreement requirement that the plans and CPCs aggregate and share information that could inform treatment plan decision making and mitigate health disparities. Types of information that could be included are:

- Clinical information received across care settings, including prior authorization data.
- Patient-specific member experience data, such as grievances.
- Social determinants of health information received through assessments and member outreach initiatives, including education level, physical environment, employment status, food insecurity, and social support networks.

To assist CPC practices in managing the social needs of its patients, ODM could incentivize the MCPs to share:

- Community agency supports and resources, such as job placement and financial counseling.
- County service resources, such as the Supplemental Nutrition Assistance Program (SNAP), and cash assistance.
- Housing and clothing assistance.
- Resources for healthy food options.

Additionally, HSAG recommends ODM reinforce the expectation of the MCPs to have mechanisms in place for ensuring members have their transportation needs met and arrive at CPC practice appointments on time.

HSAG also recommends ODM document these formal data exchange expectations and incentives in the MCP contract.

Complete, accurate healthcare provider information is necessary to provide members with adequate information to help them choose a provider, allow for timely access to providers when needed, and increase member satisfaction with their provider and the Ohio Medicaid managed care program. Inaccuracies in provider information maintained and published by the MCPs could potentially contribute to access issues being experienced by members. Resolving these inaccuracies could improve member satisfaction; address some of the factors contributing to uncontrolled chronic conditions and impeding children's and adults' access to PCPs for preventive care visits, which in turn, should result in improved HEDIS rates; reduce the number of avoidable emergency department visits; and reduce the number of access grievances. To improve the accuracy of provider data, HSAG recommends ODM expand the

scope of existing provider data validation activities by conducting a review of each MCP's provider data systems. This review could include:

- A focused review and assessment of each MCP's collection, maintenance, and publication of provider data.
- 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.
- A comparison of results by key subpopulations to identify trends by geographic location or provider groups.
- Implementation of a time-limited workgroup to:
 - Identify best practices for collecting, maintaining, and producing accurate provider data.
 - Address the refinement or development of guidelines defining expectations for providers and MCPs regarding the collection and maintenance of up-to-date provider information.
 - Evaluate MCP procedures for capturing provider network changes and determine how to limit gaps or deficiencies in data submitted to ODM or published to members.
- Consider implementation of a QIP to identify and implement effective quality improvement interventions that target the underlying causes of poor provider data quality and follow up with an evaluation of MCPs' improvement.
 - Update the provider agreement, as necessary, to clarify ODM's expectations regarding the submission of accurate provider data. Include revised performance standards and thresholds to hold MCPs accountable for performance and improvement.
 - Develop supplemental guidelines describing requirements for the submission of provider data and outline key data elements.

To improve statewide health outcomes, it is important that MCPs assess and address barriers to members receiving needed healthcare services. To further address the Medicaid population's distinctive health disparities and social determinants of health, HSAG recommends that ODM request each MCP to work together to collaboratively identify and implement at least one evidence-based program to positively impact member social determinants of health as part of MCP QIPs and ODM's efforts to improve population health.

To achieve its goal of making Ohio better by improving services and health outcomes of Ohioans, ODM should continue to test, evaluate, reform, and implement additional initiatives as needed in these areas to improve the Ohio Medicaid managed care program's overall performance and provide the best possible care to Ohio's Medicaid members.

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.⁴⁻¹ As of May 2017, Ohio has enrolled more than 2.8 million individuals in Medicaid and CHIP—an increase of 29.61 percent since 2013.⁴⁻² 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 more than 2.4 million 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. CHIP State Program Information. Available at: <https://www.medicaid.gov/chip/chip-program-information.html>. Accessed on: Aug 22, 2017.

⁴⁻² The Centers for Medicare & Medicaid Services, Medicaid.gov. Medicaid & CHIP in Ohio. Available at: <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=ohio>. Accessed on: Aug 22, 2017.

Overview of MCPS

During SFY 2017, 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—Managed Care Plan Profiles as of July 2017

MCP	Year Operations Began in Ohio as a Medicaid MCP	Profile Description	Total Medicaid Enrollment ⁴⁻³
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.*	295,239
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.*	1,305,146
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.*	304,729
Paramount	1993	A nonprofit regional subsidiary of ProMedica, a multiline healthcare company founded in 1988 and headquartered in Toledo, OH. Product lines include Medicaid, Medicare, Commercial, and the Exchange.*	241,986
UnitedHealthcare	2006	A division of UnitedHealth Group, a publicly owned multistate healthcare company founded in 1974 and headquartered in Minnetonka, MN. Product lines include Medicaid, Medicare, Commercial, and the Exchange.*	283,970

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

⁴⁻³ Ohio Department of Medicaid. Medicaid Managed Health Care Monthly Enrollment Reports. Available at: <http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MedicaidManagedCarePlanEnrollmentReports.aspx>. Accessed on: Aug 22, 2017.

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.

Figure 4-1—Percentage of Members by MCP⁴⁻⁴

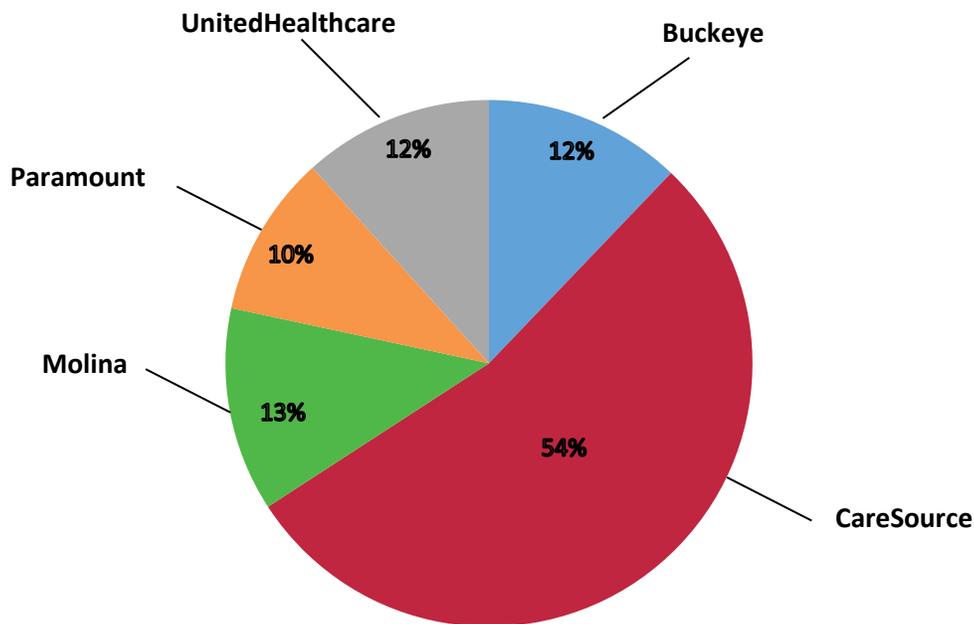


Figure 4-2—Ohio Medicaid Managed Care Regions



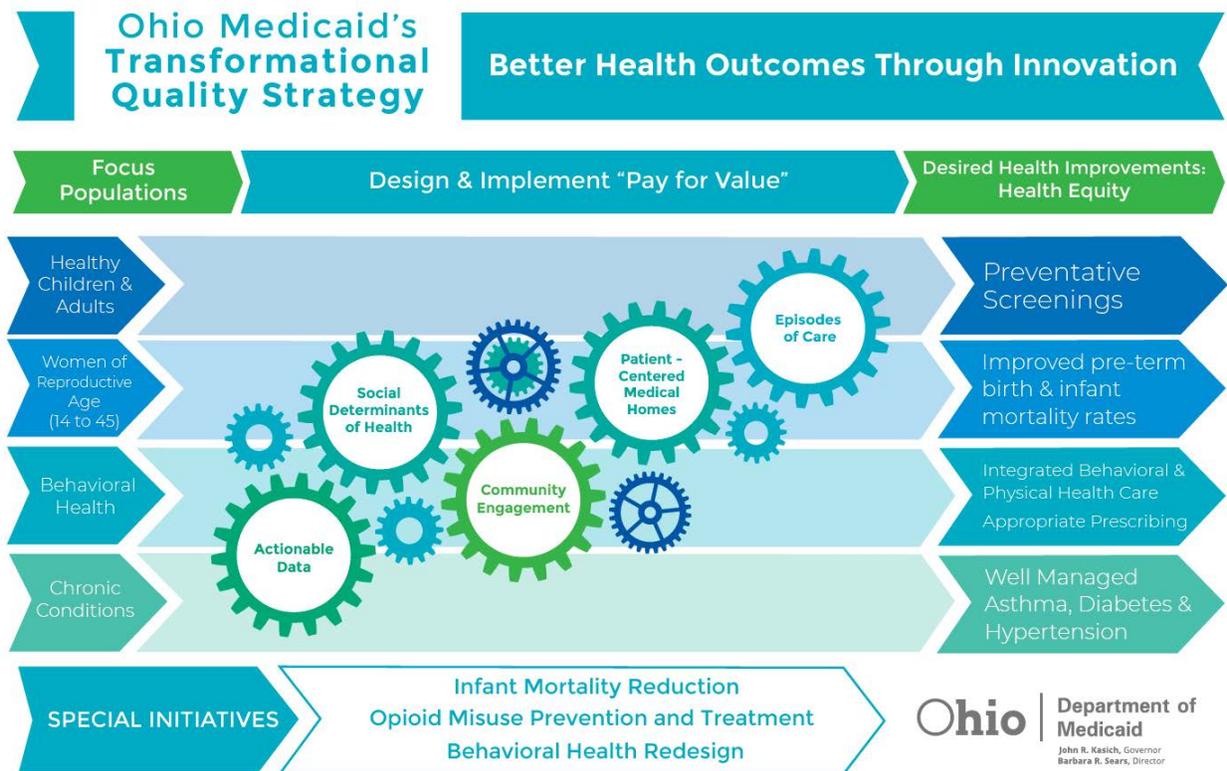
⁴⁻⁴ Due to rounding, the total percentage does not equal 100 percent.

Ohio Medicaid’s Quality Strategy Goals, Focus, and Priorities

To carry out its efforts to reform and modernize the Ohio Medicaid program, Ohio Medicaid’s Quality Strategy prioritizes continual improvement of population health and healthcare quality; payment for value rather than volume of healthcare services provided to its covered populations; and emphasizes improvements in achieving health equity. Safety, person- and family-centered care, evidence-based practices, coordination of care, and administrative efficiencies are built into strategies and initiatives specifically targeted to improving the health outcomes of focus populations.

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

Figure 4-3—Ohio Medicaid’s Quality Strategy⁴⁻⁵



⁴⁻⁵ Ohio Department of Medicaid. Ohio Medicaid’s Quality Strategy. Available at: <http://www.medicaid.ohio.gov/MEDICAID101/QualityStrategyandMeasures.aspx>. Accessed on: January 22, 2018.

Accomplishing Ohio Medicaid's 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 Ohio Medicaid's Quality Strategy and improve the health and quality of care for the Ohio Medicaid population. ODM has created a robust accountability system to ensure that MCPs are working within the framework of Ohio Medicaid's Quality Strategy to assess and improve the quality of care provided to members.

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.

Progress with performance improvement is monitored and evaluated using performance measurement data that are visualized via report cards, dashboards, and geo-mapping. ODM's quality strategy also focuses on the following:

- Incorporating best practices and transforming its systems to improve quality, experience, and cost outcomes.
- Using continuous quality improvement science methods, such as process mapping and Plan-Do-Study-Act (PDSA) cycles, to streamline workflows, identify effective interventions, and remove administrative barriers across the care continuum.
- Leveraging the experience and knowledge of high-risk communities through community engagement and collaboration.
- Promoting value-based initiatives, such as the State Innovation Model (SIM), focusing on episode-based payment and the CPC model.
- Redesigning the behavioral health model to better coordinate across payers and support parity; therefore, improving member health outcomes through better care coordination.
- Redesigning the care management system, defining specific clinical inclusion and exclusion criteria so that efforts and measures of improvement are meaningful, publishing guidelines to assist in choosing the best action, and producing actionable and timely data for decision making.

Population Health Management

ODM established five population streams in order to tailor more specific, actionable initiatives for population health management. The MCPs are accountable for assigning each Medicaid managed care member to a population stream. These population streams include the following:

- Healthy children
- Healthy adults
- Women of reproductive age

- Behavioral health
- Chronic conditions

Through Ohio Medicaid’s 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. 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. As indicated above, specific goals and targeted initiatives are implemented across the five populations served by Medicaid—healthy children, healthy adults, women of reproductive age, individuals with behavioral health needs, and individuals with chronic conditions. Additionally, the Ohio Medicaid managed care program uses a multifaceted approach to quality improvement which includes initiatives focused on (1) simplification of administrative processes; (2) alignment with sister state government agencies; (3) value-based purchasing; (4) encouraging collaborative partnerships between MCPs, academic centers clinical practices, and other healthcare entities; and (5) adherence to best clinical and administrative practices. Examples of these initiatives include:

- **Transforming ODM’s Medicaid Care Management Strategy**—ODM redesigned care management activities for its Medicaid population to shift responsibility for population health from MCPs to willing and capable providers. To further assist with this transformation, the MCPs support and connect members to CPC. This initiative ensures that the Ohio Medicaid managed care program is paying for value through emphasis on quality and care coordination rather than volume of care.
- **Developing Models of Care**—Each MCP is required to develop a model of care that describes how specialized services and resources are tailored to the MCP’s population; how care management services will be provided to each member; the processes in place to facilitate transition of care and prevent adverse outcomes; the MCP care management staffing model, including the establishment of an assigned, accountable point of contact; the establishment of need-based, member-specific contact schedules to facilitate ongoing communication; and compliance with ODM-required membership thresholds for high and intensive care management levels.
- **Focusing on Care Transitions**—ODM recognizes the importance of care transitions to patient safety. By requiring managed care plans to share data when patients are transitioning between plans and to be part of the discharge process during transition from an inpatient facility to receiving community-based services, Ohio’s MCPs are actively involved in transitions of care. The partnership between the Department of Rehabilitation and Corrections and ODM to facilitate Medicaid enrollment and selection of an MCP 90 days prior to an inmate’s release is an example of this initiative.

- **Initiation and Continuation of Progesterone Initiation PIP**—The SFY 2017 PIP was within the Women of Reproductive Age population stream and focuses on removing barriers to the initiation and continuation of progesterone to prevent preterm birth. This area was chosen as a statewide PIP due to Ohio’s high rate of infant mortality and the large disparities that exist in black and white infant survival. The PIP addresses disparities through partnerships with clinical sites located in areas of the State with greater disparities in birth outcomes. Interventions to date have focused on improving communication between MCPs and participating providers; building trust between MCPs, providers, and patients; maintenance of member eligibility during pregnancy; early identification of pregnancy; and reducing administrative barriers.
- **Maternal Opiate Medical Supports (MOMS)**—This collaborative improvement initiative includes the Women of Reproductive Age and Behavioral Health population streams. Through the use of Medication Assisted Therapy, the MOMS project aims to neutralize the impact of Neonatal Abstinence Syndrome, a complex disorder that manifests itself in withdrawal symptoms, respiratory complications, low birth weight, feeding difficulties and seizures, and often results in lengthy stays in the Neonatal Intensive Care Unit (NICU).
- **Improving Care Transitions for Neonatal Intensive Care Unit Graduates (NICU Graduates) Project**—This project, which includes the Women of Reproductive Age population stream, is a quality improvement initiative aimed at improving the transition from Level III NICUs to home for infants with complex healthcare needs and/or technology dependence. The initiative aims to enhance practice awareness and care coordination through the development of guidelines and identification of best practices for a family-centered care approach.
- **Strong Start Ohio (SSO) Project**—This project, which includes the Healthy Children, Healthy Adults, Women of Reproductive Age, and Behavioral Health population streams, builds on existing partnerships and two maternity care intervention models, Centering Group Care (CGC) and Maternity Care Homes (MCH), to reduce Ohio Medicaid preterm birth-related adverse outcomes and costs; improve racial, ethnic, and regional disparities in Ohio Medicaid’s adverse birth outcomes; examine the viability, cost-effectiveness, and lessons learned from the design and implementation of the maternity care intervention models; and develop strategies to scale the tested change as appropriate to increase the capacity of Ohio’s existing prenatal care service providers to effectively deliver CGC and MCH in conjunction with traditional prenatal services.

Design and Implement “Pay for Value”

ODM is committed to developing a healthcare market in which payment is designed to reflect and improve the effectiveness and efficiency of healthcare delivery, and where members are actively engaged in managing their own health, including selection of providers and value-based services. ODM has implemented strategies to increase the percentage of provider payments that are value-oriented. Examples of these strategies include:

- Paying providers based on performance.
- Designing approaches to cut waste while preserving quality.

- Designing payments to encourage adherence to clinical guidelines.
- Implementing payment strategies to reduce unwarranted price variation.

ODM has joined the Ohio Governor’s Office of Health Transformation to engage public and private sector partners in designing a new healthcare delivery payment system that rewards the value of services—not the volume. Ohio’s SIM grant proposal centers on testing payment models that increase access to CPC and support retrospective, episode-based payments for acute medical events. Both of these models aim to achieve better health, better care, and cost savings through improvement, while laying the foundation for a healthcare system founded on quality of health outcomes rather than quantity of treatments.

Episode-based Payments—Regarding episode-based payments, a principal accountable provider (PAP) is identified and is eligible to benefit financially by keeping the costs 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. The MCPs are currently reporting on the following episodes of care that address multiple population streams including Healthy Children, Healthy Adults, Women of Reproductive Age, 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

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. CPC

practices may be eligible for two payment streams in addition to existing payment arrangements with ODM and the MCPs:

- Per-member-per-month (PMPM) payment, to support activities required by the CPC program.
- Shared savings payment, to reward practices for achieving total cost of care savings.

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.

Pay-for-Performance (P4P)—ODM uses a P4P incentive system to encourage improvement in the quality of care delivered to MCP members. The P4P incentive system emphasizes performance measures that support quality strategy priorities and goals. The P4P incentive system clinical measures align with the Quality Strategy and reflect clinical focus areas of priority to ODM.

Desired Health Improvements: Health Equity

To emphasize the importance of addressing healthcare disparities and increasing cultural competency, ODM requires the MCPs to include improvement efforts targeted toward these areas within their QAPI programs. MCPs are not only required to describe efforts to reduce health disparities, they are also required to describe how the MCP will promote service delivery in a culturally effective manner to all members. Each of these components requires the MCPs to specify measures that will be used for tracking improvement. Efforts to address disparities occur within each of the five population streams. Current efforts are focused on reducing disparities in the following area:

Infant Mortality—Ohio has high infant mortality rates compared to other states; a primary cause of the high rates is preterm birth. ODM and the MCPs have implemented several initiatives to reduce infant mortality rates, including:

- Identification and targeting of efforts in priority regions where infant mortality and disparities are highest.
- Supporting community efforts in high-priority regions.
- Connecting pregnant women and babies in these communities with enhanced care management benefits.
- Participating in a formal improvement effort to streamline the provision of 17-hydroxyprogesterone caproate (17P) to prevent preterm births.
- Funding research to better understand best-practice methods of group care for expectant mothers in targeted Ohio communities to inform future improvement efforts.

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, 2016–June 30, 2017, 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 2017 EQR, HSAG reviewed Buckeye’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 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

Since SFY 2015, Buckeye has focused on reducing preterm births and infant mortality by reducing barriers to progesterone use through its participation in the *Progesterone Initiation* PIP. In SFY 2017, Buckeye completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions).

Table 5-1—SMART Aim Measure Results

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level Assigned to PIP
Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	100%	<i>High Confidence</i>

Buckeye exceeded the SMART Aim goal for 13 of the 17 months where there were eligible members.

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 five 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 2016 and HEDIS 2017 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

For CY 2016, Buckeye's average performance on HEDIS measures for the Healthy Children population stream is estimated to be at the 33rd national Medicaid National Committee for Quality Assurance (NCQA) percentile. The average score is based on consistently low performance within the Healthy Children population stream, with only four of the nine measure rates (*Children and Adolescents' Access to Primary Care Practitioners—12–19 Years*, *Adolescent Well-Care Visits*, *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*, and *Appropriate Treatment for Children With Upper Respiratory Infection*) having an estimated rating at or above the 25th percentile. In analyzing the measures in aggregate, Buckeye's CY 2016 overall results for the Healthy Children population stream increased from CY 2015 to CY 2016 and ranked fifth out of the five Ohio Medicaid MCPs.

Healthy Adults

For CY 2016, Buckeye's average performance on HEDIS measures for the Healthy Adults population stream is estimated to be at the 41st national Medicaid NCQA percentile. This average score is based on disparate performance within the Healthy Adults population stream, with the *Adults' Access to Preventive/Ambulatory Health Services—Total* rate estimated to be just above the 20th percentile, but the *Breast Cancer Screening* and *Cervical Cancer Screening* rates were both above the 50th percentile. In analyzing the measures in aggregate, Buckeye's CY 2016 overall results for the Healthy Adults population stream increased from CY 2015 to CY 2016 and ranked second out of the five Ohio Medicaid MCPs.

Women of Reproductive Age

For CY 2016, Buckeye's average performance on HEDIS measures for the Women of Reproductive Age population stream is estimated to be at the 72nd national Medicaid NCQA percentile. The average score is based on consistently high performance within the Women of Reproductive Age population stream, with rating estimates ranging from just below the 65th percentile for the *Prenatal and Postpartum Care—Postpartum Care* measure to just above the 80th percentile for the *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* measure. In analyzing the measures in aggregate, Buckeye's CY 2016 overall results for the Women of Reproductive Age population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2016, Buckeye's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 59th national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* rates both being below the 33rd percentile, but the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total*, *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*, and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* rates being estimated at the 64th, 75th, and 95th percentiles, respectively. In analyzing the measures in aggregate, Buckeye's CY 2016 overall results for the Behavioral Health population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2016, Buckeye's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 54th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, and *Controlling High Blood Pressure* rates having estimated ratings at the 20th, 38th, and 42nd percentiles, respectively. Whereas, the *Medication Management for People With Asthma—Medication Compliance 75%, Total*; *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*; and *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid* rates had estimated ratings at the 57th, 59th, and 79th percentiles, respectively. In analyzing the measures in aggregate, Buckeye's CY 2016 overall results for the Chronic Conditions population stream increased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated five measures in CY 2016.

Buckeye met the respective minimum performance standards (MPS) for the *Percent of Live Births Weighing Less than 2,500 grams* measure in CY 2014 and CY 2015. In CY 2015, Buckeye's rate was worse than the statewide average rate.

Buckeye's performance was better than the statewide average in CY 2016 for *PDI 14—Asthma Admissions*. For the *PQI 8—Heart Failure Admissions* and *PQI 13—Angina Without Procedure Admissions* measures, performance was worse than the statewide average in CY 2016. The *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* measure met the MPS but was worse than statewide average for CY 2016.

CAHPS

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

- Adult Medicaid CAHPS Survey
 - Though none of the changes were statistically significant, Buckeye's performance improved for every global rating and composite measure except for *Rating of Health Plan*, which declined from 2015 to 2016. Some of the performance improvement changes were only slight improvements.
 - For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 25th percentile but below the 50th percentile.
- Child Medicaid CAHPS Survey
 - Buckeye's performance declined for *Getting Needed Care* and *Customer Service* from 2015 to 2016. Of these measures, Buckeye's decline in performance from 2015 to 2016 for *Getting Needed Care* was statistically significant.
 - For *Rating of Specialist Seen Most Often*, the 2016 mean exceeded the 2015 mean, and this improvement in performance was statistically significant.
 - For the *Coordination of Care* individual item measure, for which trending is not available, the mean was below the 25th percentile.

Pay-for-Performance

For SFY 2017, 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 seven 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 five 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 corrective action plan for each requirement that was not met.

Network Adequacy Validation

Buckeye submits its network provider data through ODM's Managed Care Provider Network (MCPN) database, which is used by ODM as a mechanism to monitor network adequacy and evaluate adherence to provider panel requirements. In CY 2016, Buckeye was assessed \$20,000 in fines for failure to meet all Medicaid provider panel requirements in the regions for which Buckeye holds provider agreements.

ODM also contracted with HSAG to conduct secret shopper telephone surveys of providers’ offices in the Northeast region of the State during SFY 2017 to further validate provider data accuracy rates compared to the MCPN as reflected in Table 5-2.

Table 5-2—MCP-Level Data Element Accuracy Rate—Northeast Region

Data Element	Denominator ¹	Response From Telephone Survey Matching with MCPN Information			
		Matched		Not Matched	
		Number	%	Number	%
Telephone Number	320	278	86.9	42	13.1
Accepting MCP	320	216	67.5	104	32.5
Accepting Listed Program Type	216	202	93.5	14	6.5
Provider a PCP	202	177	87.6	25	12.4
Accepting New Patients	177	125	70.6	52	29.4
Provider's First Name	134	134	100.0	0	0.0
Provider's Last Name	134	133	99.3	1	0.7
Address: Street Number and Name	134	105	78.4	29	21.6
Address: Suite Number	134	115	85.8	19	14.2
Address: City, State, ZIP code	134	117	87.3	17	12.7
County ²	134	130	97.0	4	3.0

¹ As a result of the secret shopper survey design, each data element may have a different denominator.

² No cases listed as “Out-of-State” were excluded from the calculation of this accuracy rate.

Encounter Data Validation

Delivery Payment Encounters

The SFY 2017 Encounter Data Validation (EDV) study of delivery payment encounters was conducted to evaluate the extent to which delivery claims submitted by Buckeye for its Medicaid members were supported by documentation in the members’ medical records. The rate of paid claims substantiated by medical record documentation for Buckeye was 25.6 percent in the current study. ODM has defined the standard payment accuracy as 100 percent for all MCPs.

Institutional Encounters

Based on results from the SFY 2016 EDV study, considerable discrepancies were noted within the institutional claims/encounters. As such, ODM changed the approach of the SFY 2017 EDV study to focus on one encounter type—institutional encounters. The SFY 2017 EDV study of institutional encounters was conducted to assess whether the encounter data in ODM’s Medicaid Information Technology System (MITS) file reflected the payment amounts, third party liability (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. Payment error occurs when a payment amount discrepancy was identified among matched encounters.

HSAG conducted an on-site review for sampled discrepant encounters, in conjunction with desk reviews of the sampled cases. Using results from the comparative analysis, HSAG identified 411 discrepant records for Buckeye for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 411 records as either *mismatch*, *surplus*, or *omission*, depending on the nature of the discrepancies.

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

Quality Rating of MCPs

The 2017 MCP Report Card demonstrated how Buckeye compared to other Ohio Medicaid MCPs in key performance areas. The MCP Report Card used stars to display results for Buckeye, as shown in Table 5-3.

Table 5-3—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★	Above Ohio Medicaid Average	The MCP’s performance was above average compared to all Ohio Medicaid MCPs.
★★	Ohio Medicaid Average	The MCP’s performance was average compared to all Ohio Medicaid MCPs.
★	Below Ohio Medicaid Average	The MCP’s performance was below average compared to all Ohio Medicaid MCPs.

Table 5-4 displays Buckeye’s quality rating results for CY 2015 and CY 2016.

Table 5-4—Quality Rating Results by Performance Area for Buckeye

Performance Area	CY 2015 Star Rating	CY 2016 Star Rating
Getting Care	★	★★
Doctors’ Communication and Service	★★	★★
Keeping Kids Healthy	★	★★
Living With Illness	★	★
Women’s Health	★★★	★★★

Strengths, Weaknesses, and Overall Conclusions

Healthy Children

Buckeye demonstrated both improvements and opportunities for improvement in the performance area of Healthy Children based on the results of the SFY 2017 EQR activities. While Buckeye demonstrated improvement in most performance measures, rates for seven out of nine of the ODM HEDIS performance measures were below the national Medicaid 50th percentile, reflecting additional focus is needed in this area. This focus on children’s preventive care access should positively impact other Healthy Children HEDIS measures, ensuring Ohio children establish healthy lifestyles early in life, improving their health as adults, and positively impacting Ohio’s population health in the future. Buckeye’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Strength: The <i>Appropriate Treatment for Children with Upper Respiratory Infection</i> HEDIS measure rate was at or above the national Medicaid 50th percentile. • Weakness: The <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total</i> HEDIS measure rate was below statewide average and below the national Medicaid 25th percentile.
Timeliness	<ul style="list-style-type: none"> • Weakness: There was some improvement in the <i>Well-Child Visits in the First 15 Months of Life</i> and <i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</i> HEDIS measures; however, the HEDIS CY 2016 star ratings for these measures were below the national Medicaid 50th and 25th percentiles, respectively. • Strength: The <i>Adolescent Well-Care Visits</i> HEDIS measure increased by 14.0 percentage points from CY 2015 to CY 2016 and exceeded the statewide average.
Access	<ul style="list-style-type: none"> • Weakness: 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 25th percentile for children ages 12–24 months, 25 months–6 years, and 7–11 years.

Healthy Adults

Buckeye demonstrated strengths and an opportunity for improvement in the performance area of Healthy Adults based on the results of the SFY 2017 EQR activities. These results show a need for continued effort to ensure adults are connected to and routinely visit their providers for preventive services. This focus is important to Buckeye’s adult members as prevention of disease before it begins is key to helping people have healthier, longer lives.⁵⁻¹ Buckeye’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Strength: Rated at or above the national Medicaid 50th percentile and at or above the statewide average for <i>Breast Cancer Screening</i> HEDIS measure. • Strength: Although below statewide average, the <i>Cervical Cancer Screening</i> HEDIS measure rate was at or above the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> • Refer to the conclusions documented in the performance area of coordination of and accessibility to care, encompassing all populations.
Access	<ul style="list-style-type: none"> • Weakness: The rate for the <i>Adults' Access to Preventive/Ambulatory Health Services—Total</i> measure was below the national Medicaid 25th percentile and declined from CY 2015 to CY 2016.

Women of Reproductive Age

Buckeye demonstrated consistent strengths and one opportunity for improvement in the area of Women of Reproductive Age based on the results of SFY 2017 EQR activities. While Buckeye demonstrated success in prenatal care, the expected impact of timeliness and access to quality prenatal care was not reflected in the outcomes of newborn birth weights. As part of Buckeye’s responsibility to improve Ohio infant mortality rates, HSAG recommends Buckeye address factors contributing to low birth weights. Buckeye’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Weakness: The <i>Percent of Live Births Weighing Less than 2,500 grams</i> CHIPRA measure met the MPS in CY 2014 and CY 2015, but the CY 2015 result was below the statewide average rate. • Strength: The <i>Progesterone Initiation</i> PIP results exceeded both the baseline and the established goal for the percentage of progesterone-eligible candidates who received an initial dose of progesterone treatment between 16–24 weeks’ gestation. Additionally,

⁵⁻¹ 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: March 28, 2018.

Performance Area	Overall Performance Impact
	<p>Buckeye recognized opportunities to more quickly identify progesterone-eligible candidates and enhanced the use of the eligibility redetermination file to improve candidates' continuity of care.</p> <ul style="list-style-type: none"> • Strength: The MCP achieved a consistent three-star rating for Women's Health within the MCP Report Card, which indicates performance above the Ohio Medicaid average.
Timeliness	<ul style="list-style-type: none"> • Strength: Buckeye achieved at or above the national Medicaid 50th percentile in <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i> HEDIS measures.
Access	<ul style="list-style-type: none"> • Strength: The <i>Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits</i> measure rate was at or above the national Medicaid 75th percentile.

Behavioral Health

Buckeye demonstrated generally consistent strengths in the performance area of Behavioral Health based on the results of the SFY 2017 EQR activities. For the *Follow-Up After Hospitalization for Mental Illness* HEDIS measure, Buckeye demonstrated the largest percentage point increase when compared to the other MCPs. Timely follow-up is essential to avoid readmissions and emergency department visits and can potentially impact comorbidities as appropriate outpatient management of behavioral health conditions supports increased compliance with treatment of chronic conditions such as diabetes and hypertension. Buckeye's overall performance in this area demonstrates the following impact for this population's quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Weakness: The <i>Antidepressant Medication Management—Effective Acute Phase Treatment</i> and <i>Effective Continuation Phase Treatment</i> measure rates were both below the statewide average and the national Medicaid 50th percentile. • Strength: Buckeye 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 and increased this measure's rate by 14.7 percentage points from CY 2015 to CY 2016. • Strength: 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.
Timeliness	<ul style="list-style-type: none"> • Strength: Buckeye achieved a 24.3 percentage point improvement in the <i>Follow-Up After Hospitalization for Mental Illness</i> HEDIS measure, resulting in performance at or above the statewide average and at or above 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.

Chronic Conditions

Buckeye demonstrated disparate results in the performance area of Chronic Conditions based on the results of the SFY 2017 EQR activities. The identified weaknesses are reflected by a one-star rating in the Living With Illness performance area in the MCP Report Card, demonstrating a rating below the Ohio Medicaid average. It is important Buckeye adjust these 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.⁵⁻² Buckeye’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Weakness: While better than the statewide average, the rate for the <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> measure was below the national Medicaid 50th percentile. The rate for the <i>Blood Pressure Control (<140/90 mm Hg)</i> measure was below the national Medicaid 25th percentile. • Weakness: While there was a 6.8 percentage point improvement from CY 2015 to CY 2016 for the <i>Controlling High Blood Pressure</i> HEDIS measure rate, performance was below the national Medicaid 50th percentile. • Strength: Although Buckeye’s <i>Medication Management for People With Asthma—Medication Compliance 75%, Total</i> HEDIS measure rate was below statewide average, it was at or above the national Medicaid 50th percentile. • Strength: The <i>Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid</i> HEDIS measure rate was at or above the national Medicaid 75th percentile. • Strength: Performance was better than the statewide average in CY 2016 for the non-HEDIS measure <i>PDI 14—Asthma Admissions</i>. • Weakness: Performance was worse than the statewide average in CY 2016 for <i>PQI 8—Heart Failure Admissions, PQI 13—Angina Without Procedure Admissions, and PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i>.
Timeliness	<ul style="list-style-type: none"> • Strength: While the <i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i> HEDIS measure rate was below statewide average, it was at or above national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> • Refer to the conclusions documented in the performance area of coordination of and accessibility to care, encompassing all populations.

⁵⁻² 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 March 28, 2018.

Coordination of and Accessibility to Care—All Populations

Buckeye demonstrated strengths and opportunities for improvement in the performance area of coordination of and accessibility to care, encompassing all populations, based on the results of the SFY 2017 EQR activities. While Buckeye’s provider network appeared adequate to meet member needs, the members’ experience demonstrated potential difficulty accessing timely and quality care from contracted providers as well as poor member experience with care coordination. A heightened 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’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: The MCP received a CY 2016 two-star rating for the adult Medicaid CAHPS survey under <i>Rating of Health Plan</i>, which is a decrease from the CY 2015 three-star rating. Strength: Buckeye achieved a five-star rating for the adult Medicaid CAHPS survey measure <i>How Well Doctors Communicate</i> and a five-star rating for the child Medicaid CAHPS survey measures <i>Rating of All Health Care</i> and <i>Rating of Specialist Seen Most Often</i>, indicating performance at or above the national Medicaid 90th percentile. Weakness: Results from the child and adult CAHPS survey measure <i>Coordination of Care</i> was below the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> Weakness: While the adult Medicaid CAHPS survey measure <i>Getting Care Quickly</i> improved to a three-star rating in CY 2016, performance was below the 75th percentile, demonstrating additional opportunity. Weakness: The <i>Getting Care Quickly</i> child CAHPS survey measure decreased from a five-star rating in CY 2015 to a four-star rating in CY 2016.
Access	<ul style="list-style-type: none"> Weakness: While the adult Medicaid CAHPS survey measure <i>Getting Needed Care</i> improved to a three-star rating in CY 2016, performance was between the 50th and 74th percentiles, demonstrating additional opportunity. Weakness: The <i>Getting Needed Care</i> child CAHPS survey measure significantly declined from a five-star rating in CY 2015 to a two-star rating in CY 2016. Strength: The MCP demonstrated an adequate provider network as noted through the SFY 2017 Comprehensive Administrative Review. Weakness: Secret shopper telephone surveys of providers’ offices in SFY 2017 demonstrated discrepancies in provider information documented within the MCPN. Specifically, there were gaps in data accuracy in the areas of <i>Accepting MCP</i>, <i>Accepting New Patients</i>, and <i>Address: Street Number and Name</i>, indicating potential risks to member accessibility to and timeliness of care.

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 2016, HSAG made the following recommendations to Buckeye:

- Buckeye should participate in a PIP to address low performance related to chronic conditions, specifically diabetes, hypertension, and asthma.
- Buckeye should leverage the CPC program to improve the health of members with diabetes, hypertension, and asthma.
- Buckeye should continue performance improvement efforts for reducing preterm birth and infant mortality by evaluating and enhancing its processes related to administering progesterone treatment and providing enhanced care management services to at-risk pregnant women.

To address these recommendations, Buckeye:

- Currently participates in a *Hypertension Control and Disparity Reduction* PIP that focuses on improving hypertension control for targeted Medicaid members and the reduction of disparities for the African American population. Through this PIP, Buckeye should be successful using quality improvement science methods and tools to standardize processes for identifying members with hypertension, collaborating with and assisting provider practice sites with using evidence-based strategies for treating members with hypertension to improve blood pressure control, and improving health outcomes for members with hypertension.
- Continues to establish and foster partnerships with CPC practices to improve population health. Buckeye supports the CPC practices through a multitude of administrative activities, which include outreach to members to provide education about the benefits of CPC, assistance to members with CPC selection, and the facilitation of referrals to CPC practices. Buckeye also assists with the identification of services that members have not received to identify gaps in care; helps coordinate services; and shares timely, meaningful, and actionable data with the CPC practices to facilitate population health activities. Buckeye is also participating in a CPC QIP, which focuses on further relationship building with the CPC practices.
- Continues quality improvement activities initiated during the SFY 2017 *Progesterone Initiation* PIP. Buckeye also continues to collect and report data to ODM on the number of eligible women who had their first dose of progesterone between 16–24 weeks gestation. Buckeye also communicates and coordinates processes with CDJFS to prevent loss of Medicaid and MCP coverage during pregnancy. Additionally, an electronic version of the standardized Pregnancy Risk Assessment form was developed and is now available on ODM's website for Medicaid providers to use to notify the applicable county and MCP of pregnancies and the need for progesterone treatment. The standardized processes implemented during the PIP have been spread statewide to OB/GYN practices.

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 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* 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 of Reproductive Age

- *Percent of Live Births Weighing Less than 2,500 grams* 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

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) is Buckeye considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, Buckeye should include the following within the quality improvement workplan 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.

CareSource

To conduct the SFY 2017 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

Since SFY 2015, CareSource has focused on reducing preterm births and infant mortality by reducing barriers to progesterone use through its participation in the *Progesterone Initiation* PIP. In SFY 2017, CareSource completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions).

Table 5-5—SMART Aim Measure Results

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level Assigned to PIP
Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	100%	<i>High Confidence</i>

CareSource exceeded the SMART Aim goal of 30.0 percent for all 18 months of the PIP.

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 five 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 2016 and HEDIS 2017 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

For CY 2016, CareSource's average performance on HEDIS measures for the Healthy Children population stream is estimated to be at the 45th national Medicaid NCQA percentile. The average score is based on consistent performance within the Healthy Children population stream, with only the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total* rate ranking below the 25th percentile. The remaining eight measures within the Healthy Children population stream had estimated ratings ranging from the 40th percentile for the *Adolescent Well-Care Visits* measure to the 70th percentile for the *Children and Adolescents' Access to Primary Care Practitioners—12–19 Years* measure. In analyzing the measures in aggregate, CareSource's CY 2016 overall results for the Healthy Children population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Healthy Adults

For CY 2016, CareSource's average performance on HEDIS measures for the Healthy Adults population stream is estimated to be at the 62nd national Medicaid NCQA percentile. This average score is based on disparate performance within the Healthy Adults population stream, with the *Breast Cancer Screening* rate estimated to be just above the 43rd percentile and the *Cervical Cancer Screening* rate was estimated to be at the 80th percentile. In analyzing the measures in aggregate, CareSource's CY 2016 overall results for the Healthy Adults population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Women of Reproductive Age

For CY 2016, CareSource's average performance on HEDIS measures for the Women of Reproductive Age population stream is estimated to be at the 61st national Medicaid NCQA percentile. The average score is based on consistent performance within the Women of Reproductive Age population stream, with rating estimates ranging from the 57th percentile for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure to the 68th percentile for the *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* measure. In analyzing the measures in aggregate, CareSource's CY 2016 overall results for the Women of Reproductive Age population stream increased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2016, CareSource’s average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 50th 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*, *Antidepressant Medication Management—Effective Continuation Phase Treatment* and *Effective Acute Phase Treatment* rates estimated to be at the 23rd, 33rd, and 36th percentiles, respectively. On the other hand, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* rates had estimated ratings at the 69th and 90th percentiles, respectively. In analyzing the measures in aggregate, CareSource’s CY 2016 overall results for the Behavioral Health population stream decreased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2016, CareSource’s average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 49th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Controlling High Blood Pressure*, *Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)*, and *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* rates having estimated ratings at the 7th, 13th, and 18th percentiles, respectively. On the other hand, the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*; *Medication Management for People With Asthma—Medication Compliance 75%, Total*; and *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid* rates had estimated ratings at the 65th, 76th, and 82nd percentiles, respectively. In analyzing the measures in aggregate, CareSource’s CY 2016 overall results for the Chronic Conditions population stream showed no substantial change from CY 2015 to CY 2016 and ranked fourth out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated five measures in CY 2016.

CareSource met the respective MPS for the *Percent of Live Births Weighing Less than 2,500 grams* measure in CY 2014 and CY 2015. In CY 2015, CareSource’s rate was better than the statewide average rate.

CareSource performed worse than the statewide average for all Pediatric Quality Indicators / Prevention Quality Indicators (PDI/PQI) measures in CY 2016, demonstrating that an opportunity for improvement exists. Additionally, CareSource met the performance standard for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* in CY 2016.

CAHPS

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

- Adult Medicaid CAHPS Survey
 - CareSource's performance declined for *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Getting Care Quickly* from 2015 to 2016. Of these measures, CareSource's rate for *Rating of Specialist Seen Most Often* decreased by a statistically significant amount.
 - CareSource's performance improved for *Rating of Health Plan* and *Customer Service* from 2015 to 2016.
 - For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 25th percentile but below the 50th percentile.
- Child Medicaid CAHPS Survey
 - CareSource improved or maintained consistently high performance (at or above the 75th percentile) for every global rating and composite measure from 2015 to 2016. One measure's 2016 mean exceeded the 2015 mean by a statistically significant amount, *Rating of Specialist Seen Most Often*.
 - For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 50th percentile but below the 75th percentile.

Pay-for-Performance

For SFY 2017, 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 seven 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 four 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 corrective action plan for each requirement 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. In CY 2016, CareSource was assessed \$15,000 in fines for failure to meet all Medicaid provider panel requirements in the regions for which CareSource holds provider agreements.

ODM also contracted with HSAG to conduct secret shopper telephone surveys of providers’ offices in the Northeast region of the State during SFY 2017 to further validate provider data accuracy rates compared to the MCPN as reflected in Table 5-6.

Table 5-6—MCP-Level Data Element Accuracy Rate for CareSource—Northeast Region

Data Element	Denominator ¹	Response From Telephone Survey Matching with MCPN Information			
		Matched		Not Matched	
		Number	%	Number	%
Telephone Number	342	312	91.2	30	8.8
Accepting MCP	342	248	72.5	94	27.5
Accepting Listed Program Type	248	221	89.1	27	10.9
Provider a PCP	221	213	96.4	8	3.6
Accepting New Patients	213	139	65.3	74	34.7
Provider's First Name	166	164	98.8	2	1.2
Provider's Last Name	166	166	100.0	0	0.0
Address: Street Number and Name	166	133	80.1	33	19.9
Address: Suite Number	166	148	89.2	18	10.8
Address: City, State, ZIP code	166	137	82.5	29	17.5
County ²	162	157	96.9	5	3.1

¹ As a result of the secret shopper survey design, each data element may have a different denominator.

² Four cases listed as “Out-of-State” were excluded from the calculation of this accuracy rate.

Encounter Data Validation

Delivery Payment Encounters

The SFY 2017 EDV study of delivery payment encounters was conducted to evaluate the extent to which delivery claims submitted by CareSource for its Medicaid members were supported by documentation in the members’ medical records. The rate of paid claims substantiated by medical record documentation for CareSource was 25.6 percent in the current study. ODM has defined the standard payment accuracy as 100 percent for all MCPs.

Institutional Encounters

Based on results from the SFY 2016 EDV study, considerable discrepancies were noted within the institutional claims/encounters. As such, ODM changed the approach of the SFY 2017 EDV study to focus on one encounter type—institutional encounters. The SFY 2017 EDV study of institutional encounters was conducted to assess whether the encounter data in ODM’s MITS 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. Payment error occurs when a payment amount discrepancy was identified among matched encounters.

HSAG conducted an on-site review for sampled discrepant encounters, in conjunction with desk reviews of the sampled cases. Using results from the comparative analysis, HSAG identified 411 discrepant records for CareSource for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 411 records as either *mismatch*, *surplus*, or *omission*, depending on the nature of the discrepancies.

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

Quality Rating of MCPs

The 2017 MCP Report Card demonstrated how CareSource compared to other Ohio Medicaid MCPs in key performance areas. The MCP Report Card used stars to display results for CareSource, as shown in Table 5-7.

Table 5-7—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★	Above Ohio Medicaid Average	The MCP’s performance was above average compared to all Ohio Medicaid MCPs.
★★	Ohio Medicaid Average	The MCP’s performance was average compared to all Ohio Medicaid MCPs.
★	Below Ohio Medicaid Average	The MCP’s performance was below average compared to all Ohio Medicaid MCPs.

Table 5-8 displays CareSource’s quality rating results for CY 2015 and CY 2016.

Table 5-8—Quality Rating Results by Performance Area for CareSource

Performance Area	CY 2015 Star Rating	CY 2016 Star Rating
Getting Care	★★	★★
Doctors’ Communication and Service	★★	★★★
Keeping Kids Healthy	★★★	★★★
Living With Illness	★★★	★★
Women’s Health	★★★	★★

Strengths, Weaknesses, and Overall Conclusions

Healthy Children

CareSource demonstrated both strengths and opportunities for improvement in the performance area of Healthy Children based on the results of the SFY 2017 EQR activities. While CareSource received a three-star rating for the Keeping Kids Healthy performance area in the MCP Report Card, indicating performance above the Ohio Medicaid average, four out of nine Healthy Children ODM HEDIS performance measures rated below the national Medicaid 50th percentile, reflecting that additional focus is needed in this area to improve national performance. CareSource should give special consideration to children’s preventive care access as it is critical to ensure Ohio children establish healthy lifestyles early in life, improving their health as adults, which can positively impact Ohio’s population health in the future. CareSource’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Strength: While the <i>Appropriate Treatment for Children with Upper Respiratory Infection</i> HEDIS measure did not meet the statewide average, it was above the national Medicaid 50th percentile. • Weakness: The <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile, Total</i> HEDIS measure was below the statewide average, and the national Medicaid 25th percentile.
Timeliness	<ul style="list-style-type: none"> • Strength: The <i>Well-Child Visits in the First 15 Months of Life</i> HEDIS measure rate was at or above the national Medicaid 50th percentile, met or exceeded the statewide average, and had a 5.9 percentage point increase from CY 2015 to CY 2016. • Weakness: Although the <i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</i> HEDIS measure rate increased from CY 2015 to CY 2016, the rate was below the national Medicaid 50th percentile. • Weakness: The <i>Adolescent Well-Care Visits</i> HEDIS measure rate dropped from CY 2015 to CY 2016 and was below the national Medicaid 50th percentile.

Performance Area	Overall Performance Impact
Access	<ul style="list-style-type: none"> Strength: For the <i>Children and Adolescents' Access to Primary Care Practitioners</i> measure, the 25 months–6 years, 7–11 years, and 12–19 years' age groups had rates that met or exceeded the statewide average and were at or above the national Medicaid 50th percentile. Weakness: While the <i>Children and Adolescents' Access to Primary Care Practitioners</i> HEDIS measure rate for the 12–24 months' age group was better than the statewide average and improved from CY 2015 to CY 2016, the rate was below the national Medicaid 50th percentile.

Healthy Adults

CareSource demonstrated strengths and an opportunity for improvement in the performance area of Healthy Adults based on the results of the SFY 2017 EQR activities. CareSource's results were at or above the statewide average for all applicable measures, and CareSource generally demonstrated adequate assurance of adult access to preventive care. This continued focus is important to CareSource's adult members as prevention of disease before it begins is key to helping people have healthier, longer lives.⁵⁻³ CareSource's overall performance in this area demonstrates the following impact for this population's quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: While the <i>Breast Cancer Screening</i> HEDIS measure rate increased from CY 2015 to CY 2016, performance rated below the national Medicaid 50th percentile. Strength: The MCP ranked at or above the national Medicaid 75th percentile for the <i>Cervical Cancer Screening</i> HEDIS measure, with the rate increasing by 2.4 percentage points from CY 2015 to CY 2016.
Timeliness	<ul style="list-style-type: none"> Refer to the conclusions documented in the performance area of coordination of and accessibility to care, encompassing all populations.
Access	<ul style="list-style-type: none"> Strength: While the <i>Adults' Access to Preventive/Ambulatory Health Services—Total</i> HEDIS measure rate dropped from CY 2015 to CY 2016, performance was at or above the national Medicaid 50th percentile, and at or above the statewide average.

⁵⁻³ 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: March 28, 2018.

Women of Reproductive Age

CareSource demonstrated national Medicaid performance strengths and State comparative opportunities for improvement in the performance area of Women of Reproductive Age, based on the results of SFY 2017 EQR activities. CareSource results show a discrepancy between high performance with above-average results in newborn birth weights, yet below average prenatal care utilization. Additionally, the Women’s Health performance area within the MCP Report Card dropped from a three-star rating in CY 2015 to a two-star rating in CY 2016, indicating a decrease in performance related to this population. CareSource should increase efforts related to members accessing prenatal care to ensure babies have optimal birth outcomes. CareSource’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Strength: CareSource performed better than the statewide average in CY 2015 for the <i>Percent of Live Births Weighing Less than 2,500 grams</i> CHIPRA measure. Additionally, the MPS for this measure was met for both CY 2014 and CY 2015. • Strength: The <i>Progesterone Initiation</i> PIP results exceeded both the baseline and the established goal for the percentage of progesterone-eligible candidates who received an initial dose of progesterone treatment between 16–24 weeks’ gestation. Additionally, CareSource recognized opportunities to more quickly identify progesterone-eligible candidates and established regular communication efforts with OPQC providers to address barriers and challenges related to progesterone treatment.
Timeliness	<ul style="list-style-type: none"> • Strength: Although the <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> HEDIS measure was below the statewide average, it was at or above the national Medicaid 50th percentile. • Strength: The <i>Prenatal and Postpartum Care—Postpartum Care</i> HEDIS measure rate was at or above the national Medicaid 50th percentile and the statewide average.
Access	<ul style="list-style-type: none"> • Strength: The <i>Frequency of Ongoing Prenatal Care</i> HEDIS measure rate was at or above the national Medicaid 50th percentile.

Behavioral Health

CareSource demonstrated strengths and opportunities for improvement in the performance area of Behavioral Health based on the results of the SFY 2017 EQR activities. CareSource’s results show a need to apply a heightened focus on ensuring no further decreases in the Behavioral Health performance measures as the decreases from CY 2015 to CY 2016 resulted in rates below the statewide average. Appropriate management of behavioral health conditions may improve quality of life, which is especially important for people living with chronic conditions.⁵⁻⁴ CareSource’s overall performance in

⁵⁻⁴ 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: March 28, 2018.

this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: The <i>Antidepressant Medication Management—Effective Acute Phase Treatment</i> and <i>Effective Continuation Phase Treatment</i> measure rates were both below the statewide average and the national Medicaid 50th percentile. Strength: CareSource rated at or above the national Medicaid 75th percentile in the <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total HEDIS</i> measure. Weakness: CareSource rated below the national Medicaid 25th percentile and below the statewide average in the <i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total HEDIS</i> measure.
Timeliness	<ul style="list-style-type: none"> Strength: While the <i>Follow-Up After Hospitalization for Mental Illness</i> HEDIS measure rate dropped from CY 2015 to CY 2016 and did not meet statewide average, the rate was above the national Medicaid 50th percentile indicating a national strength and an opportunity for state-comparative improvement.
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

CareSource demonstrated strengths and several opportunities for improvement in the performance area of Chronic Conditions based on the results of the SFY 2017 EQR activities. CareSource’s results in the Living With Illness performance area within the MCP Report Card declined as demonstrated by a star rating decrease from three stars (above average) in CY 2015 to two stars in CY 2016. 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.⁵⁻⁵ CareSource’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: Rates for the <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>Blood Pressure Control (<140/90 mm Hg)</i> HEDIS measures dropped from CY 2015 to CY 2016 and were below the national Medicaid 25th percentile. Weakness: The <i>Controlling High Blood Pressure</i> HEDIS measure rate declined from CY 2015 to CY 2016 and rate was below the national Medicaid 10th percentile.

⁵⁻⁵ 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 March 28, 2018.

Performance Area	Overall Performance Impact
	<ul style="list-style-type: none"> Strength: CareSource achieved a rate at or above the national Medicaid 50th percentile and at or above the statewide average in the <i>Medication Management for People With Asthma—Medication Compliance 75%</i>, Total HEDIS measure. Strength: The rate for the <i>Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid</i> HEDIS measure exceeded the national Medicaid 75th percentile. Weaknesses: CareSource performed worse than the statewide average for all PDI/PQI measures in CY 2016. Additionally, rates for all three PQI measures increased in CY 2016, indicating a decline in performance. Performance was worse than the statewide average in CY 2016 but met the MPS for <i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i>.
Timeliness	<ul style="list-style-type: none"> Strength: The <i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i> HEDIS measure rate was at or above the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> Refer to the conclusions documented in the performance area of coordination of and accessibility to care, encompassing all populations.

Coordination of and Accessibility to Care—All Populations

CareSource demonstrated strengths and opportunities for improvement in the performance area of coordination of and accessibility to care, encompassing all populations, based on the results of the SFY 2017 EQR activities. While CareSource’s provider network appeared adequate to meet member needs, and there were consistent strengths noted for children and some strengths noted for adults in this performance area, results declined for multiple adult measures. Adult members’ experience demonstrated significant decline related to specialist performance as well as a decline in the provider experience as a whole. CareSource should focus efforts in adult care coordination and access to impact adult members’ perceptions of the care and services that are being provided to them by CareSource and their providers. By improving member experience in these areas, CareSource should impact adult preventive care utilization plus management of chronic conditions, since members’ negative experiences can prevent members from visiting their providers. CareSource’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strength: CareSource received a CY 2016 five-star rating for the <i>Rating of Health Plan</i> adult Medicaid CAHPS survey measure, demonstrating an increase from the CY 2015 four-star rating. Strength: The MCP received a CY 2016 five-star rating for the <i>How Well Doctors Communicate</i> and <i>Customer Service</i> adult Medicaid CAHPS survey measures, demonstrating performance at or above the national Medicaid 90th percentile. Strength: Performance for the child Medicaid CAHPS survey measure <i>Rating of Specialist Seen Most Often</i> improved significantly from CY 2015 to CY 2016, by 0.16 percentage points.

Performance Area	Overall Performance Impact
	<ul style="list-style-type: none"> Weakness: The <i>Rating of Specialist Seen Most Often</i> adult Medicaid CAHPS survey measure dropped significantly from a four-star rating in CY 2015 to a one-star rating in CY 2016. Strength: The child Medicaid CAHPS survey measures relating to coordination and accessibility to care for <i>Rating of All Health Care</i>, <i>Rating of Personal Doctor</i>, <i>Rating of Specialist Seen Most Often</i>, <i>How Well Doctors Communicate</i>, and <i>Customer Service</i> ranked at or above the 90th percentile. Weakness: The <i>Coordination of Care</i> adult CAHPS measure received a two-star rating, indicating performance between the national Medicaid 25th and 49th percentiles. The <i>Coordination of Care</i> child CAHPS measure was rated between the national Medicaid 50th and 74th percentiles.
Timeliness	<ul style="list-style-type: none"> Weakness: The adult Medicaid CAHPS survey measure <i>Getting Care Quickly</i> decreased from a four-star rating to a two-star rating. Strength: The child Medicaid CAHPS survey measure <i>Getting Care Quickly</i> ranked at or above the 90th percentile.
Access	<ul style="list-style-type: none"> Weakness: The adult Medicaid CAHPS survey measure <i>Getting Needed Care</i> declined to a three-star rating in CY 2016. Strength: The MCP demonstrated an adequate provider network as noted through the SFY 2017 Comprehensive Administrative Review. Weakness: Secret shopper telephone surveys of providers' offices in SFY 2017 demonstrated discrepancies in provider information documented within the MCPN. Specifically, there were gaps in data accuracy in the areas of <i>Accepting MCP</i>, <i>Accepting New Patients</i>, and <i>Address: Street Number and Name</i>, indicating potential risks to member timeliness of and accessibility to care.

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 2016, HSAG made the following recommendations to CareSource:

- CareSource should participate in a PIP to address low performance related to chronic conditions, specifically diabetes, hypertension, and asthma.
- CareSource should leverage the CPC program to improve the health of members with diabetes, hypertension, and asthma.
- CareSource should continue performance improvement efforts for reducing preterm birth and infant mortality by evaluating and enhancing its processes related to administering progesterone treatment and providing enhanced care management services to at-risk pregnant women.

To address these recommendations, CareSource:

- Currently participates in a *Hypertension Control and Disparity Reduction* PIP that focuses on improving hypertension control for targeted Medicaid members and the reduction of disparities for the African American population. Through this PIP, CareSource should be successful using quality improvement science methods and tools to standardize processes for identifying members with hypertension, collaborating with and assisting provider practice sites with using evidence-based strategies for treating members with hypertension to improve blood pressure control, and improving health outcomes for members with hypertension.
- Continues to establish and foster partnerships with CPC practices to improve population health. CareSource supports the CPC practices through a multitude of administrative activities, which include outreach to members to provide education about the benefits of CPC, assistance to members with CPC selection, and the facilitation of referrals to CPC practices. CareSource also assists with the identification of services that members have not received to identify gaps in care; helps coordinate services; and shares timely, meaningful, and actionable data with the CPC practices to facilitate population health activities. CareSource is also participating in a CPC QIP, which focuses on further relationship building with the CPC practices.
- Continues quality improvement activities initiated during the SFY 2017 *Progesterone Initiation* PIP. CareSource also continues to collect and report data to ODM on the number of eligible women who had their first dose of progesterone between 16–24 weeks gestation. CareSource also communicates and coordinates processes with CDJFS to prevent loss of Medicaid and MCP coverage during pregnancy. Additionally, an electronic version of the standardized Pregnancy Risk Assessment form was developed and is now available on ODM’s website for Medicaid providers to use to notify the applicable county and MCP of pregnancies and the need for progesterone treatment. The standardized processes implemented during the PIP have been spread statewide to OB/GYN practices.

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 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

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) is CareSource considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, CareSource should include the following within the quality improvement workplan 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.

Molina Healthcare of Ohio, Inc.

To conduct the SFY 2017 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

Since SFY 2015, Molina has focused on reducing preterm births and infant mortality by reducing barriers to progesterone use through its participation in the *Progesterone Initiation* PIP. In SFY 2017, Molina completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions).

Table 5-9—SMART Aim Measure Results

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level Assigned to PIP
Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	100%	<i>High Confidence</i>

The highest SMART Aim rate was 100 percent, which was achieved for seven of the 16 months reported, and rates were above the goal of 30.0 percent for the life of the PIP.

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 five 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 2016 and HEDIS 2017 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

For CY 2016, Molina’s average performance on HEDIS measures for the Healthy Children population stream is estimated to be at the 41st national Medicaid NCQA percentile. The average score is based on disparate performance within the Healthy Children population stream, with the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total*; *Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; and *Children and Adolescents’ Access to Primary Care Practitioners—25 Months–6 Years* rates having estimated ratings at the 22nd, 22nd, 28th, and 37th percentiles, respectively. Conversely, the *Well Child Visits in the First 15 Months of Life—6 or More Visits*, *Adolescent Well-Care Visits*, *Children and Adolescents’ Access to Primary Care Practitioners—7–11 Years*, *Children and Adolescents’ Access to Primary Care Practitioners—12–19 Years*, and *Appropriate Treatment for Children With Upper Respiratory Infection* measure rates had estimated ratings of the 44th, 45th, 49th, 51st, and 66th percentiles, respectively. In analyzing the measures in aggregate, Molina’s CY 2016 overall results for the Healthy Children population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Healthy Adults

For CY 2016, Molina’s average performance on HEDIS measures for the Healthy Adults population stream is estimated to be at the 27th national Medicaid NCQA percentile. This average score is based on consistently low performance within the Healthy Adults population stream, with all three measure rates ranking at or below the 31st percentile. In analyzing the measures in aggregate, Molina’s CY 2016 overall results for the Healthy Adults population stream showed no substantial change from CY 2015 to CY 2016 and ranked fifth out of the five Ohio Medicaid MCPs.

Women of Reproductive Age

For CY 2016, Molina’s average performance on HEDIS measures for the Women of Reproductive Age population stream is estimated to be at the 62nd national Medicaid NCQA percentile. The average score is based on disparate performance within the Women of Reproductive Age population stream, with the *Prenatal and Postpartum Care—Postpartum Care* and *Timeliness of Prenatal Care* rates having estimated ratings at the 41st and 59th percentiles, respectively, but the *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* rate has an estimated rating at the 85th percentile. In analyzing the measures in aggregate, Molina’s CY 2016 overall results for the Women of Reproductive Age population showed no substantial change from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2016, Molina’s average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 52nd 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*, *Antidepressant Medication Management—Effective Continuation Phase Treatment*, and *Effective Acute Phase Treatment* rates having estimated ratings at the 31st, 44th, and 47th percentiles, respectively. However, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* rates had estimated ratings at the 62nd and 76th percentiles, respectively. In analyzing the measures in aggregate, Molina’s CY 2016 overall results for the Behavioral Health population stream decreased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2016, Molina’s average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 63rd national Medicaid NCQA percentile. This average score is based on relatively consistent performance within the Chronic Conditions population stream, with the estimated ratings ranging from the 45th percentile for the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* measure to the 78th percentile for the *Medication Management for People With Asthma—Medication Compliance 75%, Total* measure. In analyzing the measures in aggregate, Molina’s CY 2016 overall results for the Chronic Conditions population stream increased from CY 2015 to CY 2016 and ranked second out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated five measures in CY 2016.

Molina did not meet the MPS for the *Percent of Live Births Weighing Less than 2,500 grams* measure in CY 2014 or CY 2015. In CY 2015, Molina’s rate was also worse than the statewide average rate.

Molina’s performance was better than the statewide average for all PDI/PQI measures in CY 2016, and the MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* measure was met in CY 2016.

CAHPS

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

- Adult Medicaid CAHPS Survey
 - Though none of the changes were statistically significant, Molina’s performance improved for *Rating of Specialist Seen Most Often*, *Getting Care Quickly*, and *Customer Service* from 2015 to 2016.
 - Molina’s performance remained stable for *Rating of All Health Care*, *Getting Needed Care*, and *How Well Doctors Communicate* from 2015 to 2016.
 - For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 50th percentile but below the 75th percentile.
- Child Medicaid CAHPS Survey
 - Molina’s performance declined compared to national benchmarks for *Rating of All Health Care*, *Rating of Personal Doctor*, and *How Well Doctors Communicate*, though none of these changes were statistically significant.
 - Performance improved slightly for *Getting Needed Care* from 2015 to 2016.
 - For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 50th percentile but below the 75th percentile.

Pay-for-Performance

For SFY 2017, 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 seven 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 three of the P4P measures exceeded the national Medicaid 50th percentiles.

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 corrective action plan for each requirement 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. In CY 2016, Molina was assessed \$20,000 in fines for failure to meet all Medicaid provider panel requirements in the regions for which Molina holds provider agreements.

ODM also contracted with HSAG to conduct secret shopper telephone surveys of providers’ offices in the Northeast region of the State during SFY 2017 to further validate provider data accuracy rates compared to the MCPN as reflected in Table 5-10.

Table 5-10—MCP-Level Data Element Accuracy Rate for Molina—Northeast Region

Data Element	Denominator ¹	Response From Telephone Survey Matching with MCPN Information			
		Matched		Not Matched	
		Number	%	Number	%
Telephone Number	318	275	86.5	43	13.5
Accepting MCP	318	225	70.8	93	29.2
Accepting Listed Program Type	225	148	65.8	77	34.2
Provider a PCP	148	139	93.9	9	6.1
Accepting New Patients	139	104	74.8	35	25.2
Provider's First Name	104	103	99.0	1	1.0
Provider's Last Name	104	104	100.0	0	0.0
Address: Street Number and Name	104	91	87.5	13	12.5
Address: Suite Number	104	90	86.5	14	13.5
Address: City, State, ZIP code	104	92	88.5	12	11.5
County ²	102	100	98.0	2	2.0

¹ As a result of the secret shopper survey design, each data element may have a different denominator.

² Two cases listed as “Out-of-State” were excluded from the calculation of this accuracy rate.

Encounter Data Validation

Delivery Payment Encounters

The SFY 2017 EDV study of delivery payment encounters was conducted to evaluate the extent to which delivery claims submitted by Molina for its Medicaid members were supported by documentation in the members’ medical records. The rate of paid claims substantiated by medical record documentation for Molina was 42.1 percent in the current study. ODM has defined the standard payment accuracy as 100 percent for all MCPs.

Institutional Encounters

Based on results from the SFY 2016 EDV study, considerable discrepancies were noted within the institutional claims/encounters. As such, ODM changed the approach of the SFY 2017 EDV study to focus on one encounter type—institutional encounters. The SFY 2017 EDV study of institutional encounters was conducted to assess whether the encounter data in ODM’s MITS 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. Payment error occurs when a payment amount discrepancy was identified among matched encounters. HSAG conducted an on-site review for sampled discrepant encounters, in conjunction with desk reviews of the sampled cases. Using results from the comparative analysis, HSAG identified 411 discrepant records for Molina for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 411 records as either *mismatch*, *surplus*, or *omission*, depending on the nature of the discrepancies.

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

Quality Rating of MCPs

The 2017 MCP Report Card demonstrated how Molina compared to other Ohio Medicaid MCPs in key performance areas. The MCP Report Card used stars to display results for Molina, as shown in Table 5-11.

Table 5-11—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★	Above Ohio Medicaid Average	The MCP’s performance was above average compared to all Ohio Medicaid MCPs.
★★	Ohio Medicaid Average	The MCP’s performance was average compared to all Ohio Medicaid MCPs.
★	Below Ohio Medicaid Average	The MCP’s performance was below average compared to all Ohio Medicaid MCPs.

Table 5-12 displays Molina’s quality rating results for CY 2015 and CY 2016.

Table 5-12—Quality Rating Results by Performance Area for Molina

Performance Area	CY 2015 Star Rating	CY 2016 Star Rating
Getting Care	★★	★★
Doctors’ Communication and Service	★★	★★
Keeping Kids Healthy	★★	★★
Living With Illness	★★★	★★★
Women’s Health	★★★	★★

Strengths, Weaknesses, and Overall Conclusions

Healthy Children

Molina demonstrated strengths, improvements, and opportunities for improvement in the performance area of Healthy Children based on the results of the SFY 2017 EQR activities. Although State comparative performance was strong, since rates for seven of the nine ODM HEDIS performance measures were below the national Medicaid 50th percentile, Molina should deploy additional focus in the area of pediatric healthcare management. Through prioritization of children’s preventive care access, Molina can positively impact Ohio children lifestyles, improving their health as adults which should lead to overall improvement for the future of Ohio population health. Molina’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strength: The <i>Appropriate Treatment for Children with Upper Respiratory Infection</i> HEDIS measure met or exceeded statewide average and was at or above the national Medicaid 50th percentile. Weakness: The <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total</i> HEDIS measure rate was below statewide average and below the national Medicaid 25th percentile.
Timeliness	<ul style="list-style-type: none"> Weakness: While performance improved for the <i>Well-Child Visits in the First 15 Months of Life</i> HEDIS measure, the performance related to this measure and the <i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</i> measure were below the national Medicaid 50th percentile. The performance rates for these child measures were also less than the statewide average. Weakness: Although Molina met or exceeded the statewide average in the <i>Adolescent Well-Care Visits</i> HEDIS measure, and the rate increased from CY 2015 to CY 2016, the rate was below the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> Strength: Molina’s performance for the <i>Children and Adolescents' Access to Primary Care Practitioners—12–19 Years</i> HEDIS measure was above the national Medicaid 50th percentile. Weakness: With the exception of the <i>7–11 Years</i> age group, Molina’s performance for the <i>Children and Adolescents' Access to Primary Care Practitioners</i> HEDIS measures was worse than the statewide average. Additionally, the <i>12–24 Months</i> age group rate was below the national Medicaid 25th percentile and the <i>25 months–6 Years</i> and <i>7–11 Years</i> age group rates were below the national Medicaid 50th percentile, indicating opportunities for improvement in each of these age group categories.

Healthy Adults

Molina demonstrated opportunities for improvement in the performance area of Healthy Adults based on the results of the SFY 2017 EQR activities. The weaknesses identified show a need for additional effort to ensure adults are connected to and routinely visit their providers for preventive services. This effort is important because getting recommended preventive services is a key step to good health and well-being for Molina’s adult members.⁵⁻⁶ Molina’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: The <i>Breast Cancer Screening</i> HEDIS measure rate was below the national Medicaid 25th percentile. Weakness: The <i>Cervical Cancer Screening</i> HEDIS measure rate was below the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> Refer to the conclusions documented in the performance area of coordination of and accessibility to care, encompassing all populations.
Access	<ul style="list-style-type: none"> Weakness: The <i>Adults' Access to Preventive/Ambulatory Health Services—Total</i> HEDIS measure rate was below the national Medicaid 50th percentile.

Women of Reproductive Age

Molina demonstrated both strengths and several opportunities for improvement in the performance area of Women of Reproductive Age, based on the results of SFY 2017 EQR activities. Molina’s results show a need for focus in this area as reflected by the decline of the star rating for Women’s Health within the 2017 MCP Report Card. Additionally, the rate decrease in the *Prenatal and Postpartum Care—Postpartum Care* HEDIS measure warrants specific attention due to the potential impact to ideal birth spacing and lack of access to postpartum prescription birth control methods, resulting in a possible link to lower newborn birth weights. These lower newborn birth weights could potentially be linked to the lack of timely postpartum care as members are missing opportunities to discuss ideal birth spacing and birth control methods with their providers. Molina’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: The <i>Percent of Live Births Weighing Less than 2,500 grams</i> CHIPRA measure rate was worse than the statewide average in CY 2015. In addition, Molina did not meet the MPS for this measure in CY 2014 or CY 2015. Strength: The <i>Progesterone Initiation</i> PIP results exceeded both the baseline and the established goal for the percentage of progesterone-eligible candidates who received an initial dose of progesterone treatment between 16–24 weeks’ gestation.

⁵⁻⁶ Centers for Disease Control and Prevention. A CDC Prevention Checklist, Last Revised: May 31, 2017. Available at: <https://www.cdc.gov/prevention/>. Accessed on March 28, 2018.

Performance Area	Overall Performance Impact
	Additionally, Molina recognized opportunities to more quickly identify progesterone-eligible candidates and enhanced communication efforts with providers to remove barriers to care.
Timeliness	<ul style="list-style-type: none"> Weakness: The rate for the <i>Prenatal and Postpartum Care—Postpartum Care</i> HEDIS measure was below the national Medicaid 50th percentile. Strength: The <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> HEDIS measure was at or above the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> Strength: The rate for the <i>Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits</i> HEDIS measure was at or above the national Medicaid 75th percentile.

Behavioral Health

Molina demonstrated strengths and opportunities for improvement in the performance area of Behavioral Health based on the following results of the SFY 2017 EQR activities. Molina’s results show a need to focus on ensuring appropriate follow-up after members are hospitalized for a mental illness, as although the rate was above the national Medicaid 50th percentile, the CY 2015 and CY 2016 performance remained below the statewide average. Timely follow-up is essential to avoid readmissions and emergency department visits and can potentially impact comorbidities as appropriate outpatient management of behavioral health conditions supports increased compliance with treatment of chronic conditions, such as diabetes and hypertension. Molina’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: While Molina rated above the statewide average in the <i>Antidepressant Medication Management—Effective Acute Phase Treatment</i> and <i>Effective Continuation Phase Treatment</i> HEDIS measures, both were below the national Medicaid 50th percentile. Strength: The <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i> HEDIS measure was at the national Medicaid 76th percentile. Weakness: Although Molina was at or above the statewide average in the <i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i> HEDIS measure, performance was below the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> Strength: While below the statewide average, there was a 2.1 percentage point improvement from CY 2015 to CY 2016 in the <i>Follow-Up After Hospitalization for Mental Illness</i> HEDIS measure rate, and the rate was above the national Medicaid 50th 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.

Chronic Conditions

Molina demonstrated an overall improvement in the performance area of Chronic Conditions based on the results of the SFY 2017 EQR activities. While Molina was the only MCP that received a three-star quality rating for the Living With Illness MCP Report Card performance area in both CY 2015 and CY 2016, thereby meeting or exceeding the statewide average, some specific outcomes show a need to maintain diligence to continue improvement in lower-performing areas. It is important Molina maintain this 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.⁵⁻⁷ Molina’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Weakness: While the <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> and <i>Blood Pressure Control (<140/90 mm Hg)</i> HEDIS measure rates increased from CY 2015 to CY 2016 and the performance ratings were better than statewide average, both were below the national Medicaid 50th percentile. • Weakness: While there was an improvement from CY 2015 to CY 2016 for the <i>Controlling High Blood Pressure</i> HEDIS measure rate, the rate was below the national Medicaid 50th percentile. • Strength: Performance was at or above the national Medicaid 75th percentile for <i>Medication Management for People With Asthma—Medication Compliance 75%, Total</i> and <i>Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid</i> measures. • Strength: Performance was better than the statewide average for all PDI/PQI measures in CY 2016. Additionally, the MPS for <i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i> measure was met in CY 2016.
Timeliness	<ul style="list-style-type: none"> • Strength: <i>The Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i> HEDIS measure rate was above the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> • Refer to the conclusions documented in the performance area of coordination of and accessibility to care, encompassing all populations.

⁵⁻⁷ 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 March 28, 2018.

Coordination of and Accessibility to Care—All Populations

Molina demonstrated improvements and opportunities in the performance area of coordination of and accessibility to care, encompassing all populations, based on the results of the SFY 2017 EQR activities. While Molina’s provider network appeared adequate to meet member needs, some weaknesses were identified that indicate the member experience may be contradictory to the apparent network adequacy. Additionally, the lower performance in the *Coordination and Continuity of Care* standard within the SFY 2017 Comprehensive Administrative Review suggests opportunities to improve transition of care and care coordination processes to better serve Molina’s members. Molina’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Weakness: In the adult Medicaid CAHPS <i>Rating of Health Plan</i> and <i>Rating of Personal Doctor</i> measures, ratings decreased by one star from CY 2015 to CY 2016 to one- and two-star ratings, respectively, indicating performance was below the national Medicaid 49th percentile. • Strength: The <i>How Well Doctors Communicate</i> CAHPS measure rate for the adult population met or exceeded the national Medicaid 90th percentile. • Strength: Performance for the adult CAHPS measure, <i>Rating of Specialist Seen Most Often</i>, improved from a one-star rating in CY 2015 to a four-star rating in CY 2016—between the national Medicaid 75th and 89th percentiles. For this child CAHPS measure, the rate met or exceeded the national 90th percentile. • Weakness: The <i>Coordination of Care</i> adult and child CAHPS measure rates were between the national Medicaid 50th and 74th percentiles, demonstrating an opportunity for improvement in this area.
Timeliness	<ul style="list-style-type: none"> • Weakness: While the adult Medicaid CAHPS survey measure <i>Getting Care Quickly</i> increased by two stars from CY 2015 to CY 2016, rates for both the <i>Getting Care Quickly</i> child and adult Medicaid CAHPS survey measures were between the national Medicaid 50th and 74th percentiles.
Access	<ul style="list-style-type: none"> • Weakness: The adult Medicaid CAHPS survey measure <i>Getting Needed Care</i> was between the national Medicaid 25th and 49th percentile. • Strength: The child Medicaid CAHPS survey measure <i>Getting Needed Care</i> improved from CY 2015 to CY 2016 from a three-star rating to a four-star rating. • Strength: Molina demonstrated an adequate provider network as noted through the SFY 2017 Comprehensive Administrative Review. • Weakness: Received a performance score of 83 percent for the <i>Coordination and Continuity of Care</i> standard within the SFY 2017 Comprehensive Administrative Review. • Weakness: Secret shopper telephone surveys of providers’ offices in SFY 2017 demonstrated discrepancies in provider information documented within the MCPN. Specifically, there were gaps in data accuracy in the areas of <i>Accepting MCP</i>, <i>Accepting Listed Program Type</i>, and <i>Accepting New Patients</i>, indicating potential risks in member timeliness of and accessibility to care.

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 2016, HSAG made the following recommendations to Molina:

- Molina should participate in a PIP to address low performance related to chronic conditions, specifically diabetes, hypertension, and asthma.
- Molina should leverage the CPC program to improve the health of members with diabetes, hypertension, and asthma.
- Molina should continue performance improvement efforts for reducing preterm birth and infant mortality by evaluating and enhancing its processes related to administering progesterone treatment and providing enhanced care management services to at-risk pregnant women.

To address these recommendations, Molina:

- Currently participates in a *Hypertension Control and Disparity Reduction* PIP that focuses on improving hypertension control for targeted Medicaid members and the reduction of disparities for the African American population. Through this PIP, Molina should be successful using quality improvement science methods and tools to standardize processes for identifying members with hypertension, collaborating with and assisting provider practice sites with using evidence-based strategies for treating members with hypertension to improve blood pressure control, and improving health outcomes for members with hypertension.
- Continues to establish and foster partnerships with CPC practices to improve population health. Molina supports the CPC practices through a multitude of administrative activities, which include outreach to members to provide education about the benefits of CPC, assistance to members with CPC selection, and the facilitation of referrals to CPC practices. Molina also assists with the identification of services that members have not received to identify gaps in care; helps coordinate services; and shares timely, meaningful, and actionable data with the CPC practices to facilitate population health activities. Molina is also participating in a CPC QIP, which focuses on further relationship building with the CPC practices.
- Continues quality improvement activities initiated during the SFY 2017 *Progesterone Initiation* PIP. Molina also continues to collect and report data to ODM on the number of eligible women who had their first dose of progesterone between 16–24 weeks gestation. Molina also communicates and coordinates processes with CDJFS to prevent loss of Medicaid and MCP coverage during pregnancy. Additionally, an electronic version of the standardized Pregnancy Risk Assessment form was developed and is now available on ODM's website for Medicaid providers to use to notify the applicable county and MCP of pregnancies and the need for progesterone treatment. The standardized processes implemented during the PIP have been spread statewide to OB/GYN practices.

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 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* 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 of Reproductive Age

- *Percent of Live Births Weighing Less than 2,500 grams* 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

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) is Molina considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, Molina should include the following within the quality improvement workplan 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.

Paramount Advantage

To conduct the SFY 2017 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

Since SFY 2015, Paramount has focused on reducing preterm births and infant mortality by reducing barriers to progesterone use through its participation in the *Progesterone Initiation* PIP. In SFY 2017, Paramount completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions).

Table 5-13—SMART Aim Measure Results

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level Assigned to PIP
Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	100%	<i>High Confidence</i>

The highest SMART Aim rate was 100 percent, which was achieved for three of the 16 months reported. Paramount exceeded the SMART Aim goal for 13 of the 16 months where there were eligible members.

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 five 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 2016 and HEDIS 2017 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

For CY 2016, Paramount's average performance on HEDIS measures for the Healthy Children population stream is estimated to be at the 39th national Medicaid NCQA percentile. The average score is based on disparate performance within the Healthy Children population stream, with the *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months*; *Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years*; *Children and Adolescents' Access to Primary Care Practitioners—7–11 Years*; *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total*; *Well Child Visits in the First 15 Months of Life—6 or More Visits*; and *Adolescent Well-Care Visits* rates having estimated ratings at the 20th, 25th, 30th, 32nd, 36th, and 36th percentiles, respectively. However, the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Children and Adolescents' Access to Primary Care Practitioners—12–19 Years*; and *Appropriate Treatment for Children with Upper Respiratory Infection*, rates had estimated ratings at the 41st, 43rd, and 59th percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2016 overall results for the Healthy Children population stream increased from CY 2015 to CY 2016 and ranked fourth out of the five Ohio Medicaid MCPs.

Healthy Adults

For CY 2016, Paramount's average performance on HEDIS measures for the Healthy Adults population stream is estimated to be at the 35th national Medicaid NCQA percentile. This average score is based on disparate performance within the Healthy Adults population stream with the *Adults' Access to Preventive/Ambulatory Health Services—Total* measure rate having an estimated rating at the 18th percentile, but the *Cervical Cancer Screening* rate having an estimated rating at the 47th percentile. In analyzing the measures in aggregate, Paramount's CY 2016 overall results for the Healthy Adults population stream showed an increase from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Women of Reproductive Age

For CY 2016, Paramount's average performance on HEDIS measures for the Women of Reproductive Age population stream is estimated to be at the 73rd national Medicaid NCQA percentile. The average score is based on relatively consistent performance within the Women of Reproductive Age population stream, with the *Prenatal and Postpartum Care—Postpartum Care* rate having an estimated rating at the 59th percentile, and the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* rates having estimated ratings at the 75th and 85th percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2016 overall results for the Women of Reproductive Age population showed no substantial change from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2016, Paramount's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 54th national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*, and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* rates having an estimated rating at the 29th, 31st, and 43rd percentiles, respectively. However, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* rates had estimated ratings at the 73rd and 95th percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2016 overall results for the Behavioral Health population stream decreased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2016, Paramount's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 69th national Medicaid NCQA percentile. This average score is based on consistent performance within the Chronic Conditions population stream, with the estimated ratings ranging from the 43rd percentile for the *Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)* measure to the 78th percentile for the *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid* measure. In analyzing the measures in aggregate, Paramount's CY 2016 overall results for the Chronic Conditions population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated five measures in CY 2016.

Paramount met the MPS for the *Percent of Live Births Weighing Less than 2,500 grams* measure in CY 2014 and CY 2015. In CY 2015, Paramount's rate was better than the statewide average rate.

Paramount's performance was better than the statewide average for two measures, *PQI 8—Heart Failure Admissions* and *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes*. The MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* was also met for CY 2016.

CAHPS

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

- Adult Medicaid CAHPS Survey
 - While none of the changes were statistically significant, Paramount's performance improved for *Rating of Health Plan*, *Rating of Personal Doctor*, *How Well Doctors Communicate*, and *Customer Service* from 2015 to 2016.

- Paramount’s decline in performance from 2015 to 2016 for *Rating of Specialist Seen Most Often* was statistically significant.
- For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 75th percentile but below the 90th percentile.
- Child Medicaid CAHPS Survey
 - Paramount’s performance improved for *Rating of Personal Doctor* and declined for *Getting Needed Care* and *Customer Service* from 2015 to 2016; however, none of these changes were statistically significant.
 - Paramount’s performance remained stable for *Rating of Health Plan* and *How Well Doctors Communicate* from 2015 to 2016.
 - For *Rating of Specialist Seen Most Often*, Paramount demonstrated consistent low performance, as the mean was below the 25th percentile in both 2015 and 2016.
 - For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 75th percentile but below the 90th percentile.

Pay-for-Performance

For SFY 2017, 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 seven 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 five 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 corrective action plan for each requirement 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. In CY 2016, Paramount was assessed \$48,000 in fines for failure to meet all Medicaid provider panel requirements in the regions for which Paramount holds provider agreements.

ODM also contracted with HSAG to conduct secret shopper telephone surveys of providers’ offices in the Northeast region of the State during SFY 2017 to further validate provider data accuracy rates compared to the MCPN as reflected in Table 5-14.

Table 5-14—MCP-Level Data Element Accuracy Rate for Paramount—Northeast Region

Data Element	Denominator ¹	Response From Telephone Survey Matching with MCPN Information			
		Matched		Not Matched	
		Number	%	Number	%
Telephone Number	334	278	83.2	56	16.8
Accepting MCP	334	228	68.3	106	31.7
Accepting Listed Program Type	228	223	97.8	5	2.2
Provider a PCP	223	201	90.1	22	9.9
Accepting New Patients	201	166	82.6	35	17.4
Provider's First Name	164	164	100.0	0	0.0
Provider's Last Name	164	164	100.0	0	0.0
Address: Street Number and Name	164	138	84.1	26	15.9
Address: Suite Number	164	135	82.3	29	17.7
Address: City, State, ZIP code	164	141	86.0	23	14.0
County ²	164	155	94.5	9	5.5

¹ As a result of the secret shopper survey design, each data element may have a different denominator.

² No cases listed as “Out-of-State” were excluded from the calculation of this accuracy rate.

Encounter Data Validation

Delivery Payment Encounters

The SFY 2017 EDV study of delivery payment encounters was conducted to evaluate the extent to which delivery claims submitted by Paramount for its Medicaid members were supported by documentation in the members’ medical records. The rate of paid claims substantiated by medical record documentation for Paramount was 35.0 percent in the current study. ODM has defined the standard payment accuracy as 100 percent for all MCPs.

Institutional Encounters

Based on results from the SFY 2016 EDV study, considerable discrepancies were noted within the institutional claims/encounters. As such, ODM changed the approach of the SFY 2017 EDV study to focus on one encounter type—institutional encounters. The SFY 2017 EDV study of institutional encounters was conducted to assess whether the encounter data in ODM’s MITS 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. Payment error occurs when a payment amount discrepancy was identified among matched encounters. HSAG conducted an on-site review for sampled discrepant encounters, in conjunction with desk reviews of the sampled cases. Using results from the 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*, *surplus*, or *omission*, depending on the nature of the discrepancies.

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

Quality Rating of MCPs

The 2017 MCP Report Card demonstrated how Paramount compared to other Ohio Medicaid MCPs in key performance areas. The MCP Report Card used stars to display results for Paramount, as shown in Table 5-15.

Table 5-15—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★	Above Ohio Medicaid Average	The MCP’s performance was above average compared to all Ohio Medicaid MCPs.
★★	Ohio Medicaid Average	The MCP’s performance was average compared to all Ohio Medicaid MCPs.
★	Below Ohio Medicaid Average	The MCP’s performance was below average compared to all Ohio Medicaid MCPs.

Table 5-16 displays Paramount’s quality rating results for CY 2015 and CY 2016.

Table 5-16—Quality Rating Results by Performance Area for Paramount

Performance Area	CY 2015 Star Rating	CY 2016 Star Rating
Getting Care	★★	★
Doctors’ Communication and Service	★★	★
Keeping Kids Healthy	★★	★★
Living With Illness	★★	★★
Women’s Health	★★	★★

Strengths, Weaknesses, and Overall Conclusions

Healthy Children

Paramount demonstrated one strength and several opportunities for improvement in the performance area of Healthy Children based on the following results of the SFY 2017 EQR activities. Eight out of nine ODM HEDIS performance measure rates were below the national Medicaid 50th percentile, demonstrating a need for significant effort to ensure children are connected to their PCPs on a routine basis for preventive services. This focus on children’s preventive care access should increase other Healthy Children HEDIS measures, ensuring Ohio children develop healthy habits, improving their health as adults, and positively impacting the future of Ohio’s population health. Paramount’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Strength: The <i>Appropriate Treatment for Children with Upper Respiratory Infection</i> HEDIS measure rate was at or above the national Medicaid 50th percentile. • Weakness: Although the <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total</i> HEDIS measure rate was at or above statewide average, it was below the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> • Weakness: The <i>Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits</i> and <i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</i> HEDIS measures did not meet statewide average and were below the national Medicaid 50th percentile. • Weakness: The <i>Adolescent Well-Care Visits</i> HEDIS measure was below the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> • Weakness: The <i>Children and Adolescents' Access to Primary Care Practitioners—12–24 Months</i> and <i>25 Months–6 Years</i> measure rates were below the national Medicaid 25th percentile, while rates for age groups <i>7–11 Years</i> and <i>12–19 Years</i> were below the national Medicaid 50th percentile. Rates for all <i>Children and Adolescents' Access to Primary Care Practitioners</i> HEDIS measures were lower than the statewide average.

Healthy Adults

Paramount demonstrated opportunities for improvement in the performance area of Healthy Adults based on the results of the SFY 2017 EQR activities. The identified weaknesses indicate a need for focused effort to ensure adults are connected to and routinely visit their providers for preventive services. Proactive disease prevention is key to assisting people to have healthier and longer lives and people with early onset of disease can avoid becoming sicker by accessing preventive care. It is therefore important that Paramount focus its efforts to increase adult members' utilization of these critical preventive services.⁵⁻⁸ Paramount's overall performance in this area demonstrates the following impact for this population's quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: While the <i>Breast Cancer Screening</i> measure rate improved from CY 2015 to CY 2016, the rate was below the national Medicaid 50th percentile. Weakness: The <i>Cervical Cancer Screening</i> measure rate declined from CY 2015 to CY 2016 and also was below the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> Refer to the conclusions documented in the performance area of coordination of and accessibility to care, encompassing all populations.
Access	<ul style="list-style-type: none"> Weakness: The rate for the <i>Adults' Access to Preventive/Ambulatory Health Services—Total</i> measure decreased from CY 2015 to CY 2016 and ranked at the national Medicaid 25th percentile.

Women of Reproductive Age

Paramount demonstrated consistent strengths in the performance area of Women of Reproductive Age based on the following results of SFY 2017 EQR activities. Paramount's strengths to ensure timely access to quality prenatal and postpartum care are evident in the successful newborn birth weight outcomes. As part of Paramount's responsibility to improve Ohio infant mortality rates, Paramount should maintain diligence in ensuring women are getting the prenatal and postpartum care they need so babies have optimal birth outcomes. Paramount's overall performance in this area demonstrates the following impact for this population's quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strength: The <i>Percent of Live Births Weighing Less than 2,500 grams</i> CHIPRA measure rate met the MPS in both CY 2014 and CY 2015 and exceeded the statewide average in CY 2015. Strength: The <i>Progesterone Initiation</i> PIP results exceeded both the baseline and the established goal for the percentage of progesterone-eligible candidates who received

⁵⁻⁸ 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: March 28, 2018.

Performance Area	Overall Performance Impact
	an initial dose of progesterone treatment between 16–24 weeks’ gestation. Additionally, Paramount recognized opportunities to more quickly identify progesterone-eligible candidates and enhanced communication efforts with providers and specialty pharmacies to address and remove any identified barriers to care.
Timeliness	<ul style="list-style-type: none"> Strength: The <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> HEDIS measure rate was at or above the national Medicaid 75th percentile and at or above the statewide average. Strength: The <i>Prenatal and Postpartum Care—Postpartum Care</i> HEDIS measure rate was at or above the national Medicaid 50th percentile and at or above the statewide average.
Access	<ul style="list-style-type: none"> Strength: The <i>Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits</i> HEDIS measure rate was at or above the national Medicaid 75th percentile.

Behavioral Health

Paramount demonstrated disparate performance in the Behavioral Health population stream based on the results of the SFY 2017 EQR activities. Paramount’s results reflect some strengths where focus on managing members with behavioral health conditions should be maintained, as well as opportunities for improvement where additional focus is needed. Appropriate management of behavioral health conditions may improve quality of life, which is especially important for people living with chronic conditions.⁵⁻⁹ Paramount’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: The <i>Antidepressant Medication Management—Effective Acute Phase Treatment</i> and <i>Effective Continuation Phase Treatment</i> measure rates were both below the statewide average and below the national Medicaid 50th percentile. Strength: The <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i> HEDIS measure rate was at or above the national Medicaid 95th percentile. Weakness: Although Paramount’s rate for the <i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i> HEDIS measure was at or above the statewide average, it was below the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> Strength: The rate for the <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i> HEDIS measure was at or above the national Medicaid 50th percentile and 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</i> HEDIS measure.

⁵⁻⁹ 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: March 28, 2018.

Chronic Conditions

Paramount demonstrated both strengths and opportunities for improvement in the performance area of Chronic Conditions based on the results of the SFY 2017 EQR activities. While some measures did not meet the statewide average, Paramount has generally shown appropriate management of members with chronic conditions. Additionally, Paramount was the only MCP to meet or exceed the statewide average for all *Comprehensive Diabetes Care* HEDIS measures. Paramount should maintain a strong focus on appropriate management of members living with chronic conditions as this is key to ensuring the best possible outcomes for these members. Paramount’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
<p>Quality</p>	<ul style="list-style-type: none"> • Weakness: The <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> HEDIS measure rate was below the national Medicaid 50th percentile. • Strength: The <i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i> HEDIS measure met or exceeded the statewide average and was at or above the national Medicaid 50th percentile. • Strength: The <i>Controlling High Blood Pressure</i> HEDIS measure met or exceeded the statewide average and was at or above the national Medicaid 50th percentile. • Strength: The <i>Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid</i> HEDIS measure rate was at or above the national Medicaid 75th percentile, and the <i>Medication Management for People With Asthma—Medication Compliance 75%, Total</i> HEDIS measure rate was at or above the national Medicaid 50th percentile. • Weakness: Rates were worse than the statewide average for two measures, <i>PDI 14—Asthma Admissions</i> and <i>PQI 13—Angina Without Procedure Admissions</i>, in CY 2016. • Strength: Rates were better than the statewide average for two measures, <i>PQI 8—Heart Failure Admissions</i> and <i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i>. Additionally, the MPS for <i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i> was met for CY 2016.
<p>Timeliness</p>	<ul style="list-style-type: none"> • Strength: The <i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i> HEDIS measure rate was at or above the national Medicaid 50th percentile and above statewide average.
<p>Access</p>	<ul style="list-style-type: none"> • Refer to the conclusions documented in the performance area of coordination of and accessibility to care, encompassing all populations.

Coordination of and Accessibility to Care—All Populations

Paramount demonstrated both improvements and opportunities for improvement in the performance area of coordination of and accessibility to care, encompassing all populations, based on the results of the SFY 2017 EQR activities. While Paramount’s provider network appeared adequate to meet member needs, identified weaknesses show the member experience may be contradictory to the apparent network adequacy. Additionally, the lower performance in the *Coordination and Continuity of Care* standard within the SFY 2017 Comprehensive Administrative Review suggests opportunities to improve care coordination processes. Paramount should focus efforts to positively impact members’ experience and ensure appropriate adult and child care coordination and access. Paramount’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: In both the adult and child Medicaid CAHPS <i>Rating of Health Plan</i> measures, ratings were at or below the national Medicaid 74th percentile. Strength: For the adult Medicaid CAHPS survey measures, <i>How Well Doctors Communicate</i> and <i>Customer Service</i>, Paramount achieved a five-star rating. Weakness: Results from the adult CAHPS survey measure <i>Rating of Specialist Seen Most Often</i> indicated a statistically significant decrease in performance. Both the adult and child <i>Rating of Specialist Seen Most Often</i> measure rates ranked below the national Medicaid 25th percentile. Strength: Paramount achieved a four-star rating for the adult and child Medicaid CAHPS survey measure <i>Coordination of Care</i>.
Timeliness	<ul style="list-style-type: none"> Weakness: Quality rating results in the MCP Report Card demonstrated a decrease from a two-star rating to a one-star rating in the <i>Getting Care</i> performance area, indicating worse performance than the Ohio Medicaid average. Additionally, there was a one-star decrease in the rating of the adult Medicaid CAHPS survey measure <i>Getting Care Quickly</i>. Strength: A five-star rating was achieved for the child Medicaid CAHPS survey measure <i>Getting Care Quickly</i>, indicating performance at or above the national Medicaid 90th percentile for these measures.
Access	<ul style="list-style-type: none"> Weakness: The adult Medicaid CAHPS survey measure <i>Getting Needed Care</i> was between the national Medicaid 50th and 74th percentiles. Additionally, the child Medicaid CAHPS survey measure <i>Getting Needed Care</i> declined from a five-star rating to a three-star rating from CY 2015 to CY 2016. Strength: The MCP demonstrated a strong provider network and the ability to ensure that members have adequate access to covered healthcare services as noted through the SFY 2017 Comprehensive Administrative Review. Weakness: Paramount received a performance score of 83 percent for the <i>Coordination and Continuity of Care</i> standard within the SFY 2017 Comprehensive Administrative Review. Weakness: Secret shopper telephone surveys of providers’ offices in SFY 2017 demonstrated discrepancies in provider information documented within the MCPN. Specifically, there were gaps in data accuracy in the area of <i>Accepting MCP</i>.

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 2016, HSAG made the following recommendations to Paramount:

- Paramount should participate in a PIP to address low performance related to chronic conditions, specifically diabetes, hypertension, and asthma.
- Paramount should leverage the CPC program to improve the health of members with diabetes, hypertension, and asthma.
- Paramount should continue performance improvement efforts for reducing preterm birth and infant mortality by evaluating and enhancing its processes related to administering progesterone treatment and providing enhanced care management services to at-risk pregnant women.

To address these recommendations, Paramount:

- Currently participates in a *Hypertension Control and Disparity Reduction* PIP that focuses on improving hypertension control for targeted Medicaid members and the reduction of disparities for the African American population. Through this PIP, Paramount should be successful using quality improvement science methods and tools to standardize processes for identifying members with hypertension, collaborating with and assisting provider practice sites with using evidence-based strategies for treating members with hypertension to improve blood pressure control, and improving health outcomes for members with hypertension.
- Continues to establish and foster partnerships with CPC practices to improve population health. Paramount supports the CPC practices through a multitude of administrative activities, which include outreach to members to provide education about the benefits of CPC, assistance to members with CPC selection, and the facilitation of referrals to CPC practices. Paramount also assists with the identification of services that members have not received to identify gaps in care; helps coordinate services; and shares timely, meaningful, and actionable data with the CPC practices to facilitate population health activities. Paramount is also participating in a CPC QIP, which focuses on further relationship building with the CPC practices.
- Continues quality improvement activities initiated during the SFY 2017 *Progesterone Initiation* PIP. Paramount also continues to collect and report data to ODM on the number of eligible women who had their first dose of progesterone between 16–24 weeks gestation. Paramount also communicates and coordinates processes with CDJFS to prevent loss of Medicaid and MCP coverage during pregnancy. Additionally, an electronic version of the standardized Pregnancy Risk Assessment form was developed and is now available on ODM's website for Medicaid providers to use to notify the applicable county and MCP of pregnancies and the need for progesterone treatment. The standardized processes implemented during the PIP have been spread statewide to OB/GYN practices.

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 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* 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* HEDIS measure
 - *HbA1c Control (<8.0%)*
- *PDI 14—Asthma Admissions* non-HEDIS measure
- *PQI 13—Angina Without Procedure Admissions* 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) is Paramount considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, Paramount should include the following within the quality improvement workplan 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.

UnitedHealthcare Community Plan of Ohio, Inc.

To conduct the SFY 2017 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

Since SFY 2015, UnitedHealthcare has focused on reducing preterm births and infant mortality by reducing barriers to progesterone use through its participation in the *Progesterone Initiation* PIP. In SFY 2017, UnitedHealthcare completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions).

Table 5-17—SMART Aim Measure Results

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level Assigned to PIP
Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	100%	<i>High Confidence</i>

UnitedHealthcare exceeded the SMART Aim goal in all but five months exceeding the goal of 30.0 percent, and an overall percentage of approximately 75.0 percent for progesterone compliance.

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 five 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 2016 and HEDIS 2017 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

For CY 2016, UnitedHealthcare's average performance on HEDIS measures for the Healthy Children population stream is estimated to be at the 44th national Medicaid NCQA percentile. The average score is based on disparate performance within the Healthy Children population stream, with the *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months*; *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total*; *Well Child Visits in the First 15 Months of Life—6 or More Visits*; and *Children and Adolescents' Access to Primary Care Practitioners—7–11 Years* rates having estimated ratings at the 16th, 26th, 36th, and 39th percentiles, respectively. However, the *Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years*; *Appropriate Treatment for Children with Upper Respiratory Infection*; *Children and Adolescents' Access to Primary Care Practitioners—12–19 Years*; *Adolescent Well-Care Visits*; and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure rates had estimated ratings at the 44th, 45th, 58th, 60th, and 60th percentiles, respectively. In analyzing the measures in aggregate, UnitedHealthcare's CY 2016 overall results for the Healthy Children population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Healthy Adults

For CY 2016, UnitedHealthcare's average performance on HEDIS measures for the Healthy Adults population stream is estimated to be at the 33rd national Medicaid NCQA percentile. This average score is based on consistently low performance within the Healthy Adults population stream, with all measure rates ranking between the 30th and the 37th percentiles. In analyzing the measures in aggregate, UnitedHealthcare's CY 2016 overall results for the Healthy Adults population stream increased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Women of Reproductive Age

For CY 2016, UnitedHealthcare's average performance on HEDIS measures for the Women of Reproductive Age population stream is estimated to be at the 61st national Medicaid NCQA percentile. The average score is based on disparate performance within the Women of Reproductive Age population stream, with the *Prenatal and Postpartum Care—Postpartum Care* and *Timeliness of Prenatal Care* rates having estimated ratings at the 51st and 56th percentiles, respectively, but the *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* rate having an estimated rating at the 75th percentile. In analyzing the measures in aggregate, UnitedHealthcare's CY 2016 overall results for the Women of Reproductive Age population increased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2016, UnitedHealthcare's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 62nd national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*, and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* rates estimated to be at the 43rd, 45th, and 50th percentiles, respectively, but the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* and *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* rates were estimated to be at the 82nd and 89th percentiles, respectively. In analyzing the measures in aggregate, UnitedHealthcare's CY 2016 overall results for the Behavioral Health population stream showed no substantial change from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2016, UnitedHealthcare's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 41st national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)*, *Controlling High Blood Pressure*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, and *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid* rates having estimated ratings at the 8th, 23rd, 32nd, and 37th percentiles, respectively. On the other hand, the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* and *Medication Management for People With Asthma—Medication Compliance 75%, Total* rates had estimated ratings at the 55th and 72nd percentiles, respectively. In analyzing the measures in aggregate, UnitedHealthcare's CY 2016 overall results for the Chronic Conditions population stream showed no substantial change from CY 2015 to CY 2016 and ranked fifth out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated five measures in CY 2016.

UnitedHealthcare met the MPS for the *Percent of Live Births Weighing Less than 2,500 grams* measure in CY 2014, but not in CY 2015. In CY 2015, UnitedHealthcare's rate was worse than the statewide average rate.

UnitedHealthcare's performance in all PDI/PQI measures was better than the statewide average in CY 2016. The MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* was also met for CY 2016.

CAHPS

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

- Adult Medicaid CAHPS Survey
 - UnitedHealthcare's performance improved for every global rating and composite measure from 2015 to 2016. One measure's 2016 mean exceeded the 2015 mean by a statistically significant amount, *Rating of Specialist Seen Most Often*.
 - For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 75th percentile but below the 90th percentile.
- Child Medicaid CAHPS Survey
 - UnitedHealthcare's performance improved for every global rating and composite measure except for *Getting Care Quickly* and *Customer Service*, which declined from 2015 to 2016. One measure's 2016 mean exceeded the 2015 mean by a statistically significant amount, *Rating of Health Plan*.
 - For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 50th percentile but below the 75th percentile.

Pay-for-Performance

For SFY 2017, 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 seven 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 four 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 corrective action plan for each requirement 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. Through the MCPN monitoring process, ODM evaluated UnitedHealthcare's adherence to provider panel requirements. In CY 2016, UnitedHealthcare was assessed \$10,000 in fines for failure to meet all Medicaid provider panel requirements in the regions for which UnitedHealthcare holds provider agreements.

ODM also contracted with HSAG to conduct secret shopper telephone surveys of providers’ offices in the Northeast region of the State during SFY 2017 to further validate provider data accuracy rates compared to the MCPN as reflected in Table 5-18.

Table 5-18—MCP-Level Data Element Accuracy Rate for UnitedHealthcare—Northeast Region

Data Element	Denominator ¹	Response From Telephone Survey Matching with MCPN Information			
		Matched		Not Matched	
		Number	%	Number	%
Telephone Number	227	173	76.2	54	23.8
Accepting MCP	227	139	61.2	88	38.8
Accepting Listed Program Type	139	114	82.0	25	18.0
Provider a PCP	114	110	96.5	4	3.5
Accepting New Patients	110	92	83.6	18	16.4
Provider's First Name	91	91	100.0	0	0.0
Provider's Last Name	91	90	98.9	1	1.1
Address: Street Number and Name	91	66	72.5	25	27.5
Address: Suite Number	91	79	86.8	12	13.2
Address: City, State, ZIP code	91	74	81.3	17	18.7
County ²	88	84	95.5	4	4.5

¹ As a result of the secret shopper survey design, each data element may have a different denominator.

² Three cases listed as “Out-of-State” were excluded from the calculation of this accuracy rate.

Encounter Data Validation

Delivery Payment Encounters

The SFY 2017 EDV study of delivery payment encounters was conducted to evaluate the extent to which delivery claims submitted by UnitedHealthcare for its Medicaid members were supported by documentation in the members’ medical records. The rate of paid claims substantiated by medical record documentation for UnitedHealthcare was 22.6 percent in the current study. ODM has defined the standard payment accuracy as 100 percent for all MCPs.

Institutional Encounters

Based on results from the SFY 2016 EDV study, considerable discrepancies were noted within the institutional claims/encounters. As such, ODM changed the approach of the SFY 2017 EDV study to focus on one encounter type—institutional encounters. The SFY 2017 EDV study of institutional encounters was conducted to assess whether the encounter data in ODM’s MITS 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. Payment error occurs when a payment amount discrepancy was identified among matched encounters.

HSAG conducted an on-site review for sampled discrepant encounters, in conjunction with desk reviews of the sampled cases. Using results from the comparative analysis, HSAG identified 411 discrepant records for UnitedHealthcare for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 411 records as either *mismatch*, *surplus*, or *omission*, depending on the nature of the discrepancies.

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

Quality Rating of MCPs

The 2017 MCP Report Card demonstrated how UnitedHealthcare compared to other Ohio Medicaid MCPs in key performance areas. The MCP Report Card used stars to display results for UnitedHealthcare, as shown in Table 5-19.

Table 5-19—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★	Above Ohio Medicaid Average	The MCP’s performance was above average compared to all Ohio Medicaid MCPs.
★★	Ohio Medicaid Average	The MCP’s performance was average compared to all Ohio Medicaid MCPs.
★	Below Ohio Medicaid Average	The MCP’s performance was below average compared to all Ohio Medicaid MCPs.

Table 5-20 displays UnitedHealthcare’s quality rating results for CY 2015 and CY 2016.

Table 5-20—Quality Rating Results by Performance Area for UnitedHealthcare

Performance Area	CY 2015 Star Rating	CY 2016 Star Rating
Getting Care	★★★	★★★
Doctors’ Communication and Service	★★★	★★
Keeping Kids Healthy	★★	★★
Living With Illness	★	★
Women’s Health	★	★

Strengths, Weaknesses, and Overall Conclusions

Healthy Children

UnitedHealthcare demonstrated both improvements and opportunities for improvement in the performance area of Healthy Children based on the results of the SFY 2017 EQR activities. Although State comparative performance was strong, six out of nine ODM HEDIS performance measures were below the national Medicaid 50th percentile, indicating a need to focus on establishing appropriate connections between children and their PCPs. This focus on children’s preventive care access should increase other Healthy Children measures, ensuring Ohio children adopt healthy lifestyles, improving their health as adults, and positively influencing Ohio’s population health outcomes in the future. UnitedHealthcare’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: The <i>Appropriate Treatment for Children with Upper Respiratory Infection</i> HEDIS measure rate was below the national Medicaid 50th percentile. Weakness: The <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total</i> HEDIS measure rate was below at the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> Strength: UnitedHealthcare demonstrated a 9.0 percentage point increase in the <i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</i> measure rate. Additionally, performance exceeded the statewide average and was at or above the national Medicaid 50th percentile. Weakness: The <i>Well-Child Visits in the First 15 Months of Life</i> measure rate declined from CY 2015 to CY 2016 with performance below the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> Strength: UnitedHealthcare achieved a 14.6 percentage point increase in the rate for <i>Adolescent Well-Care Visits</i>, resulting in performance at or above national Medicaid 50th percentile. Weakness: While the rates for all <i>Children and Adolescents' Access to Primary Care Practitioners</i> HEDIS measures improved, the <i>12–24 Months, 25 Months–6 Years, and 7–11 Years</i> age group rates were below the statewide average and below national Medicaid 50th percentile. Strength: The <i>Children and Adolescents' Access to Primary Care—12–19 Years</i> HEDIS measure rate was at or above the national Medicaid 50th percentile.

Healthy Adults

UnitedHealthcare demonstrated opportunities for improvement in the performance area of Healthy Adults based on the results of the SFY 2017 EQR activities. Rates for all ODM HEDIS measures in this area were below the national Medicaid 50th percentile, showing the need for a more heightened emphasis on adult health. UnitedHealthcare should focus on adult preventive care as prevention of disease before it begins is key to helping people have healthier, longer lives.⁵⁻¹⁰ UnitedHealthcare’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: UnitedHealthcare demonstrated improvement in <i>Breast Cancer Screening</i> and <i>Cervical Cancer Screening</i> HEDIS measures; however, these measures rated below the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> Refer to the conclusions documented in the performance area of coordination of and accessibility to care, encompassing all populations.
Access	<ul style="list-style-type: none"> Weakness: The <i>Adults' Access to Preventive/Ambulatory Health Services—Total</i> measure demonstrated a decline from CY 2015 to CY 2016, and performance for this measure was below the statewide average and national Medicaid 50th percentile.

Women of Reproductive Age

UnitedHealthcare demonstrated strengths and opportunities for improvement in the performance area of Women of Reproductive Age based on the results of SFY 2017 EQR activities. As demonstrated in the 2017 MCP Report Card, the area for Women’s Health received a one-star rating, indicating performance below the Ohio Medicaid average. This State comparative low performance is further reflected by the lower birth weights of newborns, illustrating that additional focus should be applied in this area. As part of UnitedHealthcare’s responsibility to improve Ohio infant mortality rates, HSAG recommends UnitedHealthcare develop enhancements to the Women’s Health program to improve women’s health and birth outcomes. UnitedHealthcare’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: The <i>Percent of Live Births Weighing Less than 2,500 grams</i> CHIPRA measure rate was worse than the statewide average in CY 2015. In addition, UnitedHealthcare met the MPS for this measure in CY 2014 but not in CY 2015. Strength: The <i>Progesterone Initiation</i> PIP results exceeded both the baseline and the established goal for the percentage of progesterone-eligible candidates who received an initial dose of progesterone treatment between 16–24 weeks’ gestation. Additionally, UnitedHealthcare recognized opportunities to more quickly identify progesterone-eligible candidates and enhanced communication efforts with providers and specialty pharmacies to address and remove any identified barriers to care.

⁵⁻¹⁰ Ibid.

Performance Area	Overall Performance Impact
Timeliness	<ul style="list-style-type: none"> Strength: The <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i> and <i>Postpartum Care</i> HEDIS measure rates were at or above the national Medicaid 50th percentile yet below the statewide average.
Access	<ul style="list-style-type: none"> Strength: UnitedHealthcare demonstrated improvement in the <i>Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits</i> HEDIS measure, with performance at or above the national Medicaid 50th percentile and at or above the statewide average.

Behavioral Health

UnitedHealthcare demonstrated State comparative strengths and an opportunity for improvement in the performance area of Behavioral Health based on the results of the SFY 2017 EQR activities. UnitedHealthcare showed a clear focus in this area as evidenced by timely post-hospitalization follow-up care related to mental illness. It is important UnitedHealthcare maintain this focus on Behavioral Health as timely follow-up is essential to avoid readmissions and emergency department visits and can potentially impact comorbidities through appropriate outpatient care. UnitedHealthcare’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Weakness: While UnitedHealthcare rated at or above the statewide average in the <i>Antidepressant Medication Management—Effective Acute Phase Treatment</i> and <i>Effective Continuation Phase Treatment</i> measure rates, both were below the national Medicaid 50th percentile. Strength: The <i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i> HEDIS measure demonstrated improvement and ranked at or above the national Medicaid 75th percentile. Weakness: Although UnitedHealthcare’s rate for the <i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total</i> HEDIS measure was at or above the statewide average, it was below the national Medicaid 50th percentile.
Timeliness	<ul style="list-style-type: none"> Strength: The <i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i> HEDIS measure rate increased by 9.8 percentage points, ranking at or above 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</i> HEDIS measure.

Chronic Conditions

UnitedHealthcare demonstrated strengths, improvement, and opportunities for improvement in the performance area of Chronic Conditions based on the results of the SFY 2017 EQR activities. As demonstrated in the 2017 MCP Report Card, the Living With Illness area received a one-star rating, indicating performance below the Ohio Medicaid average. This low performance is reflective of the need to apply a strong focus to management of members with chronic conditions. UnitedHealthcare’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> • Weakness: The rate for the <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> HEDIS measure declined from CY 2015 to CY 2016 with a rate below the national Medicaid 10th percentile. • Weakness: The <i>Comprehensive Diabetes Care Blood Pressure Control (<140/90 mm Hg)</i> HEDIS measure rate improved and ranked at or above the statewide average, but performance rated below the national Medicaid 50th percentile. • Weakness: While the <i>Controlling High Blood Pressure</i> HEDIS measure rate met or exceeded the statewide average, the measure rate was below the national Medicaid 25th percentile. • Strength: UnitedHealthcare’s rate for the <i>Medication Management for People With Asthma—Medication Compliance 75%, Total</i> HEDIS measure was below statewide average but at or above the national Medicaid 50th percentile. • Weakness: The <i>Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid</i> HEDIS measure rated below the national Medicaid 50th percentile. • Strengths: The MCP’s performance for all PDI/PQI measures, including <i>PDI 14—Asthma Admissions, PQI 8—Heart Failure Admissions, PQI 13—Angina Without Procedure Admissions, and PQI 16—Lower-Extremity Amputation Among Patients With Diabetes</i> was better than the statewide average.
Timeliness	<ul style="list-style-type: none"> • Strength: Although below the statewide average, the <i>Comprehensive Diabetes Care—Eye Exam (Retinal) Performed</i> HEDIS measure rate was at or above the national Medicaid 50th percentile.
Access	<ul style="list-style-type: none"> • Refer to the conclusions documented in the performance area of coordination of and accessibility to care, encompassing all populations.

Coordination of and Accessibility to Care—All Populations

UnitedHealthcare demonstrated strengths, improvements, and opportunities in the performance area of coordination of and accessibility to care, encompassing all populations, based on the results of the SFY 2017 EQR activities. UnitedHealthcare demonstrated improvement and strong consistency from CY 2015 to CY 2016 in all adult and child CAHPS survey areas, indicating a focused priority on member experience. Care coordination efforts were generally aligned with these results, although there is an opportunity for further enhancement in this area as evident in the SFY 2017 Comprehensive Administrative Review *Coordination and Continuity of Care* standard. Member experience is a critical component of an effective care coordination program, therefore, UnitedHealthcare should maintain its focus in both areas to ensure the positive members’ perceptions carry over into positive member and provider engagement in care coordination activities.⁵⁻¹¹ UnitedHealthcare’s overall performance in this area demonstrates the following impact for this population’s quality of, timeliness of, and access to care and services:

Performance Area	Overall Performance Impact
Quality	<ul style="list-style-type: none"> Strength: The MCP demonstrated five-star ratings for the adult and child Medicaid CAHPS survey measures for the <i>Rating of All Health Care</i>, <i>Rating of Personal Doctor</i>, <i>How Well Doctors Communicate</i>, and <i>Rating of Specialist Seen Most Often</i>. Strength: UnitedHealthcare demonstrated significant improvement in the child Medicaid CAHPS survey measure for the <i>Rating of Health Plan</i>—from two to four stars. Strength: The <i>Customer Service</i> adult CAHPS measure rate ranked at or above the national Medicaid 90th percentile.
Timeliness	<ul style="list-style-type: none"> Strength: As demonstrated in the 2017 MCP Report Card, the Getting Care performance area received a three-star rating, indicating performance above the Ohio Medicaid average and a strength in this area. Strength: A five-star rating was achieved for the child Medicaid CAHPS survey measure <i>Getting Care Quickly</i>, indicating performance at or above the national Medicaid 90th percentile for this measure. Strength: The MCP demonstrated significant improvement in the adult Medicaid CAHPS survey measure for the <i>Getting Care Quickly</i>—from two to four stars.
Access	<ul style="list-style-type: none"> Strength: The rate for the adult Medicaid CAHPS survey measure <i>Getting Needed Care</i> was between the national Medicaid 75th and 89th percentiles. Additionally, the rate for the child Medicaid CAHPS survey measure <i>Getting Needed Care</i> was at or above the national Medicaid 90th percentile. Strength: UnitedHealthcare demonstrated an adequate provider network as noted through the SFY 2017 Comprehensive Administrative Review.

⁵⁻¹¹ Anhang Price et al. “Examining the Role of Patient Experience Surveys in Measuring Health Care Quality,” *Medical Care Research and Review : MCRR*, 71(5). (2014): 522–554. Available at: <http://doi.org/10.1177/1077558714541480>. Accessed on March 28, 2018.

Performance Area	Overall Performance Impact
	<ul style="list-style-type: none"> Weakness: UnitedHealthcare received an administrative score of 90 percent in the <i>Coordination and Continuity of Care</i> standard during the SFY 2017 Comprehensive Review, demonstrating an opportunity for improvement in this program area. Weakness: Secret shopper telephone surveys of providers' offices in SFY 2017 demonstrated discrepancies in provider information documented within the MCPN. Specifically, there were gaps in data accuracy in the area of <i>Accepting MCP</i>.

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 2016, HSAG made the following recommendations to UnitedHealthcare:

- UnitedHealthcare should participate in a PIP to address low performance related to chronic conditions, specifically diabetes, hypertension, and asthma.
- UnitedHealthcare should leverage the CPC program to improve the health of members with diabetes, hypertension, and asthma.
- UnitedHealthcare should continue performance improvement efforts for reducing preterm birth and infant mortality by evaluating and enhancing its processes related to administering progesterone treatment and providing enhanced care management services to at-risk pregnant women.

To address these recommendations, UnitedHealthcare:

- Currently participates in a *Hypertension Control and Disparity Reduction* PIP that focuses on improving hypertension control for targeted Medicaid members and the reduction of disparities for the African American population. Through this PIP, UnitedHealthcare should be successful using quality improvement science methods and tools to standardize processes for identifying members with hypertension, collaborating with and assisting provider practice sites with using evidence-based strategies for treating members with hypertension to improve blood pressure control, and improving health outcomes for members with hypertension.
- Continues to establish and foster partnerships with CPC practices to improve population health. UnitedHealthcare supports the CPC practices through a multitude of administrative activities, which include outreach to members to provide education about the benefits of CPC, assistance to members with CPC selection, and the facilitation of referrals to CPC practices. UnitedHealthcare also assists with the identification of services that members have not received to identify gaps in care; helps coordinate services; and shares timely, meaningful, and actionable data with the CPC practices to facilitate population health activities. UnitedHealthcare is also participating in a CPC QIP, which focuses on further relationship building with the CPC practices.
- Continues quality improvement activities initiated during the SFY 2017 *Progesterone Initiation* PIP. UnitedHealthcare also continues to collect and report data to ODM on the number of eligible women who had their first dose of progesterone between 16–24 weeks gestation. UnitedHealthcare also

communicates and coordinates processes with CDJFS to prevent loss of Medicaid and MCP coverage during pregnancy. Additionally, an electronic version of the standardized Pregnancy Risk Assessment form was developed and is now available on ODM's website for Medicaid providers to use to notify the applicable county and MCP of pregnancies and the need for progesterone treatment. The standardized processes implemented during the PIP have been spread statewide to OB/GYN practices.

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 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* HEDIS measure

Healthy Adults

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

Women of Reproductive Age

- *Percent of Live Births Weighing Less than 2,500 grams* 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

Chronic Conditions

- *Comprehensive Diabetes Care* HEDIS measures
 - *HbA1c Control (<8.0%)*
 - *Blood Pressure Control (<140/90 mm Hg)*
- *Controlling High Blood Pressure* HEDIS measure
- *Pharmacotherapy Management of COPD Exacerbation* HEDIS measure
 - *Systemic Corticosteroid*

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) is UnitedHealthcare considering or has already implemented to improve rates and performance for each identified measure?

Based on the information presented above, UnitedHealthcare should include the following within the quality improvement workplan 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.

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 Ohio Medicaid’s 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

The *Progesterone Initiation* PIP focused on reducing preterm births and infant mortality by reducing barriers to progesterone use. The purpose of the *Progesterone Initiation* PIP was to enable MCPs to use quality improvement science methods such as PDSA cycles to increase the percentage of progesterone-eligible women able to begin progesterone therapy during the clinically recommended 16–24 weeks of gestation. In SFY 2017, the MCPs completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions). All MCPs had a starting baseline rate of 15.0 percent and a SMART Aim goal rate of 30.0 percent.

All five MCPs achieved 100 percent as their highest-achieved monthly rate. Two of the five MCPs (Paramount and UnitedHealthcare) had 0.0 percent as their lowest-achieved monthly rate. The other three MCPs’ lowest-achieved monthly rates ranged from 33.0 percent to 50.0 percent. The final monthly rate reported ranged from 0.0 percent (UnitedHealthcare) to 75.0 percent (CareSource). All MCPs met the SMART Aim goal and received a confidence level of *High Confidence*.

Table 6-1—SMART Aim Measure Results

MCP	SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Lowest Rate Achieved	Highest Rate Achieved	Final Rate Reported	Confidence Level Assigned to PIP
Buckeye	Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	41.7%	100%	50.0%	<i>High Confidence</i>

MCP	SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Lowest Rate Achieved	Highest Rate Achieved	Final Rate Reported	Confidence Level Assigned to PIP
CareSource	Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	50.0%	100%	75.0%	<i>High Confidence</i>
Molina	Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	33.0%	100%	44.0%	<i>High Confidence</i>
Paramount	Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	0%	100%	40.0%	<i>High Confidence</i>
UnitedHealthcare	Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	0%	100%	0%	<i>High Confidence</i>

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 five points of each other. Please refer to [Appendix A](#) for more information on the methodology for calculating population stream index scores and rankings. Table 6-2 displays the HEDIS 2017 population stream index scores and rankings for each MCP.

Table 6-2—Comparative MCP Population Stream Index Scores and Rankings for HEDIS 2017

Population Stream	Buckeye		CareSource		Molina		Paramount		UnitedHealthcare	
	Index Score	Ranking	Index Score	Ranking						
Healthy Children	33.3	5	45.2	1*	40.9	1*	38.9	4	44.4	1*
Healthy Adults	40.9	2	61.5	1	27.1	5	35.0	3*	33.1	3*
Women of Reproductive Age	72.3	1*	61.0	3*	61.6	3*	73.1	1*	60.5	3*
Behavioral Health	59.4	1*	50.1	3*	51.9	3*	54.3	3*	61.9	1*
Chronic Conditions	54.3	3	49.2	4	63.3	2	69.1	1	40.9	5

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

Overall, the MCPs demonstrated similar performance for three of the five population streams (Healthy Children, Women of Reproductive Age, and Behavioral Health), with all MCPs performing within 13.0 points of each other. For two of three (Women of Reproductive Age and Behavioral Health) population streams, all MCPs performed above the 50th percentile, demonstrating a strength for all MCPs. For the Healthy Children population stream, none of the MCPs performed above the 50th percentile, demonstrating an opportunity exists for all MCPs to improve. For the remaining two population streams, Healthy Adults and Chronic Conditions, the MCPs demonstrated disparate performance. For the Healthy Adults population stream, the highest performing plan (CareSource) performed at approximately the 62nd percentile and the lowest performing plan (Molina) performed at the 27th percentile, demonstrating a difference of 34.4 points and suggesting an opportunity exists for all MCPs to improve performance in this population stream. Similarly, for the Chronic Conditions populations stream, the highest performing plan (Paramount) performed at the 69th percentile and the lowest performing plan (UnitedHealthcare) performed at approximately the 41st percentile, demonstrating a difference of 28.2 points between the highest and lowest performing plans.

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 2015 to CY 2016 to identify increases and declines in performance, as shown in Table 6-3. Only changes of at least five 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 five-point increase in performance from CY 2015 to CY 2016. A downward red arrow indicates at least a five-point decrease in performance from CY 2015 to CY 2016. A sideways gray arrow indicates no substantial change (i.e., less than a five-point change in either direction) in performance between years.

Table 6-3—MCP Population Stream Index Scores and Trending Analysis for HEDIS 2016 (CY 2015) and HEDIS 2017 (CY 2016)

Population Stream	Buckeye			CareSource			Molina			Paramount			UnitedHealthcare		
	CY 2015	CY 2016	Trend	CY 2015	CY 2016	Trend	CY 2015	CY 2016	Trend	CY 2015	CY 2016	Trend	CY 2015	CY 2016	Trend
Healthy Children	22.0	33.3	↑	38.5	45.2	↑	31.6	40.9	↑	31.3	38.9	↑	27.8	44.4	↑
Healthy Adults	28.8	40.9	↑	50.8	61.5	↑	29.0	27.1	→	25.4	35.0	↑	19.9	33.1	↑
Women of Reproductive Age	64.1	72.3	↑	53.5	61.0	↑	63.6	61.6	→	71.2	73.1	→	45.7	60.5	↑
Behavioral Health	49.0	59.4	↑	65.9	50.1	↓	62.9	51.9	↓	63.3	54.3	↓	58.3	61.9	→
Chronic Conditions	46.3	54.3	↑	44.6	49.2	→	51.1	63.3	↑	59.3	69.1	↑	41.7	40.9	→

A majority of the MCPs demonstrated improvement across most of the population streams, with all five MCPs demonstrating improvement in the Healthy Children population stream, four of the five MCPs demonstrating improved performance in the Healthy Adults population stream, and three of the five MCPs improving in both the Women of Reproductive Age and Chronic Conditions population streams. Conversely, three of the five MCPs demonstrated a decline in performance in the Behavioral Health population stream. Buckeye was the only MCP to demonstrate improved performance in all five population streams.

The HEDIS 2017 measure results for each MCP and the statewide weighted averages are shown in Table 6-4. Measures displayed in Table 6-4 are limited to those measures in ODM’s Quality Dashboards and align with the ODM SFY 2017 MCP HEDIS measures. Measure cells shaded orange indicate measures for which an MPS was established for HEDIS 2017, and rates shaded orange were the same as or better than the MPS.

Table 6-4—MCP Comparative and Statewide Weighted Average HEDIS 2017 Measure Results

Performance Measures	Buckeye	CareSource	Molina	Paramount	United-Healthcare	Statewide Average
Healthy Children						
Adolescent Well-Care Visits						
<i>Adolescent Well-Care Visits²</i>	49.8%	45.0%	46.6%	43.6%	52.6%	46.4%
Appropriate Treatment for Children With Upper Respiratory Infection						
<i>Appropriate Treatment for Children With Upper Respiratory Infection^{2,3}</i>	91.1%	89.7%	91.8%	90.8%	88.6%	90.1%
Children and Adolescents' Access to Primary Care Practitioners						
<i>12–24 Months</i>	90.8%	94.9%	92.5%	92.1%	91.2%	93.5%
<i>25 Months–6 Years</i>	82.9%	88.4%	86.2%	84.8%	87.0%	87.0%
<i>7–11 Years</i>	86.7%	92.0%	90.9%	88.8%	89.9%	90.9%
<i>12–19 Years</i>	86.3%	91.8%	89.5%	88.5%	90.2%	90.5%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents						
<i>BMI Percentile Documentation—Total</i>	45.5%	47.0%	52.1%	58.9%	55.5%	49.2%
Well-Child Visits in the First 15 Months of Life						
<i>Six or More Well-Child Visits</i>	53.5%	61.6%	58.1%	56.0%	56.0%	59.0%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life						
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	64.6%	71.0%	65.7%	69.2%	73.6%	69.7%
Healthy Adults						
Adults' Access to Preventive/Ambulatory Health Services						
<i>Total</i>	75.4%	83.9%	78.0%	73.8%	78.8%	80.4%
Breast Cancer Screening						
<i>Breast Cancer Screening</i>	58.3%	56.3%	51.5%	55.3%	53.4%	55.4%
Cervical Cancer Screening						
<i>Cervical Cancer Screening</i>	56.1%	65.9%	50.9%	55.3%	53.0%	60.4%
Women of Reproductive Age						
Frequency of Ongoing Prenatal Care						
<i>≥81 Percent of Expected Visits</i>	71.9%	65.9%	73.8%	73.7%	69.3%	68.8%
Prenatal and Postpartum Care						
<i>Timeliness of Prenatal Care²</i>	86.8%	83.7%	84.0%	87.6%	83.5%	84.5%
<i>Postpartum Care²</i>	65.3%	63.3%	58.8%	63.7%	61.2%	62.9%

Performance Measures	Buckeye	CareSource	Molina	Paramount	United-Healthcare	Statewide Average
Behavioral Health						
Antidepressant Medication Management						
<i>Effective Acute Phase Treatment</i>	49.6%	50.4%	52.7%	49.0%	51.9%	50.6%
<i>Effective Continuation Phase Treatment</i>	34.0%	34.7%	36.8%	34.1%	37.1%	35.1%
Follow-Up After Hospitalization for Mental Illness						
<i>7-Day Follow-Up²</i>	55.4%	52.4%	49.3%	54.4%	63.8%	54.0%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics						
<i>Total</i>	81.6%	74.2%	68.9%	80.9%	71.2%	74.7%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents						
<i>Total^{1,3}</i>	1.5%	3.5%	2.9%	2.3%	2.0%	3.0%
Chronic Conditions						
Comprehensive Diabetes Care						
<i>HbA1c Control (<8.0%)²</i>	43.6%	33.1%	46.0%	45.0%	29.7%	36.6%
<i>Blood Pressure Control (<140/90 mm Hg)</i>	49.3%	48.2%	58.2%	67.9%	54.5%	52.0%
<i>Eye Exam (Retinal) Performed</i>	55.7%	57.4%	56.6%	58.2%	54.7%	56.8%
Controlling High Blood Pressure						
<i>Controlling High Blood Pressure²</i>	52.5%	36.5%	54.3%	59.9%	45.7%	43.8%
Medication Management for People With Asthma						
<i>Medication Compliance 75%—Total</i>	33.0%	37.9%	39.1%	36.5%	36.8%	37.3%
Pharmacotherapy Management of COPD Exacerbation						
<i>Systemic Corticosteroid³</i>	76.4%	77.1%	75.7%	76.1%	66.3%	75.0%

¹ A lower rate indicates better performance for this measure.

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

³ HEDIS significantly modified the specifications for this measure beginning with HEDIS 2017.

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 6-4, for all 19 measures with an MPS established by ODM, at least one MCP met the established MPS. Additionally, all five MCPs met the MPS for 10 of the 19 measures with an established MPS (52.6 percent). Overall, there were 95 opportunities for a rate to be compared to an MPS (19 measures by five MCPs), with MCPs meeting or exceeding the MPS 74 out of 95 times (77.9 percent). Despite the fact that MPS were met or exceeded the vast majority of the time, the MCPs only met the national Medicaid 50th percentile 50 times (52.6 percent) for those measures with an MPS. Additionally, the national Medicaid 75th percentile was only met or exceeded 13 times (13.7 percent) for those measures with an MPS. Further, 57 rates (60.0 percent) for measures with an MPS showed an improvement from HEDIS 2016 to HEDIS 2017. 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:

- *Frequency of Ongoing Prenatal Care—≥81 Percent of Visits*
- *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total*
- *Medication Management for People With Asthma—Medication Compliance 75%—Total*

Finally, one measure, *Adults’ Access to Preventive/Ambulatory Health Services—Total*, demonstrated an opportunity for improvement for all MCPs as only one MCP met or exceeded the MPS, none of the MCPs showed improvement from the prior year, and only one MCP was at or above the national Medicaid 50th percentile.

In Table 6-5, the percentage of star ratings by MCP and the statewide weighted average for HEDIS 2016 and HEDIS 2017 are shown.

Table 6-5—Percentage of Star Ratings by MCP and Statewide Weighted Average for HEDIS 2016 and HEDIS 2017

MCP	★	★★	★★★	★★★★	★★★★★
HEDIS 2016 (CY 2015)					
<i>Buckeye</i>	8.0%	44.0%	16.0%	24.0%	8.0%
<i>CareSource</i>	4.0%	16.0%	24.0%	44.0%	12.0%
<i>Molina</i>	4.0%	20.0%	40.0%	12.0%	24.0%
<i>Paramount</i>	8.0%	24.0%	12.0%	44.0%	12.0%
<i>UnitedHealthcare</i>	8.0%	40.0%	16.0%	24.0%	12.0%
Statewide	0.0%	20.0%	40.0%	28.0%	12.0%
HEDIS 2017 (CY 2016)					
<i>Buckeye</i>	0.0%	26.9%	23.1%	34.6%	15.4%
<i>CareSource</i>	3.8%	15.4%	23.1%	42.3%	15.4%
<i>Molina</i>	0.0%	11.5%	53.8%	19.2%	15.4%
<i>Paramount</i>	0.0%	11.5%	46.2%	26.9%	15.4%
<i>UnitedHealthcare</i>	3.8%	7.7%	50.0%	30.8%	7.7%
Statewide	0.0%	15.4%	42.3%	38.5%	3.8%

HEDIS 2017 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 2016 and HEDIS 2017 compared to national percentiles, while MCP rates varied in performance compared to national percentiles between HEDIS 2016 and HEDIS 2017:

- None of the statewide rates were below the 10th percentile for HEDIS 2017 and only two of the five MCPs had one rate below the 10th percentile.
- Every MCP, except CareSource, was successful in decreasing the number of measures that were below the 25th percentile, with the statewide percentage decreasing from 19.2 percent below the 25th percentile in HEDIS 2016 to 15.4 percent in HEDIS 2017.
- Buckeye, CareSource, and UnitedHealthcare increased the percentage of measures above the 50th percentile with 34.6 percent, 53.8 percent, and 34.6 percent of measures above the 50th percentile, respectively, in HEDIS 2016 compared to 50.0 percent, 57.7 percent, and 38.5 percent of measures, respectively, above the 50th percentile in HEDIS 2017.
- Paramount demonstrated a decrease in performance with 57.7 percent of measures above the 50th percentile in HEDIS 2016 compared to 42.3 percent of measures above the 50th percentile in HEDIS 2017.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated the following five measures in CY 2016. For all non-HEDIS measures, a lower rate indicates better performance.

- *Percent of Live Births Weighing Less than 2,500 grams (Low Birth Weight)*
- *PDI 14—Asthma Admissions*
- *PQI 8—Heart Failure Admissions*
- *PQI 13—Angina Without Procedure Admissions*
- *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes*

Table 6-6 presents the *Low Birth Weight* results for each MCP and the statewide average for CY 2015. The MPS for this measure was less than 10.3 percent.

Table 6-6—MCP and Statewide Average Low Birth Weight Results for CY 2015

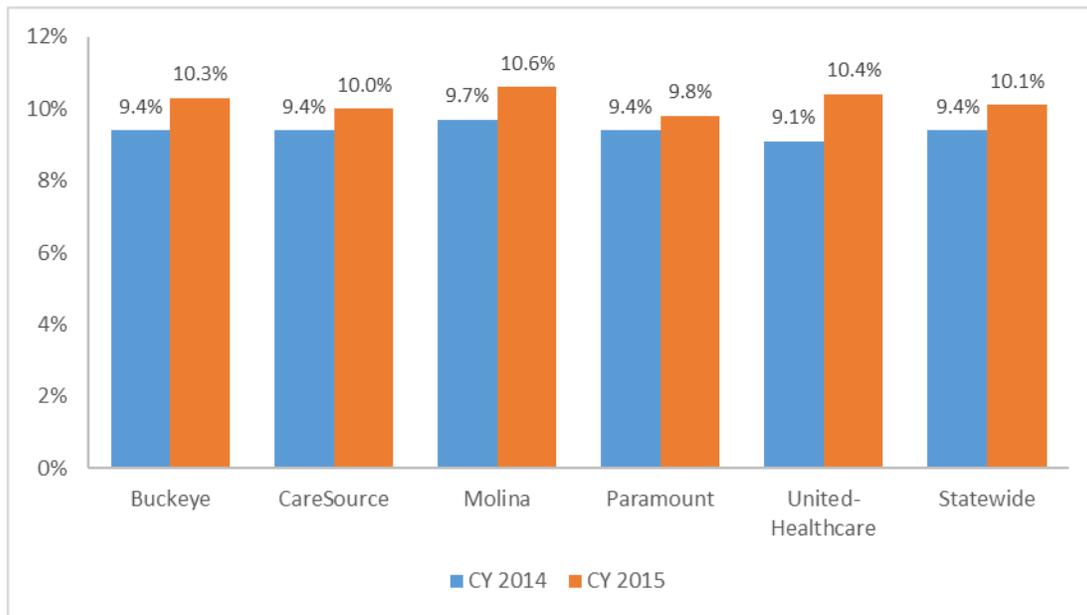
Measure	Buckeye	CareSource	Molina	Paramount	United-Healthcare	CY 2015 Statewide
<i>Low Birth Weight</i>	10.3%	10.0%	10.6%	9.8%	10.4%	10.1%

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 2015, Buckeye, CareSource, and Paramount met the MPS for this measure. In addition, two MCPs (CareSource and Paramount) performed better than the statewide average, while the remaining three MCPs performed worse than the statewide average.

Figure 6-1 displays the CY 2014 and CY 2015 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*



*HSAG was only able to compare CY 2014 and CY 2015 rates as CY 2016 rates were not yet available.

Overall, all MCPs performed worse in CY 2015 than in CY 2014. UnitedHealthcare had the largest decrease in performance between CY 2014 and CY 2015, while Paramount had the smallest decrease in performance.

Table 6-7 presents the PDI/PQI results for each MCP and the statewide average for CY 2016.

Table 6-7—MCP and Statewide Average PDI/PQI Results Per 100,000 Member Months

Measure	Buckeye	CareSource	Molina	Paramount	United-Healthcare	CY 2016 Statewide
PDI						
<i>PDI 14—Asthma Admissions</i>	7.1	11.6	10.1	11.4	5.8	10.3
PQI						
<i>PQI 8—Heart Failure Admissions</i>	25.2	19.6	16.6	14.5	16.6	19.0
<i>PQI 13—Angina Without</i>	4.2	3.3	2.2	3.8	2.0	3.2

Measure	Buckeye	CareSource	Molina	Paramount	United-Healthcare	CY 2016 Statewide
<i>Procedure Admissions</i>						
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes*</i>	2.3	2.0	1.8	1.7	1.5	1.9

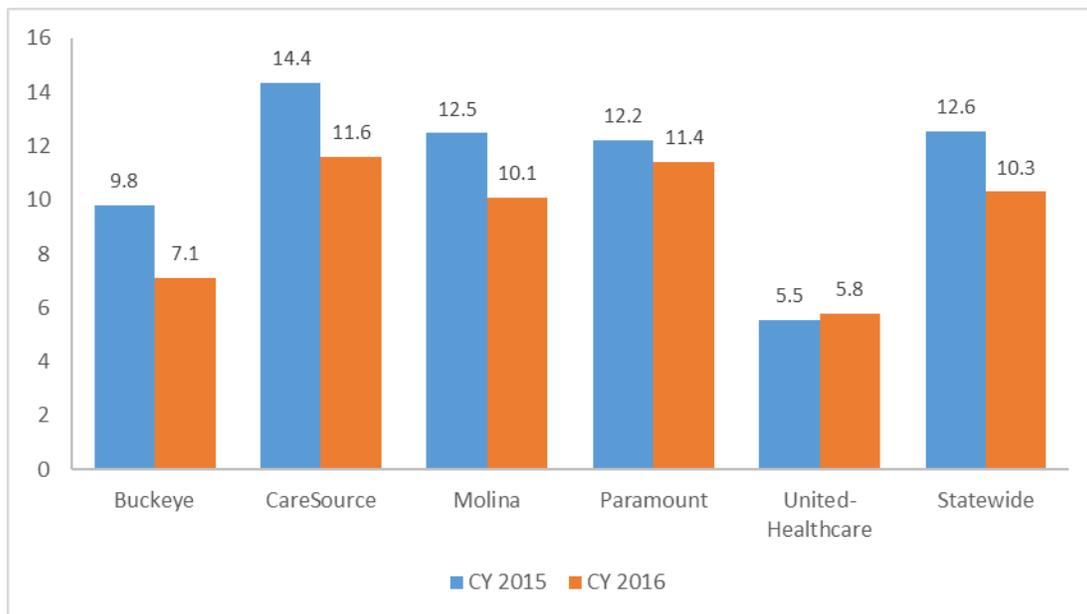
Measure indicator cells shaded in orange indicate that an MPS has been assigned by ODM. Rate cells shaded in orange indicate the MCP performed the same as or better than the MPS.

*Only PQI 16 had an MPS assigned by ODM for CY 2016.

In CY 2016, Molina and UnitedHealthcare were the only MCPs to perform better than the statewide average for all PDI/PQI measures. Conversely, CareSource performed worse than the statewide average for all PDI/PQI measures. Notably, all MCPs met the MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* in CY 2016.

Figure 6-2 through Figure 6-5 display the PDI/PQI results for CY 2015 and CY 2016 for each MCP and the statewide average.

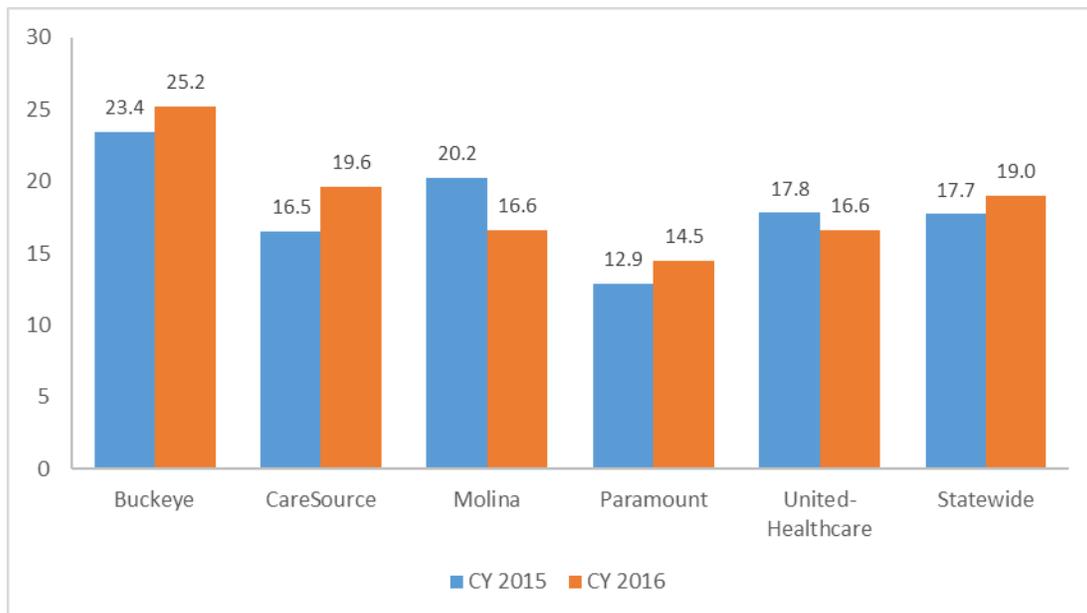
Figure 6-2—MCP and Statewide Average PDI 14 Measure Results Per 100,000 Member Months*



*Caution should be exercised when comparing CY 2015 and CY 2016 PDI rates due to methodology changes, including the introduction of ICD-10 codes at the end of CY 2015.

All MCPs except UnitedHealthcare decreased their PDI 14 rates from CY 2015 to CY 2016.

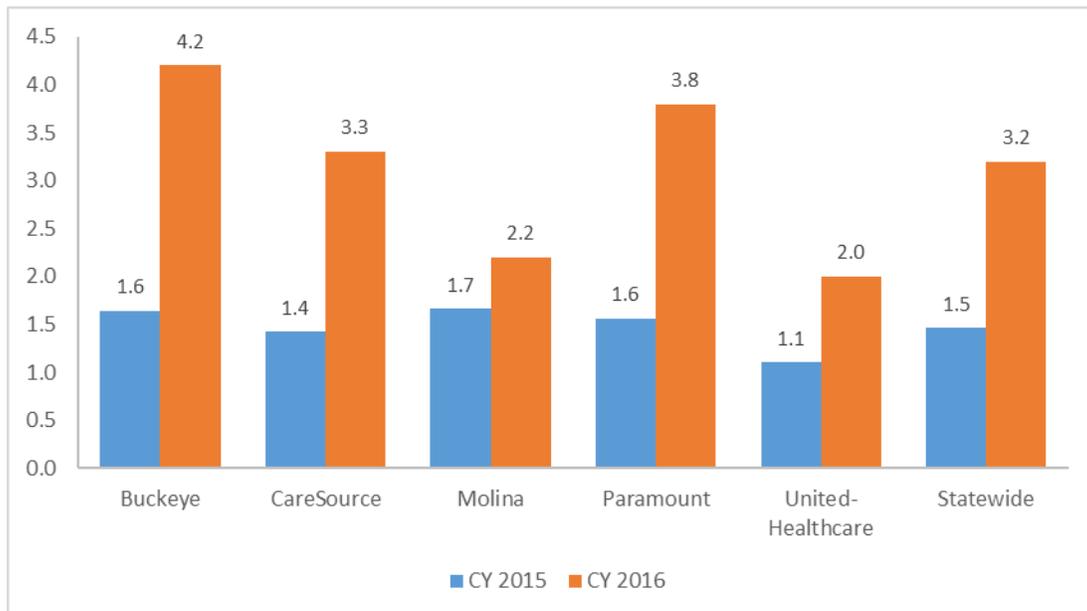
Figure 6-3—MCP and Statewide Average PQI 8 Measure Results Per 100,000 Member Months*



**Caution should be exercised when comparing CY 2015 and CY 2016 PQI rates due to methodology changes, including the introduction of ICD-10 codes at the end of CY 2015.*

Only two MCPs, Molina and UnitedHealthcare, decreased their PQI 8 rates from CY 2015 to CY 2016. The remaining MCPs had an increase in their rates, with CareSource having the largest rate increase.

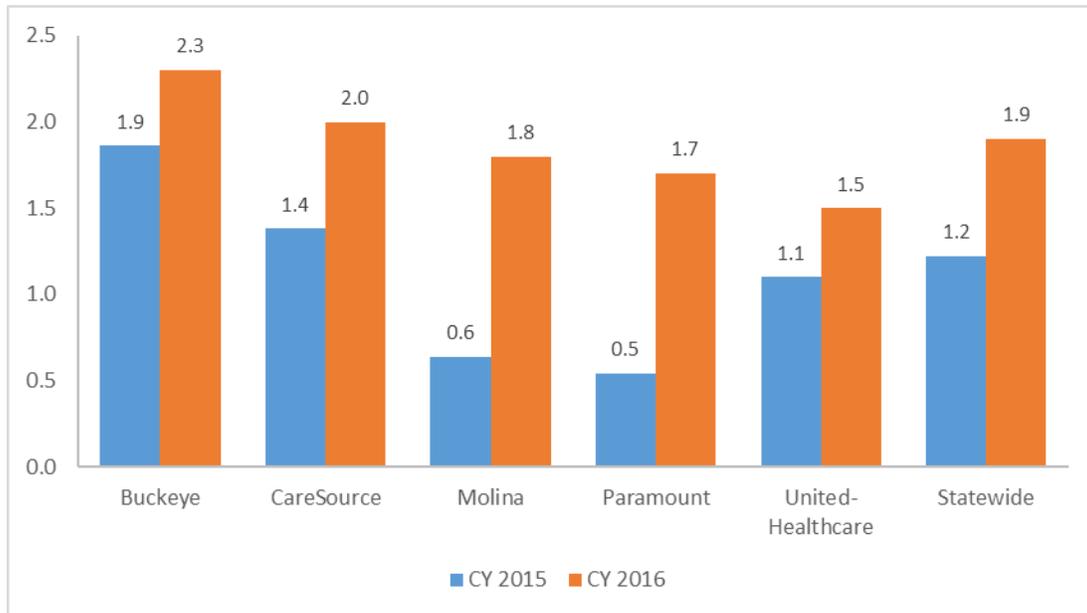
Figure 6-4—MCP and Statewide Average PQI 13 Measure Results Per 100,000 Member Months*



**Caution should be exercised when comparing CY 2015 and CY 2016 PQI rates due to methodology changes, including the introduction of ICD-10 codes at the end of CY 2015.*

Every MCP had an increase in their PQI 13 rates from CY 2015 to CY 2016.

Figure 6-5—MCP and Statewide Average PQI 16 Measure Results Per 100,000 Member Months*



*Caution should be exercised when comparing CY 2015 and CY 2016 PQI rates due to methodology changes, including the introduction of ICD-10 codes at the end of CY 2015.

All MCPs demonstrated an increase in their PQI 16 rates from CY 2015 to CY 2016.

CAHPS

ODM requires the five MCPs to annually administer a CAHPS survey. Survey results provide important feedback on overall member satisfaction with the Ohio Medicaid managed care program.

The 2016 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 6-8 and Table 6-9.

Table 6-8—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	★★★ 2.44	★★ 2.39	★★★★★ 2.56	★ 2.35	★★★ 2.48	★★★ 2.44
Rating of All Health Care	★★★ 2.39	★★★ 2.38	★★★ 2.40	★★ 2.32	★★★ 2.39	★★★★★ 2.46
Rating of Personal Doctor	★★★ 2.52	★★★★ 2.54	★★★ 2.50	★★ 2.46	★★★★ 2.54	★★★★★ 2.58
Rating of Specialist Seen Most Often	★★★ 2.51	★★★ 2.54	★ 2.38	★★★★ 2.56	★ 2.42	★★★★★ 2.64

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Composite Measures						
Getting Needed Care	★★★ 2.39	★★★ 2.39	★★★ 2.38	★★ 2.34	★★★ 2.41	★★★★ 2.44
Getting Care Quickly	★★★ 2.43	★★★ 2.42	★★ 2.41	★★★ 2.42	★★★ 2.43	★★★★ 2.47
How Well Doctors Communicate	★★★★★ 2.66	★★★★★ 2.66	★★★★★ 2.64	★★★★★ 2.64	★★★★★ 2.67	★★★★★ 2.69
Customer Service	★★★★★ 2.61	★★★ 2.57	★★★★★ 2.61	★★★ 2.55	★★★★★ 2.71	★★★★★ 2.61
Individual Item Measure						
Coordination of Care	★★★ 2.39	★★ 2.33	★★ 2.35	★★★ 2.39	★★★★ 2.47	★★★★ 2.43
Star Assignments Based on Percentiles ★★★★★ 90th or above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th  Indicates the MCP's 2016 mean exceeded the Ohio Medicaid mean by a statistically significant amount.  Indicates the MCP's 2016 mean was lower than the Ohio Medicaid mean by a statistically significant amount.						

- The Ohio Medicaid managed care program scored at or above the 90th percentile for *How Well Doctors Communicate* and *Customer Service*. The Ohio Medicaid managed care program scored at or between the 50th and 74th percentiles for the remaining CAHPS measures.
- CareSource's overall mean was higher than the Ohio Medicaid managed care program average for *Rating of Health Plan* by a statistically significant amount. Conversely, CareSource's overall mean was lower than the Ohio Medicaid managed care program average for *Rating of Specialist Seen Most Often* by a statistically significant amount.
- Molina's overall mean was lower than the Ohio Medicaid managed care program average for *Rating of Health Plan* by a statistically significant amount.
- UnitedHealthcare's overall mean was higher than the Ohio Medicaid managed care program average for *Rating of Specialist Seen Most Often* by a statistically significant amount.

Table 6-9—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	★★★ 2.60	★★★ 2.59	★★★★ 2.65	★★ 2.54	★★★ 2.59	★★★★ 2.65
Rating of All Health Care	★★★★★ 2.61	★★★★★ 2.60	★★★★★ 2.66	★★★★★ 2.58	★★★★★ 2.57	★★★★★ 2.64
Rating of Personal Doctor	★★★★ 2.67	★★★ 2.64	★★★★★ 2.69	★★★ 2.63	★★★★ 2.68	★★★★★ 2.74

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Rating of Specialist Seen Most Often	★★★★★ 2.69	★★★★★ ⁺ 2.72	★★★★★ ⁺ 2.82	★★★★★ 2.69	★ ⁺ 2.52	★★★★★ ⁺ 2.69
Composite Measures						
Getting Needed Care	★★★ 2.52	★★ 2.44	★★★★★ 2.56	★★★★★ 2.54	★★★ 2.47	★★★★★ 2.59
Getting Care Quickly	★★★★★ 2.68	★★★★★ 2.67	★★★★★ 2.69	★★★ 2.64	★★★★★ 2.69	★★★★★ 2.70
How Well Doctors Communicate	★★★★★ 2.74	★★★★★ 2.74	★★★★★ 2.76	★★★ 2.69	★★★★★ 2.73	★★★★★ 2.81
Customer Service	★★★★★ 2.58	★ ⁺ 2.49	★★★★★ ⁺ 2.65	★★★★★ 2.58	★★★★★ ⁺ 2.61	★★★★★ ⁺ 2.59
Individual Item Measure						
Coordination of Care	★★★ 2.42	★ 2.31	★★★ 2.44	★★★ 2.42	★★★★★ 2.49	★★★ 2.45
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. <div style="display: flex; gap: 10px; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 10px; background-color: #d9ead3;"></div> Indicates the 2016 MCP's mean exceeded the Ohio Medicaid mean by a statistically significant amount. <div style="border: 1px solid black; width: 20px; height: 10px; background-color: #f4cccc;"></div> Indicates the 2016 MCP's mean was lower than the Ohio Medicaid mean by a statistically significant amount. </div>						

- The Ohio Medicaid managed care program scored at or above the 90th percentile for *Rating of All Health Care* and *Rating of Specialist Seen Most Often*. In addition, the Ohio Medicaid managed care program scored at or between the 75th and 89th percentiles for *Rating of Personal Doctor*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service*. The Ohio Medicaid managed care program scored at or between the 50th and 74th percentiles for *Rating of Health Plan*, *Getting Needed Care*, and *Coordination of Care*.
- CareSource's overall mean was higher than the Ohio Medicaid managed care program average for *Rating of Specialist Seen Most Often* by a statistically significant amount.
- Molina's overall mean was lower than the Ohio Medicaid managed care program average for *How Well Doctors Communicate* by a statistically significant amount.
- Paramount's overall mean was lower than the Ohio Medicaid managed care program average for *Rating of Specialist Seen Most Often* by a statistically significant amount.
- UnitedHealthcare's overall mean was higher than the Ohio Medicaid managed care program average for *How Well Doctors Communicate* by a statistically significant amount.

Pay-for-Performance

In Table 6-10, the MCP and statewide weighted average rates for the SFY 2017 P4P measures and comparisons to the national Medicaid percentiles are shown.

Table 6-10—MCP Comparative and Statewide Weighted Average P4P Measure Results

Performance Measures	Buckeye	CareSource	Molina	Paramount	United-Healthcare	Statewide Average	2016 NCQA Quality Compass 50th Percentile
Healthy Children							
<i>Adolescent Well-Care Visits</i>	49.8%	45.0%	46.6%	43.6%	52.6%	46.4%	48.4%
<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>	91.1%	89.7%	91.8%	90.8%	88.6%	90.1%	89.4%
Women of Reproductive Age							
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	86.8%	83.7%	84.0%	87.6%	83.5%	84.5%	82.3%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	65.3%	63.3%	58.8%	63.7%	61.2%	62.9%	61.0%
Behavioral Health							
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	55.4%	52.4%	49.3%	54.4%	63.8%	54.0%	44.1%
Chronic Conditions							
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	43.6%	33.1%	46.0%	45.0%	29.7%	36.6%	46.8%
<i>Controlling High Blood Pressure</i>	52.5%	36.5%	54.3%	59.9%	45.7%	43.8%	54.8%

	At or above the 2016 Quality Compass 75th percentile
	At or above the 2016 Quality Compass 50th percentile and below the 75th percentile
	At or above the 2016 Quality Compass 25th percentile and below the 50th percentile
	Below the 2016 Quality Compass 25th percentile

The statewide average rates for four of the P4P measures exceeded the national Medicaid 50th percentiles.

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 6-11 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 6-11—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 plan and averaging the resulting percentages across the five MCPs.

Table 6-12 presents a summary of performance results for the Medicaid programs of 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 6-12—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%
IV	Coverage and Authorization of Services	93%	96%	100%	93%	93%	95%

Standard #	Standard	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare	Ohio Medicaid Managed Care Program
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%

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 2016, failure of the MCPs to meet the provider panel requirements resulted in \$113,000 in assessed fines.

In addition to ODM’s monitoring efforts described above, ODM contracted with HSAG to conduct telephone surveys of provider offices in the Northeast region of the State to validate the accuracy of the provider information reflected in the MCPN.

Table 6-13 demonstrates the response rates regarding whether or not the PCP office was able to be contacted, and if reached, whether or not the PCP was still participating with the MCP as indicated in the MCPN file.

Table 6-13—Telephone Survey—MCP Response Rate—Northeast Region

		Able to Contact				Not Reached	
		With MCP		Not with MCP			
MCPs	Total Number of PCPs	#	%	#	%	#	%
Buckeye	320	216	67.5	15	4.7	89	27.8
CareSource	342	248	72.5	24	7.0	70	20.5
Molina	318	225	70.8	24	7.5	69	21.7
Paramount	334	228	68.3	37	11.1	69	20.7
UnitedHealthcare	227	139	61.2	8	3.5	80	35.2
All MCPs	1,541	1,056	68.5	108	7.0	377	24.5

Table 6-14 demonstrates the response rates regarding whether or not contacted PCP offices were still participating in the Medicaid program.

Table 6-14—Program Accuracy—MCP Rate—Northeast Region

MCPs	Providers with MCP	Accepting Listed Program Type	
		#	%
Buckeye	216	202	93.5
CareSource	248	221	89.1
Molina	225	148	65.8
Paramount	228	223	97.8
UnitedHealthcare	139	114	82.0
All MCPs	1,056	908	86.0

Table 6-15 presents findings based on provider responses to the “Accepting New Patients” and “Limitations to Accepting New Patients” questions in the telephone survey.

Table 6-15—Telephone Survey Accepting New Patients—MCP—Northeast Region

MCPs	Den ¹	Not Accepting New Patients		Accepting New Patients - No Limitations		Accepting New Patients with Limitations							
		#	%	#	%	Children Only		Adults Only		Females Only		Other ²	
						#	%	#	%	#	%	#	%
Buckeye	177	43	24.3	41	23.2	42	23.7	30	16.9	0	0.0	38	21.5
CareSource	213	47	22.1	56	26.3	43	20.2	33	15.5	1	0.5	58	27.2
Molina	139	35	25.2	30	21.6	25	18.0	16	11.5	0	0.0	48	34.5
Paramount	201	37	18.4	39	19.4	51	25.4	32	15.9	0	0.0	63	31.3
UnitedHealthcare	110	19	17.3	20	18.2	17	15.5	22	20.0	0	0.0	56	50.9
All MCPs	840	181	21.5	186	22.1	178	21.2	133	15.8	1	0.1	263	31.3

¹ The denominator is the number of providers reached who still contract with the MCP listed in the MCPN file.

² Providers are counted for each applicable limitation.

Note: Due to rounding, the sum of the percentages across each row may not equal 100 percent.

Table 6-16 demonstrates the number of providers with wait times of 30 days or less, as well as the average, minimum, and maximum wait times for providers. 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 6-16—New Patient Appointment Wait Time in Days—MCP—Northeast Region

MCPs	Denominator ¹	≤ 30 Days Wait Time		Average Wait Time (Days)	Minimum Wait Time (Days)	Maximum Wait Time (Days)
		#	%			
Buckeye	124	88	71.0	27.1	1	178
CareSource	121	93	76.9	19.7	1	82
Molina	130	101	77.7	20.4	0	129
Paramount	139	103	74.1	24.3	0	162
UnitedHealthcare	73	56	76.7	20.6	1	97
All MCPs	587	441	75.1	22.6	0	178

¹ The denominator is the number of providers who responded to the wait time question.

To calculate the PCP accuracy rate, HSAG compared the responses to questions asked during the telephone survey with the PCP information listed for these providers in the MCPN. The results are presented in Table 6-17.

Table 6-17—MCPN Accuracy for Patient Access Fields—MCP—Northeast Region

MCPs	Is a PCP			Accepting New Patients		
	Denominator ¹	# Matched	% Matched	Denominator ²	# Matched	% Matched
Buckeye	202	177	87.6	177	125	70.6
CareSource	221	213	96.4	213	139	65.3
Molina	148	139	93.9	139	104	74.8
Paramount	223	201	90.1	201	166	82.6
UnitedHealthcare	114	110	96.5	110	92	83.6
All MCPs	908	840	92.5	840	626	74.5

¹ The number of providers who responded to the “Are you a PCP?” survey question.

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

To calculate accuracy for the provider name data elements, Provider First Name and Provider Last Name were combined. The Provider’s Street Address, Suite, City, State, and Zip Code data elements were combined to calculate the address accuracy. The “All” element reports the percentage of locations with matching MCPN information for the Provider Name, Address, and County. Table 6-18 presents results for the Northeast region.

Table 6-18—MCPN Accuracy Rate for Participating PCPs—MCP—Northeast Region

MCP	Location with Matched MCPN Information									
	Provider Name ¹		Address ²		Telephone Number		County ³		All ⁴	
	#	%	#	%	#	%	#	%	#	%
Buckeye	133	99.3	99	73.9	278	86.9	130	97.0	93	69.4
CareSource	164	98.8	124	74.7	312	91.2	157	96.9	119	73.5
Molina	103	99.0	82	78.8	275	86.5	100	98.0	77	75.5
Paramount	164	100.0	123	75.0	278	83.2	155	94.5	117	71.3
UnitedHealthcare	90	98.9	65	71.4	173	76.2	84	95.5	59	67.0
All MCPs	654	99.2	493	74.8	1,316	85.4	626	96.3	465	71.5

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 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.

Encounter Data Validation

Delivery Encounters

The SFY 2017 EDV study of delivery payment encounters was conducted to evaluate the extent to which delivery claims submitted by the five ODM-contracted MCPs for their Medicaid members were supported by documentation in the members’ medical records. The rate of paid claims substantiated by medical record documentation for the MCPs was 27.7 percent in the current study. ODM has defined the standard payment accuracy as 100 percent for all MCPs.

Table 6-19 displays the number and percentage of deliveries confirmed through documentation in the medical record. Missing cases (i.e., medical records not submitted) were included and considered unconfirmed delivery payments.

Table 6-19—Deliveries Documented in the Medical Record

MCP	Total Number of Cases	Documented in Medical Record	
		Number	Percent
Buckeye	129	33	25.6%
CareSource	771	197	25.6%
Molina	133	56	42.1%
Paramount	123	43	35.0%
UnitedHealthcare	177	40	22.6%
Ohio MCPs	1,333	369	27.7%

Overall, the final population size contained 1,333 delivery payments for the five MCPs during this period. Of the 1,333 delivery payments for the MCPs, 369 cases with medical records submitted were validated as delivery events. Therefore, the delivery event rate documented in the medical records submitted was 27.7 percent.

Institutional Encounters

The Ohio Validation Study of Managed Care Plan Encounter Data involved the comparison of administrative encounter data from MCPs’ fully adjudicated claims and encounter files to ODM’s encounter files. Table 6-20 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 6-20—Claim Line Volume and Payment Amounts by Institutional Claims Categories

	MCPs ¹		
	Inpatient ²	Outpatient	Other
ODM Encounters			
Claims Volume	3,645,439	33,457,092	346,668
Payment Amount ³	\$2,191,563,704	\$1,717,331,112	\$211,777,720
Ohio MCP Claims			
Claims Volume	3,276,821	33,723,321	755,629
Payment Amount ³	\$1,901,165,458	\$1,731,599,483	\$506,088,420

¹ The inpatient-diagnosis-related group (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.

Figure 6-6 presents the statewide encounter omission and surplus rates for ODM and MCP claims/encounter files stratified by institutional claim type categories.

Figure 6-6—Statewide Encounter Omission and Surplus Rates for Institutional Claims

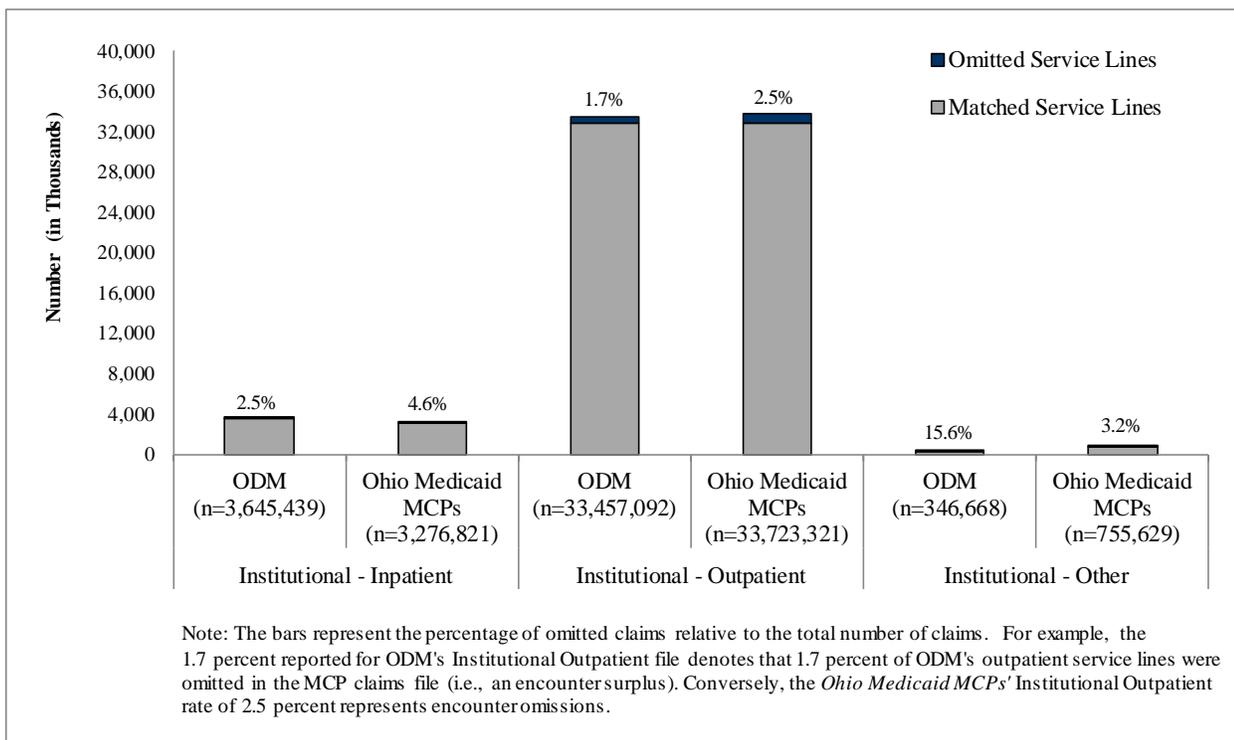


Table 6-21 presents the statewide and MCP-specific encounter surplus and omission rates by institutional claim type categories.

Table 6-21—Encounter Surplus and Omission Rates by Institutional Claim Type Categories

Ohio MCP	Surplus			Omission		
	Inpatient	Outpatient	Other	Inpatient	Outpatient	Other
Buckeye	2.8%	1.2%	13.8%	0.0%	2.9%	26.8%
CareSource	2.0%	1.0%	11.2%	7.0%	3.5%	4.3%
Molina	0.3%	1.6%	9.8%	0.8%	0.5%	0.8%
Paramount	3.0%	2.7%	16.7%	1.6%	1.1%	2.5%
UnitedHealthcare	6.3%	4.4%	29.0%	1.1%	0.8%	0.0%
MCP Statewide¹	2.5%	1.7%	15.6%	4.6%	2.5%	3.2%

¹ The inpatient-DRG claim type from the institutional file 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 (i.e., where Other includes the long-term care and inpatient-DRG exempt claim types).

Payment error rates were based on the number of claims that matched in both the ODM and MCP files. Table 6-22 presents the percentage of matched claims with payment discrepancies stratified by institutional claim type categories for the MCPs.

Table 6-22—Payment Error Rates Among Matched Encounters by Institutional Claim Type Categories

Ohio MCP	Inpatient	Outpatient	Other
Buckeye	9.3%	3.0%	3.1%
CareSource	0.0%	< 0.1%	7.0%
Molina	0.0%	< 0.1%	< 0.1%
Paramount	0.2%	0.1%	0.1%
UnitedHealthcare	0.3%	0.0%	0.0%
MCP Statewide¹	1.2%	0.4%	3.4%

¹ The inpatient-DRG claim type from the institutional file 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 (i.e., where Other includes the long-term care and inpatient-DRG exempt claim types).

Table 6-23 presents the statewide and MCP-specific TPL surplus, omission, and payment error rates for institutional claims.

Table 6-23—TPL Surplus, Omission, and Payment Error Rates

Ohio MCP	Surplus	Omission	Payment Error
Buckeye	3.0%	14.3%	0.9%
CareSource	0.1%	4.8%	1.7%
Molina	NA	NA	NA
Paramount	NA	100%	NA
UnitedHealthcare	NA	100%	NA
MCP Statewide	0.6%	29.7%	1.69%

A surplus rate of “NA” indicates that the TPL dollar amounts for all ODM encounters were zero. Similarly, an omission rate of “NA” indicates that the TPL dollar amounts for all MCP claims were either zero or missing.

HSAG’s provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table 6-24 presents the provider field matching results.

Table 6-24—Provider Field Matching Rates for Institutional Claims

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 National Provider Identifier (NPI)	Attending Provider NPI
Buckeye	4,342,915	96.7%	97.3%	97.3%
CareSource	19,440,524	95.4%	95.9%	98.7%
Molina	4,998,381	95.6%	96.3%	98.3%
Paramount	3,382,993	1.0%	98.3%	2.0%
UnitedHealthcare	4,570,488	96.8%	97.2%	97.8%
MCP Statewide	36,735,301	87.0%	96.5%	89.5%

HSAG conducted on-site reviews for sampled discrepant 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. Multiple findings were discovered during these reviews, and each finding was classified as a *mismatch*, *surplus*, or *omission* depending on the nature of the discrepancies.

Quality Rating of MCPs

ODM contracted with HSAG in 2017 to produce an MCP Report Card using Ohio Medicaid MCPs’ performance measure data. Specifically, HEDIS 2017 performance measure results and CAHPS 2017 data were combined and analyzed to assess MCPs’ performance as related to certain areas of interest to members.

The 2017 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 6-25.

Table 6-25—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★	Above Ohio Medicaid Average	The MCP’s performance was above average compared to all Ohio Medicaid MCPs.
★★	Ohio Medicaid Average	The MCP’s performance was average compared to all Ohio Medicaid MCPs.
★	Below Ohio Medicaid Average	The MCP’s performance was below average compared to all Ohio Medicaid MCPs.

Table 6-26 displays the 2017 (CY 2016) quality rating results for each MCP. Please refer to the 2017 MCP Report Card released to members in September 2017.

Table 6-26—2017 (CY 2016) 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	★★★	★★	★★	★	★

Strengths, Weaknesses, and Overall Conclusions

HSAG performed a comprehensive assessment of the performance of each MCP and of the overall strengths and weaknesses of 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.

Strengths and Associated Conclusions

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.

HEDIS

Through this all-inclusive assessment of aggregated performance, HSAG identified several areas of strength in the program when compared against national Medicaid HEDIS benchmarks. Overall, there was a notable improvement in performance. In CY 2015, most of the Medicaid statewide weighted average rates (33.3 percent) were at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. In CY 2016, most of the Medicaid statewide average rates (40.4 percent) increased to rates at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. Additionally, the Ohio Medicaid managed care program demonstrated the following:

Healthy Children

- Statewide average performance of 90.5 percent for the rate of children and adolescents ages 12 through 19 years who had a visit with their PCP.
- Statewide average performance of 90.1 percent for the rate of children who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription.

Healthy Adults

- While two of the five MCPs had two out three of the Healthy Adults measures above the national Medicaid 50th percentile, no consistent program-level strengths were identified in this area.

Women of Reproductive Age

- MPS were met by all MCPs for pregnant women receiving prenatal care in the first trimester of pregnancy or shortly after enrollment with an MCP, continuing prenatal care throughout their pregnancies, and receiving postpartum care after delivery. Additionally, all MCPs performed at or above the national Medicaid 50th percentile for the *Frequency of Ongoing Prenatal Care* and *Timeliness of Prenatal Care* measures. All but one MCP, Molina, also performed at or about the national Medicaid 50th percentile for *Postpartum Care*.

Behavioral Health

- For the age groups reported, all MCPs performed at or above the national Medicaid 50th percentile for children and adolescents without an indication for antipsychotic medication use who had documentation of psychosocial care as first-line treatment before being prescribed an antipsychotic medication.
- All MCPs performed at or above the 50th percentiles for adults and children over the age of six who followed up with mental health providers within seven days of being discharged from the hospital for treatment of selected mental illness diagnoses. Additionally, all MCPs met the MPS for this measure.

Chronic Conditions

- All MCPs performed at or above the 50th percentile for adults with diabetes who had a retinal eye exam performed. Additionally, all MCPs met the MPS for this measure.
- All MCPs performed at or above the 50th percentile for adults and children with asthma who were dispensed appropriate asthma controller medications.

CAHPS

HSAG also determined that the Ohio Medicaid MCPs demonstrated high performance in several areas related to member satisfaction with their healthcare experiences as measured by the CAHPS survey results. Results for the Ohio Medicaid managed care program showed that parents or caregivers of children reported they were highly satisfied with their children's overall healthcare and their ability to get care quickly. They also reported high satisfaction rates regarding their children's personal doctors, including specialists; how well doctors communicated; and the customer service provided by their children's health plan. Parents or caretakers were moderately satisfied with the ease of getting their children treatment and appointments with specialists as needed. They were also moderately satisfied that their children's doctors seemed informed and up-to-date about care their children received from other doctors. Of the nine CAHPS measures related to children, all measures were at or above the national Medicaid 50th percentile, and six of those measures were at or exceeded the national Medicaid 75th percentile.

Overall, adult members were also highly satisfied with how well their doctors communicated with them and the customer service provided by their health plan, as evidenced by rates at or above the national Medicaid 90th percentile for *How Well Doctors Communicate* and *Customer Service* measures. Adult members were moderately satisfied with their health plan, overall healthcare, personal doctors, specialists seen most often, ability to get needed care and to get care quickly, and their personal doctors' awareness of the care they had received from other providers, as evidenced by rates at or between the national Medicaid 50th and 74th percentiles for *Rating of Health Plan*, *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* measures.

Comprehensive Administrative Review

Through the SFY 2017 Comprehensive Administrative Review, overall, the Ohio Medicaid managed care program further demonstrated areas of strength in managing and adhering to expectations established for the Medicaid program through State and federal requirements. Most of these requirements relate to or impact the quality of, timeliness of, and access to care and services provided by each MCP to their members. The highest-performing plans were Buckeye and CareSource, each with an overall average administrative performance score of 96 percent. Paramount and Molina followed closely behind with scores of 95 percent and 94 percent, respectively. UnitedHealthcare had the lowest score at 91 percent. Statewide average scores in each of the following program areas were at 95 percent or above, demonstrating strong performance:

- Availability of Services—the MCPs ensured that all covered services were available and accessible to their members and were provided in a timely manner.
- Coverage and Authorization of Services—the MCPs ensured that medically necessary services were authorized and provided appropriately and in a timely manner.
- Subcontractual Relationships and Delegation—the MCPs ensured that all activities provided by subcontractors were conducted, and services were provided appropriately.
- Member Information and Member Rights—the MCPs ensured member rights were considered when furnishing services, and that mechanisms were in place to ensure members received information in a timely manner and understood the requirements and benefits of the plan.
- Confidentiality of Health Information—the MCPs ensured members' protected health information was appropriately accessed, acquired, used, and/or disclosed.
- Enrollment and Disenrollment—the MCPs had processes to assign all members to a PCP upon enrollment, ensuring members' ability to access services in a timely manner.
- Practice Guidelines—the MCPs clinical practice guidelines were developed, implemented, and disseminated appropriately and supported the quality of services provided to members.
- Quality Assessment and Performance Improvement—the MCPs had systematic approaches for assessing and improving the quality of care and services provided to their members.
- Health Information Systems—the MCPs maintained a sufficient encounter data system, ensuring members' claims data were accurate and complete.

PIP

Through their participation in the *Progesterone Initiation* PIP, the MCPs focused on reducing preterm births and infant mortality through increased utilization of progesterone among at-risk women. Specifically, this PIP promoted evidence-based prevention and treatment practices to improve the health of priority populations, including high-risk pregnant women. Through implementation of this PIP, the MCPs successfully standardized the clinical requirements for progesterone candidacy, standardized the pregnancy risk assessment form for all OPQC sites, standardized the notification process that occurs between the MCP and CDJFS to prevent loss of Medicaid and MCP coverage during pregnancy, and

removed prior authorization requirements for progesterone and associated home health visits, resulting in more timely access to treatment.

Weaknesses and Associated Conclusions

HSAG's comprehensive assessment of the MCPs and the Ohio Medicaid managed care program also identified several areas of focus affecting multiple aspects of populations within the program that represent significant opportunities for improvement. These primary areas of focus are preventive health for children and adults, treatment and management of chronic conditions, and coordination of and accessibility to care.

Preventive Health for Children and Adults

Adult and child preventive healthcare remains an area of opportunity for the Ohio Medicaid managed care program. Low statewide performance compared to national benchmarks on several HEDIS performance rates indicated that ongoing, preventive care for children and adolescents should be addressed to ensure children are visiting their PCPs regularly and getting well-child check-ups at least annually. Specifically, the statewide average for these HEDIS measures rated below the national Medicaid 50th percentiles: *Adolescent Well-Care Visits*; *Well-Child Visits in First 15 Months of Life—Six or More Visits*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life*; and *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months, 25 Months–6 Years, and 7–11 Years*, and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total*. Statewide performance for the *Adults' Access to Preventive/Ambulatory Health Services* and the *Breast Cancer Screening* HEDIS measures also rated below the 50th percentile, indicating opportunities for the Ohio Medicaid managed care program to focus efforts on ensuring adults have at least one preventive care visit each year and recommended preventive services. In addition to low statewide performance, MPS set by ODM were not met at the program level for *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months* and *Adults' Access to Preventive/Ambulatory Health Services*.

Treatment and Management of Chronic Conditions

Treatment and management of chronic conditions is an area wherein the Ohio Medicaid managed care program continues to perform below the national average. The Ohio Medicaid managed care program performed below the MPS for HEDIS performance rates associated with two chronic conditions—high blood pressure and diabetes. Additionally, the MPS assigned by ODM for these conditions was not met at the program level for *Comprehensive Diabetes Care—HbA1c Control (<8%)*, *Blood Pressure Control (<140/90 mm Hg)*, or *Controlling High Blood Pressure* HEDIS measures. Paramount was the only MCP who performed at or above the national Medicaid 50th percentile for *Comprehensive Diabetes Care—Blood Pressure Control* and *Controlling High Blood Pressure*. Regarding CY 2016 quality rating results, two MCPs, Buckeye and UnitedHealthcare, also received a one-star rating within their MCP Report Cards for the Living With Illness performance area, indicating below-average performance compared to all Ohio Medicaid MCPs. Only one MCP, Molina, had an above-average performance rating in this performance area compared to the other MCPs.

While a connection between dissatisfaction expressed during the adult CAHPS survey and results obtained through HEDIS has not been explored or validated, it may be important to note that two MCPs (CareSource and Paramount) received poor CAHPS ratings for *Specialist Seen Most Often*, indicating member dissatisfaction related to this measure. Additionally, all MCPs except UnitedHealthcare performed at or below the 74th percentile for *Getting Needed Care*, potentially indicating members were not always able to get appointments with providers (including specialists), or to get the care, tests, or treatments they felt they needed in a timely manner. These delays in care could potentially impact treatment and management of chronic conditions.

Coordination of and Accessibility to Care

Care coordination practices are necessary for delivering safe, appropriate, and effective care. Accessibility to quality healthcare is also important for promoting and maintaining health, preventing and managing diseases, and achieving health equity for all populations. Coordination of and members' accessibility to care are priorities for ODM, as evident from the initiatives included as part of Ohio Medicaid's Quality Strategy; however, conclusions drawn from HSAG's comprehensive assessment of the MCPs and the Ohio Medicaid managed care program indicate significant opportunities remain for improving coordination of and members' accessibility to care.

The SFY 2017 Comprehensive Administrative Review program standard, *Assurance of Adequate Capacity and Services*, received the lowest overall performance score. This score indicates that, while MCPs showed strength in the *Availability of Services* standard, MCPs may lack the ability to influence provider networks to serve their populations in accordance with ODM's standards for timely access to care. Additionally, all MCPs were assessed fines in CY 2016 for not meeting minimum Medicaid provider panel requirements.

Through the network adequacy validation activity, HSAG identified data inconsistencies in the MCPN during the MCPN telephone survey, potentially indicating members' access to care is being impeded by inaccurate provider information. Because data in the MCPN are a reflection of the data maintained by the MCPs and used by members to select providers, inconsistencies may limit members' ability to choose providers that are easily accessible and meet the healthcare needs of members and their families. These inconsistencies were demonstrated in the results of the MCPN validation, which revealed discrepancies between the MCPN file data and information obtained through telephone surveys of PCP offices.

The evaluation of CAHPS and HEDIS results further demonstrated that inaccuracies in provider data may also be affecting members' accessibility to care. Although parents and caregivers of children reported a moderate level of satisfaction in *Getting Needed Care* and a high level of satisfaction in *Getting Care Quickly*, HEDIS measures related to preventive care for children indicate that there may still be potential for improvement in this area. Adult members, through the CAHPS survey, reported only moderate satisfaction in the *Getting Needed Care* measure, which relates to members' ability to obtain appointments for care when needed, and the *Getting Care Quickly* measure, which is associated with members' ability to obtain needed care right away. Additionally, many of the HEDIS performance measures described in the section above relate to members' accessibility to healthcare services. These

include the *Children and Adolescents' Access to Primary Care Practitioners* and *Adults' Access to Preventive/Ambulatory Health Services* measures. All MCPs, with the exception of CareSource, did not meet the statewide average or MPS for *Children and Adolescents' Access to Primary Care Practitioners* specific to the 12–24 months age group. For the *Adults' Access to Preventive/Ambulatory Health Services*, all MCPs except CareSource ranked below the national Medicaid 50th percentile in CY 2016.

The SFY 2017 Comprehensive Administrative Review program standard, *Coordination and Continuity of Care*, received the second-lowest overall performance score. Two MCPs, Molina and Paramount, scored 83 percent for this standard while UnitedHealthcare and CareSource received scores of 90 percent and 93 percent, respectively. Buckeye, on the other hand, received a score of 97 percent. A statewide average of 89 percent in this program area, however, demonstrated that MCPs should improve their processes and procedures for delivering care and coordinating healthcare services for their members, including during care transitions. Additionally, member satisfaction in the area of coordination of care as measured by the child and adult CAHPS survey results indicated that members were only marginally satisfied. Performance in this area was below the national Medicaid 75th percentile. Although HEDIS and other nationally recognized performance measures, such as CHIPRA and PDI/PQI, are not specifically aligned with care coordination, it is likely that health outcome measures and overall population health is tied to both MCP and provider performance in the coordination of members' care. Therefore, improvements in the area of care coordination should result in significant improvement in performance measures.

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, 2016, through June 30, 2017. The selected PIP for this time period was the *Progesterone Initiation* PIP, which began in SFY 2015.

Objectives of the Activity

The *Progesterone Initiation* PIP focuses on reducing preterm births and infant mortality by reducing barriers to progesterone use. Preterm birth is the number one preventable cause of infant mortality in the State of Ohio. The state-level *Progesterone Initiation* PIP aligns with Ohio Medicaid's Quality Strategy by promoting evidence-based prevention and treatment practices and improving the health of priority populations (which includes clinical focus areas such as high-risk pregnancy and premature births). The purpose of the *Progesterone Initiation* PIP is for the MCPs to use quality improvement science methods such as PDSA cycles to increase the percentage of progesterone-eligible women able to begin progesterone therapy during the clinically recommended 16–24 weeks of gestation.

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 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, 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 (prevention of infant mortality).
 - Precisely stating a project-specific SMART Aim 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 using statistical process control (SPC) tools such as run charts or control charts.

- **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 via 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 MCP with specific feedback and recommendations for recording PIP activities. HSAG used this methodology to determine the overall validity and reliability of the PIP documentation, and to report the level of confidence in the PIP results.

Using a PIP validation tool and standardized scoring, HSAG reported the overall validity and reliability of the PIP activities as one of the following:

- *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 2017, the MCPs completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions). These activities were conducted and validated between July 1, 2016, and June 30, 2017.

Performance Measures

In accordance with 42 CFR §438.358, ODM has established quality measures and standards to evaluate MCP performance in key programs areas. The selected measures align with specific priorities, goals, and/or focus areas of Ohio Medicaid's Quality Strategy. These include HEDIS measures and non-HEDIS measures (i.e., CHIPRA, PDI, and PQI performance measures; and 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 2017 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 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 MCPs' performance.

In addition to the HEDIS measures, each performance measure section discusses five non-HEDIS measures, one CHIPRA measure related to low birth weight, and four Agency for Healthcare Research and Quality (AHRQ) measures related to pediatric and prevention quality indicators. HSAG calculated the *Low Birth Weight* performance measure by following the Child Core Set of technical specifications. HSAG calculated the PDI/PQI measures by following the AHRQ technical specifications, Version 6.0.

For the CAHPS measures, ODM requires the MCPs to contract with an NCQA-certified HEDIS survey vendor to conduct annual CAHPS Health Plan Surveys. HSAG analyzed the survey data and reported the results to ODM.

^{A-1} NCQA HEDIS Compliance AuditTM is a trademark of the National Committee for Quality Assurance (NCQA).

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 and performed reconciliation with the MCPs, where necessary.

HEDIS Measures

Each MCP contracted with an independent licensed organization and underwent an NCQA HEDIS Compliance Audit of its HEDIS 2017 data, which represents the CY 2016 measurement period. To ensure that each MCP calculated its rates based on complete and accurate data and according to NCQA's established standards, and that each MCP's independent auditors performed the audit using NCQA's guidelines, HSAG reviewed the final audit reports produced for each MCP by the MCP's independent auditor. Once the MCP's compliance with NCQA's established standards was examined, HSAG also objectively analyzed the MCP's HEDIS 2017 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 *Percent of Live Births Weighing Less than 2,500 grams (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 PDI/PQI measures, HSAG used AHRQ's specifications.

HSAG calculated the rates in accordance with the specifications developed for ODM. Once the rates were calculated, ODM disseminated them to the MCPs for reconciliation. For measurement year CY 2016, reconciliation was only performed on PQI 16 due to the CY 2016 methodology changes. Additionally, only two of the measures, *Percent of Live Births Weighing Less than 2,500 grams* and *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes*, had an MPS for CY 2016.

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 2016 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, and overall experience with the MCPs and providers.

^{A-2} For CY 2016 results, NCQA's Quality Compass benchmarks were used, where appropriate.

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 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 final audit report (FAR) as the primary data sources to tabulate overall HEDIS reporting capabilities and functions for the MCPs. The final audit results are the final determinations of validity made by the auditor for each performance measure. The FAR 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
<p>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.</p>	<p>HEDIS 2017 FAR</p>
<p>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.</p>	<p>HEDIS 2017 FAR (or the Roadmap, as necessary)</p>

Data Reviewed	Source of Data
<p>Software Vendor—If an MCP used a software vendor to produce HEDIS rates, HSAG assessed whether the MCP contracted with a vendor to calculate its rates. If an MCP used a vendor, HSAG assessed whether the measures developed by the vendor were certified by NCQA. If the MCP did not use a vendor, the auditor was required to review the source code for each reported measure (see next step below).</p>	<p>HEDIS 2017 FAR</p>
<p>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.</p>	<p>HEDIS 2017 FAR</p>
<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 2017 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 2017 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.

The index scores are based on percentile approximations at the measure level. Since one measure has multiple age stratifications (i.e., *Children and Adolescents' Access to Primary Care Practitioners*), each indicator was weighted appropriately to ensure this measure did not disproportionately contribute to the population stream index score. For *Children and Adolescents' Access to Primary Care Practitioners*, each indicator was weighted at 0.25.

To calculate the percentile approximations at the measure level, each MCP's rate was compared to the 2016 Quality Compass national Medicaid 5th, 10th, 25th, 33.33rd, 50th, 66.67th, 75th, 90th, and 95th 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). The percentile approximation for each measure was derived using the following formula:

$$\text{Percentile Approximation} = P_0 + \left\{ \left[\frac{(MCP \text{ Rate} - PV_0)}{(PV_1 - PV_0)} \right] \times (P_1 - P_0) \right\}$$

Where: P_0 = the lower percentile bound (e.g., 10 for the 10th percentile, 25 for the 25th percentile, etc.)
 P_1 = the upper percentile bound (e.g., 25 for the 10th percentile, 33.33 for the 33.33rd percentile, etc.)
 PV_0 = the actual rate value for the lower percentile bound
 PV_1 = the actual rate value for the upper percentile bound
MCP Rate = the reported measure rate for the MCP

Once the percentile approximation was calculated for each measure, then a weighted average of the percentile approximations was calculated to derive the population stream index score. The index scores represent an estimation of performance of all measures within a population stream compared to national Medicaid benchmarks. The population stream index scores were calculated for each MCP by population stream.

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 five 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 five points of each other, a tie occurred and the MCPs received the same ranking.

Further, to evaluate improvement over time (i.e., between HEDIS 2016 and HEDIS 2017) the same threshold of five 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 five-point increase in performance from HEDIS 2016 to HEDIS 2017. A downward red arrow was used to indicate at least a five-point decrease in performance from HEDIS 2016 to HEDIS 2017. A sideways gray arrow was used to indicate no substantial change (i.e., a less than a five-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 PDI/PQI measures, 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 MCP-specific Medicaid's MCP Quarterly Enrollment Files to be used by the MCPs to validate enrollment for calculation of quality and data quality metrics. The Medicaid 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 addition and/or deletion 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.

Given the methodology changes to PQI 16 for CY 2016, HSAG performed reconciliation with the MCPs for this one measure. HSAG provided the MCPs calculated draft measure rates and member-level files. The MCPs had the opportunity to review the member-level files and submit a Microsoft Excel workbook (i.e., discrepancy files) containing deletion and/or addition requests to the numerator and/or denominator if they found any discrepancies. The MCP reconciliation process was performed for each discrepancy file submitted and consisted of the following:

- **Verify Claims and Encounters**—HSAG used the claim number provided by the MCP to ensure that the claim/encounter was in the vendor files used to derive the rates. If the claim/encounter was not part of the vendor files extract, then this was appropriately noted in the discrepancy file and no additional action was necessary.
- **Review MCP Inclusion/Exclusion Justification**—If a claim/encounter was in the vendor files, then HSAG reviewed the MCP's justification for the case being included in or excluded from the denominator and/or numerator. If the MCP's reasoning conflicted with ODM's specifications, then HSAG appropriately noted this in the discrepancy file and no further action was necessary. However, if the justifying reason appeared to be in accordance with ODM's specifications, HSAG reviewed the SAS code as described below.
- **Review SAS Code**—If it appeared that the submitted discrepancy should have been included in or excluded from the denominator and/or numerator, then HSAG performed a review of the SAS code used to calculate the measure's rate to determine why that case was included or excluded. Once this was determined, HSAG included the reasoning in the discrepancy file. HSAG did not identify an issue with the SAS code for PQI 16.
- **Submit Completed Reconciliation Files**—After HSAG investigated each discrepancy, a completed discrepancy workbook for each MCP with HSAG's findings was provided to ODM.

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-3} 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 less 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 score of 1. Table A-2 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 global rating question. Three-point means were calculated for the composite measures (*Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service*). In general, 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-2 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.

^{A-3} National Committee for Quality Assurance. *HEDIS 2016, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2015.

Table A-2—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 2016 Benchmarks and Thresholds for Accreditation.^{A-4} 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-3.

Table A-3—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

Trending Hypothesis Test

Mean scores in 2016 were compared to the mean scores in 2015 to determine whether there were statistically significant differences between scores in 2016 and 2015. A *t* test was performed to determine whether the MCP mean in 2016 was significantly different from the MCP mean in 2015.

Directional triangles were assigned to each MCP’s overall means to indicate whether there were statistically significant differences between MCP-level mean scores in 2016 and MCP-level mean scores in 2015. 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 2016 and program-

^{A-4} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

level mean scores in 2015. The difference in performance from 2015 to 2016 was considered significant if the two-sided p value of the t test was less than 0.05. Scores that were statistically higher in 2016 than in 2015 were noted with upward (▲) triangles. Scores that were statistically lower in 2016 than in 2015 were noted with downward (▼) triangles. Scores in 2016 that were not statistically different from scores in 2015 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 2016 measurement period (i.e., January 1, 2016–December 31, 2016). HSAG calculated the CHIPRA rates for the CY 2015 (i.e., January 1, 2015–December 31, 2015) measurement period and the PDI/PQI measure rates for the CY 2016 measurement period (i.e., January 1, 2016–December 31, 2016).

Adult members and the parents or caretakers of child members from each MCP completed the 2016 CAHPS surveys from February to May 2016. 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 2015. Adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2015). Child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2015). The MCPs were responsible for obtaining an NCQA-certified CAHPS survey vendor to conduct CAHPS surveys of its 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 provider agreements with the MCPs. The comprehensive review of the MCPs covered the SFY 2017 review period of July 1, 2016, through December 31, 2016.^{A-5}

Objectives of the Activity

The primary objective for HSAG's review was to determine the extent to which the MCPs met federal requirements, Ohio Administrative Code, and the Ohio Department of Medicaid Ohio Medical Assistance Provider Agreement for Managed Care Plan (Medicaid 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 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-5} The SFY 2017 Comprehensive Administrative Review was performed for both the MCPs and MyCare Ohio Plans (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-6}

^{A-6} 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.

Table A-4 lists the major data sources HSAG used to determine the MCPs’ performance in meeting requirements and the time period to which the data apply.

Table A-4—Description of the Data Sources

Data Obtained	Time Period to Which the Data Apply
Documentation gathered and submitted for HSAG’s desk review and additional documentation available to HSAG during the on-site review.	July 1, 2016–December 31, 2016
Information obtained through interviews.	July 1, 2016–April 7, 2017
Information obtained from a file review of a sample of the MCPs’ records for care management, transitions of care, and enrollment.	July 1, 2016–April 7, 2017

Network Adequacy Validation

The Ohio Department of Medicaid Ohio Medical Assistance Provider Agreement for Managed Care Plan 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 providers' offices in each MCP region during SFY 2017. 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.

Objectives of the Activity

The primary objectives for the survey were to evaluate the accuracy of the information in the MCPN database and assess appointment availability. To accomplish these objectives, HSAG, in collaboration with ODM, defined the scope of the SFY 2017 review to include one survey of each MCP region each quarter. All MCPs contracted within the selected region were included in the sampling process. HSAG used a two-stage random sampling approach to generate a list of sampled provider locations for the phone survey proportionally distributed among MCP providers. The sampled providers were surveyed by telephone, and the information collected was used to evaluate the accuracy of the information in the MCPN database.

Technical Methods of Data Collection and Analysis

The eligible population consisted of all providers active as of the most recent monthly MCPN file extract for each quarterly survey and contracted with participating MCPs in the designated MCP region to provide services to members enrolled in the Medicaid program. The quarterly reviews focused on PCPs only. PCPs were identified as any provider having a value of "1" in the "Is PCP" field in the MCPN file, regardless of specialty. Out-of-state MCP providers were assigned to the nearest contracted MCP region.

Based on the eligible population, HSAG generated a random sample of providers for each MCP that maintained a contract with ODM in the selected region. For each MCP in the selected region, the results generated from the sample were within ± 5 percent of the MCP's overall population results at a 95 percent confidence level.

To select the quarterly sample, HSAG analysts de-duplicated the most recent monthly MCPN file using the Plan ID, the program type, and the MPN/PRN to identify unique providers for the designated MCP region. HSAG randomly sampled a statistically valid number of unique providers for each MCP, and then randomly selected one location for each provider.

HSAG called providers' offices listed in the sample to validate the information from the MCPN file. The accuracy of the following MCPN data elements were evaluated based on responses from the providers' offices. In general, matched information received a "Yes" response and nonmatched information received a "No" response. Details on the specific indicators was presented in each quarterly report.

- Telephone Number (Note: if the correct telephone number of the provider could not be obtained at the time of the survey, the survey stopped)
- Accept MCP (Note: if the provider did not accept the MCP, the survey stopped)
- Accept Program Type (Note: if the provider did not accept Medicaid, the survey stopped)
- Verify provider's PCP status (Note: if the provider was not a PCP, the survey stopped)
- Accept New Patients (Note: if the provider did not accept new patients, the survey stopped)
- Provider's First Name and Last Name
- Address: Street Number and Name of Street
- Address: Suite Number
- Address: City, State, and ZIP Code
- County

HSAG also collected the following access-related information when calling sampled providers:

- Number of days until next available appointment for routine medical care with the sampled provider at the sampled location (Note: if an appointment was not available within 180 days, the case was noted as unable to provide an appointment).
- Any limitations to scheduling an appointment
 - Types of scheduling limitations include the following:
 - Provider requires registration with the practice prior to offering an appointment
 - Provider requires a review of the member's medical records prior to offering an appointment
 - Provider must be listed as the PCP on the member's insurance card
 - Provider requires verification of the member's Medicaid eligibility prior to offering an appointment
 - Provider's office requires a panel review before offering an appointment for the selected provider
 - Other (e.g., must live in a specific city, must be a relative of an existing patient)
- Any limitations to accepting new patients
 - Types of new patient limitations include the following:
 - Children younger than 18 years only
 - Adults 18 years and older only
 - Women only
 - Provider is unable to prescribe narcotics

- Provider is unable to provide childhood immunizations
- Provider is unable to prescribe anxiety medications

Description of the Data Obtained/Time Period

HSAG conducted the first telephone survey of provider offices in the Northeast MCP region. To determine survey eligibility, HSAG selected a sample from active PCPs included in the August 2016 MCPN file extract provided by ODM. The sample represented providers contracted with the five participating plans in the Northeast Medicaid region to provide services to MCP members.

HSAG reviewers contacted sampled provider locations via telephone and collected the following indicators:

- Plan and program type affiliation
- Acceptance of new patients and limitations regarding acceptance of new patients
- Wait time for routine care visits (information only)
- Provider's PCP status
- Provider's name and location information

Responses from sampled provider locations were entered into an electronic data collection tool. The survey was conducted between September and October 2016.

Encounter Data Validation

The Ohio Department of Medicaid Ohio Medical Assistance Provider Agreement for Managed Care Plan 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 2017, ODM contracted with HSAG to conduct two encounter data validation studies; one study focused on delivery encounters and one study focused on institutional encounters.

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.

Delivery Payment Encounters

The purpose of the SFY 2017 EDV study of delivery payment encounters was to evaluate the extent to which delivery claims submitted by MCPs for their Medicaid members were supported by documentation in the members’ medical records.

Institutional Encounters

Based on results from the SFY 2016 EDV study, considerable discrepancies were noted within the institutional claims/encounters. Because of this reason, ODM changed the approach of the SFY 2017 EDV study to focus on one encounter type—institutional encounters. With ODM’s direction, HSAG conducted an administrative comparative analysis, as well as on-site data reviews with the MCPs. The on-site reviews consisted of a visual inspection and comparison of key data element values in the MCPs’ systems to values that were submitted to ODM in MITS with discrepancies noted through the administrative comparative analysis.

Technical Methods of Data Collection and Analysis

Delivery Payment Encounters

The delivery payment EDV study focused on two groups of questionable delivery records with dates of service between July 1, 2014, and June 30, 2015. Data sources used for the study included the Paid Claims Financial File (PCFF), the Ohio Recipient Master File (RMF), the Ohio vital statistics data, and the ODM encounter extract from MITS. The PCFF included all paid claims for dates of services in SFY 2015 (i.e., July 1, 2014–June 30, 2015). The ODM encounter extract contained all professional and institutional encounters provided to HSAG using the MCPs’ encounters with paid dates as of August 2016. The most recent RMF (August updates extracted by ODM in July 2016) and the vital statistics data were used to assist in generating the eligible population.

The population for the study consisted of delivery claims for two groups of eligible Medicaid women:

- All eligible Medicaid women who had two or more records of a delivery payment in the PCFF during the review period (i.e., between July 1, 2014, and June 30, 2015); or
- All eligible Medicaid women who had a record of a delivery payment in the PCFF during the review period with no corresponding proof of an infant birth date in the Ohio RMF or the Ohio vital statistics data within ± 180 days of the date of service in the PCFF.

ODM provided the data extract for all paid records with the delivery payment code “Fxx0D” from the PCFF. Records having the same date of service were treated as a single delivery event. HSAG matched the dates of service in the PCFF with an infant date of birth in the RMF. HSAG used the most recent RMF file and the vital statistics data to assist with the infant birth date matching process. HSAG allowed for a ± 180 -day window to identify the corresponding infant birth date with the date of service. Evidence of a child’s birth date was defined as anyone in the household who had a birth date within ± 180 days of the date of service in the PCFF. Members who delivered an infant during the review period but did not have a corresponding “proof of a child’s birth date” in the RMF or the vital statistics data were included in the study, along with members who had more than one delivery payment during the study period.

To help streamline the MCPs’ efforts in procuring medical records where no delivery occurred for any of the cases, HSAG extracted all of the institutional and professional encounters from the ODM encounter master file with dates of service within ± 180 days of the dates of service in the PCFF for these members. HSAG reviewed whether the date of service in the PCFF matched with the delivery encounter date of service from the ODM encounter master file. The delivery payment document was used as a guide to identify encounters with evidence of a delivery—e.g., presence of a delivery-related procedure or diagnosis code.

HSAG compiled a list of all eligible cases and provided two files—the final Delivery Cases file and the Corresponding Encounter file—to each MCP to assist with medical record procurement. A file specifications document outlined the data fields in each of these files. In general, the Delivery Cases file contained the recipient identifier, the unique HSAG-assigned identifier, the recipient’s (mother’s) name and date of birth, social security number, date of service, and provider information such as provider name, provider number, specialty, provider type, and address, when available. The Corresponding Encounter file contained the delivery encounters corresponding to the eligible cases listed in the Delivery Cases file and included data fields such as the recipient identifier, claim identifier/Invoice Control Number (ICN), date of service, associated diagnosis/procedure codes, and provider type-specialty combination.

MCPs were required to send medical record documentation containing evidence of the selected delivery. MCPs were responsible for two sequential tasks: (1) conduct a review of the Corresponding Encounter file to confirm the delivery event based on its claim system, and (2) procure medical records for the cases listed in the Delivery Cases file following the internal review.

For the internal review, MCPs:

- Identified cases in the Delivery Cases file that represented a non-delivery event. This evaluation began with a review of the delivery encounters listed in the Corresponding Encounter file.
- Reconciled the differences with encounter dates of service in relation to the date of service listed in the PCFF. In some cases, MCPs needed to go back to their internal claims processing system to evaluate whether all of the delivery encounters related to a specific delivery event were submitted to ODM.
- Determined, based on their encounters, whether medical record documentation should be procured for all the cases listed in the Delivery Cases file. For cases that were identified as non-delivery events, the MCPs worked with ODM to initiate the delivery encounter reconciliation, or take-back, process.

After the internal review, MCPs notified HSAG of any cases in the Delivery Cases file that were confirmed as non-delivery events. These cases were excluded from the study. For the remaining cases, MCPs were responsible for locating and collecting the medical records.

Institutional Encounters

The SFY 2017 study focused on institutional encounters for the Modified Adjusted Gross Income (MAGI) and aged, blind, and disabled (ABD) populations with dates of service during CY 2015.

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 institutional claims/encounters required for the study. All data submitted by the MCPs underwent a preliminary file review to ensure that the submitted files were generally comparable to the encounters extracted from MITS. HSAG prepared preliminary file acceptance reports summarizing the results of the reviews and the notable data issues, and the MCPs had the opportunity to resubmit their files based on the results detailed in the file acceptance reports.
- **Comparative Analysis:** This task involved a comparison between ODM's institutional encounter data in MITS and MCPs' submitted claims/encounters. Key data fields evaluated for alignment between data sources included:
 - MCP paid amount.
 - TPL paid amount.
 - Provider information.
- **Webinar systems demo with the MCPs:** This task provided the opportunity for each MCP to demonstrate how data are populated, stored, and retrieved from their claims processing systems via a webinar with HSAG and ODM staff members. Conducting the webinars helped streamline the process during the on-site visits.
- **Sample selection:** This task determined how the sample institutional 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 review.

The MCPs were also responsible for preparing screen shots from their claims systems of all the selected discrepant encounters.

- **On-site data review of sample cases:** The goal of this activity was to visually validate sampled encounters from MITS against records retrieved from the MCPs’ claims systems and to investigate and explore the root cause of the discrepancies.
- **Desk review of sample cases:** This task was an extension of the on-site data reviews where sample discrepant encounters were validated against screen shots of the associated sample cases from the MCPs’ claims systems.
- **Analysis and reporting of results:** Upon conclusion of the comparative analysis and on-site reviews, HSAG performed the analysis on 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

Delivery Payment Encounters

HSAG generated an initial submission status list to reflect the number of records/tracking sheets received from MCPs. MCPs submitted medical records to HSAG throughout the procurement period, November 18, 2016, through March 3, 2017.

HSAG reviewers used the submitted medical records and looked for evidence of the selected delivery date of service. Once the delivery date of service was located, reviewers entered the date of service into a web-based application. If no documentation was provided in the medical records for the delivery, the reviewers recorded that the delivery date of service listed in the Delivery Cases file was not supported by the medical record.

Results from the medical record review were exported from the web-based application for analyses. HSAG analysts compared the delivery date of service listed in the Delivery Cases file with the date entered by the HSAG reviewers.

The following study indicators were assessed:

Table A-5—Study Indicators

Indicators for EDV	Numerator	Denominator
Medical record submission rate	Medical records received	All deliveries in the study population, excluding those confirmed by the MCPs as non-deliveries
Number of paid delivery claims documented in members’ medical records	Number of claims with evidence of a delivery in their medical record \pm 180 days of the delivery date	Not Applicable
Percentage of paid delivery claims documented in members’ medical records	Number of claims with evidence of a delivery in their medical record \pm 180 days of the delivery date	All deliveries based on the study population

Institutional Encounters

Comparative analyses and data reviews were performed on claims/encounters with dates of service between January 1, 2015, and December 31, 2015.

During the preliminary file review process, HSAG examined the following data characteristics:

- The extent to which the submitted MCP line item records matched the ODM encounter data based on the ICN and line number field.
- The extent to which, where applicable, the payment amount in the MCP 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 had to match ODM's institutional encounters. 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 MCP 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 completeness and reasonableness of data fields critical to the claims payment validation process. The following data fields were assessed during the preliminary file review:

- ICN
- Recipient_ID
- First Line Date of Service (DOS)
- Last Line DOS
- Diagnosis-Related Group (DRG)
- All Diagnosis Fields
- Revenue Code
- Procedure Code
- Modifier
- Unit
- Paid Date
- All Paid Amounts
- All Provider Fields

The ICN, along with several other data fields listed above, were used to create a matching key; therefore, it was critical that those fields contain accurate values. HSAG evaluated the following three aspects (as applicable) of each data field listed above:

- Percent present, defined as the percentage of data fields in a data set required to be present on the file and have information in those fields.
- Percent valid format, defined as the percentage of data fields in a data set that contain the required format (e.g., numeric fields have numbers, character fields have characters).
- Percent valid values, defined as the percentage of records from a specific data field in a data set that contains expected values or is within an expected range of values.

HSAG prepared a preliminary file acceptance report 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 institutional claim type (i.e., inpatient, outpatient, and other),^{A-7} comparative analyses were conducted to evaluate the following key data fields: MCP paid amount, TPL paid amount, and provider information. Key study indicators associated with each key data field were defined.

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. This analysis examined the extent to which the total MCP claim payment and the detail-level payments agree in both sources of data. Table A-6 presents the key study indicators associated with payment validation.

Table A-6—Payment Field Validation Study Indicators

Indicator	Description
Omission encounter rate	The percentage of claims/encounters in the MCP’s claims systems but not in ODM’s encounter data.
Surplus encounter rate	The percentage of encounters in ODM’s encounter data but not in the MCP’s claims systems.
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.

In addition to the primary comparative analysis described above, several supplemental analyses were conducted to investigate payment data associated with TPL information and provider information.

^{A-7} Institutional claim type was identified using claim payment information, consistent with the ODM-approved approach for the SFY 2016 Claims Payment Validation (CPV) study. Specifically, the inpatient-DRG claim type from the institutional file is paid at the header level, while outpatient, long-term care, and inpatient-DRG exempt claims are paid at the detail level. The header paid inpatient-DRG claims are classified as an Inpatient claim type, while the detail paid claims are divided into Outpatient and Other claim types, where the Other claim type includes the long-term care and inpatient-DRG exempt claims.

Table A-7 presents the study indicators associated with TPL field validation.

Table A-7—TPL Information Field Validation Study Indicators

Indicator	Description
TPL omission encounter rate	The percentage of matched encounters with a non-zero TPL amount in the MCP’s data where TPL field values are present in the MCP’s data but not in ODM’s encounter data.
TPL surplus encounter rate	The percentage of matched encounters with a non-zero TPL amount in ODM’s encounter data where TPL field values are present in ODM’s encounter data but not present in the MCP’s data.
TPL payment error rate	The percentage of matched encounters with a non-zero TPL amount in ODM’s encounter data and MCP’s data for which a TPL payment amount discrepancy was identified.

Table A-8 presents the study indicators associated with provider field validation.

Table A-8—Payment Field Validation Study Indicators

Indicator	Description
Encounter-level provider NPI agreement rate	The percentage of matched encounters where all provider NPI fields matched between ODM’s encounter data and the MCP’s fully adjudicated claims data.
Encounter-level provider NPI omission rate	The percentage of matched encounters where all provider NPI fields were omitted in ODM’s encounter data.
Encounter-level provider NPI surplus rate	The percentage of matched encounters where all provider NPI fields were omitted in the MCP’s fully adjudicated claims data.
Field-level provider NPI agreement rate	The percentage of matched encounters where the submitted provider field matched between both data sources for the specific provider field.
Field-level provider NPI mismatch source	The percentage of matched encounters where the provider NPI mismatch was due to: <ul style="list-style-type: none"> • Provider field submitted in both files, true provider NPI mismatch. • Absence of provider NPI in ODM’s encounter data. • Absence of provider NPI in MCP’s data.

Institutional encounters for the on-site reviews were sampled from encounter data with discrepancies noted during the comparative analysis. For each MCP, HSAG identified 411 eligible recipients for inclusion in the on-site sample using a random sample stratified across all institutional encounters identified as discrepant during the comparative analysis. This sample size was based on a 95.0 percent confidence level and no more than 5.0 percent margin of error at the MCP level.^{A-8} HSAG employed a

^{A-8} The sampling approach described above relies on a final sample of 411 discrepant institutional encounters for each MCP based on the MCP’s percentages of inpatient, outpatient, and other institutional encounters. This approach ensures the

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 institutional claim type (i.e., inpatient, outpatient, and other). First, HSAG identified all recipients per MCP 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 institutional claim type based on the required sample size. Once sample recipients were selected, HSAG identified all discrepant institutional 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 411 eligible recipients per MCP, 20 percent (i.e., 82 cases) were identified for review during the on-site data reviews with MCPs; the remaining cases were compared with a 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.

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 and the on-site/desk reviews.

results generated from the sample were within ± 5.0 percent of the MCP's overall results for discrepant institutional encounters at a 95.0 percent confidence level.

Quality Rating of MCPs

ODM contracted with HSAG in 2017 to produce an MCP Report Card (report card) using Ohio Medicaid MCPs' performance measure data. Specifically, HEDIS 2017 performance measure results and CAHPS 2017 data were combined and analyzed to assess MCPs' performance as related to certain areas of interest to members.

Objectives of the Activity

The 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 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 report card provided a three-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 three-star rating) to assist members when selecting an MCP. The finalized report card, which was made publicly available in August 2017, 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 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 three performance categories: below the Ohio Medicaid average, at the Ohio Medicaid average, or above the Ohio Medicaid average. HSAG then used a three-level rating scale to report the category rankings (i.e., a standard scale of one star to three stars).

Description of the Data Obtained/Time Period

For the 2017 (CY 2016) MCP Report Card, HSAG obtained HEDIS 2017 (i.e., January 1, 2016–December 31, 2016) performance measure results from the MCPs. HSAG also obtained CAHPS 2017 (i.e., July 1, 2016–December 31, 2016) data from ODM and/or the MCPs.

Appendix B. Buckeye’s Detailed EQR Activity Results

Performance Improvement Projects

Since SFY 2015, Buckeye has focused on reducing preterm births and infant mortality by reducing barriers to progesterone use through its participation in the *Progesterone Initiation* PIP. In SFY 2017, Buckeye completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions). A baseline rate of 15.0 percent and a SMART Aim (specific, measurable, attainable, relevant, and time-bound) goal rate of 30.0 percent were determined using statewide MCP data.

Table B-1—SMART Aim Measure Results

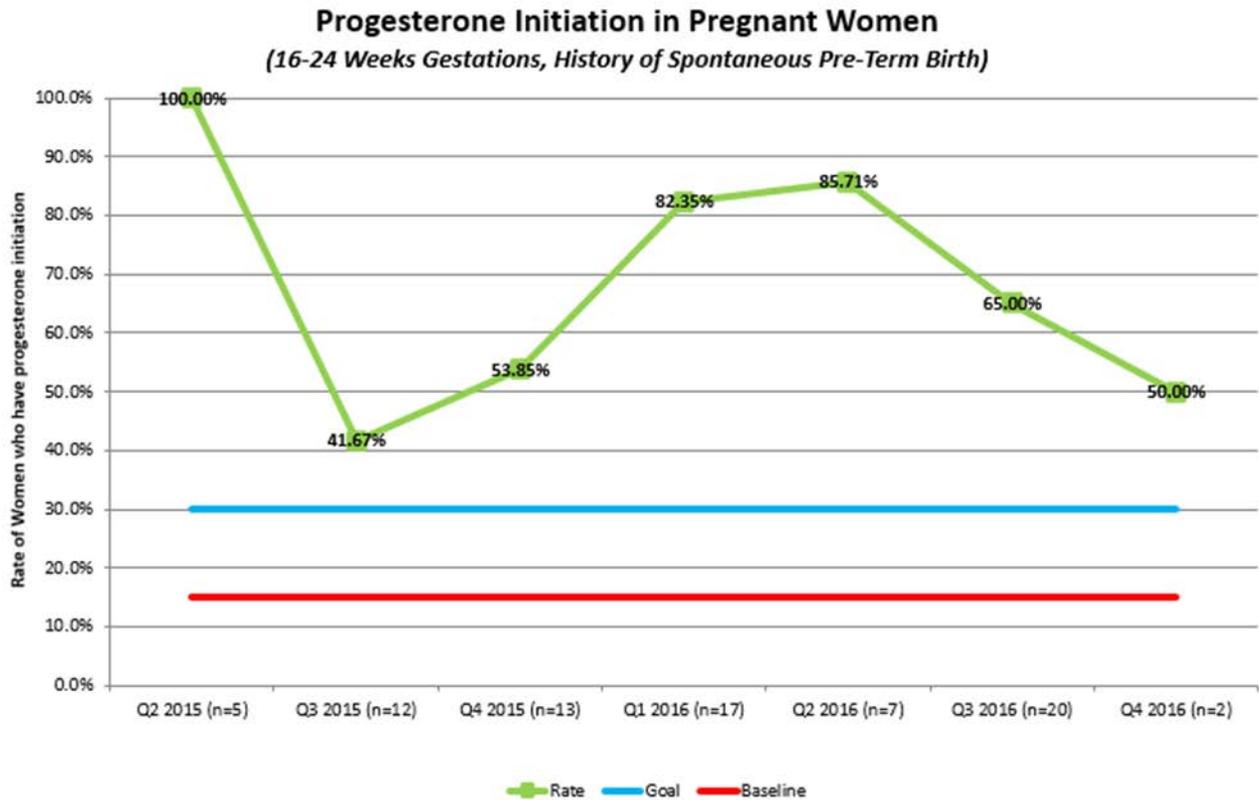
SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level Assigned to PIP
Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	100%	<i>High Confidence</i>

HSAG evaluated the appropriateness and validity of the SMART Aim measure, as well as trends in the SMART Aim measurements, in comparison with the reported baseline rate and goal. The data displayed in the final SMART Aim run chart were used to determine whether the SMART Aim goal was achieved.

On the final SMART Aim run chart, Figure B-1, Buckeye plotted the baseline and goal rates as 15.0 percent and 30.0 percent, respectively. The highest SMART Aim rate was 100 percent, which was achieved in six of the 17 months. Buckeye exceeded the SMART Aim goal for 13 of the 17 months plotted where there were eligible members.

Buckeye received a *High Confidence* score, indicating the PIP was methodologically sound, achieved the SMART Aim goal, and the demonstrated improvement was clearly linked to the quality improvement processes conducted.

Figure B-1—Buckeye's SMART Aim Results



Performance Measures

HEDIS

To evaluate MCP performance, HSAG analyzed Buckeye's 2017 HEDIS IDSS files. HSAG compared prior years' performance (i.e., HEDIS 2016) 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 2016 and HEDIS 2017 measure results are shown in Table B-2. Rates shaded green were the same as or better than the statewide weighted average. Additionally, HEDIS 2017 star ratings are presented in Table B-2 based on comparisons to the national Medicaid percentiles. The percentile approximation for each measure is displayed below the HEDIS 2017 star rating.

Table B-2—Buckeye's HEDIS Measure Results

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Healthy Children			
Adolescent Well-Care Visits			
Adolescent Well-Care Visits ^{2,3}	35.8%	49.8%	★★★★★ 53.3
Appropriate Treatment for Children With Upper Respiratory Infection			
Appropriate Treatment for Children With Upper Respiratory Infection ^{2,3}	90.2%	91.1% ^	★★★★★ 61.3
Children and Adolescents' Access to Primary Care Practitioners			
12–24 Months ³	88.6%	90.8%	★★ 14.2
25 Months–6 Years ³	82.6%	82.9%	★★ 17.1
7–11 Years ³	85.2%	86.7%	★★ 20.2
12–19 Years ³	84.8%	86.3%	★★★ 27.8
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
BMI Percentile Documentation—Total	39.2%	45.5%	★★ 15.6
Well-Child Visits in the First 15 Months of Life			
Six or More Well-Child Visits ³	50.3%	53.5%	★★★ 25.0
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life			
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life ³	61.4%	64.6%	★★ 24.6
Healthy Adults			
Adults' Access to Preventive/Ambulatory Health Services			
Total ³	76.5%	75.4%	★★ 21.5
Breast Cancer Screening			
Breast Cancer Screening	57.2%	58.3%	★★★★★ 50.7
Cervical Cancer Screening			
Cervical Cancer Screening	52.4%	56.1%	★★★★★ 50.5
Women of Reproductive Age			
Frequency of Ongoing Prenatal Care			
≥81 Percent of Expected Visits ³	71.2%	71.9%	★★★★★ 80.7
Prenatal and Postpartum Care			
Timeliness of Prenatal Care ^{2,3}	88.4%	86.8%	★★★★★ 71.8

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
<i>Postpartum Care</i> ^{2,3}	60.4%	65.3%	★★★★★ 64.5
Behavioral Health			
Antidepressant Medication Management			
<i>Effective Acute Phase Treatment</i>	49.6%	49.6%	★★★ 32.4
<i>Effective Continuation Phase Treatment</i>	34.4%	34.0%	★★★ 30.4
Follow-Up After Hospitalization for Mental Illness			
<i>7-Day Follow-Up</i> ^{2,3}	31.1%	55.4%	★★★★★ 75.1
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			
<i>Total</i> ⁴	66.9%	81.6%	★★★★★ 95.0
Use of Multiple Concurrent Antipsychotics in Children and Adolescents			
<i>Total</i> ¹	—	1.5% [^]	★★★★★ 64.1
Chronic Conditions			
Comprehensive Diabetes Care			
<i>HbA1c Control (<8.0%)</i> ^{2,3}	41.5%	43.6%	★★★ 38.1
<i>Blood Pressure Control (<140/90 mm Hg)</i> ³	54.5%	49.3%	★★ 19.8
<i>Eye Exam (Retinal) Performed</i> ³	57.0%	55.7%	★★★★★ 58.8
Controlling High Blood Pressure			
<i>Controlling High Blood Pressure</i> ^{2,3}	45.7%	52.5%	★★★ 42.2
Medication Management for People With Asthma			
<i>Medication Compliance 75%—Total</i> ⁴	34.1%	33.0%	★★★★★ 57.1
Pharmacotherapy Management of COPD Exacerbation			
<i>Systemic Corticosteroid</i>	77.0%	76.4% [^]	★★★★★ 78.8

¹ A lower rate indicates better performance for this measure.

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

³ Indicates a measure/indicator had an MPS for HEDIS 2016 and HEDIS 2017.

⁴ Indicates a measure/indicator had an MPS for only HEDIS 2017.

—Indicates that HEDIS 2017 was the first required year of measure reporting; therefore, rates are not presented for historical years (i.e., HEDIS 2016).

[^] HEDIS significantly modified the specifications for this measure beginning with HEDIS 2017. As a result, caution should be exercised when comparing the HEDIS 2017 rate to the Quality Compass 2016 benchmarks and when comparing HEDIS 2017 (or later) rates to prior years.

 Indicates the rate was the same as or better than the statewide average for Ohio.

HEDIS 2017 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-3 displays Buckeye's population stream index scores for CY 2015 and CY 2016. 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 five-point increase in performance from CY 2015 to CY 2016. A downward red arrow indicates at least a five-point decrease in performance from CY 2015 to CY 2016. A sideways gray arrow indicates no substantial change (i.e., less than a five-point change in either direction) in performance between years.

Table B-3—Buckeye's MCP Population Stream Index Score and Ranking

Population Stream	CY 2015	CY 2016	Performance	CY 2016 Ranking
Healthy Children	22.0	33.3	↑	5
Healthy Adults	28.8	40.9	↑	2
Women of Reproductive Age	64.1	72.3	↑	1*
Behavioral Health	49.0	59.4	↑	1*
Chronic Conditions	46.3	54.3	↑	3

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

Healthy Children

For CY 2016, Buckeye's average performance on HEDIS measures for the Healthy Children population stream is estimated to be at the 33rd national Medicaid NCQA percentile. The average score is based on consistently low performance within the Healthy Children population stream, with only three of the nine measure rates (*Children and Adolescents' Access to Primary Care Practitioners—12–19 Years*, *Adolescent Well-Care Visits*, and *Appropriate Treatment for Children With Upper Respiratory Infection*) having an estimated rating above the 25th percentile. In analyzing the measures in aggregate, Buckeye's CY 2016 overall results for the Healthy Children population stream increased from CY 2015 to CY 2016 and ranked fifth out of the five Ohio Medicaid MCPs.

Healthy Adults

For CY 2016, Buckeye's average performance on HEDIS measures for the Healthy Adults population stream is estimated to be at the 41st national Medicaid NCQA percentile. This average score is based on disparate performance within the Healthy Adults population stream, with the *Adults' Access to Preventive/Ambulatory Health Services—Total* rate estimated to be just above the 20th percentile, but the *Breast Cancer Screening* and *Cervical Cancer Screening* rates were both above the 50th percentile. In analyzing the measures in aggregate, Buckeye's CY 2016 overall results for the Healthy Adults population stream increased from CY 2015 to CY 2016 and ranked second out of the five Ohio Medicaid MCPs.

Women of Reproductive Age

For CY 2016, Buckeye's average performance on HEDIS measures for the Women of Reproductive Age population stream is estimated to be at the 72nd national Medicaid NCQA percentile. The average score is based on consistently high performance within the Women of Reproductive Age population stream, with rating estimates ranging from just below the 65th percentile for the *Prenatal and Postpartum Care—Postpartum Care* measure to just above the 80th percentile for the *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* measure. In analyzing the measures in aggregate, Buckeye's CY 2016 overall results for the Women of Reproductive Age population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2016, Buckeye's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 59th national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* rates both being below the 33rd percentile, but the *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total*, *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*, and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* rates being estimated at the 64th, 75th, and 95th percentiles, respectively. In analyzing the measures in aggregate, Buckeye's CY 2016 overall results for the Behavioral Health population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2016, Buckeye's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 54th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*, and *Controlling High Blood Pressure* rates having estimated ratings at the 20th, 38th, and 42nd percentiles, respectively. Whereas, the *Medication Management for People With Asthma—Medication Compliance 75%, Total*; *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*; and *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid* rates had estimated ratings at the 57th, 59th, and 79th percentiles, respectively. In analyzing the measures in aggregate, Buckeye's CY 2016 overall results for the Chronic Conditions population stream increased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated five measures in CY 2016. Please note, for all non-HEDIS measures, a lower rate indicates better performance.

Table B-4 presents Buckeye's *Percent of Live Births Weighing Less than 2,500 grams (Low Birth Weight)* rate for CY 2014 and CY 2015.

Table B-4—Low Birth Weight Results for Buckeye

Measure	CY 2014 Rate	CY 2015 Rate*	CY 2015 Statewide Rate
<i>Low Birth Weight</i>	9.4%	10.3%	10.1%

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.

* HSAG was only able to compare CY 2014 and CY 2015 rates as CY 2016 rates were not yet available.

Buckeye met the respective MPS for the *Low Birth Weight* measure in CY 2014 and CY 2015. In CY 2015, Buckeye's rate was worse than the statewide average rate.

Table B-5 presents Buckeye's PDI and three PQI measures results for CY 2015 and CY 2016.

Table B-5—PDI/PQI Results Per 100,000 Member Months for Buckeye

Measure	CY 2015 Rate	CY 2016 Rate*	CY 2016 Statewide Rate
PDI			
<i>PDI 14—Asthma Admissions</i>	9.8	7.1	10.3
PQI			
<i>PQI 8—Heart Failure Admissions</i>	23.4	25.2	19.0
<i>PQI 13—Angina Without Procedure Admissions</i>	1.6	4.2	3.2
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes**</i>	1.9	2.3	1.9

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.

*Caution should be exercised when comparing CY 2015 and CY 2016 PDI/PQI rates due to methodology changes, including the introduction of International Statistical Classification of Diseases and Related Health Problems, Version 10 (ICD-10) codes at the end of CY 2015.

** Only PQI 16 had an MPS assigned by ODM for CY 2016.

Buckeye's performance was better than the statewide average in CY 2016 for *PDI 14—Asthma Admissions*. For the remaining measures, performance was worse than the statewide average in CY 2016 but met the MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes*.

CAHPS

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

Summaries of Buckeye's adult and child Medicaid CAHPS performance results are in Table B-6 and Table B-7 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, 2016 mean scores were compared to 2015 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.

Table B-6—Summary of Adult Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
Global Ratings				
Rating of Health Plan	★★★ 2.45	★★ 2.39	—	Quality
Rating of All Health Care	★★★ 2.36	★★★ 2.38	—	Quality
Rating of Personal Doctor	★★★ 2.50	★★★★★ 2.54	—	Quality
Rating of Specialist Seen Most Often	★ 2.45	★★★ 2.54	—	Quality
Composite Measures				
Getting Needed Care	★★ 2.34	★★★ 2.39	—	Access
Getting Care Quickly	★ 2.36	★★★ 2.42	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.64	★★★★★ 2.66	—	Quality
Customer Service	★★★ 2.55	★★★ 2.57	—	Quality
Individual Item Measure				
Coordination of Care	NA	★★ 2.33	—	Quality

^{B-1} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2015*. Washington, DC: NCQA; August 4, 2015.

^{B-2} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA; January 21, 2016.

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
Star Assignments Based on Percentiles ★★★★★ 90th or above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ indicates the 2016 mean exceeded the 2015 mean by a statistically significant amount ▼ indicates the 2016 mean was lower than the 2015 mean by a statistically significant amount — indicates that the difference between the 2016 mean and 2015 mean was not statistically significant NA indicates NCQA HEDIS Benchmarks and Thresholds are not available for the measure				

- Though none of the changes were statistically significant, Buckeye’s performance improved for every global rating and composite measure except for *Rating of Health Plan*, which declined from 2015 to 2016. Some of the performance improvement changes were only slight improvements.
- For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 25th percentile but below the 50th percentile.

Table B-7—Summary of Child Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
Global Ratings				
Rating of Health Plan	★★★ 2.57	★★★ 2.59	—	Quality
Rating of All Health Care	★★★★★ 2.60	★★★★★ 2.60	—	Quality
Rating of Personal Doctor	★★★★ 2.65	★★★ 2.64	—	Quality
Rating of Specialist Seen Most Often	★★ 2.54	★★★★★+ 2.72	▲	Quality
Composite Measures				
Getting Needed Care	★★★★★ 2.60	★★ 2.44	▼	Access
Getting Care Quickly	★★★★★ 2.70	★★★★ 2.67	—	Timeliness
How Well Doctors Communicate	★★★★ 2.73	★★★★ 2.74	—	Quality
Customer Service	★★★★ 2.61	★+ 2.49	—	Quality
Individual Item Measure				
Coordination of Care	NA	★ 2.31	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th				

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
<p>▲ indicates that the 2016 mean exceeded the 2015 mean by a statistically significant amount ▼ indicates that the 2016 mean was lower than the 2015 mean by a statistically significant amount — indicates that the difference between the 2016 mean and 2015 mean was not statistically significant NA indicates NCQA HEDIS Benchmarks and Thresholds are not available for the measure + indicates fewer than 100 responses</p>				

- Buckeye’s performance declined for *Getting Needed Care* and *Customer Service* from 2015 to 2016. Of these measures, Buckeye’s decline in performance from 2015 to 2016 for *Getting Needed Care* was statistically significant.
- For *Rating of Specialist Seen Most Often*, the 2016 mean exceeded the 2015 mean, and this improvement in performance was statistically significant.
- For the *Coordination of Care* individual item measure, for which trending is not available, the mean was below the 25th percentile.

Pay-for-Performance

For SFY 2017, 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 seven 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-8, Buckeye’s SFY 2017 P4P measure rates and comparisons to the national Medicaid percentiles are shown.

Table B-8—Buckeye’s Pay for Performance Measure Results

Performance Measures	Buckeye	2016 NCQA Quality Compass 50th Percentile
Healthy Children		
<i>Adolescent Well-Care Visits</i>	49.8%	48.4%
<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>	91.1%	89.4%
Women of Reproductive Age		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	86.8%	82.3%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	65.3%	61.0%
Behavioral Health		
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	55.4%	44.1%

Performance Measures	Buckeye	2016 NCQA Quality Compass 50th Percentile
Chronic Conditions		
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	43.6%	46.8%
<i>Controlling High Blood Pressure</i>	52.5%	54.8%

	<i>At or above the 2016 Quality Compass 75th percentile</i>
	<i>At or above the 2016 Quality Compass 50th percentile and below the 75th percentile</i>
	<i>At or above the 2016 Quality Compass 25th percentile and below the 50th percentile</i>
	<i>Below the 2016 Quality Compass 25th percentile</i>

Buckeye's rates for five 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 corrective action plan for each requirement that was not met.

Table B-9 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-9—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%

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. In CY 2016, Buckeye was assessed \$20,000 in fines for failure to meet all Medicaid provider panel requirements in the regions for which Buckeye holds provider agreements.

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 secret shopper telephone surveys of providers' offices in the Northeast region of the State during SFY 2017. Table B-10 demonstrates specific data elements and their accuracy rates when compared against Buckeye's provider data in the MCPN.

Table B-10—MCP-Level Data Element Accuracy Rate—Northeast Region

Data Element	Denominator ¹	Response From Telephone Survey Matching with MCPN Information			
		Matched		Not Matched	
		Number	%	Number	%
Telephone Number	320	278	86.9	42	13.1
Accepting MCP	320	216	67.5	104	32.5
Accepting Listed Program Type	216	202	93.5	14	6.5
Provider a PCP	202	177	87.6	25	12.4
Accepting New Patients	177	125	70.6	52	29.4
Provider's First Name	134	134	100.0	0	0.0
Provider's Last Name	134	133	99.3	1	0.7
Address: Street Number and Name	134	105	78.4	29	21.6
Address: Suite Number	134	115	85.8	19	14.2
Address: City, State, ZIP code	134	117	87.3	17	12.7
County ²	134	130	97.0	4	3.0

¹ As a result of the secret shopper survey design, each data element may have a different denominator.

² No cases listed as "Out-of-State" were excluded from the calculation of this accuracy rate.

Encounter Data Validation

Delivery Payment Encounters

The SFY 2017 EDV study of delivery payment encounters was conducted to evaluate the extent to which delivery claims submitted by Buckeye for its Medicaid members were supported by documentation in the members' medical records. The rate of paid claims substantiated by medical record documentation for Buckeye was 25.6 percent in the current study. ODM has defined the standard payment accuracy as 100 percent for all MCPs.

Table B-11 displays the number and percentage of deliveries confirmed through documentation in the medical record. Missing cases (i.e., medical records not submitted) were included and considered unconfirmed delivery payments.

Table B-11—Deliveries Documented in the Medical Record—Buckeye

MCP	Total Number of Cases	Documented in Medical Record	
		Number	Percent
Buckeye	129	33	25.6%

Of the 129 delivery payments for Buckeye, 33 cases with medical records submitted were validated as delivery events. Therefore, the delivery event rate documented in the medical records submitted was 25.6 percent.

Institutional Encounters

The SFY 2017 EDV study of institutional encounters 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. Payment error occurs when a payment amount discrepancy was identified among matched encounters.

Table B-12 displays rates for encounter omission, encounter surplus, and payment error by institutional categories for Buckeye.

Table B-12—Encounter Omission, Surplus, and Payment Error Rates—Buckeye

Indicator	Institutional ¹		
	Inpatient	Outpatient	Other
Encounter Omission Rate	0.0%	2.9%	26.8%
Encounter Surplus Rate	2.8%	1.2%	13.8%
Payment Error Rate	9.3%	3.0%	3.1%

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 Buckeye's population of TPL claims payment data compared to the TPL payment data in the ODM claims processing system. Table B-13 displays Buckeye's TPL rates related to encounter omission, encounter surplus, and payment error for institutional encounters.

Table B-13—Record Level TPL Match Rates—Buckeye

Indicator	Percent
Encounter Omission Rate	14.3%
Encounter Surplus Rate	3.0%
Payment Error Rate	0.9%

The provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table B-14 presents Buckeye's NPI field matching rates for institutional encounters.

Table B-14—Provider NPI Field Matching Rates—Buckeye

Indicator	Record-Level Match: % With All Provider Fields Correctly Matched in Both Files	Field-Level Match: % Correctly Matched
Billing Provider NPI	96.7%	97.3%
Attending Provider NPI		97.3%

HSAG conducted an on-site review for sampled discrepant encounters, in conjunction with desk reviews of the sampled cases. Using results from the comparative analysis, HSAG identified 411 discrepant records for Buckeye for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 411 records as either *mismatch*, *surplus*, or *omission*, depending on the nature of the discrepancies.

- Sampled mismatched records consisted of claims for which at least one claim line matched between ODM's data and the MCPs' data submitted for the study.
- Sampled records for which all claim lines were found only in ODM's file were classified as surplus.

- Sampled records for which all claim line items were found only in the MCPs' files were classified as an omission.

Table B-15 presents findings from the on-site and desk reviews of the sampled encounters for Buckeye. Multiple findings may have been identified for a record (e.g., one record may have provider NPI and procedure code values that do not match, which would be considered as two separate findings).

Table B-15—Findings from the On-site and Desk Review of Sampled Encounters—Buckeye

Findings	Number of Sampled Records with Findings ¹	Percent
Mismatch (N=256)		
Payment difference due to interest	214	83.6%
Sequencing limitation	32	12.5%
Units billed	42	16.4%
Procedure code	21	8.2%
Other	19	7.4%
Start date and/or end date mismatch	18	7.0%
Revenue code not carried over	12	4.7%
Surplus (N=45)		
Member with multiple Medicaid IDs	41	91.1%
Mismatched number of claim lines between ODM's encounter data and the MCP's submitted data	4	8.9%
Screen shot not submitted for verification	2	4.4%
Omission (N=110)		
Line level omission	46	41.8%
Paid date after the cutoff date	40	36.4%
Member with multiple Medicaid IDs	15	13.6%
Other	9	8.2%

¹ Since a sampled encounter record may have more than one finding, the total number of findings may not sum to the total number of sampled encounter records.

Quality Rating of MCPs

The 2017 MCP Report Card demonstrated how Buckeye compared to other Ohio Medicaid MCPs in key performance areas. The MCP Report Card used stars to display results for Buckeye, as shown in Table B-16.

Table B-16—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★	Above Ohio Medicaid Average	The MCP's performance was above average compared to all Ohio Medicaid MCPs.
★★	Ohio Medicaid Average	The MCP's performance was average compared to all Ohio Medicaid MCPs.
★	Below Ohio Medicaid Average	The MCP's performance was below average compared to all Ohio Medicaid MCPs.

Table B-17 displays Buckeye's quality rating results for CY 2015 and CY 2016.

Table B-17—Quality Rating Results by Performance Area for Buckeye

Performance Area	CY 2015 Star Rating	CY 2016 Star Rating
Getting Care	★	★★
Doctors' Communication and Service	★★	★★
Keeping Kids Healthy	★	★★
Living With Illness	★	★
Women's Health	★★★	★★★

Buckeye's performance remained fairly consistent between CY 2015 and CY 2016. The ratings for two domains, Getting Care and Keeping Kids Healthy, improved from a one-star rating in CY 2015 to a two-star rating in CY 2016. Buckeye received a three-star rating for the Women's Health performance area in both CY 2015 and CY 2016, demonstrating a strength. Buckeye also received a one-star rating for the Living With Illness performance area in both CY 2015 and CY 2016, demonstrating an opportunity for improvement.

Appendix C. CareSource’s Detailed EQR Activity Results

Performance Improvement Projects

Since SFY 2015, CareSource has focused on reducing preterm births and infant mortality by reducing barriers to progesterone use through its participation in the *Progesterone Initiation* PIP. In SFY 2017, CareSource completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions). A baseline rate of 15.0 percent and a SMART Aim goal rate of 30.0 percent were determined using statewide MCP data.

Table C-1—SMART Aim Measure Results

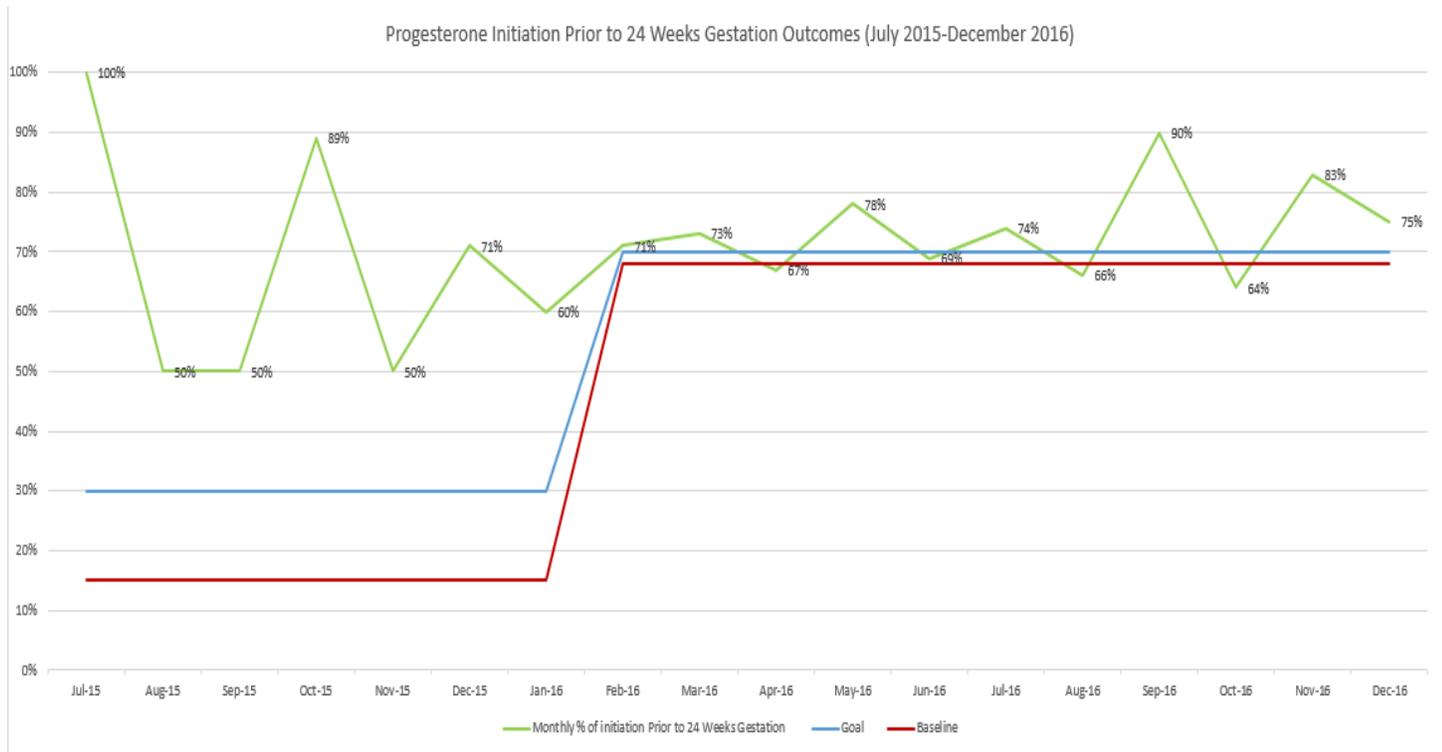
SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level Assigned to PIP
Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	100%	<i>High Confidence</i>

HSAG evaluated the appropriateness and validity of the SMART Aim measure, as well as trends in the SMART Aim measurements, in comparison with the reported baseline rate and goal. The data displayed in the final SMART Aim run chart were used to determine whether the SMART Aim goal was achieved.

On the final SMART Aim run chart, Figure C-1, CareSource plotted the baseline and goal rates as 15.0 percent and 30.0 percent, respectively. The highest SMART Aim rate was 100 percent. CareSource exceeded the SMART Aim goal of 30.0 percent for all 18 months (life of the project.)

CareSource received a *High Confidence* score, indicating the PIP was methodologically sound, achieved the SMART Aim goal, and the demonstrated improvement was clearly linked to the quality improvement processes conducted.

Figure C-1—CareSource's SMART Aim Results*



*CareSource noted a shift in the median in February 2016.

Performance Measures

HEDIS

To evaluate MCP performance, HSAG analyzed CareSource's 2017 IDSS files. HSAG compared prior years' performance (i.e., HEDIS 2016) 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 2016 and HEDIS 2017 measure results are shown in Table C-2. Rates shaded green were the same as or better than the statewide weighted average. Additionally, HEDIS 2017 star ratings are presented in Table C-2 based on comparisons to the national Medicaid percentiles. The percentile approximation for each measure is displayed below the HEDIS 2017 star rating.

Table C-2—CareSource's HEDIS Measure Results

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Healthy Children			
<i>Adolescent Well-Care Visits</i>			
<i>Adolescent Well-Care Visits^{2,3}</i>	46.2%	45.0%	★★★ 40.3
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>			
<i>Appropriate Treatment for Children With Upper Respiratory Infection^{2,3}</i>	89.7%	89.7% [^]	★★★★★ 52.0
<i>Children and Adolescents' Access to Primary Care Practitioners</i>			
<i>12–24 Months³</i>	93.8%	94.9%	★★★ 40.8
<i>25 Months–6 Years³</i>	89.0%	88.4%	★★★★★ 56.0
<i>7–11 Years³</i>	91.2%	92.0%	★★★★★ 61.4
<i>12–19 Years³</i>	90.8%	91.8%	★★★★★ 70.4
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>			
<i>BMI Percentile Documentation—Total</i>	44.5%	47.0%	★★ 17.2
<i>Well-Child Visits in the First 15 Months of Life</i>			
<i>Six or More Well-Child Visits³</i>	55.7%	61.6%	★★★★★ 56.3
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³</i>	67.4%	71.0%	★★★ 48.3
Healthy Adults			
<i>Adults' Access to Preventive/Ambulatory Health Services</i>			
<i>Total³</i>	85.0%	83.9%	★★★★★ 61.3
<i>Breast Cancer Screening</i>			
<i>Breast Cancer Screening</i>	54.4%	56.3%	★★★ 43.2
<i>Cervical Cancer Screening</i>			
<i>Cervical Cancer Screening</i>	63.5%	65.9%	★★★★★ 80.0

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Women of Reproductive Age			
Frequency of Ongoing Prenatal Care			
≥81 Percent of Expected Visits ³	66.4%	65.9%	★★★★★ 68.1
Prenatal and Postpartum Care			
Timeliness of Prenatal Care ^{2,3}	82.7%	83.7%	★★★★★ 57.3
Postpartum Care ^{2,3}	63.5%	63.3%	★★★★★ 57.8
Behavioral Health			
Antidepressant Medication Management			
Effective Acute Phase Treatment	55.8%	50.4%	★★★ 36.3
Effective Continuation Phase Treatment	39.8%	34.7%	★★★ 33.5
Follow-Up After Hospitalization for Mental Illness			
7-Day Follow-Up ^{2,3}	53.9%	52.4%	★★★★★ 68.7
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			
Total ⁴	81.1%	74.2%	★★★★★ 89.6
Use of Multiple Concurrent Antipsychotics in Children and Adolescents			
Total ¹	—	3.5% [^]	★★ 22.5
Chronic Conditions			
Comprehensive Diabetes Care			
HbA1c Control (<8.0%) ^{2,3}	36.7%	33.1%	★★ 13.4
Blood Pressure Control (<140/90 mm Hg) ³	48.9%	48.2%	★★ 17.8
Eye Exam (Retinal) Performed ³	56.6%	57.4%	★★★★★ 65.0
Controlling High Blood Pressure			
Controlling High Blood Pressure ^{2,3}	42.3%	36.5%	★ 7.4
Medication Management for People With Asthma			
Medication Compliance 75%—Total ⁴	39.5%	37.9%	★★★★★ 75.7

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Pharmacotherapy Management of COPD Exacerbation			
Systemic Corticosteroid	79.5%	77.1% [^]	★★★★★ 81.8

¹ A lower rate indicates better performance for this measure.

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

³ Indicates a measure/indicator had an MPS for HEDIS 2016 and HEDIS 2017.

⁴ Indicates a measure/indicator had an MPS for only HEDIS 2017.

—Indicates that HEDIS 2017 was the first required year of measure reporting; therefore, rates are not presented for historical years (i.e., HEDIS 2016).

[^] HEDIS significantly modified the specifications for this measure beginning with HEDIS 2017. As a result, caution should be exercised when comparing the HEDIS 2017 rate to the Quality Compass 2016 benchmarks and when comparing HEDIS 2017 (or later) rates to prior years.

 Indicates the rate was the same as or better than the statewide average for Ohio.

HEDIS 2017 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-3 displays CareSource's population stream index scores for CY 2015 and CY 2016. 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 five-point increase in performance from CY 2015 to CY 2016. A downward red arrow indicates at least a five-point decrease in performance from CY 2015 to CY 2016. A sideways gray arrow indicates no substantial change (i.e., less than a five-point change in either direction) in performance between years.

Table C-3—CareSource's MCP Population Stream Index Score and Ranking

Population Stream	CY 2015	CY 2016	Performance	CY 2016 Ranking
Healthy Children	38.5	45.2	↑	1*
Healthy Adults	50.8	61.5	↑	1
Women of Reproductive Age	53.5	61.0	↑	3*
Behavioral Health	65.9	50.1	↓	3*
Chronic Conditions	44.6	49.2	→	4

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

Healthy Children

For CY 2016, CareSource's average performance on HEDIS measures for the Healthy Children population stream is estimated to be at the 45th national Medicaid NCQA percentile. The average score is based on consistent performance within the Healthy Children population stream, with only the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total* rate ranking below the 25th percentile. The remaining eight measures within the Healthy Children population stream had estimated ratings ranging from the 40th percentile for the *Adolescent Well-Care Visits* measure to the 70th percentile for the *Children and Adolescents' Access to Primary Care Practitioners—12–19 Years* measure. In analyzing the measures in aggregate, CareSource's CY 2016 overall results for the Healthy Children population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Healthy Adults

For CY 2016, CareSource's average performance on HEDIS measures for the Healthy Adults population stream is estimated to be at the 62nd national Medicaid NCQA percentile. This average score is based on disparate performance within the Healthy Adults population stream, with the *Breast Cancer Screening* rate estimated to be just above the 43rd percentile and the *Cervical Cancer Screening* rate estimated to be at the 80th percentile. In analyzing the measures in aggregate, CareSource's CY 2016 overall results for the Healthy Adults population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Women of Reproductive Age

For CY 2016, CareSource's average performance on HEDIS measures for the Women of Reproductive Age population stream is estimated to be at the 61st national Medicaid NCQA percentile. The average score is based on consistent performance within the Women of Reproductive Age population stream, with rating estimates ranging from the 57th percentile for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure to the 68th percentile for the *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* measure. In analyzing the measures in aggregate, CareSource's CY 2016 overall results for the Women of Reproductive Age population stream increased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2016, CareSource's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 50th 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*, *Antidepressant Medication Management—Effective Continuation Phase Treatment* and *Effective Acute Phase Treatment* rates estimated to be at the 23rd, 33rd, and 36th percentiles, respectively. On the other hand, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* rates had estimated ratings at the 69th and 90th

percentiles, respectively. In analyzing the measures in aggregate, CareSource's CY 2016 overall results for the Behavioral Health population stream decreased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2016, CareSource's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 49th national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Controlling High Blood Pressure*, *Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)*, and *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* rates having estimated ratings at the 7th, 13th, and 18th percentiles, respectively. On the other hand, the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*; *Medication Management for People With Asthma—Medication Compliance 75%, Total*; and *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid* rates had estimated ratings at the 65th, 76th, and 82nd percentiles, respectively. In analyzing the measures in aggregate, CareSource's CY 2016 overall results for the Chronic Conditions population stream showed no substantial change from CY 2015 to CY 2016 and ranked fourth out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated five measures in CY 2016. Please note, for all non-HEDIS measures, a lower rate indicates better performance.

Table C-4 presents CareSource's *Percent of Live Births Weighing Less than 2,500 grams (Low Birth Weight)* rate for CY 2014 and CY 2015.

Table C-4—Low Birth Weight Results for CareSource

Measure	CY 2014 Rate	CY 2015 Rate*	CY 2015 Statewide Rate
<i>Low Birth Weight</i>	9.4%	10.0%	10.1%

 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.

* HSAG was only able to compare CY 2014 and CY 2015 rates as CY 2016 rates were not yet available.

CareSource met the respective MPS for the *Low Birth Weight* measure in CY 2014 and CY 2015. In CY 2015, CareSource's rate was better than the statewide average rate.

Table C-5 presents CareSource's PDI and PQI measures results for CY 2015 and CY 2016.

Table C-5—PDI/PQI Results Per 100,000 Member Months for CareSource

Measure	CY 2015 Rate	CY 2016 Rate*	CY 2016 Statewide Rate
PDI			
<i>PDI 14—Asthma Admissions</i>	14.4	11.6	10.3
PQI			
<i>PQI 8—Heart Failure Admissions</i>	16.5	19.6	19.0
<i>PQI 13—Angina Without Procedure Admissions</i>	1.4	3.3	3.2
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes**</i>	1.4	2.0	1.9

 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.

*Caution should be exercised when comparing CY 2015 and CY 2016 PDI/PQI rates due to methodology changes, including the introduction of ICD-10 codes at the end of CY 2015.

** Only PQI 16 had an MPS assigned by ODM for CY 2016.

CareSource performed worse than the statewide average for all PDI/PQI measures in CY 2016, demonstrating an opportunity for improvement. Further, CareSource met the MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* in CY 2016.

CAHPS

ODM requires CareSource to annually administer a CAHPS survey. 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-6 and Table C-7 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. In addition, 2016 mean scores were compared to 2015 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.

Table C-6—Summary of Adult Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
Global Ratings				
Rating of Health Plan	★★★★★ 2.52	★★★★★ 2.56	—	Quality
Rating of All Health Care	★★★★★ 2.45	★★★ 2.40	—	Quality
Rating of Personal Doctor	★★★★★ 2.55	★★★ 2.50	—	Quality
Rating of Specialist Seen Most Often	★★★★★ 2.56	★ 2.38	▼	Quality
Composite Measures				
Getting Needed Care	★★★★★ 2.43	★★★ 2.38	—	Access
Getting Care Quickly	★★★★★ 2.46	★★ 2.41	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.67	★★★★★ 2.64	—	Quality
Customer Service	★★★★★ 2.58	★★★★★ 2.61	—	Quality
Individual Item Measure				
Coordination of Care	NA	★★ 2.35	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ indicates the 2016 mean exceeded the 2015 mean by a statistically significant amount ▼ indicates the 2016 mean was lower than the 2015 mean by a statistically significant amount — indicates that the difference between the 2016 mean and 2015 mean was not statistically significant NA indicates NCQA HEDIS Benchmarks and Thresholds are not available for the measure				

- CareSource’s performance declined for *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Getting Care Quickly* from 2015 to 2016. Of these measures, CareSource’s rates for *Rating of Specialist Seen Most Often* decreased by a statistically significant amount from 2015 to 2016.
- CareSource’s performance improved for *Rating of Health Plan* and *Customer Service* from 2015 to 2016.
- For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 25th percentile but below the 50th percentile.

Table C-7—Summary of Child Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
Global Ratings				
Rating of Health Plan	★★★★ 2.65	★★★★ 2.65	—	Quality
Rating of All Health Care	★★★★★ 2.64	★★★★★ 2.66	—	Quality
Rating of Personal Doctor	★★★★ 2.67	★★★★★ 2.69	—	Quality
Rating of Specialist Seen Most Often	★★★★★ 2.66	★★★★★+ 2.82	▲	Quality
Composite Measures				
Getting Needed Care	★★★★ 2.55	★★★★ 2.56	—	Access
Getting Care Quickly	★★★★★ 2.71	★★★★★ 2.69	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.77	★★★★★ 2.76	—	Quality
Customer Service	★★★★★ 2.69	★★★★★+ 2.65	—	Quality
Individual Item Measure				
Coordination of Care	NA	★★★ 2.44	—	Quality
<p>Star Assignments Based on Percentiles</p> <p>★★★★★ 90th or above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th</p> <p>▲ indicates that the 2016 mean exceeded the 2015 mean by a statistically significant amount</p> <p>▼ indicates that the 2016 mean was lower than the 2015 mean by a statistically significant amount</p> <p>— indicates that the difference between the 2016 mean and 2015 mean was not statistically significant</p> <p>NA indicates NCQA HEDIS Benchmarks and Thresholds are not available for the measure</p> <p>+ indicates fewer than 100 responses</p>				

- CareSource improved or maintained consistently high performance (at or above the 75th percentile) for every global rating and composite measure from 2015 to 2016. One measure’s 2016 mean exceeded the 2015 mean by a statistically significant amount, *Rating of Specialist Seen Most Often*.
- For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 50th percentile but below the 75th percentile.

Pay-for-Performance

For SFY 2017, 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 seven 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-8, CareSource's SFY 2017 P4P measure rates and comparisons to the national Medicaid percentiles are shown.

Table C-8—CareSource's Pay for Performance Measure Results

Performance Measures	CareSource	2016 NCQA Quality Compass 50th Percentile
Healthy Children		
<i>Adolescent Well-Care Visits</i>	45.0%	48.4%
<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>	89.7%	89.4%
Women of Reproductive Age		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	83.7%	82.3%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	63.3%	61.0%
Behavioral Health		
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	52.4%	44.1%
Chronic Conditions		
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	33.1%	46.8%
<i>Controlling High Blood Pressure</i>	36.5%	54.8%

	At or above the 2016 Quality Compass 75th percentile
	At or above the 2016 Quality Compass 50th percentile and below the 75th percentile
	At or above the 2016 Quality Compass 25th percentile and below the 50th percentile
	Below the 2016 Quality Compass 25th percentile

CareSource's rates for four 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 corrective action plan for each requirement that was not met.

Table C-9 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-9—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%

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. In CY 2016, CareSource was assessed \$15,000 in fines for failure to meet all Medicaid provider panel requirements in the regions for which CareSource holds provider agreements.

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 secret shopper telephone surveys of providers' offices in the Northeast region of the State during SFY 2017. Table C-10 demonstrates specific data elements and their accuracy rates when compared against CareSource's provider data in the MCPN.

Table C-10—MCP-Level Data Element Accuracy Rate for CareSource—Northeast Region

Data Element	Denominator ¹	Response From Telephone Survey Matching with MCPN Information			
		Matched		Not Matched	
		Number	%	Number	%
Telephone Number	342	312	91.2	30	8.8
Accepting MCP	342	248	72.5	94	27.5
Accepting Listed Program Type	248	221	89.1	27	10.9
Provider a PCP	221	213	96.4	8	3.6
Accepting New Patients	213	139	65.3	74	34.7
Provider's First Name	166	164	98.8	2	1.2
Provider's Last Name	166	166	100.0	0	0.0
Address: Street Number and Name	166	133	80.1	33	19.9
Address: Suite Number	166	148	89.2	18	10.8
Address: City, State, ZIP code	166	137	82.5	29	17.5
County ²	162	157	96.9	5	3.1

¹ As a result of the secret shopper survey design, each data element may have a different denominator.

² Four cases listed as "Out-of-State" were excluded from the calculation of this accuracy rate.

Encounter Data Validation

Delivery Payment Encounters

The SFY 2017 EDV study of delivery payment encounters was conducted to evaluate the extent to which delivery claims submitted by CareSource for its Medicaid members were supported by documentation in the members' medical records. The rate of paid claims substantiated by medical record documentation for CareSource was 25.6 percent in the current study. ODM has defined the standard payment accuracy as 100 percent for all MCPs.

Table C-11 displays the number and percentage of deliveries confirmed through documentation in the medical record. Missing cases (i.e., medical records not submitted) were included and considered unconfirmed delivery payments.

Table C-11—Deliveries Documented in the Medical Record—CareSource

MCP	Total Number of Cases	Documented in Medical Record	
		Number	Percent
CareSource	771	197	25.6%

Of the 771 delivery payments for CareSource, 197 cases with medical records submitted were validated as delivery events. Therefore, the delivery event rate documented in the medical records submitted was 25.6 percent.

Institutional Encounters

The SFY 2017 EDV study of institutional encounters was conducted to assess whether the encounter data in ODM's MITS 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. Payment error occurs when a payment amount discrepancy was identified among matched encounters.

Table C-12 displays rates for encounter omission, encounter surplus, and payment error by institutional categories for CareSource.

Table C-12—Encounter Omission, Surplus, and Payment Error Rates—CareSource

Indicator	Institutional ¹		
	Inpatient	Outpatient	Other
Encounter Omission Rate	7.0%	3.5%	4.3%
Encounter Surplus Rate	2.0%	1.0%	11.2%
Payment Error Rate	0.0%	< 0.1%	7.0%

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 CareSource’s population of TPL claims payment data compared to the TPL payment data in the ODM claims processing system. Table C-13 displays CareSource’s TPL rates related to encounter omission, encounter surplus, and payment error for institutional encounters.

Table C-13—Record Level TPL Match Rates—CareSource

Indicator	Percent
Encounter Omission Rate	4.8%
Encounter Surplus Rate	0.1%
Payment Error Rate	1.7%

The provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table C-14 presents CareSource’s NPI field matching rates for institutional encounters.

Table C-14—Provider NPI Field Matching Rates—CareSource

Indicator	Record-Level Match: % With All Provider Fields Correctly Matched in Both Files	Field-Level Match: % Correctly Matched
Billing Provider NPI	95.4%	95.9%
Attending Provider NPI		98.7%

HSAG conducted an on-site review for sampled discrepant encounters, in conjunction with desk reviews of the sampled cases. Using results from the comparative analysis, HSAG identified 411 discrepant records for CareSource for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 411 records as either *mismatch*, *surplus*, or *omission*, depending on the nature of the discrepancies.

- Sampled mismatched records, consisted of claims for which at least one claim line matched between ODM's data and the MCPs' data submitted for the study.
- Sampled records for which all claim lines were found only in ODM's file were classified as surplus.
- Sampled records for which all claim line items were found only in the MCPs' files were classified as an omission.

Table C-15 presents findings from the on-site and desk reviews of the sampled encounters for CareSource. Multiple findings may have been identified for a record (e.g., one record may have provider NPI and procedure code values that do not match, which would be considered as two separate findings).

Table C-15—Findings from the On-site and Desk Review of Sampled Encounters—CareSource

Findings	Number of Sampled Records with Findings ¹	Percent
Mismatch (N=104)		
Duplicates, some line items not present in ODM's data	60	57.7%
Attending ID mismatch	34	32.7%
Header first and/or last date of service mismatch	32	30.8%
Zero dollar paid in ODM's data, non-zero dollar in MCP's data	24	23.1%
Detail paid in ODM's data, but header paid in MCP's data	24	23.1%
Billing and/or attending NPI discrepancy	19	18.3%
Surplus (N=65)		
"Split" claims, i.e., logic was pulled for different iteration when claim was split	18	27.7%
Member with multiple Medicaid IDs	17	26.2%
Discharge date was outside of CY 2015 and was not included in MCP's submission	12	18.5%
Claim was present in supplemental data and screen shot, but not present in MCP's submission	8	12.3%
Adjustment was submitted as original	7	10.8%
Other	7	10.8%
Omission (N=242)		
MCP did not send the most current claim, i.e., for adjusted and/or voided claims, both the original and the adjustment were submitted for the study	236	97.5%
Member with multiple Medicaid IDs	18	7.4%
Other	13	5.4%

¹ Since a sampled encounter record may have more than one finding, the total number of findings may not sum to the total number of sampled encounter records.

Quality Rating of MCPs

The 2017 MCP Report Card demonstrated how CareSource compared to other Ohio Medicaid MCPs in key performance areas. The MCP Report Card used stars to display results for CareSource, as shown in Table C-16.

Table C-16—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★	Above Ohio Medicaid Average	The MCP's performance was above average compared to all Ohio Medicaid MCPs.
★★	Ohio Medicaid Average	The MCP's performance was average compared to all Ohio Medicaid MCPs.
★	Below Ohio Medicaid Average	The MCP's performance was below average compared to all Ohio Medicaid MCPs.

Table C-17 displays CareSource's quality rating results for CY 2015 and CY 2016.

Table C-17—Quality Rating Results by Performance Area for CareSource

Performance Area	CY 2015 Star Rating	CY 2016 Star Rating
Getting Care	★★	★★
Doctors' Communication and Service	★★	★★★
Keeping Kids Healthy	★★★	★★★
Living With Illness	★★★	★★
Women's Health	★★★	★★

CareSource's performance on the quality rating system demonstrated some differences between CY 2015 and CY 2016. The ratings for two performance areas, Living With Illness and Women's Health, decreased from three-star ratings in CY 2015 to two-star ratings in CY 2016. Conversely, the Doctors' Communication and Service performance area improved from a two-star rating in CY 2015 to a three-star rating in CY 2016. CareSource received a three-star rating for the Keeping Kids Healthy performance area in CY 2015 and CY 2016, demonstrating a strength.

Appendix D. Molina’s Detailed EQR Activity Results

Performance Improvement Projects

Since SFY 2015, Molina has focused on reducing preterm births and infant mortality by reducing barriers to progesterone use through its participation in the *Progesterone Initiation* PIP. In SFY 2017, Molina completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions). A baseline rate of 15.0 percent and a SMART Aim goal rate of 30.0 percent were determined using statewide MCP data.

Table D-1—SMART Aim Measure Results

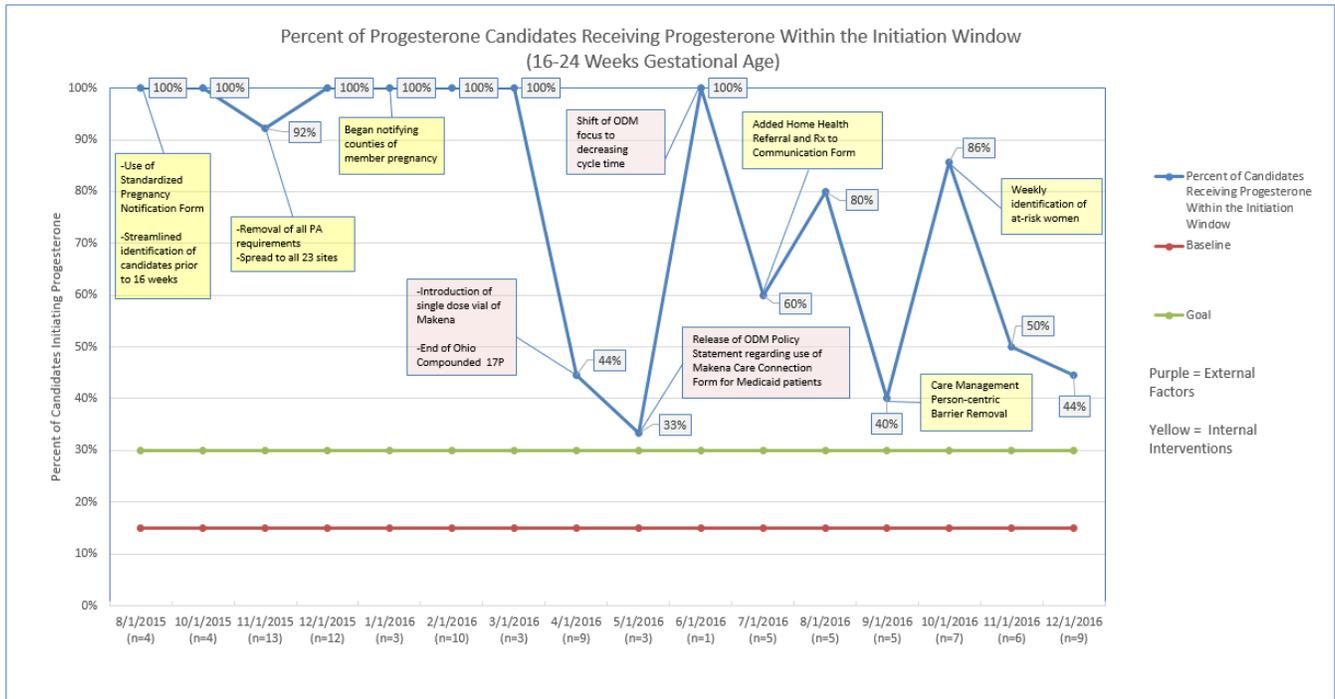
SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level Assigned to PIP
Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	100%	<i>High Confidence</i>

HSAG evaluated the appropriateness and validity of the SMART Aim measure, as well as trends in the SMART Aim measurements, in comparison with the reported baseline rate and goal. The data displayed in the final SMART Aim run chart were used to determine whether the SMART Aim goal was achieved.

On the final SMART Aim run chart, Figure D-1, Molina plotted the baseline and goal rates as 15.0 percent and 30.0 percent, respectively. The highest SMART Aim rate was 100 percent, which was achieved for seven of the 16 months reported, and rates were above the goal of 30.0 percent for the life of the PIP.

Molina received a *High Confidence* score, indicating the PIP was methodologically sound, achieved the SMART Aim goal, and the demonstrated improvement was clearly linked to the quality improvement processes conducted.

Figure D-1—Molina's SMART Aim Results



Performance Measures

HEDIS

To evaluate MCP performance, HSAG analyzed Molina's 2017 IDSS files. HSAG compared prior years' performance (i.e., HEDIS 2016) 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 2016 and HEDIS 2017 measure results are shown in Table D-2. Rates shaded green were the same as or better than the statewide weighted average. Additionally, HEDIS 2017 star ratings are presented in Table D-2 based on comparisons to the national Medicaid percentiles. The percentile approximation for each measure is displayed below the HEDIS 2017 star rating.

Table D-2—Molina's HEDIS Measure Results

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Healthy Children			
<i>Adolescent Well-Care Visits</i>			
<i>Adolescent Well-Care Visits^{2,3}</i>	41.9%	46.6%	★★★ 44.8
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>			
<i>Appropriate Treatment for Children With Upper Respiratory Infection^{2,3}</i>	92.3%	91.8% ^	★★★★★ 65.9
<i>Children and Adolescents' Access to Primary Care Practitioners</i>			
<i>12–24 Months³</i>	91.6%	92.5%	★★ 22.0
<i>25 Months–6 Years³</i>	86.9%	86.2%	★★★★ 37.3
<i>7–11 Years³</i>	88.9%	90.9%	★★★★ 49.0
<i>12–19 Years³</i>	87.1%	89.5%	★★★★★ 51.2
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>			
<i>BMI Percentile Documentation—Total</i>	49.0%	52.1%	★★ 22.5
<i>Well-Child Visits in the First 15 Months of Life</i>			
<i>Six or More Well-Child Visits³</i>	50.5%	58.1%	★★★★ 44.1
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³</i>	63.9%	65.7%	★★★★ 28.2
Healthy Adults			
<i>Adults' Access to Preventive/Ambulatory Health Services</i>			
<i>Total³</i>	80.0%	78.0%	★★★★ 27.6
<i>Breast Cancer Screening</i>			
<i>Breast Cancer Screening</i>	51.3%	51.5%	★★ 22.8
<i>Cervical Cancer Screening</i>			
<i>Cervical Cancer Screening</i>	57.5%	50.9%	★★★★ 30.8
Women of Reproductive Age			
<i>Frequency of Ongoing Prenatal Care</i>			
<i>≥81 Percent of Expected Visits³</i>	75.8%	73.8%	★★★★★ 85.3

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Prenatal and Postpartum Care			
<i>Timeliness of Prenatal Care</i> ^{2,3}	84.1%	84.0%	★★★★★ 58.8
<i>Postpartum Care</i> ^{2,3}	63.7%	58.8%	★★★ 40.6
Behavioral Health			
Antidepressant Medication Management			
<i>Effective Acute Phase Treatment</i>	58.3%	52.7%	★★★ 46.9
<i>Effective Continuation Phase Treatment</i>	42.3%	36.8%	★★★ 43.8
Follow-Up After Hospitalization for Mental Illness			
<i>7-Day Follow-Up</i> ^{2,3}	47.2%	49.3%	★★★★★ 61.8
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			
<i>Total</i> ⁴	70.4%	68.9%	★★★★★ 75.9
Use of Multiple Concurrent Antipsychotics in Children and Adolescents			
<i>Total</i> ¹	—	2.9% [^]	★★★ 31.3
Chronic Conditions			
Comprehensive Diabetes Care			
<i>HbA1c Control (<8.0%)</i> ^{2,3}	43.5%	46.0%	★★★ 47.1
<i>Blood Pressure Control (<140/90 mm Hg)</i> ³	56.7%	58.2%	★★★ 44.6
<i>Eye Exam (Retinal) Performed</i> ³	53.0%	56.6%	★★★★★ 62.1
Controlling High Blood Pressure			
<i>Controlling High Blood Pressure</i> ^{2,3}	50.9%	54.3%	★★★ 48.4
Medication Management for People With Asthma			
<i>Medication Compliance 75%—Total</i> ⁴	41.5%	39.1%	★★★★★ 77.6
Pharmacotherapy Management of COPD Exacerbation			
<i>Systemic Corticosteroid</i>	77.3%	75.7% [^]	★★★★★ 75.9

¹ A lower rate indicates better performance for this measure.

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

³ Indicates a measure/indicator had an MPS for HEDIS 2016 and HEDIS 2017.

⁴ Indicates a measure/indicator had an MPS for only HEDIS 2017.

—Indicates that HEDIS 2017 was the first required year of measure reporting; therefore, rates are not presented for historical years (i.e., HEDIS 2016).

[^] HEDIS significantly modified the specifications for this measure beginning with HEDIS 2017. As a result, caution should be exercised when comparing the HEDIS 2017 rate to the Quality Compass 2016 benchmarks and when comparing HEDIS 2017 (or later) rates to prior years.

 Indicates the rate was the same as or better than the statewide average for Ohio.

HEDIS 2017 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-3 displays Molina's population stream index scores for CY 2015 and CY 2016. 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 five-point increase in performance from CY 2015 to CY 2016. A downward red arrow indicates at least a five-point decrease in performance from CY 2015 to CY 2016. A sideways gray arrow indicates no substantial change (i.e., less than a five-point change in either direction) in performance between years.

Table D-3—Molina's MCP Population Stream Index Score and Ranking

Population Stream	CY 2015	CY 2016	Performance	CY 2016 Ranking
Healthy Children	31.6	40.9	↑	1*
Healthy Adults	29.0	27.1	→	5
Women of Reproductive Age	63.6	61.6	→	3*
Behavioral Health	62.9	51.9	↓	3*
Chronic Conditions	51.1	63.3	↑	2

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

Healthy Children

For CY 2016, Molina's average performance on HEDIS measures for the Healthy Children population stream is estimated to be at the 41st national Medicaid NCQA percentile. The average score is based on disparate performance within the Healthy Children population stream, with the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total*; *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; and *Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years* rates having estimated ratings at the 22nd, 22nd, 28th, and 37th percentiles, respectively. Conversely, the *Well Child Visits in the First 15 Months of Life—6 or More Visits*, *Adolescent Well-Care Visits*, *Children and Adolescents' Access to Primary Care Practitioners—7–11 Years*, *Children and Adolescents' Access to Primary Care Practitioners—12–19 Years*, and *Appropriate Treatment for Children With Upper Respiratory Infection* measure rates had estimated ratings of the 44th, 45th, 49th, 51st, and 66th percentiles, respectively. In analyzing the measures in aggregate, Molina's CY 2016 overall results for the Healthy Children population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Healthy Adults

For CY 2016, Molina's average performance on HEDIS measures for the Healthy Adults population stream is estimated to be at the 27th national Medicaid NCQA percentile. This average score is based on consistently low performance within the Healthy Adults population stream, with all three measure rates ranking at or below the 31st percentile. In analyzing the measures in aggregate, Molina's CY 2016 overall results for the Healthy Adults population stream showed no substantial change from CY 2015 to CY 2016 and ranked fifth out of the five Ohio Medicaid MCPs.

Women of Reproductive Age

For CY 2016, Molina's average performance on HEDIS measures for the Women of Reproductive Age population stream is estimated to be at the 62nd national Medicaid NCQA percentile. The average score is based on disparate performance within the Women of Reproductive Age population stream, with the *Prenatal and Postpartum Care—Postpartum Care* and *Timeliness of Prenatal Care* rates having estimated ratings at the 41st and 59th percentiles, respectively, but the *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* rate has an estimated rating at the 85th percentile. In analyzing the measures in aggregate, Molina's CY 2016 overall results for the Women of Reproductive Age population showed no substantial change from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2016, Molina's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 52nd 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*, *Antidepressant Medication Management—Effective Continuation Phase Treatment* and *Effective Acute Phase Treatment* rates having estimated ratings at the 31st, 44th, and 47th percentiles, respectively. However, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* rates had estimated ratings at the 62nd and 76th percentiles, respectively. In analyzing the measures in aggregate, Molina's CY 2016 overall results for the Behavioral Health population stream decreased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2016, Molina's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 63rd national Medicaid NCQA percentile. This average score is based on relatively consistent performance within the Chronic Conditions population stream, with the estimated ratings ranging from the 45th percentile for the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* measure to the 78th percentile for the *Medication Management for People With Asthma—Medication Compliance 75%, Total* measure. In analyzing the measures in aggregate, Molina's CY 2016 overall results for the Chronic Conditions population stream increased from CY 2015 to CY 2016 and ranked second out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated five measures in CY 2016. Please note, for all non-HEDIS measures, a lower rate indicates better performance.

Table D-4 presents Molina's *Percent of Live Births Weighing Less than 2,500 grams* (Low Birth Weight) results for CY 2014 and CY 2015.

Table D-4—Low Birth Weight Results for Molina

Measure	CY 2014 Rate	CY 2015 Rate*	CY 2015 Statewide Rate
<i>Low Birth Weight</i>	9.7%	10.6%	10.1%

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.

* HSAG was only able to compare CY 2014 and CY 2015 rates as CY 2016 rates were not yet available.

Molina did not meet the MPS for the *Low Birth Weight* measure in CY 2014 or CY 2015. In CY 2015, Molina's rate was also worse than the statewide average rate.

Table D-5 presents Molina's PDI and three PQI measures results for CY 2015 and CY 2016.

Table D-5—PDI/PQI Results Per 100,000 Member Months for Molina

Measure	CY 2015 Rate	CY 2016 Rate*	CY 2016 Statewide Rate
PDI			
<i>PDI 14—Asthma Admissions</i>	12.5	10.1	10.3
PQI			
<i>PQI 8—Heart Failure Admissions</i>	20.2	16.6	19.0
<i>PQI 13—Angina Without Procedure Admissions</i>	1.7	2.2	3.2
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes**</i>	0.6	1.8	1.9

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.

*Caution should be exercised when comparing CY 2015 and CY 2016 PDI/PQI rates due to methodology changes, including the introduction of ICD-10 codes at the end of CY 2015.

** Only PQI 16 had an MPS assigned by ODM for CY 2016.

Molina's performance was better than the statewide average for all PDI/PQI measures in CY 2016, and the MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* measure was met in CY 2016.

CAHPS

ODM requires Molina to annually administer a CAHPS survey. 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-6 and Table D-7, 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. In addition, 2016 mean scores were compared to 2015 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.

Table D-6—Summary of Adult Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
Global Ratings				
Rating of Health Plan	★★ 2.36	★ 2.35	—	Quality
Rating of All Health Care	★★ 2.29	★★ 2.32	—	Quality
Rating of Personal Doctor	★★★ 2.50	★★ 2.46	—	Quality
Rating of Specialist Seen Most Often	★ 2.47	★★★★ 2.56	—	Quality
Composite Measures				
Getting Needed Care	★★ 2.33	★★ 2.34	—	Access
Getting Care Quickly	★ 2.34	★★★ 2.42	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.65	★★★★★ 2.64	—	Quality
Customer Service	★★ 2.51	★★★ 2.55	—	Quality
Individual Item Measure				
Coordination of Care	NA	★★★ 2.39	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ indicates the 2016 mean exceeded the 2015 mean by a statistically significant amount ▼ indicates the 2016 mean was lower than the 2015 mean by a statistically significant amount — indicates that the difference between the 2016 mean and 2015 mean was not statistically significant NA indicates NCQA HEDIS Benchmarks and Thresholds are not available for the measure				

- Though none of the changes were statistically significant, Molina’s performance improved for *Rating of Specialist Seen Most Often*, *Getting Care Quickly*, and *Customer Service* from 2015 to 2016.
- Molina’s performance remained stable for *Rating of All Health Care*, *Getting Needed Care*, and *How Well Doctors Communicate* from 2015 to 2016.
- For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 50th percentile but below the 75th percentile.

Table D-7—Summary of Child Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
Global Ratings				
Rating of Health Plan	★★ 2.54	★★ 2.54	—	Quality
Rating of All Health Care	★★★★★ 2.62	★★★★★ 2.58	—	Quality
Rating of Personal Doctor	★★★★★ 2.70	★★★ 2.63	—	Quality
Rating of Specialist Seen Most Often	★★★★★+ 2.69	★★★★★ 2.69	—	Quality
Composite Measures				
Getting Needed Care	★★★ 2.50	★★★★ 2.54	—	Access
Getting Care Quickly	★★★ 2.64	★★★ 2.64	—	Timeliness
How Well Doctors Communicate	★★★★ 2.74	★★★ 2.69	—	Quality
Customer Service	★★★★+ 2.59	★★★★ 2.58	—	Quality
Individual Item Measure				
Coordination of Care	NA	★★★ 2.42	—	Quality

Star Assignments Based on Percentiles

★★★★★ 90th or above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

▲ indicates that the 2016 mean exceeded the 2015 mean by a statistically significant amount

▼ indicates that the 2016 mean was lower than the 2015 mean by a statistically significant amount

— indicates that the difference between the 2016 mean and 2015 mean was not statistically significant

NA indicates NCQA HEDIS Benchmarks and Thresholds are not available for the measure

+ indicates fewer than 100 responses

- Molina’s performance declined compared to national benchmarks for *Rating of All Health Care*, *Rating of Personal Doctor*, and *How Well Doctors Communicate*, though none of these changes were statistically significant.

- Performance improved slightly for *Getting Needed Care* from 2015 to 2016.
- For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 50th percentile but below the 75th percentile.

Pay-for-Performance

For SFY 2017, 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 seven 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-8, Molina's SFY 2017 P4P measure rates and comparisons to the national Medicaid percentiles are shown.

Table D-8—Molina's Pay for Performance Measure Results

Performance Measures	Molina	2016 NCQA Quality Compass 50th Percentile
Healthy Children		
<i>Adolescent Well-Care Visits</i>	46.6%	48.4%
<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>	91.8%	89.4%
Women of Reproductive Age		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	84.0%	82.3%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	58.8%	61.0%
Behavioral Health		
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	49.3%	44.1%
Chronic Conditions		
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	46.0%	46.8%
<i>Controlling High Blood Pressure</i>	54.3%	54.8%

	At or above the 2016 Quality Compass 75th percentile
	At or above the 2016 Quality Compass 50th percentile and below the 75th percentile
	At or above the 2016 Quality Compass 25th percentile and below the 50th percentile
	Below the 2016 Quality Compass 25th percentile

Molina's rates for three 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 corrective action plan for each requirement that was not met.

Table D-9 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-9—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%

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. In CY 2016, Molina was assessed \$20,000 in fines for failure to meet all Medicaid provider panel requirements in the regions for which Molina holds provider agreements.

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 secret shopper telephone surveys of providers' offices in the Northeast region of the State during SFY 2017. Table D-10 demonstrates specific data elements and their accuracy rates when compared against Molina's provider data in the MCPN.

Table D-10—MCP-Level Data Element Accuracy Rate for Molina—Northeast Region

Data Element	Denominator ¹	Response From Telephone Survey Matching with MCPN Information			
		Matched		Not Matched	
		Number	%	Number	%
Telephone Number	318	275	86.5	43	13.5
Accepting MCP	318	225	70.8	93	29.2
Accepting Listed Program Type	225	148	65.8	77	34.2
Provider a PCP	148	139	93.9	9	6.1
Accepting New Patients	139	104	74.8	35	25.2
Provider's First Name	104	103	99.0	1	1.0
Provider's Last Name	104	104	100.0	0	0.0
Address: Street Number and Name	104	91	87.5	13	12.5
Address: Suite Number	104	90	86.5	14	13.5
Address: City, State, ZIP code	104	92	88.5	12	11.5
County ²	102	100	98.0	2	2.0

¹ As a result of the secret shopper survey design, each data element may have a different denominator.

² Two cases listed as "Out-of-State" were excluded from the calculation of this accuracy rate.

Encounter Data Validation

Delivery Payment Encounters

The SFY 2017 EDV study of delivery payment encounters was conducted to evaluate the extent to which delivery claims submitted by Molina for its Medicaid members were supported by documentation in the members' medical records. The rate of paid claims substantiated by medical record documentation for Molina was 42.1 percent in the current study. ODM has defined the standard payment accuracy as 100 percent for all MCPs.

Table D-11 displays the number and percentage of deliveries confirmed through documentation in the medical record. Missing cases (i.e., medical records not submitted) were included and considered unconfirmed delivery payments.

Table D-11—Deliveries Documented in the Medical Record—Molina

MCP	Total Number of Cases	Documented in Medical Record	
		Number	Percent
Molina	133	56	42.1%

Of the 133 delivery payments for Molina, 56 cases with medical records submitted were validated as delivery events. Therefore, the delivery event rate documented in the medical records submitted was 42.1 percent.

Institutional Encounters

The SFY 2017 EDV study of institutional encounters was conducted to assess whether the encounter data in ODM's MITS 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. Payment error occurs when a payment amount discrepancy was identified among matched encounters.

Table D-12 displays rates for encounter omission, encounter surplus, and payment error by institutional categories for Molina.

Table D-12—Encounter Omission, Surplus, and Payment Error Rates—Molina

Indicator	Institutional ¹		
	Inpatient	Outpatient	Other
Encounter Omission Rate	0.8%	0.5%	0.8%
Encounter Surplus Rate	0.3%	1.6%	9.8%
Payment Error Rate	0.0%	< 0.1%	< 0.1%

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).

Among matched encounters for Molina's MCP institutional encounters, the TPL dollar amounts reported in Molina's submitted files for the study were zero dollar amounts, which was consistently reflected in ODM's encounter data. While both data sources reported the same value (i.e., a zero dollar amount), further investigation is recommended to confirm the accuracy of Molina's TPL data.

The provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table D-13 presents Molina's NPI field matching rates for institutional encounters.

Table D-13—Provider NPI Field Matching Rates—Molina

Indicator	Record-Level Match: % With All Provider Fields Correctly Matched in Both Files	Field-Level Match: % Correctly Matched
Billing Provider NPI	95.6%	96.3%
Attending Provider NPI		98.3%

HSAG conducted an on-site review for sampled discrepant encounters, in conjunction with desk reviews of the sampled cases. Using results from the comparative analysis, HSAG identified 411 discrepant records for Molina for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 411 records as either *mismatch*, *surplus*, or *omission*, depending on the nature of the discrepancies.

- Sampled mismatched records, consisted of claims for which at least one claim line matched between ODM's data and the MCPs' data submitted for the study.
- Sampled records for which all claim lines were found only in ODM's file were classified as surplus.
- Sampled records for which all claim line items were found only in the MCPs' files were classified as an omission.

Table D-14 presents findings from the on-site and desk reviews of the sampled encounters for Molina. Multiple findings may have been identified for a record (e.g., one record may have provider NPI and procedure code values that do not match, which would be considered as two separate findings).

Table D-14—Findings from the On-site and Desk Review of Sampled Encounters—Molina

Findings	Number of Sampled Records with Findings ¹	Percent
Mismatch (N=45)		
Header first and/or last date of service mismatch	29	64.4%
Error in entering a negative dollar amount	18	40.0%
Attending ID mismatch	8	17.8%
Other	6	13.3%
Surplus (N=303)		
Original claim was reversed; MCP did not send the reversed claim	110	36.3%
Original and adjusted claims were submitted and processed as original in ODM's data	101	33.3%
Member with multiple Medicaid IDs	69	22.8%
Claim was adjusted after the cutoff date; MCP did not send a snapshot as of the cutoff date	33	10.9%
Other	15	5.0%
Omission (N=63)		
Member with multiple Medicaid IDs	52	82.5%
Paid date is after the cutoff date in ODM's data	7	11.1%
Date of service is outside of the review period in ODM's data	4	6.3%

¹ Since a sampled encounter record may have more than one finding, the total number of findings may not sum to the total number of sampled encounter records.

Quality Rating of MCPs

The 2017 MCP Report Card demonstrated how Molina compared to other Ohio Medicaid MCPs in key performance areas. The MCP Report Card used stars to display results for Molina, as shown in Table D-15.

Table D-15—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★	Above Ohio Medicaid Average	The MCP's performance was above average compared to all Ohio Medicaid MCPs.
★★	Ohio Medicaid Average	The MCP's performance was average compared to all Ohio Medicaid MCPs.
★	Below Ohio Medicaid Average	The MCP's performance was below average compared to all Ohio Medicaid MCPs.

Table D-16 displays Molina's quality rating results for CY 2015 and CY 2016.

Table D-16—Quality Rating Results by Performance Area for Molina

Performance Area	CY 2015 Star Rating	CY 2016 Star Rating
Getting Care	★★	★★
Doctors' Communication and Service	★★	★★
Keeping Kids Healthy	★★	★★
Living With Illness	★★★	★★★
Women's Health	★★★	★★

Molina's performance remained fairly consistent between CY 2015 and CY 2016. The Women's Health performance area demonstrated a decrease in performance with the star rating decreasing from a three-star rating to a two-star rating, suggesting an opportunity for improvement exists within this performance area. Molina consistently received a three-star rating for the Living With Illness performance area in CY 2015 and CY 2016, demonstrating a strength.

Appendix E. Paramount's Detailed EQR Activity Results

Performance Improvement Projects

Since SFY 2015, Paramount has focused on reducing preterm births and infant mortality by reducing barriers to progesterone use through its participation in the *Progesterone Initiation* PIP. In SFY 2017, Paramount completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions). A baseline rate of 15.0 percent and a SMART Aim goal rate of 30.0 percent were determined using statewide MCP data.

Table E-1—SMART Aim Measure Results

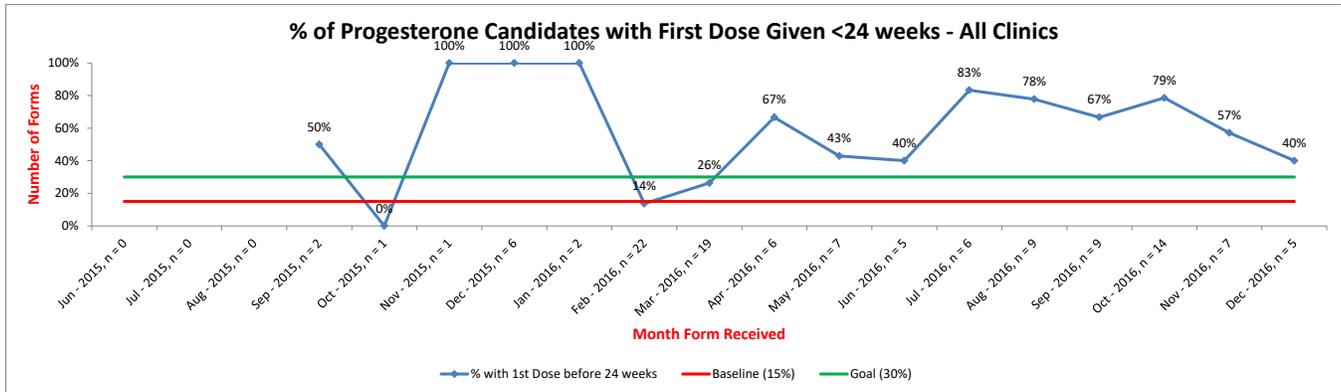
SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level Assigned to PIP
Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks' gestation.	15.0%	30.0 %	100%	<i>High Confidence</i>

HSAG evaluated the appropriateness and validity of the SMART Aim measure, as well as trends in the SMART Aim measurements, in comparison with the reported baseline rate and goal. The data displayed in the final SMART Aim run chart were used to determine whether the SMART Aim goal was achieved.

On the final SMART Aim run chart, Figure E-1, Paramount plotted the baseline and goal rates as 15.0 percent and 30.0 percent, respectively. The highest SMART Aim rate was 100 percent, which was achieved for three of the 16 months reported. Paramount exceeded the SMART Aim goal for 13 of the 16 months plotted where there were eligible members.

Paramount received a *High Confidence* score, indicating the PIP was methodologically sound, achieved the SMART Aim goal, and the demonstrated improvement was clearly linked to the quality improvement processes conducted.

Figure E-1—Paramount's SMART Aim Results



Performance Measures

HEDIS

To evaluate MCP performance, HSAG analyzed Paramount's 2017 IDSS files. HSAG compared prior years' performance (i.e., HEDIS 2016) 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 2016 and HEDIS 2017 measure results are shown in Table E-2. Rates shaded green were the same as or better than the statewide weighted average. Additionally, HEDIS 2017 star ratings are presented in Table E-2 based on comparisons to the national Medicaid percentiles. The percentile approximation for each measure is displayed below the HEDIS 2017 star rating.

Table E-2—Paramount's HEDIS Measure Results

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Healthy Children			
<i>Adolescent Well-Care Visits</i>			
<i>Adolescent Well-Care Visits</i> ^{2,3}	40.1%	43.6%	★★★ 36.2
Appropriate Treatment for Children With Upper Respiratory Infection			
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i> ^{2,3}	90.7%	90.8% ^	★★★★★ 59.3

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Children and Adolescents' Access to Primary Care Practitioners			
12–24 Months ³	90.2%	92.1%	★★ 20.2
25 Months–6 Years ³	83.7%	84.8%	★★ 24.9
7–11 Years ³	85.2%	88.8%	★★★ 30.2
12–19 Years ³	85.0%	88.5%	★★★ 43.3
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
BMI Percentile Documentation—Total	42.8%	58.9%	★★★ 31.5
Well-Child Visits in the First 15 Months of Life			
Six or More Well-Child Visits ³	59.8%	56.0%	★★★ 35.7
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life			
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life ³	64.8%	69.2%	★★★ 41.0
Healthy Adults			
Adults' Access to Preventive/Ambulatory Health Services			
Total ³	74.3%	73.8%	★★ 18.5
Breast Cancer Screening			
Breast Cancer Screening	52.3%	55.3%	★★★ 39.4
Cervical Cancer Screening			
Cervical Cancer Screening	57.1%	55.3%	★★★ 47.2
Women of Reproductive Age			
Frequency of Ongoing Prenatal Care			
≥81 Percent of Expected Visits ³	74.2%	73.7%	★★★★★ 85.0
Prenatal and Postpartum Care			
Timeliness of Prenatal Care ^{2,3}	85.9%	87.6%	★★★★★ 75.2
Postpartum Care ^{2,3}	67.9%	63.7%	★★★★★ 59.1

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Behavioral Health			
Antidepressant Medication Management			
<i>Effective Acute Phase Treatment</i>	50.7%	49.0%	★★★★ 28.9
<i>Effective Continuation Phase Treatment</i>	35.2%	34.1%	★★★★ 30.8
Follow-Up After Hospitalization for Mental Illness			
<i>7-Day Follow-Up^{2,3}</i>	54.0%	54.4%	★★★★★ 73.0
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			
<i>Total⁴</i>	81.1%	80.9%	★★★★★ 94.9
Use of Multiple Concurrent Antipsychotics in Children and Adolescents			
<i>Total¹</i>	—	2.3% [^]	★★★★ 43.8
Chronic Conditions			
Comprehensive Diabetes Care			
<i>HbA1c Control (<8.0%)^{2,3}</i>	46.0%	45.0%	★★★★ 43.4
<i>Blood Pressure Control (<140/90 mm Hg)³</i>	65.2%	67.9%	★★★★★ 73.6
<i>Eye Exam (Retinal) Performed³</i>	55.5%	58.2%	★★★★★ 67.4
Controlling High Blood Pressure			
<i>Controlling High Blood Pressure^{2,3}</i>	60.1%	59.9%	★★★★★ 66.3
Medication Management for People With Asthma			
<i>Medication Compliance 75%—Total⁴</i>	30.7%	36.5%	★★★★★ 71.2
Pharmacotherapy Management of COPD Exacerbation			
<i>Systemic Corticosteroid</i>	76.8%	76.1% [^]	★★★★★ 77.6

¹ A lower rate indicates better performance for this measure.

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

³ Indicates a measure/indicator had an MPS for HEDIS 2016 and HEDIS 2017.

⁴ Indicates a measure/indicator had an MPS for only HEDIS 2017.

—Indicates that HEDIS 2017 was the first required year of measure reporting; therefore, rates are not presented for historical years (i.e., HEDIS 2016).

[^] HEDIS significantly modified the specifications for this measure beginning with HEDIS 2017. As a result, caution should be exercised when comparing the HEDIS 2017 rate to the Quality Compass 2016 benchmarks and when comparing HEDIS 2017 (or later) rates to prior years.

 Indicates the rate was the same as or better than the statewide average for Ohio.

HEDIS 2017 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-3 displays Paramount's population stream index scores for CY 2015 and CY 2016. 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 five-point increase in performance from CY 2015 to CY 2016. A downward red arrow indicates at least a five-point decrease in performance from CY 2015 to CY 2016. A sideways gray arrow indicates no substantial change (i.e., less than a five-point change in either direction) in performance between years.

Table E-3—Paramount's MCP Population Stream Index Score and Ranking

Population Stream	CY 2015	CY 2016	Performance	CY 2016 Ranking
Healthy Children	31.3	38.9	↑	4
Healthy Adults	25.4	35.0	↑	3*
Women of Reproductive Age	71.2	73.1	→	1*
Behavioral Health	63.3	54.3	↓	3*
Chronic Conditions	59.3	69.1	↑	1

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

Healthy Children

For CY 2016, Paramount's average performance on HEDIS measures for the Healthy Children population stream is estimated to be at the 39th national Medicaid NCQA percentile. The average score is based on disparate performance within the Healthy Children population stream, with the *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months*; *Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years*; *Children and Adolescents' Access to Primary Care Practitioners—7–11 Years*; *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total*; *Well Child Visits in the First 15 Months of Life—6 or More Visits*; and *Adolescent Well-Care Visits* rates having estimated ratings at the 20th, 25th, 30th, 32nd, 36th, and 36th percentiles, respectively. However, the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Children and Adolescents' Access to Primary Care Practitioners—12–19 Years*; and *Appropriate Treatment for Children with Upper Respiratory Infection* rates had estimated ratings at the 41st, 43rd, and 59th percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2016 overall results for the Healthy Children population stream increased from CY 2015 to CY 2016 and ranked fourth out of the five Ohio Medicaid MCPs.

Healthy Adults

For CY 2016, Paramount's average performance on HEDIS measures for the Healthy Adults population stream is estimated to be at the 35th national Medicaid NCQA percentile. This average score is based on disparate performance within the Healthy Adults population stream with the *Adults' Access to*

Preventive/Ambulatory Health Services—Total measure rate having an estimated rating at the 18th percentile, but the *Cervical Cancer Screening* rate having an estimated rating at the 47th percentile. In analyzing the measures in aggregate, Paramount's CY 2016 overall results for the Healthy Adults population stream showed an increase from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Women of Reproductive Age

For CY 2016, Paramount's average performance on HEDIS measures for the Women of Reproductive Age population stream is estimated to be at the 73rd national Medicaid NCQA percentile. The average score is based on relatively consistent performance within the Women of Reproductive Age population stream, with the *Prenatal and Postpartum Care—Postpartum Care* rate having an estimated rating at the 59th percentile, and the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* rates having estimated ratings at the 75th and 85th percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2016 overall results for the Women of Reproductive Age population showed no substantial change from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2016, Paramount's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 54th national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*, and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* rates having an estimated rating at the 29th, 31st, and 44th percentiles, respectively. However, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* rates had estimated ratings at the 73rd and 95th percentiles, respectively. In analyzing the measures in aggregate, Paramount's CY 2016 overall results for the Behavioral Health population stream decreased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2016, Paramount's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 69th national Medicaid NCQA percentile. This average score is based on consistent performance within the Chronic Conditions population stream, with the estimated ratings ranging from the 43rd percentile for the *Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)* measure to the 78th percentile for the *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid* measure. In analyzing the measures in aggregate, Paramount's CY 2016 overall results for the Chronic Conditions population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated five measures in CY 2016. Please note, for all non-HEDIS measures, a lower rate indicates better performance.

Table E-4 presents Paramount's *Percent of Live Births Weighing Less than 2,500 grams* (Low Birth Weight) results for CY 2014 and CY 2015.

Table E-4—Low Birth Weight Results for Paramount

Measure	CY 2014 Rate	CY 2015 Rate*	CY 2015 Statewide Rate
<i>Low Birth Weight</i>	9.4%	9.8%	10.1%

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.

* HSAG was only able to compare CY 2014 and CY 2015 rates as CY 2016 rates were not yet available.

Paramount met the MPS for the *Low Birth Weight* measure in CY 2014 and CY 2015. In CY 2015, Paramount's rate was better than the statewide average rate.

Table E-5 presents Paramount's PDI and three PQI measures results for CY 2015 and CY 2016.

Table E-5—PDI/PQI Results Per 100,000 Member Months for Paramount

Measure	CY 2015 Rate	CY 2016 Rate*	CY 2016 Statewide Rate
PDI			
<i>PDI 14—Asthma Admissions</i>	12.2	11.4	10.3
PQI			
<i>PQI 8—Heart Failure Admissions</i>	12.9	14.5	19.0
<i>PQI 13—Angina Without Procedure Admissions</i>	1.6	3.8	3.2
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes**</i>	0.5	1.7	1.9

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.

*Caution should be exercised when comparing CY 2015 and CY 2016 PDI/PQI rates due to methodology changes, including the introduction of ICD-10 codes at the end of CY 2015.

** Only PQI 16 had an MPS assigned by ODM for CY 2016.

Paramount's performance was better than the statewide average for two measures, *PQI 8—Heart Failure Admissions* and *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes*. The MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* was also met for CY 2016.

CAHPS

ODM requires Paramount to annually administer a CAHPS survey. 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-6 and Table E-7 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. In addition, mean scores in 2016 were compared to the mean scores in 2015 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.

Table E-6—Summary of Adult Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
Global Ratings				
Rating of Health Plan	★★ 2.38	★★★ 2.48	—	Quality
Rating of All Health Care	★★★★ 2.39	★★★ 2.39	—	Quality
Rating of Personal Doctor	★★ 2.47	★★★★ 2.54	—	Quality
Rating of Specialist Seen Most Often	★★★★ 2.58	★ 2.42	▼	Quality
Composite Measures				
Getting Needed Care	★★★ 2.39	★★★ 2.41	—	Access
Getting Care Quickly	★★★★ 2.46	★★★ 2.43	—	Timeliness
How Well Doctors Communicate	★★★★ 2.60	★★★★★ 2.67	—	Quality
Customer Service	★★★★★ 2.62	★★★★★ 2.71	—	Quality
Individual Item Measure				
Coordination of Care	NA	★★★★ 2.47	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ indicates the 2016 mean exceeded the 2015 mean by a statistically significant amount ▼ indicates the 2016 mean was lower than the 2015 mean by a statistically significant amount — indicates that the difference between the 2016 mean and 2015 mean was not statistically significant NA indicates NCQA HEDIS Benchmarks and Thresholds are not available for the measure				

- While none of the changes were statistically significant, Paramount's performance improved for *Rating of Health Plan*, *Rating of Personal Doctor*, *How Well Doctors Communicate*, and *Customer Service* from 2015 to 2016.
- Paramount's decline in performance from 2015 to 2016 for *Rating of Specialist Seen Most Often* was statistically significant.
- For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 75th percentile but below the 90th percentile.

Table E-7—Summary of Child Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
Global Ratings				
Rating of Health Plan	★★★ 2.60	★★★ 2.59	—	Quality
Rating of All Health Care	★★★★★ 2.59	★★★★★ 2.57	—	Quality
Rating of Personal Doctor	★★★ 2.64	★★★★★ 2.68	—	Quality
Rating of Specialist Seen Most Often	★+ 2.47	★+ 2.52	—	Quality
Composite Measures				
Getting Needed Care	★★★★★ 2.58	★★★ 2.47	—	Access
Getting Care Quickly	★★★★★ 2.68	★★★★★ 2.69	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.72	★★★★★ 2.73	—	Quality
Customer Service	★★★★★+ 2.67	★★★★★+ 2.61	—	Quality
Individual Item Measure				
Coordination of Care	NA	★★★★★ 2.49	—	Quality

Star Assignments Based on Percentiles

★★★★★ 90th or above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

▲ indicates that the 2016 mean exceeded the 2015 mean by a statistically significant amount

▼ indicates that the 2016 mean was lower than the 2015 mean by a statistically significant amount

— indicates that the difference between the 2016 mean and 2015 mean was not statistically significant

NA indicates NCQA HEDIS Benchmarks and Thresholds are not available for the measure

+ indicates fewer than 100 responses

- Paramount's performance improved for *Rating of Personal Doctor* and declined for *Getting Needed Care* and *Customer Service* from 2015 to 2016; however, none of these changes were statistically significant.

- Paramount's performance remained stable for *Rating of Health Plan* and *How Well Doctors Communicate* from 2015 to 2016.
- For *Rating of Specialist Seen Most Often*, Paramount demonstrated consistent low performance, as the mean was below the 25th percentile in both 2015 and 2016.
- For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 75th percentile but below the 90th percentile.

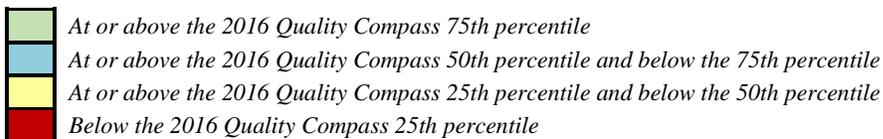
Pay-for-Performance

For SFY 2017, 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 seven 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-8, Paramount's SFY 2017 P4P measure rates and comparisons to the national Medicaid percentiles are shown.

Table E-8—Paramount's Pay for Performance Measure Results

Performance Measures	Paramount	2016 NCQA Quality Compass 50th Percentile
Healthy Children		
<i>Adolescent Well-Care Visits</i>	43.6%	48.4%
<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>	90.8%	89.4%
Women of Reproductive Age		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	87.6%	82.3%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	63.7%	61.0%
Behavioral Health		
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	54.4%	44.1%
Chronic Conditions		
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	45.0%	46.8%
<i>Controlling High Blood Pressure</i>	59.9%	54.8%



Paramount's rates for five of the P4P measures exceeded the national Medicaid 50th percentile.

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 corrective action plan for each requirement that was not met.

Table E-9 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-9—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%

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. In CY 2016, Paramount was assessed \$48,000 in fines for failure to meet all Medicaid provider panel requirements in the regions for which Paramount holds provider agreements.

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 secret shopper telephone surveys of providers' offices in the Northeast region of the State during SFY 2017. Table E-10 demonstrates specific data elements and their accuracy rates when compared against Paramount's provider data in the MCPN.

Table E-10—MCP-Level Data Element Accuracy Rate for Paramount—Northeast Region

Data Element	Denominator ¹	Response From Telephone Survey Matching with MCPN Information			
		Matched		Not Matched	
		Number	%	Number	%
Telephone Number	334	278	83.2	56	16.8
Accepting MCP	334	228	68.3	106	31.7
Accepting Listed Program Type	228	223	97.8	5	2.2
Provider a PCP	223	201	90.1	22	9.9
Accepting New Patients	201	166	82.6	35	17.4
Provider's First Name	164	164	100.0	0	0.0
Provider's Last Name	164	164	100.0	0	0.0
Address: Street Number and Name	164	138	84.1	26	15.9
Address: Suite Number	164	135	82.3	29	17.7
Address: City, State, ZIP code	164	141	86.0	23	14.0
County ²	164	155	94.5	9	5.5

¹ As a result of the secret shopper survey design, each data element may have a different denominator.

² No cases listed as "Out-of-State" were excluded from the calculation of this accuracy rate.

Encounter Data Validation

Delivery Payment Encounters

The SFY 2017 EDV study of delivery payment encounters was conducted to evaluate the extent to which delivery claims submitted by Paramount for its Medicaid members were supported by documentation in the members' medical records. The rate of paid claims substantiated by medical record documentation for Paramount was 35.0 percent in the current study. ODM has defined the standard payment accuracy as 100 percent for all MCPs.

Table E-11 displays the number and percentage of deliveries confirmed through documentation in the medical record. Missing cases (i.e., medical records not submitted) were included and considered unconfirmed delivery payments.

Table E-11—Deliveries Documented in the Medical Record—Paramount

MCP	Total Number of Cases	Documented in Medical Record	
		Number	Percent
Paramount	123	43	35.0%

Of the 123 delivery payments for Paramount, 43 cases with medical records submitted were validated as delivery events. Therefore, the delivery event rate documented in the medical records submitted was 35.0 percent.

Institutional Encounters

The SFY 2017 EDV study of institutional encounters was conducted to assess whether the encounter data in ODM's MITS 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. Payment error occurs when a payment amount discrepancy was identified among matched encounters.

Table E-12 displays rates for encounter omission, encounter surplus, and payment error by institutional categories for Paramount.

Table E-12—Encounter Omission, Surplus, and Payment Error Rates—Paramount

Indicator	Institutional ¹		
	Inpatient	Outpatient	Other
Encounter Omission Rate	1.6%	1.1%	2.5%
Encounter Surplus Rate	3.0%	2.7%	16.7%
Payment Error Rate	0.2%	0.1%	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 Paramount's population of TPL claims payment data compared to the TPL payment data in the ODM claims processing system. Table E-13 displays Paramount's TPL rates related to encounter omission, encounter surplus, and payment error for institutional encounters.

Table E-13—Record Level TPL Match Rates—Paramount

Indicator	Percent
Encounter Omission Rate	100%
Encounter Surplus Rate	NA
Payment Error Rate	NA

Among matched encounters for Paramount's institutional encounters, the TPL dollar amounts reported in Paramount's submitted files for the study, were non-zero dollar amounts while zero dollar amounts were reported in ODM's encounter file (i.e., encounter omission). Since dollar amounts reported in ODM's encounter files were all zero dollar amounts, there were no surplus rates to report. Consequently, Paramount had no records to report TPL payment error among the institutional encounters. This was due to ODM's encounter data reporting all zero dollar TPL values whereas non-zero dollar amounts were presented in Paramount's submitted files for the study.

The provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table E-14 presents Paramount's field matching rates for institutional encounters.

Table E-14—Provider NPI Field Matching Rates—Paramount

Indicator	Record-Level Match: % With All Provider Fields Correctly Matched in Both Files	Field-Level Match: % Correctly Matched
Billing Provider NPI	1.0%	98.3%
Attending Provider NPI		2.0%

HSAG conducted an on-site review for sampled discrepant encounters, in conjunction with desk reviews of the sampled cases. Using results from the 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*, *surplus*, or *omission*, depending on the nature of the discrepancies.

- Sampled mismatched records, consisted of claims for which at least one claim line matched between ODM's data and the MCPs' data submitted for the study.
- Sampled records for which all claim lines were found only in ODM's file were classified as surplus.
- Sampled records for which all claim line items were found only in the MCPs' files were classified as an omission.

Table E-15 presents findings from the on-site and desk reviews of the sampled encounters for Paramount. Multiple findings may have been identified for a record (e.g., one record may have provider NPI and procedure code values that do not match, which would be considered as two separate findings).

Table E-15—Findings from the On-site and Desk Review of Sampled Encounters—Paramount

Findings	Number of Sampled Records with Findings ¹	Percent
Mismatch (N=58)		
Header first and/or last date of service mismatch	19	32.8%
Sequencing limitation, i.e., lines out of sequence, but all values listed in MCP's data matched ODM's data	15	25.9%
Non-zero paid dollar amount in ODM's file and zero paid dollar amount in Paramount's submitted file or vice versa	14	24.1%
Billing Medicaid ID mismatch	12	20.7%
Other	11	19.0%
Bundled paid claims where units were paid differently	11	19.0%
Payment value mismatch	11	19.0%
Surplus (N=286)		
Previous claim version was not submitted by MCP due to final version being voided or adjusted after the cutoff date	183	64.0%
Member with multiple Medicaid IDs	70	24.5%
Partially paid claims and resubmissions resent as voided after the cutoff date	16	5.6%
Other	17	5.9%
Omission (N=67)		
Attending NPI not present in MCP's data but present in ODM's data	66	98.5%

Findings	Number of Sampled Records with Findings ¹	Percent
Member with multiple Medicaid IDs	58	86.6%
Member Medicaid ID mismatch (e.g., child in foster care or Medicaid ID in ODM's data missing a leading zero)	7	10.4%

¹ Since a sampled encounter record may have more than one finding, the total number of findings may not sum to the total number of sampled encounter records.

Quality Rating of MCPs

The 2017 MCP Report Card demonstrated how Paramount compared to other Ohio Medicaid MCPs in key performance areas. The MCP Report Card used stars to display results for Paramount, as shown in Table E-16.

Table E-16—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★	Above Ohio Medicaid Average	The MCP's performance was above average compared to all Ohio Medicaid MCPs.
★★	Ohio Medicaid Average	The MCP's performance was average compared to all Ohio Medicaid MCPs.
★	Below Ohio Medicaid Average	The MCP's performance was below average compared to all Ohio Medicaid MCPs.

Table E-17 displays Paramount's quality rating results for CY 2015 and CY 2016.

Table E-17—Quality Rating Results by Performance Area for Paramount

Performance Area	CY 2015 Star Rating	CY 2016 Star Rating
Getting Care	★★	★
Doctors' Communication and Service	★★	★
Keeping Kids Healthy	★★	★★
Living With Illness	★★	★★
Women's Health	★★	★★

Paramount's performance on the quality rating system remained fairly consistent between CY 2015 and CY 2016. However, the ratings for two performance areas, Getting Care and Doctors' Communication and Service, decreased from a two-star rating in CY 2015 to a one-star rating in CY 2016, demonstrating an opportunity for improvement.

Appendix F. UnitedHealthcare’s Detailed EQR Activity Results

Performance Improvement Projects

Since SFY 2015, UnitedHealthcare has focused on reducing preterm births and infant mortality by reducing barriers to progesterone use through its participation in the *Progesterone Initiation* PIP. In SFY 2017, UnitedHealthcare completed a second Module 4 (Intervention Testing) as well as Module 5 (PIP Conclusions). A baseline rate of 15.0 percent and a SMART Aim goal rate of 30.0 percent were determined using statewide MCP data.

Table F-1—SMART Aim Measure Results

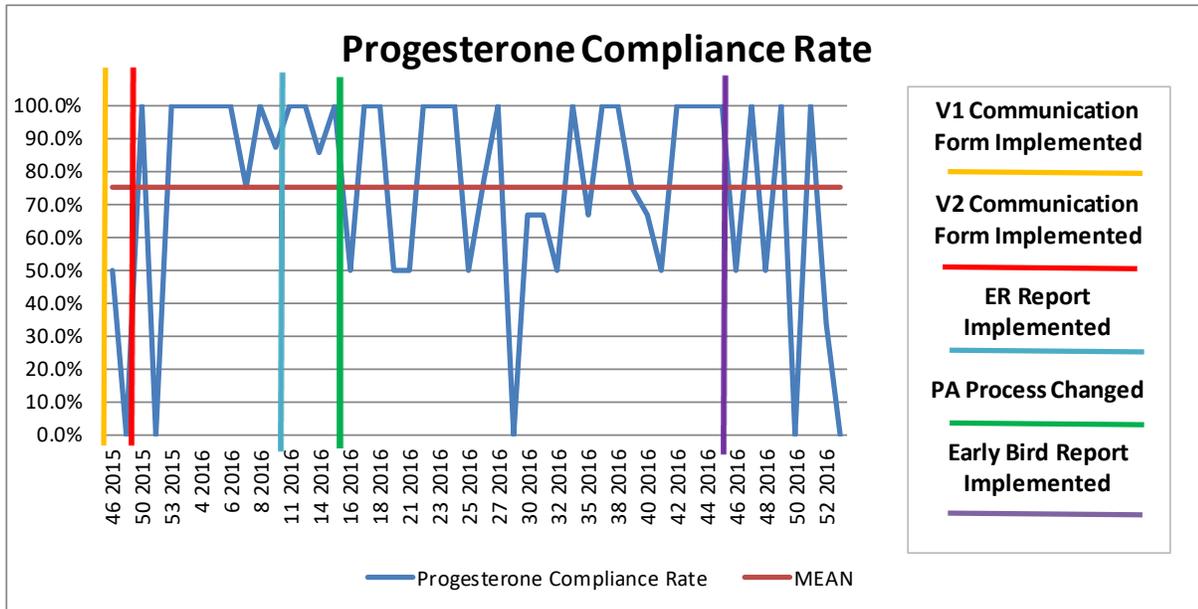
SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level Assigned to PIP
Percentage of progesterone eligible candidates who received initial dose of progesterone treatment between 16–24 weeks’ gestation.	15.0%	30.0 %	100%	<i>High Confidence</i>

HSAG evaluated the appropriateness and validity of the SMART Aim measure, as well as trends in the SMART Aim measurements, in comparison with the reported baseline rate and goal. The data displayed in the final SMART Aim run chart were used to determine whether the SMART Aim goal was achieved.

On the final SMART Aim run chart, Figure F-1, illustrated a degree of variability with all but five data points exceeding the goal of 30.0 percent, and an overall percentage of approximately 75.0 percent for progesterone compliance.

UnitedHealthcare received a *High Confidence* score, indicating the PIP was methodologically sound, achieved the SMART Aim goal, and the demonstrated improvement was clearly linked to the quality improvement processes conducted.

Figure F-1—UnitedHealthcare's SMART Aim Results



Performance Measures

HEDIS

To evaluate MCP performance, HSAG analyzed UnitedHealthcare's 2017 IDSS files. HSAG compared prior years' performance (i.e., HEDIS 2016) 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 2016 and HEDIS 2017 measure results are shown in Table F-2. Rates shaded green were the same as or better than the statewide weighted average. Additionally, HEDIS 2017 star ratings are presented in Table F-2 based on comparisons to the national Medicaid percentiles. The percentile approximation for each measure is displayed below the HEDIS 2017 star rating.

Table F-2—UnitedHealthcare's HEDIS Measure Results

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Healthy Children			
<i>Adolescent Well-Care Visits</i>			
<i>Adolescent Well-Care Visits^{2,3}</i>	38.0%	52.6%	★★★★★ 59.9
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>			
<i>Appropriate Treatment for Children With Upper Respiratory Infection^{2,3}</i>	88.5%	88.6% [^]	★★★ 45.0
<i>Children and Adolescents' Access to Primary Care Practitioners</i>			
<i>12–24 Months³</i>	89.9%	91.2%	★★ 16.0
<i>25 Months–6 Years³</i>	85.3%	87.0%	★★★★ 44.1
<i>7–11 Years³</i>	87.4%	89.9%	★★★★ 39.0
<i>12–19 Years³</i>	86.5%	90.2%	★★★★★ 58.0
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>			
<i>BMI Percentile Documentation—Total</i>	46.7%	55.5%	★★★ 26.5
<i>Well-Child Visits in the First 15 Months of Life</i>			
<i>Six or More Well-Child Visits³</i>	57.0%	56.0%	★★★★ 35.7
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life³</i>	64.6%	73.6%	★★★★★ 60.1
Healthy Adults			
<i>Adults' Access to Preventive/Ambulatory Health Services</i>			
<i>Total³</i>	80.2%	78.8%	★★★ 30.4
<i>Breast Cancer Screening</i>			
<i>Breast Cancer Screening</i>	48.0%	53.4%	★★★ 31.5
<i>Cervical Cancer Screening</i>			
<i>Cervical Cancer Screening</i>	49.1%	53.0%	★★★ 37.3

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Women of Reproductive Age			
Frequency of Ongoing Prenatal Care			
<i>≥81 Percent of Expected Visits³</i>	67.5%	69.3%	★★★★★ 74.5
Prenatal and Postpartum Care			
<i>Timeliness of Prenatal Care^{2,3}</i>	82.9%	83.5%	★★★★★ 56.3
<i>Postpartum Care^{2,3}</i>	56.0%	61.2%	★★★★★ 50.7
Behavioral Health			
Antidepressant Medication Management			
<i>Effective Acute Phase Treatment</i>	51.7%	51.9%	★★★ 43.2
<i>Effective Continuation Phase Treatment</i>	36.9%	37.1%	★★★ 45.3
Follow-Up After Hospitalization for Mental Illness			
<i>7-Day Follow-Up^{2,3}</i>	54.0%	63.8%	★★★★★ 89.3
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			
<i>Total⁴</i>	68.6%	71.2%	★★★★★ 81.8
Use of Multiple Concurrent Antipsychotics in Children and Adolescents			
<i>Total¹</i>	—	2.0% [^]	★★★ 49.8
Chronic Conditions			
Comprehensive Diabetes Care			
<i>HbA1c Control (<8.0%)^{2,3}</i>	32.8%	29.7%	★ 8.4
<i>Blood Pressure Control (<140/90 mm Hg)³</i>	52.6%	54.5%	★★★ 31.9
<i>Eye Exam (Retinal) Performed³</i>	55.7%	54.7%	★★★★★ 55.2
Controlling High Blood Pressure			
<i>Controlling High Blood Pressure^{2,3}</i>	46.5%	45.7%	★★ 22.6
Medication Management for People With Asthma			
<i>Medication Compliance 75%—Total⁴</i>	35.5%	36.8%	★★★★★ 72.3

Performance Measures	HEDIS 2016 (CY2015) Rate	HEDIS 2017 (CY2016) Rate	HEDIS 2017 (CY2016) Star Rating and Percentile Approximation
Pharmacotherapy Management of COPD Exacerbation			
Systemic Corticosteroid	75.3%	66.3% [^]	★★★ 36.7

¹ A lower rate indicates better performance for this measure.

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

³ Indicates a measure/indicator had an MPS for HEDIS 2016 and HEDIS 2017.

⁴ Indicates a measure/indicator had an MPS for only HEDIS 2017.

—Indicates that HEDIS 2017 was the first required year of measure reporting; therefore, rates are not presented for historical years (i.e., HEDIS 2016).

[^] HEDIS significantly modified the specifications for this measure beginning with HEDIS 2017. As a result, caution should be exercised when comparing the HEDIS 2017 rate to the Quality Compass 2016 benchmarks and when comparing HEDIS 2017 (or later) rates to prior years.

 Indicates the rate was the same as or better than the statewide average for Ohio.

HEDIS 2017 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-3 displays UnitedHealthcare's population stream index scores for CY 2015 and CY 2016. 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 five-point increase in performance from CY 2015 to CY 2016. A downward red arrow indicates at least a five-point decrease in performance from CY 2015 to CY 2016. A sideways gray arrow indicates no substantial change (i.e., less than a five-point change in either direction) in performance between years.

Table F-3—UnitedHealthcare's MCP Population Stream Index Score and Ranking

Population Stream	CY 2015	CY 2016	Performance	CY 2016 Ranking
Healthy Children	27.8	44.4	↑	1*
Healthy Adults	19.9	33.1	↑	3*
Women of Reproductive Age	45.7	60.5	↑	3*
Behavioral Health	58.3	61.9	→	1*
Chronic Conditions	41.7	40.9	→	5

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

Healthy Children

For CY 2016, UnitedHealthcare's average performance on HEDIS measures for the Healthy Children population stream is estimated to be at the 44th national Medicaid NCQA percentile. The average score is based on disparate performance within the Healthy Children population stream, with the *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months*; *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Total*; *Well Child Visits in the First 15 Months of Life—6 or More Visits*; and *Children and Adolescents' Access to Primary Care Practitioners—7–11 Years* rates having estimated ratings at the 16th, 26th, 36th, and 39th percentiles, respectively. However, the *Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years*, *Appropriate Treatment for Children with Upper Respiratory Infection*, *Children and Adolescents' Access to Primary Care Practitioners—12–19 Years*, *Adolescent Well-Care Visits*, and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure rates had estimated ratings at the 44th, 45th, 58th, 60th, and 60th percentiles, respectively. In analyzing the measures in aggregate, UnitedHealthcare's CY 2016 overall results for the Healthy Children population stream increased from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Healthy Adults

For CY 2016, UnitedHealthcare's average performance on HEDIS measures for the Healthy Adults population stream is estimated to be at the 33rd national Medicaid NCQA percentile. This average score is based on consistently low performance within the Healthy Adults population stream, with all measure rates ranking between the 30th and the 37th percentiles. In analyzing the measures in aggregate, UnitedHealthcare's CY 2016 overall results for the Healthy Adults population stream increased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Women of Reproductive Age

For CY 2016, UnitedHealthcare's average performance on HEDIS measures for the Women of Reproductive Age population stream is estimated to be at the 61st national Medicaid NCQA percentile. The average score is based on disparate performance within the Women of Reproductive Age population stream, with the *Prenatal and Postpartum Care—Postpartum Care* and *Timeliness of Prenatal Care* rates having estimated ratings at the 51st and 56th percentiles, respectively, but the *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits* rate having an estimated rating at the 75th percentile. In analyzing the measures in aggregate, UnitedHealthcare's CY 2016 overall results for the Women of Reproductive Age population increased from CY 2015 to CY 2016 and ranked third out of the five Ohio Medicaid MCPs.

Behavioral Health

For CY 2016, UnitedHealthcare's average performance on HEDIS measures for the Behavioral Health population stream is estimated to be at the 62nd national Medicaid NCQA percentile. This average score is based on disparate performance within the Behavioral Health population stream, with the *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*, and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total*

rates estimated to be at the 43rd, 45th, and 50th percentiles, respectively, but the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* and *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* rates were estimated to be at the 82nd and 89th percentiles, respectively. In analyzing the measures in aggregate, UnitedHealthcare's CY 2016 overall results for the Behavioral Health population stream showed no substantial change from CY 2015 to CY 2016 and ranked first out of the five Ohio Medicaid MCPs.

Chronic Conditions

For CY 2016, UnitedHealthcare's average performance on HEDIS measures for the Chronic Conditions population stream is estimated to be at the 41st national Medicaid NCQA percentile. This average score is based on disparate performance within the Chronic Conditions population stream, with the *Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)*, *Controlling High Blood Pressure*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, and *Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid* rates having estimated ratings at the 8th, 23rd, 32nd, and 37th percentiles, respectively. On the other hand, the *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* and *Medication Management for People With Asthma—Medication Compliance 75%, Total* rates had estimated ratings at the 55th and 72nd percentiles, respectively. In analyzing the measures in aggregate, UnitedHealthcare's CY 2016 overall results for the Chronic Conditions population stream showed no substantial change from CY 2015 to CY 2016 and ranked fifth out of the five Ohio Medicaid MCPs.

Non-HEDIS

For the non-HEDIS performance measures, HSAG calculated and evaluated five measures in CY 2016. Please note, for all non-HEDIS measures, a lower rate indicates better performance.

Table F-4 presents UnitedHealthcare's *Percent of Live Births Weighing Less than 2,500 grams (Low Birth Weight)* results for CY 2014 and CY 2015.

Table F-4—Low Birth Weight Results for UnitedHealthcare

Measure	CY 2014 Rate	CY 2015 Rate*	CY 2015 Statewide Rate
<i>Low Birth Weight</i>	9.1%	10.4%	10.1%

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.

* HSAG was only able to compare CY 2014 and CY 2015 rates as CY 2016 rates were not yet available.

UnitedHealthcare met the MPS for the *Low Birth Weight* measure in CY 2014 but not in CY 2015. In CY 2015, UnitedHealthcare's rate was worse than the statewide average rate.

Table F-5 presents UnitedHealthcare's PDI and three PQI measures results for CY 2015 and CY 2016.

Table F-5—PDI/PQI Results Per 100,000 Member Months for UnitedHealthcare

Measure	CY 2015 Rate	CY 2016 Rate*	CY 2016 Statewide Rate
PDI			
<i>PDI 14—Asthma Admissions</i>	5.5	5.8	10.3
PQI			
<i>PQI 8—Heart Failure Admissions</i>	17.8	16.6	19.0
<i>PQI 13—Angina Without Procedure Admissions</i>	1.1	2.0	3.2
<i>PQI 16—Lower-Extremity Amputation Among Patients With Diabetes**</i>	1.1	1.5	1.9

 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.

*Caution should be exercised when comparing CY 2015 and CY 2016 PDI/PQI rates due to methodology changes, including the introduction of ICD-10 codes at the end of CY 2015.

** Only PQI 16 had an MPS assigned by ODM for CY 2016.

UnitedHealthcare's performance in all PDI/PQI measures, was better than the statewide average in CY 2016. The MPS for *PQI 16—Lower-Extremity Amputation Among Patients With Diabetes* was also met for CY 2016.

CAHPS

ODM requires UnitedHealthcare to annually administer a CAHPS survey. 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-6 and Table F-7 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. In addition, 2016 mean scores were compared to 2015 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.

Table F-6—Summary of Adult Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
Global Ratings				
Rating of Health Plan	★★ 2.42	★★★ 2.44	—	Quality
Rating of All Health Care	★★★ 2.35	★★★★★ 2.46	—	Quality
Rating of Personal Doctor	★★★★★ 2.53	★★★★★ 2.58	—	Quality
Rating of Specialist Seen Most Often	★★ 2.49	★★★★★ 2.64	▲	Quality
Composite Measures				
Getting Needed Care	★★★ 2.39	★★★★★ 2.44	—	Access
Getting Care Quickly	★★ 2.41	★★★★★ 2.47	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.67	★★★★★ 2.69	—	Quality
Customer Service	★★★★★ 2.60	★★★★★ 2.61	—	Quality
Individual Item Measure				
Coordination of Care	NA	★★★★★ 2.43	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ indicates that the 2016 mean exceeded the 2015 mean by a statistically significant amount ▼ indicates that the 2016 mean was lower than the 2015 mean by a statistically significant amount — indicates that the difference between the 2016 mean and 2015 mean was not statistically significant NA indicates NCQA HEDIS Benchmarks and Thresholds are not available for the measure				

- UnitedHealthcare’s performance improved for every global rating and composite measure from 2015 to 2016. One measure’s 2016 mean exceeded the 2015 mean by a statistically significant amount, *Rating of Specialist Seen Most Often*.
- For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 75th percentile but below the 90th percentile.

Table F-7—Summary of Child Medicaid National Comparisons and Trend Analysis

Measure	National Comparisons		Trend Analysis	Performance Domain
	2015	2016		
Global Ratings				
Rating of Health Plan	★★ 2.54	★★★★★ 2.65	▲	Quality
Rating of All Health Care	★★★ 2.56	★★★★★ 2.64	—	Quality
Rating of Personal Doctor	★★★★★ 2.70	★★★★★ 2.74	—	Quality
Rating of Specialist Seen Most Often	★★★★★ 2.66	★★★★★+ 2.69	—	Quality
Composite Measures				
Getting Needed Care	★★★★★ 2.58	★★★★★ 2.59	—	Access
Getting Care Quickly	★★★★★ 2.72	★★★★★ 2.70	—	Timeliness
How Well Doctors Communicate	★★★★★ 2.79	★★★★★ 2.81	—	Quality
Customer Service	★★★★★ 2.63	★★★★+ 2.59	—	Quality
Individual Item Measure				
Coordination of Care	NA	★★★ 2.45	—	Quality
Star Assignments Based on Percentiles ★★★★★ 90th or above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ indicates that the 2016 mean exceeded the 2015 mean by a statistically significant amount ▼ indicates that the 2016 mean was lower than the 2015 mean by a statistically significant amount — indicates that the difference between the 2016 mean and 2015 mean was not statistically significant NA indicates NCQA HEDIS Benchmarks and Thresholds are not available for the measure + indicates fewer than 100 responses				

- UnitedHealthcare’s performance improved for every global rating and composite measure except for *Getting Care Quickly* and *Customer Service*, which declined from 2015 to 2016. One measure’s 2016 mean exceeded the 2015 mean by a statistically significant amount, *Rating of Health Plan*.
- For the *Coordination of Care* individual item measure, for which trending is not available, the mean fell at or above the 50th percentile but below the 75th percentile.

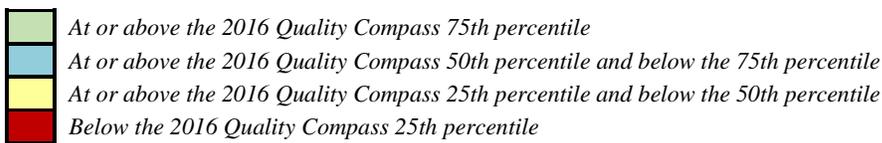
Pay-for-Performance

For SFY 2017, 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 seven 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-8, UnitedHealthcare's SFY 2017 P4P measure rates and comparisons to the national Medicaid percentiles are shown.

Table F-8—UnitedHealthcare's Pay for Performance Measure Results

Performance Measures	UnitedHealthcare	2016 NCQA Quality Compass 50th Percentile
Healthy Children		
<i>Adolescent Well-Care Visits</i>	52.6%	48.4%
<i>Appropriate Treatment for Children with Upper Respiratory Infection</i>	88.6%	89.4%
Women of Reproductive Age		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	83.5%	82.3%
<i>Prenatal and Postpartum Care—Postpartum Care</i>	61.2%	61.0%
Behavioral Health		
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</i>	63.8%	44.1%
Chronic Conditions		
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	29.7%	46.8%
<i>Controlling High Blood Pressure</i>	45.7%	54.8%



UnitedHealthcare's rates for four of the P4P measures exceeded the national Medicaid 50th percentile.

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 corrective action plan for each requirement that was not met.

Table F-9 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-9—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%

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. In CY 2016, UnitedHealthcare was assessed \$10,000 in fines for failure to meet all Medicaid provider panel requirements in the regions for which UnitedHealthcare holds provider agreements.

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 secret shopper telephone surveys of providers' offices in the Northeast region of the State during SFY 2017. Table F-10 demonstrates specific data elements and their accuracy rates when compared against UnitedHealthcare's provider data in the MCPN.

Table F-10—MCP-Level Data Element Accuracy Rate for UnitedHealthcare—Northeast Region

Data Element	Denominator ¹	Response From Telephone Survey Matching with MCPN Information			
		Matched		Not Matched	
		Number	%	Number	%
Telephone Number	227	173	76.2	54	23.8
Accepting MCP	227	139	61.2	88	38.8
Accepting Listed Program Type	139	114	82.0	25	18.0
Provider a PCP	114	110	96.5	4	3.5
Accepting New Patients	110	92	83.6	18	16.4
Provider's First Name	91	91	100.0	0	0.0
Provider's Last Name	91	90	98.9	1	1.1
Address: Street Number and Name	91	66	72.5	25	27.5
Address: Suite Number	91	79	86.8	12	13.2
Address: City, State, ZIP code	91	74	81.3	17	18.7
County ²	88	84	95.5	4	4.5

¹ As a result of the secret shopper survey design, each data element may have a different denominator.

² Three cases listed as "Out-of-State" were excluded from the calculation of this accuracy rate.

Encounter Data Validation

Delivery Payment Encounters

The SFY 2017 EDV study of delivery payment encounters was conducted to evaluate the extent to which delivery claims submitted by UnitedHealthcare for its Medicaid members were supported by documentation in the members' medical records. The rate of paid claims substantiated by medical record documentation for UnitedHealthcare was 22.6 percent in the current study. ODM has defined the standard payment accuracy as 100 percent for all MCPs.

Table F-11 displays the number and percentage of deliveries confirmed through documentation in the medical record. Missing cases (i.e., medical records not submitted) were included and considered unconfirmed delivery payments.

Table F-11—Deliveries Documented in the Medical Record—UnitedHealthcare

MCP	Total Number of Cases	Documented in Medical Record	
		Number	Percent
UnitedHealthcare	177	40	22.6%

Of the 177 delivery payments for UnitedHealthcare, 40 cases with medical records submitted were validated as delivery events. Therefore, the delivery event rate documented in the medical records submitted was 22.6 percent.

Institutional Encounters

The SFY 2017 EDV study of institutional encounters was conducted to assess whether the encounter data in ODM's MITS 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. Payment error occurs when a payment amount discrepancy was identified among matched encounters.

Table F-12 displays rates for encounter omission, encounter surplus, and payment error by institutional categories for UnitedHealthcare.

Table F-12—Encounter Omission, Surplus, and Payment Error Rates—UnitedHealthcare

Indicator	Institutional ¹		
	Inpatient	Outpatient	Other
Encounter Omission Rate	1.1%	0.8%	0.0%
Encounter Surplus Rate	6.3%	4.4%	29.0%
Payment Error Rate	0.3%	0.0%	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 UnitedHealthcare's population of TPL claims payment data compared to the TPL payment data in the ODM claims processing system. Table F-13 displays UnitedHealthcare's TPL rates related to encounter omission, encounter surplus, and payment error for institutional encounters.

Table F-13—Record Level TPL Match Rates—UnitedHealthcare

Indicator	Percent
Encounter Omission Rate	100%
Encounter Surplus Rate	NA
Payment Error Rate	NA

Among matched encounters for UnitedHealthcare's institutional encounters, the TPL dollar amounts reported in UnitedHealthcare's submitted files for the study were non-zero dollar amounts while zero dollar amounts were reported in ODM's encounter file (i.e., encounter omission). Since dollar amounts reported in ODM's encounter files were all zero dollar amounts, there were no surplus rates to report. Consequently, UnitedHealthcare had no TPL payment error records to report among the institutional encounters. This was due to ODM's encounter data reporting all zero dollar TPL values, whereas non-zero dollar amounts were presented in UnitedHealthcare's submitted files for the study.

The provider field review evaluated the completeness and accuracy of provider-related information submitted in the encounters to ODM. Table F-14 presents UnitedHealthcare's NPI field matching rates for institutional encounters.

Table F-14—Provider NPI Field Matching Rates—UnitedHealthcare

Indicator	Record-Level Match: % With All Provider Fields Correctly Matched in Both Files	Field-Level Match: % Correctly Matched
	Billing Provider NPI	96.8%
Attending Provider NPI	97.8%	

HSAG conducted an on-site review for sampled discrepant encounters, in conjunction with desk reviews of the sampled cases. Using results from the comparative analysis, HSAG identified 411 discrepant records for UnitedHealthcare for inclusion in the on-site/desk reviews. Prior to reviewing these records, HSAG classified the 411 records as either *mismatch*, *surplus*, or *omission*, depending on the nature of the discrepancies.

- Sampled mismatched records consisted of claims for which at least one claim line matched between ODM's data and the MCPs' data submitted for the study.
- Sampled records for which all claim lines were found only in ODM's file were classified as surplus.
- Sampled records for which all claim line items were found only in the MCPs' files were classified as an omission.

Table F-15 presents findings from the on-site and desk reviews of the sampled encounters for UnitedHealthcare. Multiple findings may have been identified for a record (e.g., one record may have provider NPI and procedure code values that do not match, which would be considered as two separate findings).

Table F-15—Findings from the On-site and Desk Review of Sampled Encounters—UnitedHealthcare

Findings	Number of Sampled Records with Findings ¹	Percent
Mismatch (N=33)		
Attending ID mismatch	32	97.0%
Header paid amount mismatch	21	63.6%
TPL mismatch	21	63.6%
Attending NPI mismatch	15	45.5%
Billing ID mismatch	10	30.3%
Sequencing limitation, i.e., lines out of sequence, but all values listed in MCP's data matched ODM's data	10	30.3%
Header first and/or last date of service mismatch	5	15.2%
Surplus (N=345)		
Original/adjusted claim was reversed and MCP did not send the reversed claim.	310	89.9%
Claim found within the documentation for review, but not found in the MCP's submitted data	20	5.8%
Member with multiple Medicaid IDs	12	3.5%
Other	3	0.9%
Omission (N=33)		
Member with multiple Medicaid IDs	28	84.8%
Other	5	15.2%

¹ Since a sampled encounter record may have more than one finding, the total number of findings may not sum to the total number of sampled encounter records.

Quality Rating of MCPs

The 2017 MCP Report Card demonstrated how UnitedHealthcare compared to other Ohio Medicaid MCPs in key performance areas. The MCP Report Card used stars to display results for UnitedHealthcare, as shown in Table F-16.

Table F-16—ODM MCP Report Card—Performance Ratings

Rating	MCP Performance Compared to Statewide Average	
★★★	Above Ohio Medicaid Average	The MCP's performance was above average compared to all Ohio Medicaid MCPs.
★★	Ohio Medicaid Average	The MCP's performance was average compared to all Ohio Medicaid MCPs.
★	Below Ohio Medicaid Average	The MCP's performance was below average compared to all Ohio Medicaid MCPs.

Table F-17 displays UnitedHealthcare's quality rating results for CY 2015 and CY 2016.

Table F-17—Quality Rating Results by Performance Area for UnitedHealthcare

Performance Area	CY 2015 Star Rating	CY 2016 Star Rating
Getting Care	★★★	★★★
Doctors' Communication and Service	★★★	★★
Keeping Kids Healthy	★★	★★
Living With Illness	★	★
Women's Health	★	★

UnitedHealthcare's performance on the quality rating system remained fairly consistent between CY 2015 and CY 2016. However, for the Doctors' Communication and Service performance area there was a decrease from a three-star rating to a two-star rating between CY 2015 and CY 2016. In addition, UnitedHealthcare received a three-star rating for the Getting Care performance area in CY 2015 and CY 2016, demonstrating a strength. Conversely, UnitedHealthcare received a one-star rating for both the Living With Illness and Women's Health performance areas in CY 2015 and CY 2016, demonstrating an opportunity for improvement.