

The Ohio Department of Medicaid MCO

**Minimum Performance Standards
Outliers (MPSO) Methodology for
Measurement Year (MY) 2022**

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Introduction

Due to the pandemic, the Ohio Department of Medicaid (ODM) will use the Minimum Performance Standard Outliers (MPSO) Methodology to set standards for performance measures established in Appendix M (January-June 2022) and Appendix I (July-December 2022) of the Ohio Medicaid Medical Assistance Provider Agreement. Using this methodology, ODM will evaluate each plan's performance by comparing Ohio Medicaid Managed Care Organization (MCO)'s results to each other and identifying outliers that are statistically lower or higher than the median MCO for the measure being evaluated.

These methods set outlier standards for measurement year (MY) 2022. For MY 2022, this method examines the dispersion in MCO values from MY 2020 – MY 2021 and the median MCO value for MY 2022 for each measure to set an upper or lower outlier standard (depending on the desired direction for the measure). The values from MY 2020 – MY 2021 determine the dispersion for each year MY 2020 through MY 2021 and those dispersions (standard deviation for each year) are used in a formula to create a threshold for MY 2022. The median plan in MY 2022 will be the starting point of the formula for the MY 2022 standard, with the outlier threshold relying on the median for MY 2022 and the dispersion calculated using standard deviations from MY 2020 – MY 2021. If data from an MCO or more than one MCO from the years MY 2020 to MY 2021 are not considered to be quality data, then the formula will be adjusted to remove that MCO's data from the calculation of the standard deviation for that year. The decision on whether the MCO data are considered to be quality data is solely at the discretion of ODM.

For each MCO, any MY 2022 measure reportable, in accordance with HEDIS specifications, will be included in the MPSO calculations for MY 2022.

For instance, if an MCO is contracted with Ohio Medicaid only in the first half of 2022 (or only in the second half of 2022), data for that MCO will be collected for MY 2022 for measures that are reportable in accordance with HEDIS specifications. Some measures require a full year of data to meet HEDIS specifications while other measures allow for less than a full year of data to meet HEDIS specifications. This data time period requirement is defined for each measure by the measure steward.

Because some measures may have different numbers of MCOs meeting HEDIS specifications than other measures, the number of MCOs included in the MPSO formula for MY 2022 will vary by measure. See the MPSO formula section below for further explanation.

Whether or not the MCO meets HEDIS reporting specifications for MY 2022 does not correlate with use of the MCO's previous years' data in 2020 and 2021 as part of the formula, as all data points from MY 2020 and MY 2021 will be included in MY 2020 and MY 2021 in order to calculate the standard deviations necessary for the formula. See the formula section below for more detail. For example, if an MCO is contracted with Ohio Medicaid only in the first half of 2022, but was

contracted with Ohio Medicaid in 2020 and 2021, the 2020 and 2021 data points will be included for the standard deviation calculations for 2020 and 2021 in the overall formula for that measure. Also, if an MCO is contracted with Ohio Medicaid only in the second half of 2022 but was not contracted with Ohio Medicaid in 2020 and 2021, that MCO will have no data points for 2020 and 2021 standard deviation calculations for 2020 and 2021 in the overall formula for that measure. Finally, if an MCO is contracted with Ohio Medicaid in the entirety of 2022, and was contracted with Ohio Medicaid in 2020 and 2021, that MCO will have data points for 2020 and 2021 standard deviation calculations for 2020 and 2021 in the overall formula for that measure.

However, the use of the data points or lack of use of the data points in 2020 or 2021 for the calculation of standard deviations in the formula as described above and below has no bearing on which measures the MCOs are responsible and accountable for in MY 2022. The formula section below provides additional detail.

The measures for which there will be outlier standards for MY 2022 are listed in Table 1 below.

Calculation of the MY 2022 Formula and Standards

Step 1: Rank MCOs for Each Measure for the MY 2022

For each measure listed in Table 1 the MCOs will be ranked for the Measurement Year(MY) 2022 from 1 to N for the N number of managed care plans in the measure, with 1 being the best ranking and N being the worst ranking. N represents the number of MCOs that meet HEDIS reporting specifications for that particular measure in MY 2022. This number N is subject to change based on the number of MCOs that meet HEDIS reporting specifications for that measure in MY 2022. For example, if for a given measure, four MCOs meet HEDIS reporting specifications in MY 2022, then N = 4, and if for a given measure, five MCOs meet HEDIS reporting specifications in MY 2022, then N = 5. N can be as small as 4 or as large as 8 for MY 2022. If five MCOs meet HEDIS reporting specifications in MY 2022, 1 will be the best ranked MCO, and 5 would be the worst ranked MCO.

For each measure, after the MCOs have been ranked as shown above, the median, or middle ranked MCO, will be calculated for the N plans that meet HEDIS reporting specifications for MY 2022. For measures in which there is an even number of MCOs in MY 2022, the Median Plan for MY 2022 will be calculated as the average between the two median MCOs for MY 2022, as is customary for median calculations of even numbered groups. For example, if for a given measure, four MCOs meet HEDIS reporting specifications in MY 2022, then N = 4 and the median MCO would be the average of MCOs ranked 2 and 3. Or, for a given measure, if five MCOs meet HEDIS reporting specifications in MY 2022, then N = 5 and the median MCO would be the MCO ranked 3. Or, for a

given measure, if six MCOs meet HEDIS reporting specifications in MY 2022, then N = 6 and the median MCO would be the average of MCOs ranked 3 and 4. If N = 7, then the median would be the 4th ranked MCO. If N = 8, then the median would be the average of the MCOs ranked 4 and 5.

Step 2: Calculate Standard Deviations for Each Measure for MY 2020 and MY 2021

Calculate the standard deviation for each measure for each of the two years listed (MY 2020 and MY 2021), using all aggregate rate data for each of the five MCOs as the five data points for that year, then computing the mean of the five MCOs, and computing the rest of the standard deviation formula using the population standard deviation formula:

$$\sigma = \sqrt{\frac{1}{N} \sum_{i=1}^N (x_i - \mu)^2}$$

The population standard deviation formula is chosen instead of the sample standard deviation formula because all five MCOs represent the ODM MCO population for that year, and not a sample of the population for that year.

For each measure, if all data from MCOs from the years MY 2020 to MY 2021 are considered to be quality data, then five data points will be used in MY 2020 and MY 2021 in order to calculate the MY 2020 and MY 2021 standard deviations necessary for the MY 2022 MPSO formula.

- A. Multiply each of the standard deviations by 2 in order to get the 2SD number

Step 3: Calculate the Threshold for the Outliers for the MY

The threshold for the outliers for the MY will be the median MCO for the MY minus a weighted average of the MY2020 and MY2021 standard deviations determined in Step 2. Using the standard deviations calculated in Step 2, the general formula for creating the threshold for the outliers for the measures will be:

$$\text{MY 2022} = \text{Median Plan MY 2022} - [(0.4*(2\text{SD MY 2020})) + (0.6*(2\text{SD MY 2021}))]$$

*= multiply

Step 4: Determine the MY Standard

For measures where a higher value indicates better performance, if the threshold created in Step 3 above is lower than the benchmark specified in Table 1 for MY 2022, then the MY standard is set as the MY threshold created in Step 3. If the threshold created in Step 3 for the MY 2022 is higher than the benchmark specified in Table 1, the MY standard is set as equal to the benchmark specified in Table 1.

Conversely, for measures where a lower value indicates better performance, if the threshold created in Step 3 above is higher than the benchmark specified in Table 1 for MY 2022, then the MY standard is set as the MY threshold created in Step 3. If the threshold created in Step 3 for the MY 2022 is lower than the benchmark specified in Table 1, the MY standard is set as equal to the benchmark specified in Table 1.

Measures where a lower value indicates better performance are noted in Table 1.

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Table 1 - MY 2022 Benchmarks		
Measure	Benchmark MY 2022	Source
Adults' Access to Preventive/Ambulatory Health Services (AAP)	≥ 78.30%	Quality Compass 2021 50th %ile
Ambulatory Care: Total - Emergency Department (ED) Visits (AMB) ¹	≤ 81.71	CPC 2020 Threshold
Annual Dental Visit (ADV)	≥ 35.42%	Quality Compass 2021 25th %ile
Antidepressant Medication Management, Age 18 and older (AMM) - Acute Phase	≥ 52.12%	Quality Compass 2021 25th %ile
Antidepressant Medication Management, Ages 18 and older (AMM) - Continuation Phase	≥ 36.70%	Quality Compass 2021 25th %ile
Breast Cancer Screening (BCS)	≥ 51.20%	Quality Compass 2021 33.3rd %ile
Cervical Cancer Screening (CCS)	≥ 54.01%	Quality Compass 2021 33.3rd %ile
Child and Adolescent Well-Care Visits (WCV), 3- 11 years	≥ 45.60%	Quality Compass 2021 25th %ile
Child and Adolescent Well-Care Visits (WCV), 12- 17 years	≥ 39.15%	Quality Compass 2021 25th %ile
Child and Adolescent Well-Care Visits (WCV), 18- 21 years	≥ 19.02%	Quality Compass 2021 25th %ile
Chlamydia Screening (CHL)	≥ 54.91%	Quality Compass 2021 50th %ile
Childhood Immunization Status (Combo 3) (CIS)	≥ 62.89%	Quality Compass 2021 25th %ile
Blood Pressure Control for Patients with Diabetes (BPD)	≥ 63.26%	Quality Compass 2021 66.67th %ile
Eye Exam for Patients With Diabetes (EED)	≥ 51.36%	Quality Compass 2021 50th %ile
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Control (<8.0%)	≥ 43.92%	Quality Compass 2019 25th %ile
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9.0%) ¹	≤ 51.90%	Quality Compass 2021 25th %ile
Controlling High Blood Pressure (CBP)	≥ 55.35%	Quality Compass 2021 50th %ile
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30-day follow-up, Ages 13 - 17	≥ 8.43%	Quality Compass 2021 50th %ile
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 7-day follow-up, Ages 13 - 17	≥ 4.11%	Quality Compass 2021 33.3rd %ile
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30-day follow-up, Ages 18 and older	≥ 25.07%	Quality Compass 2021 66.67th %ile
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 7-day follow-up, Ages 18 and older	≥ 13.64%	Quality Compass 2021 50th %ile
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30-day follow-up, Ages 6 – 17	≥ 78.16%	Quality Compass 2021 75th %ile
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30-day follow-up, Ages 18 - 64	≥ 48.50%	Quality Compass 2021 50th %ile
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 7-day follow-up, Ages 6 - 17	≥ 65.78%	Quality Compass 2021 75th %ile
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 7-day follow-up, Ages 18 – 64	≥ 33.56%	Quality Compass 2021 50th %ile
Follow-up After Hospitalization for Mental Illness (FUH) – 7-day follow-up, ages 6-17	≥ 58.21%	Quality Compass 2021 75th %ile
Follow-up After Hospitalization for Mental Illness (FUH) – 7-day follow-up, ages 18-64	≥ 38.95%	Quality Compass 2021 66.67th %ile
Follow-Up After Hospitalization for Mental Illness (FUH) - 30-day follow-up, age 18-64	≥ 59.26%	Quality Compass 2021 66.67th %ile

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Table 1 - MY 2022 Benchmarks		
Measure	Benchmark MY 2022	Source
Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Continuation & Maintenance Phase	≥ 55.96%	Quality Compass 2021 50th %ile
Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase	≥ 44.51%	Quality Compass 2021 50th %ile
Immunizations for Adolescents (Combo 2)	≥ 24.19%	Quality Compass 2021 5th %ile
Initiation and Engagement of Substance Use Disorder Treatment (IET) - Initiation Ages 18 - 64	≥ 47.40%	Quality Compass 2021 66.67th %ile, IET Initiation Ages 18+
Initiation and Engagement of Substance Use Disorder Treatment (IET) - Engagement Ages 13-17	≥ 17.30%	Quality Compass 2021 75th %ile
Initiation and Engagement of Substance Use Disorder Treatment (IET) – Engagement Ages 18 - 64	≥ 18.40%	Quality Compass 2021 75th %ile, IET Initiation Ages 18+
Lead Screening in Children (LSC)	≥ 61.31%	Quality Compass 2021 25th %ile
Prenatal and Postpartum Care: Timeliness of Prenatal Care	≥ 81.51%	Quality Compass 2021 33.3rd %ile
Prenatal and Postpartum Care: Postpartum Care	≥ 73.72%	Quality Compass 2021 33.3rd %ile
Statin Therapy for Patients With Cardiovascular Disease (SPC) - Received Statin Therapy - Total	≥ 80.34%	Quality Compass 2021 50th %ile
Statin Therapy for Patients With Diabetes (SPD) - Received Statin Therapy	≥ 66.47%	Quality Compass 2021 50th %ile
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) - Total	≥ 76.29%	Quality Compass 2021 90th %ile
Use of Opioids From Multiple Providers (UOP) - Multiple Pharmacies ¹	≤ 4.03%	Quality Compass 2021 33.3rd %ile
Use of Opioids From Multiple Providers (UOP) - Multiple Prescribers ¹	≤ 25.85%	Quality Compass 2021 10th %ile
Use of Opioids From Multiple Providers (UOP) - Multiple Prescribers and Multiple Pharmacies ¹	≤ 2.85%	Quality Compass 2021 25th %ile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile Documentation	≥ 69.19%	Quality Compass 2021 25th %ile
Well-Child Visits in the First 15 Months of Life (W30) - 6 or more visits	≥ 54.92%	Quality Compass 2021 50th %ile
Well-Child Visits Age 15 to 30 Months of Life (W30) - 2 or more visits	≥ 60.82%	Quality Compass 2021 10th %ile
CAHPS, Child Rating of Health Plan	≥ 84.48%	Quality Compass 2019 25th %ile
CAHPS, Child Rating of Customer Service	≥ 87.12%	Quality Compass 2019 25th %ile
CAHPS, Adult Rating of Health Plan	≥ 80.59%	Quality Compass 2021 66.67th %ile
CAHPS, Adult Rating of Customer Service	≥ 87.12%	Quality Compass 2019 25th %ile

¹Measures where a lower result indicates better performance. For all other measures a higher result indicates better performance.