



Department of
Medicaid

Managed Care Plan Report Card Methodology

FINAL

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Project Overview

As part of its contract with the Ohio Department of Medicaid (ODM), IPRO is responsible for developing a report card to evaluate the performance of five Ohio Medicaid managed care plans (MCPs). The report card is targeted towards a consumer audience; therefore, it is user friendly, easy to read, and addresses areas of interest for consumers. IPRO analyzed 2020 Healthcare Effectiveness Data and Information Set (HEDIS®)¹ results, and 2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS®)² data from the five Ohio Medicaid MCPs for presentation in the Ohio Medicaid 2020 MCP Report Card. ODM requires each MCP to undergo a National Committee for Quality Assurance (NCQA) HEDIS compliance audit conducted by an NCQA-certified HEDIS compliance auditor. CAHPS surveys must be administered by an MCP-contracted NCQA certified HEDIS survey vendor. The MCP Report Card analysis helps support ODM's public reporting of MCP performance information.

Data Collection

For this project, IPRO received the MCPs' 2019 CAHPS member-level data files from ODM and the HEDIS data from each of the MCPs. The CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the Children with Chronic Conditions [CCC] measurement set) were used for the adult and child populations, respectively. Results from the CAHPS survey administered in 2019 were used to evaluate MCP performance in accordance with *ODM Guidance for Quality Programs Impacted by COVID-19, presented April 14, 2020*, by ODM Chief, Bureau of Health Research and Quality Jon Barley, Ph.D. The *HEDIS 2019 Specifications for Survey Measures, Volume 3* were used to collect and report on the CAHPS measures. The *HEDIS 2020 Technical Specifications for Health Plans, Volume 2* was used to collect and report on the HEDIS measures.

Reporting Categories

MCPs' performance was evaluated in five separate reporting categories identified as important to consumers. Each reporting category consists of a set of measures that were evaluated together to form a category summary score. The reporting categories and descriptions of the measures they contain are:

- **Getting Care:** Includes adult and child CAHPS composites on consumer perceptions regarding the ease of obtaining needed care and how quickly they received that care. This category includes HEDIS measures that assess adults' and children's access to care, the level of appropriate follow-up for mental illness and use of adults' body mass index (BMI) assessment.
- **Doctors' Communication and Service:** Includes adult and child CAHPS composites and items on consumer perceptions about how well their doctors communicate, and shared decision making. This category includes overall satisfaction ratings of personal doctors and specialists seen most often. In addition, this category includes a CAHPS measure related to medical assistance with smoking and tobacco use cessation.
- **Keeping Kids Healthy:** Includes HEDIS measures that assess how often preventative services are provided (e.g., child and adolescent immunizations, well-child visits, well-care visits for adolescents, annual dental visits, and weight assessment and counseling for children/adolescents). Further, this category includes HEDIS measures related to follow-up care for attention deficit/hyperactivity disorder (ADHD), and psychosocial care for children on antipsychotics.
- **Living with Illness:** Includes HEDIS measures that assess how well MCPs take care of people who have chronic conditions, such as asthma, diabetes, and high blood pressure. This category also includes HEDIS measures that assess medication and pharmacotherapy management for people living with depression, asthma, or chronic obstructive pulmonary disease (COPD). HEDIS measures related to initiation and engagement of treatment for addiction are also included.
- **Women's Health:** Includes HEDIS measures that assess how often women-specific services are provided (e.g., prenatal and postpartum care, and breast cancer, cervical cancer, and chlamydia screenings).

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

² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Measures Used in Analysis

ODM, in collaboration with IPRO, chose measures for the 2020 MCP Report Card based on a number of factors, such as measures that best approximate the reporting categories that are useful to consumers; use of readily available validated, audited data; and observance of nationally recognized, standardized measures of Medicaid and/or managed care.

Table 1 lists the 57 measures, 14 CAHPS and 43 HEDIS, and their associated weights. Weights were applied when calculating the category summary scores and the 95% confidence intervals to ensure that all measures contribute equally in the derivation of the final results. Please see the **Comparing MCP Performance – MCP Report Card** Section for more detail on comparing MCP performance.

Table 1: Ohio 2020 MCP Report Card Reporting Categories, Measures, and Weights

Measures	Measure Weight
Category: Getting Care	
Child Medicaid—Getting Needed Care (CAHPS Composite)	1
Adult Medicaid—Getting Needed Care (CAHPS Composite)	1
Child Medicaid—Getting Care Quickly (CAHPS Composite)	1
Adult Medicaid—Getting Care Quickly (CAHPS Composite)	1
Adult BMI Assessment	1
Adults' Access to Preventative/Ambulatory Health Services: Total	1
Children and Adolescents' Access to Primary Care Practitioners: Ages 12–24 Months	1/4
Children and Adolescents' Access to Primary Care Practitioners: Ages 25 Months–6 Years	1/4
Children and Adolescents' Access to Primary Care Practitioners: Ages 7–11 Years	1/4
Children and Adolescents' Access to Primary Care Practitioners: Ages 12–19 Years	1/4
Follow-Up After Hospitalization for Mental Illness: 7 Day Follow-Up—Total	1
Category: Doctors' Communication and Service	
Child Medicaid—How Well Doctors Communicate (CAHPS Composite)	1
Adult Medicaid—How Well Doctors Communicate (CAHPS Composite)	1
Child Medicaid—Shared Decision Making (CAHPS Composite)	1
Adult Medicaid—Shared Decision Making (CAHPS Composite)	1
Child Medicaid—Rating of Personal Doctor (CAHPS Global Rating)	1
Adult Medicaid—Rating of Personal Doctor (CAHPS Global Rating)	1
Adult Medicaid—Rating of Specialist Seen Most Often (CAHPS Global Rating)	1
Medical Assistance With Smoking and Tobacco Use Cessation: Advising Smokers and Tobacco Users to Quit	1/3
Medical Assistance With Smoking and Tobacco Use Cessation: Discussing Cessation Medications	1/3
Child Medicaid—How Well Doctors Communicate (CAHPS Composite)	1
Category: Keeping Kids Healthy	
Adolescent Well-Care Visits	1
Annual Dental Visits: Total	1
Childhood Immunization Status: Combo 2	1/3
Childhood Immunization Status: Combo 3	1/3
Childhood Immunization Status: Combo 10	1/3
Immunizations for Adolescents: Combo 1	1/2
Immunizations for Adolescents: Human Papillomavirus Vaccine	1/2
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	1/2
Follow-Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase	1/2
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Total	1
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile Documentation—Total	1/3

Measures	Measure Weight
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Nutrition—Total	1/3
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Physical Activity—Total	1/3
Well-Child Visits in the First 15 Months of Life: 6 or More Visits	1
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	1
Category: Living With Illness	
Antidepressant Medication Management: Effective Acute Phase Treatment	1/2
Antidepressant Medication Management: Effective Continuation Phase Treatment	1/2
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	1/6
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	1/6
Comprehensive Diabetes Care: HbA1c Testing	1/6
Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	1/6
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	1/6
Comprehensive Diabetes Care: Medical Attention for Nephropathy	1/6
Controlling High Blood Pressure	1
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment: Initiation of AOD Treatment—Total	1/2
Initiation and Engagement of AOD Abuse or Dependence Treatment: Engagement of AOD Treatment—Total	1/2
Medication Management for People With Asthma: Medication Compliance 75%	1
Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid	1/2
Pharmacotherapy Management of COPD Exacerbation: Bronchodilator	1/2
Statin Therapy for Patients With Cardiovascular Disease: Received Statin Therapy— Total	1
Statin Therapy for Patients With Diabetes: Received Statin Therapy—Total	1
Category: Women’s Health	
Breast Cancer Screening	1
Cervical Cancer Screening	1
Chlamydia Screening in Women: Total	1
Prenatal and Postpartum Care: Timeliness of Prenatal Care	1
Prenatal and Postpartum Care: Postpartum Care	1

MCP: Medicaid managed care plan.

Missing Values

In general, HEDIS and CAHPS data contain three classes of missing values:

- *Not Reported (NR)*—MCPs chose not to submit data, even though it was possible for them to do so.
- *Biased Rate (BR)*—MCPs’ measure rates were determined to be materially biased in a HEDIS Compliance Audit™.³
- *Small Denominator (NA)*—MCPs were unable to provide a sufficient amount of data (e.g., too few members met the eligibility criteria for a measure).

In developing scores and ratings for the reporting categories, IPRO handled the missing rates for measures as follows:

- Rates with a *NR* designation were assigned the minimum rate.
- Rates with a *BR* designation were assigned the minimum rate.
- Rates with a *NA* designation were assigned the average value.

³ NCQA HEDIS Compliance Audit™ is a trademark of NCQA.

For measures with an *NA* audit result, IPRO used the mean of non-missing observations across all MCPs. For measures with an *NR* or *BR* audit result, IPRO used the minimum value of the non-missing observations across all MCPs. This minimizes the disadvantage for MCPs that are willing but unable to report data and ensures that MCPs do not gain advantage from intentionally failing to report complete and accurate data. If more than half of the MCPs have an *NA*, *NR*, or *BR* for any measure, then the measure was excluded from the analysis.

For MCPs with *NR*, *BR*, and *NA* audit results, IPRO calculated the variance for a given measure using the imputed value if the denominator was available. Conversely, if the denominator was unavailable, IPRO used the average variance of the non-missing observations across all MCPs. This ensured that all rates reflect some level of variability, rather than simply omitting the missing variances in subsequent calculations.

Additionally, IPRO only replaced missing values where an MCP reported data for at least 50% of the indicators in a reporting category. If an MCP was missing more than 50% of the measures that comprise a reporting category, IPRO gave the MCP a designation of “Insufficient Data” for that category.

Comparing MCP Performance – MCP Report Card

IPRO computed five summary scores for each MCP, as well as the summary mean values for the MCPs as a group. Each score is a standardized score where higher values represent more favorable performance. Summary scores for the five reporting categories (Getting Care, Doctors’ Communication and Service, Keeping Kids Healthy, Living with Illness, and Women’s Health) were calculated from MCP scores on selected HEDIS measures and CAHPS questions and composites.

MCP ratings for individual and summary measures were based on the difference between the MCP’s score and the unweighted group mean. The statistical significance of each difference was determined by computing a confidence interval (CI). A 95% CI and 68% CI was calculated around each difference to identify MCPs that are significantly higher than or significantly lower than the mean.

MCPs with differences significantly above (i.e., 2 standard deviations above the mean) or below (i.e., 2 standard deviations below the mean) zero at the 95% confidence level received the top (Highest Performance) and bottom (Lowest Performance) designations, respectively. MCPs with differences significantly above (i.e., between 1 and 2 standard deviations above the mean) or below (i.e., between 1 and 2 standard deviations below the mean) zero at the 68% confidence level, but not at the 95% confidence level, received High Performance and Low Performance designations, respectively. An MCP was significantly above the mean if the lower limit of the CI was greater than the mean; and was significantly below the mean if the upper limit of the CI was below the mean. MCPs that do not fall either above or below zero at the 68% confidence level received the middle designation (Average Performance).

For a given measure and MCP k , let the difference $d_k = \text{MCP } k \text{ score} - \text{group mean}$. The formula for calculating the CIs are:

$$95\% \text{ CI} = d_k \pm 2\sqrt{\text{Var}(d_k)}$$

$$68\% \text{ CI} = d_k \pm \sqrt{\text{Var}(d_k)}$$

where $\text{Var}(d_k) = \text{Variance of } d_k \text{ which is estimated as } \frac{P(P-2)}{P^2} * \frac{p_k(1-p_k)}{n_k-1} + \frac{1}{P^2} \sum_{k=1}^P \frac{p_k(1-p_k)}{n_k-1}$

and: $p_k = \text{MCP } k \text{ score}$

$P = \text{total number of MCPs}$

$n_k = \text{number of members in the measure sample for MCP } k$

The CIs for CAHPS questions’ means and composites and for summary measures were computed similarly by modifying the formula for $\text{Var}(d_k)$ to take into account the variances of HEDIS scores and CAHPS questions and composites in each summary measure.

For analysis of each of the five Report Card Categories (i.e., Getting Care, Doctors' Communication and Service, Keeping Kids Healthy, Living With Illness, and Women's Health), IPRO:

- Standardized each measure's score by subtracting the group mean and dividing by the group standard deviation, to give each measure equal weight toward the category rating. If measures are not standardized, a measure with higher variability contributes disproportionately toward the category rating.
- Summed the MCP's standardized scores, multiplied by the respective measure weights, to get the MCP summary measure score.
- Used the scores to compute the group summary mean and the difference scores.

- For each MCP k, substituted: $\sum_{j=1}^m \frac{w_j}{c_j^2} \frac{p_j(1-p_j)}{n_j-1}$ for $p_k(1-p_k)/(n_k-1)$ in the variance formula, where:

$j = 1, \dots, m$ questions in the summary measure;

n_j = number of members in the sample for measure j for HEDIS and CAHPS questions and, for CAHPS composite measures, n_j = number of members responding to at least one question in the composite;

c_j = group standard deviation for measure j;

p_j = nonstandardized MCP score for measure j; and

w_j = measure weight for measure j.

A five-level rating scale provides consumers with an easy-to-read "picture" of quality performance across MCPs and presents data in a manner that emphasizes meaningful differences between MCPs. The MCP Report Card used stars to display results for each MCP and displayed MCP performance as follows:

Table 2: Ohio MCP Report Card – Performance Ratings

MCP Performance Compared to Statewide Average		
Rating	Performance	Description
★★★★★	Highest Performance	The MCP's performance is 2 or more standard deviations above the Ohio Medicaid managed care plan average.
★★★★	High Performance	The MCP's performance is between 1 and 2 standard deviations above the Ohio Medicaid managed care plan average.
★★★	Average Performance	The MCP's performance is within one standard deviation of the Ohio Medicaid managed care plan average.
★★	Low Performance	The MCP's performance is between 1 and 2 standard deviations below the Ohio Medicaid managed care plan average.
★	Lowest Performance	The MCP's performance is 2 or more standard deviations below the Ohio Medicaid managed care plan average.

MCP: Medicaid managed care plan.