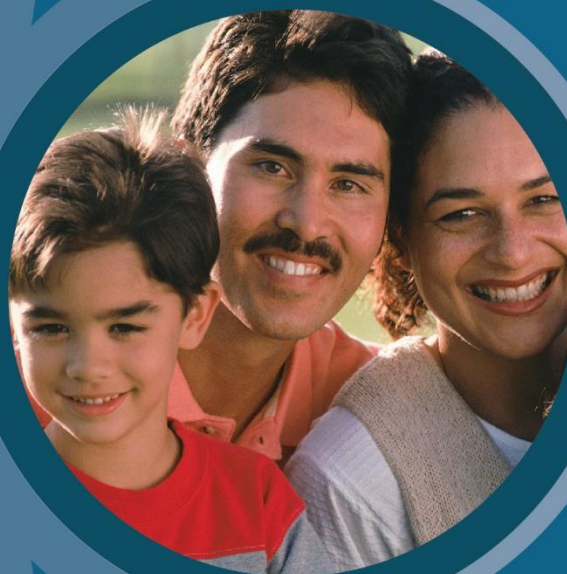


District of Columbia  
Department of Health Care Finance



Medicaid Managed Care

2018 Annual Technical Report

Qlarant 



Submitted by:  
Qlarant  
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# District of Columbia Department of Health Care Finance

## 2018 Annual Technical Report

### Executive Summary

#### Background

The District of Columbia's Department of Health Care Finance (DHCF) contracts with Qlarant, an External Quality Review Organization (EQRO), to evaluate its Medicaid managed care program—DC Healthy Families. There are three Medicaid managed care organizations (MCOs) and one health plan that provides health care services to Medicaid beneficiaries in the District's Child and Adolescent Supplemental Security Income Program (CASSIP). Collectively, the entities are referred to as MCOs to maintain uniform terminology. The following MCOs provided Medicaid managed care services to approximately 199,245 of the District's qualifying residents in 2018:

- AmeriHealth Caritas District of Columbia (ACDC)
- Amerigroup District of Columbia (AGP)<sup>1</sup>
- Health Services for Children with Special Needs (HSCSN)
- Trusted Health Plan (THP)

Using the Centers for Medicare and Medicaid Services (CMS) EQR protocols, Qlarant evaluated the quality, access, and timeliness of services provided to the Medicaid managed care beneficiaries by assessing MCO performance through the following External Quality Review (EQR) activities:

- Compliance Review, known as the Operational Systems Review (OSR)
- Performance Improvement Project (PIP) Review
- Performance Measure Validation (PMV)
- Network Adequacy Validation (NAV)

This 2018 Annual Technical Report (ATR), produced by Qlarant, provides DHCF with an assessment of quality, access, and timeliness of healthcare services provided to the District's Medicaid MCO beneficiaries during the period of January 1, 2018 through December 31, 2018.

#### Key Findings

##### Operational Systems Review

The MCOs were reviewed against the Medicaid and CHIP managed care standards under the CMS Final Rule. The standards include applicable elements of:

- Subpart A: §438.10 - Information Requirements
- Subpart C: §438.100 - Enrollee Rights and Protections

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<sup>1</sup> AGP's MCO contract was effective October 1, 2017; therefore 2018 data and results are limited.

- Subpart D: §438.206 - §438.242 - MCO Standards
- Subpart E: §438.330 - Quality Assessment and Performance Improvement Program
- Subpart F: §438.402 - §438.424 - Grievance and Appeal System
- Subpart B: §440.262 - Access and Cultural Considerations

Executive Summary (ES) Table 1 identifies results for each MCO by standard. The MCO average by standard is included for reference. Also, an overall weighted score is provided for each MCO.

**ES. Table 1. MCO OSR Scores by Standard, 2018**

OSR Standard	ACDC	AGP	HSCSN	THP	MCO Average
Subpart A: §438.10 - Information Requirements	95%	97%	90%	90%	93%
Subpart C: §438.100 - Enrollee Rights and Protections	100%	100%	100%	100%	100%
Subpart D: §438.206 - §438.242 - MCO Standards	98%	96%	92%	93%	95%
Subpart E: §438.330 - Quality Assessment and Performance Improvement Program	100%	100%	86%	86%	93%
Subpart F: §438.402 - §438.424 - Grievance and Appeal System	95%	96%	89%	88%	92%
Subpart B: §440.262 - Access and Cultural Consideration*	100%	100%	50%	100%	88%
<b>Overall Weighted Score</b>	<b>97%</b>	<b>96%</b>	<b>90%</b>	<b>91%</b>	<b>94%</b>

\*The Access and Cultural Consideration standard consists of a single element. Therefore, a partially met finding equates to a 50% compliance rating.

For 2018, the overall weighted scores ranged from 90% (HSCSN) to 97% (ACDC). The overall MCO average was 94%.

## Performance Improvement Project Review

The MCOs conducted four PIPs:

- Improving Perinatal and Birth Outcomes Collaborative
- Pediatric Asthma Collaborative
- Comprehensive Diabetes Care
- Behavioral Health

The first two PIPs listed were developed as collaborative quality improvement initiatives in 2015 and used MY 2014 results as the baseline. The second two PIPs were initiated in 2018 and used MY 2017 as baseline. Overall, the MCOs developed methodologically sound PIPs. They conduct annual barrier analyses and continue to refine and develop new multifaceted interventions. HSCSN and THP continue to have opportunities for improvement related to reporting their results and analyses. Tables 16, 18, 20 and 22 of the ATR include the PIP validation results.

The performance measure results are displayed in ES Tables 2-5. Positive trends (consecutive annual improvement in performance) appear in green, while negative trends (consecutive annual decline in performance) appear in red.

**ES. Table 2. Improving Perinatal and Birth Outcomes PIP Performance Measure Results**

PIP Performance Measure <sup>^</sup>	MY	ACDC %	AGP %	HSCSN %	THP %	MCO Weighted Average <sup>+</sup>
Neonates with weight <2,500 grams	2014	10.15	-	12.69	1.03	7.36
	2015	13.76	-	15.05	2.54	8.41
	2016	11.15	-	20.56	6.35	8.67
	2017	12.06	-	10.00	6.26	10.77
Neonates <37 weeks gestational age	2014	9.91	-	14.93	1.86	7.91
	2015	12.08	-	7.53	3.93	7.79
	2016	8.85	-	14.02	4.40	7.26
	2017	3.83	-	12.50	5.58	4.45
No maternal HIV testing	2014	65.87	-	5.97	77.56	64.63
	2015	52.96	-	4.30	35.03	41.29
	2016	16.56	-	0.00	15.15	16.05
	2017	9.88	-	1.25	14.89	10.70
Miscarriage or fetal loss	2014	13.02	-	15.67	5.07	11.31
	2015	9.73	-	17.20	7.74	10.45
	2016	15.29	-	4.67	11.56	15.02
	2017	11.25	-	17.50	9.64	11.09
Unduplicated pregnancies with one or more adverse event*	2015	67.94	-	38.71	45.05	53.63
	2016	40.97	-	31.78	34.20	35.57
	2017	32.67	-	25.00	32.83	32.48
Infant death rate	2014	0.12	-	0.98	0.13	0.14
	2015	0.05	-	0.33	0.21	0.08
	2016	0.10	-	0.67	0.00	0.06
	2017	0.35	-	0.00	0.00	0.24

+ Weighted Averages for MY 2014-2016 included results for MedStar Family Choice (MFC). Effective 10/1/2017, MFC no longer provided MCO services and was replaced by Amerigroup District of Columbia (AGP). The weighted average for MY 2017 is based on results for ACDC, HSCSN, and THP.

\* Unduplicated pregnancies was introduced as a new measure in MY 2015. Results were not available for MY 2014.

- AGP became operational 10/1/17; therefore, MY 2017 results are not available.

<sup>^</sup> All Improving Perinatal and Birth Outcomes PIP performance measures are inverse measures where a lower rate indicates better performance.

Based on MCO weighted averages, positive annual trends were noted in the following Improving Perinatal and Birth Outcomes PIP measures:

- Neonates <37 Weeks Gestational Age
- No Maternal HIV Testing
- Unduplicated Pregnancies with One or More Adverse Event

The Neonates with Weight <2,500 Grams performance measure remains an opportunity for improvement based on the MCO weighted average decline in performance.

**ES Table 3. Pediatric Asthma PIP Performance Measure Results**

PIP Performance Measure	MY	ACDC %	AGP %	HSCSN %	THP %	MCO Weighted Average <sup>+</sup>
Emergency Department Asthma Visits <i>(lower rate is better)</i>	2014	46.09	-	28.98	89.35	44.11
	2015	44.19	-	24.72	65.14	44.76
	2016	40.12	-	25.33	53.31	39.56
	2017	31.69	-	13.79	15.68	24.29
Inpatient Admissions for Asthma <i>(lower rate is better)</i>	2014	10.11	-	3.00	10.97	7.70
	2015	8.63	-	4.01	2.50	5.24
	2016	7.53	-	4.44	2.61	5.30
	2017	5.05	-	1.44	2.92	3.92
Asthma Medication Ratio*	2017	60.74	-	52.84	68.82 <sup>^</sup>	60.33
Medication Management for People with Asthma—50% Compliance	2014	49.92	-	76.86	6.45	49.33
	2015	53.21	-	96.66	12.76	44.10
	2016	52.15	-	49.35	15.10	39.64
	2017	57.99	-	56.79	73.13 <sup>^</sup>	59.11
Medication Management for People with Asthma—75% Compliance	2014	29.98	-	75.44	6.45	35.86
	2015	32.41	-	95.10	9.34	31.77
	2016	27.49	-	21.67	10.12	23.14
	2017	33.31	-	30.00	46.34 <sup>^</sup>	33.94

+ Weighted Averages for MY 2014-2016 included results for MedStar Family Choice (MFC). Effective 10/1/2017, MFC no longer provided MCO services and was replaced by Amerigroup District of Columbia (AGP). The weighted average for MY 2017 is based on results for ACDC, HSCSN, and THP.

\* Asthma Medication Ratio was introduced as a new measure in MY 2017. Results were not available for MYs 2014-2016.

- AGP became operational 10/1/17; therefore, MY 2017 results are not available.

<sup>^</sup> THP final rates for Asthma Medication Ratio and Medication Management for People With Asthma were not audited for MY 2017.

While there were no consecutive annual improvements noted in the MCO weighted averages, it is clear that performance in the utilization measures (emergency department and inpatient admissions) has improved when comparing the most recent results to baseline performance. ACDC and THP demonstrated annual improvement in multiple measures.

**ES Table 4. Comprehensive Diabetes Care PIP Performance Measure Results**

PIP Performance Measure	MY	ACDC %	AGP %	HSCSN %	THP %	MCO Weighted Average
Hemoglobin A1c (HbA1c) Testing	2017	83.58	-	93.10	79.38	82.77
HbA1c Poor Control (>9%) <i>(Lower is Better)</i>	2017	42.34	-	65.52	52.55	44.57
HbA1c Control (<8%)	2017	50.18	-	31.03	40.15	48.01
HbA1c Control (<7%) for a Selected Population	2017	38.89	-	30.77	29.69	36.98
Eye Exam (Retinal) Performed	2017	57.30	-	62.07	35.58	52.85
Medical Attention for Nephropathy	2017	88.32	-	79.31	83.76	87.33
Blood Pressure Control (< 140/90 mm Hg)	2017	54.20	-	72.41	27.55	48.81

- AGP became operational 10/1/17; therefore, MY 2017 results are not available.



The Comprehensive Diabetes Care PIP was new and included baseline results.

**ES Table 5. Behavioral Health PIP Performance Measure Results**

PIP Performance Measure	MY	ACDC %	AGP %	HSCSN %	THP %	MCO Weighted Average
Follow-Up After Hospitalization for Mental Illness—7 Day Follow-up	2017	30.73	-	19.01	33.13	27.98
Follow-Up After Hospitalization for Mental Illness—30 Day Follow-up	2017	50.17	-	39.67	46.99	45.90
Antidepressant Medication Management—Effective Acute Phase Treatment	2017	52.92	-	29.55	54.92	52.65
Antidepressant Medication Management—Effective Continuation Phase Treatment	2017	37.79	-	9.09	34.60	36.27

- AGP became operational 10/1/17; therefore, MY 2017 results are not available.

The Behavioral Health PIP was new and included baseline results.

## Performance Measure Validation

Qlarant conducted two types of PMV audits in 2018. The first audit focused on the PIP performance measures and the second audit focused on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) performance measures.

Overall, results of the PIP PMV indicated that the MCOs have sufficient information systems capabilities to capture and process data required for reporting. After Qlarant provided technical assistance to HSCSN and THP, the MCOs were able to construct and calculate the performance measures according to specifications. At the conclusion of the PMV process, all MCOs received a Reporting Designation of Reportable (R). There was one exception: two of THP's Pediatric Asthma performance measures were determined to be "Not Reportable," due to excessive delays in reporting final results. More detailed findings are included in Tables 24 and 25 of the ATR.

Due to the timing of the reporting, the EPSDT PMV results are not reported in the ATR, and are instead reported in Appendix A3.

## Network Adequacy Validation

Each MCO's provider network was evaluated through multiple means using data and results from Geographic Access Reports and Access and Availability surveys reported by the MCOs, as well as surveys conducted by Qlarant. The analysis included a review of the following facets:

- Provider Capacity and Geographic Distribution
- Provider Accessibility
- Provider Availability
- Comparative Evaluation

Overall, the MCOs maintain provider networks that are sufficient in numbers and geographic access. The MCOs appear to provide adequate instructions for after-hours care. Timely access to provider appointments and accurate provider directory information present as opportunities for improvement. Tables 53, 59, and 60 of the ATR provide additional results.

## Summary of Quality, Access, and Timeliness

### Quality

The most recent DHCF Quality Strategy includes goals that aim to ensure appropriate access, proper management, and coordination of care for beneficiaries. The District has also implemented a pay-for-performance (P4P) program with goals to reduce potentially preventable admissions, low acuity non-emergent visits, and 30-day hospital readmissions for all causes. To achieve desired results and improve the quality of care and member outcomes, the MCOs participate in numerous quality-related initiatives and programs. The MCOs are also meeting Quality Assessment and Performance Improvement Program requirements as evidenced by the OSR results. The MCOs have quality structures in place to facilitate reporting, monitoring, and quality improvement activities.

The MCOs are striving to meet the National Committee for Quality Assurance (NCQA) Quality Compass Medicaid 75<sup>th</sup> Percentile benchmarks in all performance measures. This has been a challenge for the MCOs as results for both the Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>2</sup> and Consumer Assessment of Healthcare Providers and Systems (CAHPS®)<sup>3</sup> measures are generally mixed. Results vary by MCO and performance measure.

### Access

The MCOs not only have adequate provider networks in terms of numbers and geographic access, but the MCOs communicate member information including providing notice of how to access care, select providers, and obtain emergency services after hours. New standards set forth in the Final Rule require provider directories identify additional information such as physical access for patients with disabilities, provider office website URLs, and cultural competence training. As a result of the new requirements, the MCOs are making adjustments to their procedures and member materials to ensure full compliance in the next annual review. MCOs also have an opportunity for improvement in regard to maintaining accurate provider information in their directories. Correct information facilitates member access to needed care and services.

### Timeliness

All MCOs provide access to care 24 hours a day, 7 days a week. Nurse and after-hours call lines provide access to MCO resources to best direct members to necessary care and services after business hours. All MCOs have opportunity to improve timely access to next available appointments with providers for routine and urgent care. These findings are also validated by CAHPS survey results for Getting Care Quickly for both adults and children. The composites for these measures perform below the NCQA Quality Compass Medicaid Averages.

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<sup>2</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>3</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



Members also have rights to timely resolution for grievances and appeals and timely utilization management decisions. All MCOs have opportunities for improvement related to the following OSR elements: (1) Timely and Adequate Notice of Adverse Benefit Determination and (2) Grievance and Appeals Resolution and Notification.

## Conclusion

Overall, the MCOs are meeting most requirements. Performance varies by MCO. In regard to compliance, ACDC sustained its overall score of 97%, all other MCOs demonstrated improvement in 2018. Overall, AGP and THP each improved by nine percentage points (to 96% and 91%, respectively), while HSCSN improved by eight percentage points (to 90%). Even though AGP is new to the District, the MCO appears to have the necessary framework and programs in place to grow and develop all requirements to meet the needs of its membership. Performance in HEDIS and CAHPS measures vary by MCO. Numerous positive trends in performance are evident; however, performance remains below District goals in many measures.

Within the ATR, recommendations are made for each MCO and DHCF. Should recommendations be acted upon, the Medicaid managed care program will continue to demonstrate improvement and provide quality, accessible, and timely services to the District's Medicaid beneficiaries.

# District of Columbia Department of Health Care Finance

## 2018 Annual Technical Report

### Introduction

#### Background

The District of Columbia's Department of Health Care Finance (DHCF) aims to improve health outcomes by providing access to comprehensive, cost-effective, and quality healthcare services for the District's residents. To assist in meeting this goal, the District of Columbia (DC) operates a Medicaid managed care program known as DC Healthy Families. The program provides free health insurance to District residents who meet certain income and eligibility requirements. There are three Medicaid managed care organizations (MCOs) that participate in the DC Healthy Families program and one health plan that provides health care services to Medicaid beneficiaries in the District's Child and Adolescent Supplemental Security Income Program (CASSIP).<sup>1</sup> Collectively, the entities are referred to as MCOs to maintain uniform terminology. The following MCOs provided Medicaid managed care services to the District's qualifying residents in 2018:

- AmeriHealth Caritas District of Columbia (ACDC)
- Amerigroup District of Columbia (AGP)<sup>2</sup>
- Health Services for Children with Special Needs (HSCSN)
- Trusted Health Plan (THP)

As of December 2018, approximately 199,245 Medicaid beneficiaries were receiving health care services through the MCOs. To ensure the care received is high quality, accessible, and timely, DHCF contractually requires the MCOs to:

- Achieve 100% compliance with federal and contractual operational requirements.
- Conduct ongoing quality improvement initiatives and submit performance results.
- Calculate and submit valid and reliable Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>3</sup> and Consumer Assessment of Healthcare Providers and Systems (CAHPS®)<sup>4</sup> data.
- Attain and maintain National Committee for Quality Assurance (NCQA) accreditation.<sup>5</sup>

As noted, DHCF requires NCQA accreditation for the MCOs providing services to Medicaid managed care beneficiaries. NCQA health plan accreditation includes two major components – an evaluation of the health plan's structure and processes to maintain and improve quality, and an evaluation of the health plan's process and outcome measures related to clinical care (HEDIS) and member experience of care (CAHPS). NCQA accreditation has been widely recognized by federal and state regulators as the gold

<sup>1</sup> Health Services for Children with Special Needs is the District's contractor for the CASSIP program. It serves SSI eligible Medicaid enrollees age 0-26 years. It must comply with the MCO standards (or more stringent standards as required by its contract).

<sup>2</sup> AGP's MCO contract was effective October 1, 2017; therefore 2018 data and results are limited.

<sup>3</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>4</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>5</sup> HSCSN is excluded from this requirement; however, it does maintain NCQA certification in Utilization Management.

standard for health plan operations. Information from the NCQA accreditation activities is often used to augment state strategies for assessing health plan performance. Table 1 provides a brief overview of the contracted MCOs, including their NCQA accreditation status.

**Table 1. MCO Profiles**

MCO	Enrollment*	NCQA Accreditation Status
ACDC	114,784	Accredited, expires 11/8/21
AGP	47,606	Interim, expires 1/19/20
HSCSN	5,843	Certification in Utilization Management, expires 4/3/19
THP	31,012	Accredited, expires 3/1/19

\*Medicaid enrollment as of 12/31/18.

## Purpose

The Code of Federal Regulations (42 CFR §438.350) requires states contracting with MCOs to conduct annual, independent reviews of the Medicaid managed care program. To meet these requirements, DHCF contracts with Qlarant, an independent External Quality Review Organization (EQRO). Qlarant evaluates the quality, accessibility, and timeliness of healthcare services furnished by the MCOs through a variety of mandatory and optional activities following the Centers for Medicare and Medicaid Services (CMS)-developed EQRO Protocols.<sup>6</sup> Qlarant completed the following External Quality Review (EQR) activities in 2018:

- Compliance Review, known as the Operational Systems Review (OSR)
- Performance Improvement Project (PIP) Review
- Performance Measure Validation (PMV)
- Network Adequacy Validation (NAV)

In addition to completing federally mandated EQR activities, 42 CFR §438.364(a) requires the EQRO to produce a detailed technical report that describes the manner in which data from all activities conducted were aggregated and analyzed, and conclusions drawn as to the quality, accessibility, and timeliness of the care furnished by the MCOs. This document is Qlarant's report to DHCF on the assessment of MCO performance as evaluated during the 2018 measurement year (MY), January 1, 2018 through December 31, 2018.

This Annual Technical Report (ATR) describes EQR methodologies for completing activities; provides MCO performance measure results; summarizes compliance results; and includes an overview of the quality, access, and timeliness of healthcare services provided to the District's Medicaid managed care beneficiaries. Recommendations for improvement are made, and if acted upon, may positively impact beneficiary outcomes.

<sup>6</sup> The EQRO Protocols are available for download at:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-R-305.html>

# Methodology

## Operational Systems Review

OSRs are designed to assess MCO compliance with structural and operational standards, which may influence the quality, accessibility, and timeliness of healthcare services provided to Medicaid beneficiaries. The audit determines MCO compliance with Medicaid managed care regulations found in the CFR and DHCF-specific contractual requirements. The standards include applicable elements of:

- Subpart A: §438.10 - Information Requirements
- Subpart C: §438.100 - Enrollee Rights and Protections
- Subpart D: §438.206 - §438.242 - MCO Standards
- Subpart E: §438.330 - Quality Assessment and Performance Improvement Program
- Subpart F: §438.402 - §438.424 - Grievance and Appeal System
- Subpart B: §440.262 - Access and Cultural Considerations

Qlarant’s review team conducts OSRs in accordance with the CMS EQR protocol, *Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review, Protocol 1, Version 2.0, September 2012*.

## OSR Activities

The OSR team’s systematic approach to completing the review includes three phases of activities: pre-site review, on-site review, and post-site review. These activities are described below in Table 2.

**Table 2. OSR Activities**

<b>Pre-site Review Activities</b>
Provide an orientation to the MCOs on the OSR task
Provide MCOs with standards under review
Receive pre-site documentation including enrollee handbook, provider directory, policies and procedures, and other supporting documents from MCOs and begin review activities
Receive complete lists of appeals/grievances/denials and credentialed and recertified providers for quarters 1-3 of the MY from the MCOs (for record reviews during the on-site OSRs)
Select samples for record reviews and notify the MCOs
Complete pre-site review of documents
<b>On-site Review Activities</b>
Complete on-site reviews including interviews, process demonstrations, and record reviews
Request follow-up documents/evidence of compliance
<b>Post-site Review Activities</b>
Receive and review follow-up documentation
Determine preliminary results
Develop and submit Exit Letter to the MCOs identifying all noncompliant results
Receive responses from MCOs
Complete review of MCO responses and supporting documentation
Finalize results
Submit MCO OSR reports to DHCF

## OSR Assessment

Qlarant evaluates each standard by assessing compliance with all related elements and components. Standards are comprised of elements and components, all of which are individually reviewed and scored. Each standard breaks down into elements and most elements break down into components. Table 3 provides an example of the standard, element, and component structure.

**Table 3. Example of Standard, Element, and Component Structure**

Standard	Enrollee Rights
<b>Element 1</b>	General rule. Each MCO must: (1) have written policies regarding the enrollee rights specified in this section, and (2) comply with any applicable Federal and State laws that pertain to enrollee rights, and ensure that its employees and contracted providers observe and protect those rights. An enrollee has the right to:
<b>Component 1.a</b>	Receive information in accordance with §438.10.
<b>Component 1.b</b>	Be treated with respect and with due consideration for his or her dignity and privacy.

The MCOs are expected to demonstrate 100% compliance with each standard, element, and component. Components for each element are assessed and receive a score based on the finding. Component assessments are then rolled up to the element level, and finally the standard level. Qlarant uses the scale displayed in Table 4 for scoring compliance.

**Table 4. OSR Three-point Scoring Scale**

Assessment	Scoring	Rationale
Met	1 Point	The MCO demonstrates full compliance.
Partially Met	0.5 Point	The MCO demonstrates at least some, but not full, compliance.
Unmet	0 Points	The MCO does not demonstrate compliance on any level.

Aggregate points earned are reported by standard and receive a compliance score based on the percentage of points earned. All assessments are weighted equally, which allows standards with more elements and components to have more influence on a final score. Finally, an overall OSR compliance score is calculated.

Using the compliance scores, a level of confidence in the MCO's OSR results is determined. Table 5 describes the confidence levels.

**Table 5. OSR Level of Confidence**

Level of Confidence	Compliance Score
<b>High Confidence</b> in MCO compliance	95% - 100%
<b>Confidence</b> in MCO compliance	85% - 94%
<b>Low Confidence</b> in MCO compliance	75% - 84%
MCO reported results are <b>Not Credible</b>	<74%

## Summary of the 2018 OSR Activities

Qlarant conducted the on-site OSRs in October 2018. The comprehensive OSR focused on MCO compliance for MY 2018. The MCOs were reviewed against the Medicaid and CHIP managed care standards under the CMS Final Rule.

To ensure MCOs meet requirements and demonstrate compliance, they are expected to develop opportunities for improvement (OFI) action plans for each element or component that was not fully met during the 2018 review. The MCO-developed OFI action plans are due March 8, 2019 and will be reviewed and approved by Qlarant and DHCF. Qlarant will monitor progress with compliance on a quarterly basis in 2019.

## Performance Improvement Project Validation

PIPs are designed to use a systematic approach to quality improvement. A PIP serves as an effective tool in assisting the MCO in identifying barriers and implementing targeted interventions to obtain and sustain improvement in clinical or non-clinical processes. These improvements should lead to improved health outcomes.

DHCF requires the MCOs to conduct four PIPs:

- Improving Perinatal and Birth Outcomes Collaborative
- Pediatric Asthma Collaborative
- Comprehensive Diabetes Care (new for MY 2017)
- Behavioral Health (new for MY 2017)

The MCOs must measure performance using objective quality indicators, implement system interventions to achieve quality improvement, evaluate the effectiveness of the interventions, and plan and initiate activities for increasing or sustaining improvements. Qlarant's PIP review team uses the CMS protocol, *Validating Performance Improvement Projects (PIPs)—A Mandatory Protocol for External Quality Reviews, Protocol 3, Version 2.0, September 2012*, as a guide in PIP review activities. The validation is aimed at evaluating whether or not the PIPs were designed, conducted, and reported in a sound manner and the degree of confidence DHCF can have in the reported results. Table 6 describes Qlarant's PIP validation steps and summarizes the requirements for the project.

**Table 6. PIP Validation Process**

10-Step PIP Validation Process
1. <b>Study Topic.</b> The study topic should be appropriate and relevant to the MCO's population.
2. <b>Study Question.</b> The study question(s) should be clear, simple, and answerable.
3. <b>Study Indicator(s).</b> The study indicator(s) should be meaningful, clearly defined, and measurable.
4. <b>Study Population.</b> The study population should reflect all individuals to whom the study questions and indicators are relevant.
5. <b>Sampling Methodology.</b> The sampling method should be valid and protect against bias.
6. <b>Data Collection Procedures.</b> The data collection procedures should use a systematic method of collecting valid and reliable data that represents the entire study population.
7. <b>Improvement Strategies.</b> The improvement strategies, or interventions, should be reasonable and address barriers on a system-level.



10-Step PIP Validation Process	
8. <b>Data Analysis/Interpretation.</b>	The study findings, or results, should be accurately and clearly stated. A comprehensive quantitative and qualitative analysis should be provided.
9. <b>Real Improvement.</b>	Project results should be assessed as real improvement.
10. <b>Sustained Improvement.</b>	Sustained improvement should be demonstrated through repeated measurements.

## PIP Validation Assessment

Qlarant evaluates each step following a series of questions within the 10-step validation tool, based on the CMS PIP Review Worksheet. As reviewers conduct the validation, each component within a step is assessed for compliance and results for each step are rolled up and receive a determination of Met, Partially Met, or Unmet. A description of each determination is provided below in Table 7.

**Table 7. PIP Validation Assessments**

Assessment	Rationale
Met	The MCO demonstrates full compliance.
Partially Met	The MCO demonstrates at least some, but not full, compliance.
Unmet	The MCO does not demonstrate compliance on any level.

Each step then receives a numeric score as defined in Table 8. Steps that are evaluated as fully met receive all available points. Steps that are partially met receive half of the available points. Steps not meeting requirements do not receive any points.

**Table 8. PIP Scoring**

Validation Steps	Available Points
Step 1. Study Topic	10
Step 2. Study Question(s)	5
Step 3. Study Indicator(s)	10
Step 4. Study Population	5
Step 5. Sampling Method	5
Step 6. Data Collection Procedures	10
Step 7. Improvement Strategies (Interventions)	15
Step 8. Study Findings	15
Step 9. Real Improvement	10
Step 10. Sustained Improvement	15
Total: 100	

Using the numeric scoring, based on applicable validation steps, a level of confidence in the MCO's PIP results is determined. Table 9 describes the confidence levels.

**Table 9. PIP Level of Confidence**

Level of Confidence	Score
<b>High Confidence</b> in MCO reported results	90% - 100%
<b>Confidence</b> in MCO reported results	75% - 89%
<b>Low Confidence</b> in MCO reported results	60% - 74%
MCO reported results are <b>Not Credible</b>	<59%

## Summary of the 2018 PIP Validation Activities

The MCOs submitted their PIP reports in July 2018. The MCOs reported their third remeasurement results for the two collaborative PIPs (Perinatal and Birth Outcomes and Pediatric Asthma). The MCOs were also required to update their barrier analyses, interventions, and analyses of results. On an annual basis, the MCOs are expected to conduct thorough data analyses, understand and report on the impact of interventions, and identify follow up activities that aim to improve performance. The Comprehensive Diabetes Care and Behavioral Health PIPs were new in 2018 and used MY 2017 as their baseline performance. The MCOs provided a rationale for the study topic and were also required to conduct a barrier analysis and identify planned interventions.

The MCOs reported results for the PIP performance measures identified below.

### Improving Perinatal and Birth Outcomes:

- The number of neonates delivered during the MY with birth weight <2,500 grams.
- The number of neonates delivered during the MY with gestational age <37 weeks.
- The number of pregnancies ending in miscarriage or fetal loss (early or late).
- The number of women who did not receive an HIV test during the pregnancy prior to giving birth.
- The number of unduplicated pregnancies during the MY with one or more adverse outcomes.
- The number of infant deaths (age 0-365 days) due to any cause during the MY.

### Pediatric Asthma:

- The number of children in the eligible population, ages 2-20, who had one or more emergency department (ED) visit with a principle diagnosis of asthma during the MY.
- The number of children in the eligible population, ages 2-20, who had one or more acute hospital inpatient admission with a principle diagnosis of asthma during the MY.
- Asthma Medication Ratio
- Medication management for people with asthma—the number of members in the eligible population, ages 2-20, who were dispensed appropriate asthma controller medications that they remained on during the treatment period during the MY:
  - The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
  - The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

#### Comprehensive Diabetes Care:

- Hemoglobin A1c (HbA1c) Testing
- HbA1c Poor Control (>9%)
- HbA1c Control (<8%)
- HbA1c Control (<7%) for a Selected Population
- Eye Exam (Retinal) Performed
- Medical Attention for Nephropathy
- Blood Pressure Control (< 140/90 mm Hg)

#### Behavioral Health:

- Follow-Up After Hospitalization for Mental Illness—7 Day Follow-Up
- Follow-Up After Hospitalization for Mental Illness—30 Day Follow-Up
- Antidepressant Medication Management—Effective Acute Phase Treatment
- Antidepressant Medication Management—Effective Continuation Phase Treatment

## Performance Measure Validation

The purpose of conducting the PMV activity is to evaluate the accuracy and reliability of the performance measures produced and reported by the MCO and to determine the extent to which the MCO followed specifications established by DHCF for calculating and reporting the measures. Accuracy and reliability of the reported rates are essential to ascertaining whether the MCO's quality improvement efforts have resulted in improved health outcomes. The validation process allows DHCF to have confidence in MCO performance measure results and allows for accurate MCO comparisons.

Qlarant's PMV audit team utilizes methods consistent with the EQR Protocol, *Validation of Performance Measures Reported by the MCO, Protocol 2, Version 2.0*, to assess the MCO's performance measure data collection and reporting processes. The validation process is interactive and concurrent to the MCO calculating the performance measures. Validation activities occur before, during, and after a site visit to the MCO and include two principle components:

- An overall assessment of the MCO's information systems capability to capture and process data required for reporting.
- An evaluation of the processes (e.g. source code programs) that the MCO used to prepare each measure.

#### Essential PMV activities include:

- Review of the MCO's data systems and processes used to construct the measures.
- Assessment of the calculated rates for algorithmic compliance to required specifications.
- Verification that the reported rates are reliable and based on accurate sources of information.

Information from several sources is used to satisfy the validation requirements. These sources include, but are not limited to, the following documents provided by the MCO:

- Information Systems Capabilities Assessment (ISCA)

- Policies and Training Materials
- Source Code
- HEDIS Final Audit Report, if available
- Other documentation (e.g. specifications, data dictionaries, program source code, data queries, policies and procedures) for review prior to or during the site visit
- Observations made during the site visit
- Interviews with MCO staff
- Information submitted as part of the follow-up items requested after the site visit

Throughout the review process, the audit team works closely with MCO quality staff to obtain appropriate documentation, prepare for the site visit, and follow-up on issues not resolved during the site visit. The pre-site, on-site, and post-site validation activities are described in Table 10.

**Table 10. PMV Activities**

<b>Pre-site Review Activities</b>
Provide an orientation to the MCOs on the PMV task
Receive ISCA and pre-site documentation, including source code, from MCOs
Complete pre-site review and share initial findings with MCOs; request follow-up items
Hold pre-site calls with the MCOs to discuss the site visits and any concerns with the source code
<b>On-site Review Activities</b>
Complete on-site reviews
Request follow-up items
<b>Post-site Review Activities</b>
Receive follow-up items, updated source code, and attestation from the MCOs
Receive requested sample of medical records from MCOs, if applicable
Complete medical record over-read and provide feedback to MCOs for any corrections required prior to final reporting, if applicable
Close out follow-up items
Receive final rates from MCOs
Approve final rates and complete PMV reporting
Submit MCO PMV reports to DHCF

## PMV Assessment

The MCO's final PMV report details MCO performance against information systems standards and measure specifications. When the MCO is fully compliant with the standard, a designation of Met (M) is assigned and the MCO receives 100% of available points. If the MCO is not fully compliant, a designation of Unmet (UM) is assigned and the MCO receives no points. Qlarant scores MCO findings for Documentation, Denominator, Numerator, and Sampling using a 100 point scale and provides a confidence level based on the final score. Table 11 describes the confidence levels and corresponding scoring.

**Table 11. PMV Level of Confidence**

Level of Confidence	Score
<b>High Confidence</b> in MCO reported results	90% - 100%
<b>Confidence</b> in MCO reported results	80% - 89%
<b>Low Confidence</b> in MCO reported results	75% - 79%
MCO reported results are <b>Not Credible</b>	<74%

Additionally, each performance measure receives a reporting designation. The four designations are described in Table 12.

**Table 12. PMV Performance Measure Designations**

Designation	Rationale
<b>R</b> – Reportable Rate or Numeric Result	The MCO followed the specifications and produced a reportable rate or result for the measure.
<b>NA</b> – (Not Applicable) Small Denominator	The MCO followed the specifications, but the denominator was too small (<30) to report a valid rate.
<b>NB</b> – No Benefit (Benefit Not Offered)	The MCO did not offer the health benefits required by the measure (e.g., Mental Health/Chemical Dependency).
<b>NR</b> – Not Reportable	The calculated rate was materially biased. The MCO chose not to report or was not required to report the measure.

## Summary of 2018 PMV Activities

Qlarant conducted two types of PMV audits in 2018. The first audit focused on the PIP performance measures and the second audit focused on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) performance measures.

The PIP PMV included a review of the performance measures for the four PIPs: (1) Improving Perinatal and Birth Outcomes, (2) Pediatric Asthma, (3) Comprehensive Diabetes Care, and (4) Behavioral Health. The on-site audits were conducted in May 2018 and focused on MY 2017 performance.

The EPSDT PMV on-site reviews were completed in October 2018. The review focused on federal fiscal year (FY) 2018 (October 1, 2017 through September 30, 2018). Findings for the EPSDT PMV are included in Appendix A3.

The MCOs are expected to demonstrate full compliance and produce reportable performance measure rates.

## Network Adequacy Validation

The MCOs are expected to meet Federal and contractual requirements relating to provider availability, geographic and physical access, and timely access to appointments and services to ensure an adequate provider network. Provider directory information must be accurate to ensure members have access to correct contact information. Provider networks that satisfactorily meet requirements facilitate member access and opportunity to obtain preventive and diagnostic medical care, and treatment. An adequate network may enhance appropriate utilization of care and services.

## Summary of 2018 NAV Activities

To complete the MY 2018 NAV task, Qlarant developed a methodology that enabled an independent review of key network adequacy elements to provide DHCF with a comprehensive review of each MCO's provider network. The provider network infrastructure was evaluated through multiple means using data and results from Geographic Access Reports and Access and Availability Surveys reported by the MCOs. In addition to analyzing MCO data and results, Qlarant also conducted independent telephone surveys to assess the effectiveness of the network in addressing the needs of the member population. The MCO provider directories were used as source information for validation activities. These surveys were conducted July through December 2018.

The analysis evaluated the following dimensions of access and availability:

- **Provider Capacity and Geographic Distribution.** Analysis of MCO Reported Geographic Access Reports.
- **Provider Accessibility.** Ability to successfully contact providers using data provided by the MCO and accuracy of provider contact information located within each MCO's online provider directory.
- **Provider Availability.** Provider acceptance of new patients, compliance with appointment time standards set forth in the MCO contractual requirements, and after-hours accessibility.
- **Comparative Evaluation.** Impact of results from the Qlarant telephone surveys on the MCO's reported provider network.

## Aggregation and Analysis of EQR Results

Findings from the EQR activities conducted by Qlarant, as well as the MCOs' HEDIS and CAHPS measures, are aggregated and analyzed by Qlarant to provide a comprehensive evaluation of the MCOs' performance. HEDIS and CAHPS performance measures have become an invaluable evaluation tool used to gauge performance. Because the District requires its MCOs to report HEDIS and CAHPS rates, and many health plans across the nation collect this data, it is possible to compare performance among DHCF-contracted MCOs, and to national Medicaid benchmarks.

Information obtained through the EQR activities was aggregated and analyzed to assess MCO performance in the areas of quality, access, and timeliness of services. In aggregating and analyzing the data, Qlarant allocated standards and/or measures from each activity to domains indicative of quality, access, or timeliness to care and services. Qlarant has adopted the following definitions for quality, access, and timeliness in performing the MCO assessments:

- **Quality**, as stated in the federal regulations as it pertains to EQR, is the degree to which an MCO... "increases the likelihood of desired outcomes of its enrollees through (1) its structural and operational characteristics, (2) the provision of services that are consistent with current professional, evidenced-based-knowledge, and (3) interventions for performance improvement." (CFR §438.320).
- **Access** (or accessibility), as defined by NCQA, is "the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of scheduling an appointment. The intent is that each organization provides and maintains



appropriate access to primary care, behavioral health care, and member services” (*NCQA Health Plan Standards and Guidelines*).

- **Timeliness**, as stated by the Institute of Medicine is “reducing waits and sometimes harmful delays” and is interrelated with safety, efficiency, and patient-centeredness of care. Long waits in physicians’ offices or emergency rooms and long waits for test results may result in physical harm. For example, a delay in test results can cause delayed diagnosis or treatment—resulting in preventable complications.

Findings are compared across MCOs, to the District-wide weighted averages,<sup>7</sup> and to national Medicaid benchmarks where available.

## Quality Findings

This ATR assessment of quality encompasses key areas of MCO operations likely to impact member health outcomes, care delivery, and the experience of receiving care. Therefore, the quality domain focuses on MCO compliance, PIP initiatives, and HEDIS and CAHPS results indicative of quality systems. In addition, Qlarant assessed whether DHCF’s Division of Quality and Health Outcomes (DQHO) achieved its strategic goals pertinent to the managed care program. Qlarant also conducted an analysis of the MCOs’ progress in resolving operational issues that were identified as opportunities for improvement from the prior year’s OSR activities.

### DHCF Quality Strategy

In addition to requirements that MCOs have quality programs in place, Federal regulations (42 CFR §438.340(a)) mandate that each state contracting with a managed care entity draft and implement a written quality strategy for assessing and improving the quality of healthcare and services provided by the managed care entities. The DHCF DQHO has the responsibility to develop and maintain the District’s Quality Strategy. The DHCF Quality Strategy guides the activities within the agency toward health delivery transformation utilizing quality improvement and performance measurement, and links health outcomes to payment. The most recent Quality Strategy integrates established aims from the following key initiatives:

- The National Strategy for Quality Improvement in Health Care and CMS Quality Strategy in pursuit of “Triple Aim”
- Healthy People 2020
- DC Healthy People 2020
- The DC Mayoral priority of *A Healthy Community*
- DC State Health Innovation Plan (SHIP)

DHCF’s Quality Strategy reflects both current and planned activities aimed at improving healthcare services and outcomes for Medicaid managed care members. The most recent Quality Strategy includes three goals: (1) ensure access to a full range of primary, clinic-based, hospital, mental health, and

<sup>7</sup> Weighted averages allow the MCOs with more enrollees to have more relevance on an aggregate rate. Weighted averages are used in HEDIS® and HEDIS®-like performance measures. Simple or straight averages are preferred in survey data and are used in the CAHPS® survey analyses.

specialty care services for managed care members; (2) ensure the proper management and coordination of care as a means of improving beneficiaries' health outcomes while promoting efficiency in the utilization of services; and (3) establish greater control and predictability over the District's spending on health care and link payment to quality.

## DHCF Efforts to Improve Quality

To achieve the Quality Strategy goals, beginning in FY 2014, DHCF developed a proactive approach to early identification of areas for concern through quarterly monitoring and reporting of MCO performance on:

- Member utilization financial condition
- Administrative performance
- Case management outcomes
- Network adequacy of health plan services
- Medical care expenditures and loss ratios

The most recent annual report, *District of Columbia's Managed Care End-of-Year Report (January 2017-December 2017)*, summarized findings for MCO financial and administrative performance, medical spending and beneficiary utilization, and care coordination in relation to its pay-for-performance (P4P) programs. In 2017, the MCOs spent approximately \$40 million on patient care that may have been avoided through the use of more aggressive care coordination strategies. This, however, is an improvement from the \$53 million in avoidable spending in 2016. Effective October 2016, the three risk-based MCOs were required to meet performance goals by reducing the frequency of the following three patient outcomes:

1. potentially preventable admissions (PPA)
2. low acuity non-emergent (LANE) visits
3. 30-day hospital readmissions for all-causes

The P4P program is funded through a two percent withhold of each MCO's actuarially sound capitation payments for the corresponding period. The first withhold period was in effect from October 1, 2016 through September 30, 2017 (FY 2017). When comparing FY 2017 results to baseline results, only THP met the minimum standards on all P4P measures for full recoupment of the capitation withhold.

DHCF requires all MCOs to collect and submit annual audited HEDIS performance measures and CAHPS survey results. DHCF has set performance goals for these measures at the National Medicaid 75<sup>th</sup> percentiles. However, MY 2017 reported rates show that the District weighted average was below the 75<sup>th</sup> percentile for most HEDIS and CAHPS measures. DHCF requires MCOs to implement OFI plans for all measures not meeting the 75<sup>th</sup> percentile benchmark.

DHCF worked with Qlarant on developing a consumer report card template in 2018. In future reporting years, information contained in the consumer report card, such as reports on key health care quality priority areas and patient satisfaction, will assist new enrollees in making valid comparisons between available MCOs which will also assist Medicaid enrollees in selecting a suitable participating MCO. Ultimately, the consumer report card will provide a mechanism to stimulate quality improvement, data transparency, and accountability among the District's MCOs.

DHCF is currently in the process of updating its Quality Strategy which will be released in 2019.

## Operational Systems Review

The MCOs are expected to be fully compliant with federal and contractual requirements. Compliance is assessed through an annual OSR. The comprehensive OSR completed in 2018 included a review of all applicable elements in the CFR. Table 13, displayed below, includes MCO OSR scores by standard for both 2017 and 2018 to demonstrate progress since the baseline assessment with the new standards in 2017.

**Table 13. MCO OSR Scores by Standard, 2017 and 2018**

OSR Standard	ACDC		AGP		HSCSN		THP	
	2017	2018	2017	2018	2017	2018	2017	2018
Subpart A: §438.10 - Information Requirements	95%	95%	93%	97%	89%	90%	87%	90%
Subpart C: §438.100 - Enrollee Rights and Protections	100%	100%	69%	100%	63%	100%	67%	100%
Subpart D: §438.206 - §438.242 - MCO Standards	99%	98%	99%	96%	94%	92%	95%	93%
Subpart E: §438.330 - Quality Assessment and Performance Improvement Program	100%	100%	100%	100%	93%	86%	100%	86%
Subpart F: §438.402 - §438.424 - Grievance and Appeal System	97%	95%	76%	96%	69%	89%	70%	88%
Subpart B: §440.262 - Access and Cultural Consideration*	100%	100%	50%	100%	50%	50%	50%	100%
<b>Overall Weighted Score</b>	<b>97%</b>	<b>97%</b>	<b>87%</b>	<b>96%</b>	<b>82%</b>	<b>90%</b>	<b>82%</b>	<b>91%</b>

\*The Access and Cultural Consideration standard consists of a single element. Therefore, a partially met finding equates to a 50% compliance rating.

While ACDC sustained its overall score of 97%, all other MCOs demonstrated improvement in 2018. Overall, AGP and THP each improved by nine percentage points, while HSCSN improved by eight percentage points.

The Table 14 contains 2018 MCO scores along with the MCO averages by standard.

**Table 14. MCO OSR Scores and MCO Averages by Standard, 2018**

OSR Standard	ACDC	AGP	HSCSN	THP	MCO Average
Subpart A: §438.10 - Information Requirements	95%	97%	90%	90%	93%
Subpart C: §438.100 - Enrollee Rights and Protections	100%	100%	100%	100%	100%
Subpart D: §438.206 - §438.242 - MCO Standards	98%	96%	92%	93%	95%
Subpart E: §438.330 - Quality Assessment and Performance Improvement Program	100%	100%	86%	86%	93%
Subpart F: §438.402 - §438.424 - Grievance and Appeal System	95%	96%	89%	88%	92%
Subpart B: §440.262 - Access and Cultural Consideration*	100%	100%	50%	100%	88%
<b>Overall Weighted Score</b>	<b>97%</b>	<b>96%</b>	<b>90%</b>	<b>91%</b>	<b>94%</b>

\*The Access and Cultural Consideration standard consists of a single element. Therefore, a partially met finding equates to a 50% compliance rating.

MCO performance by standard follows:

- **Information Requirements.** Performance ranged from 90% (HSCSN and THP) to 97% (AGP).
- **Enrollee Rights and Protections.** All MCOs scored a commendable 100%.
- **MCO Standards.** Scores ranged from 92% (HSCSN) to 98% (ACDC).
- **Quality Assessment and Performance Improvement Program.** ACDC and AGP each scored 100% while HSCSN and THP each scored 86%.
- **Grievance and Appeal System.** Performance ranged from 88% (THP) to 96% (AGP).
- **Access and Cultural Consideration.** This standard consisted of a single review element where ACDC, AGP, and THP were fully compliant and scored 100%. HSCSN was assessed as being partially compliant and therefore received a score of 50%.

For 2018, the overall weighted scores ranged from 90% (HSCSN) to 97% (ACDC). The overall MCO average was 94%.

ACDC and AGP's performance met or exceeded the MCO average performance ratings for each standard under review in 2018. Their overall weighted scores were 97% and 96%, respectively, indicating "high confidence" in their compliance with federal and District requirements.

Both HSCSN and THP performed below the MCO average ratings with the following exceptions: Both HSCSN and THP were 100% compliant with the Enrollee Rights and Protections standard. Also, THP was 100% compliant with Access and Cultural Considerations requirements. Their overall weighted scores were 90% for HSCSN and 91% for THP, yielding "confidence" in their compliance with federal and District requirements.

Multiple standards of the OSR relate to the MCOs' quality structures and procedures used to ensure quality services are provided to the Medicaid managed care beneficiaries according to federal and contractual requirements. Table 15 includes quality-related elements for each applicable standard and

2018 results for each MCO. Results are indicated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

**Table 15. MCO OSR Results for Quality, 2018**

OSR Standard	ACDC	AGP	HSCSN	THP
<b>Subpart C: Enrollee Rights and Protections</b>				
§438.100 Enrollee Rights	M	M	M	M
<b>Subpart D: MCO Standards</b>				
§438.208 Coordination and Continuity of Care	M	M	M	M
§438.210 Coverage and Authorization of Services	M	M	M	M
§438.214 Provider Selection	M	M	M	M
§438.224 Confidentiality	M	M	M	M
§438.230 Subcontractual Relationships and Delegation	M	M	M	M
§438.236 Practice Guidelines	M	M	M	M
§438.242 Health Information Systems	M	M	M	M
<b>Subpart E: Quality Measurement and Improvement</b>				
§438.330 Quality Assessment and Performance Improvement Program	M	M	PM	PM
<b>Subpart F: Grievance and Appeal System</b>				
§438.402 General Requirements	M	M	PM	M
§438.406 Handling of Grievances and Appeals	M	PM	PM	PM
§438.414 Information About the Grievance and Appeal System to Providers and Subcontractors	M	M	PM	PM
§438.416 Recordkeeping Requirements	M	M	M	M
§438.420 Continuation of Benefits While the MCO Appeal and the State Fair Hearing are Pending	PM	M	PM	PM
§438.424 Effectuation of Reversed Appeal Resolutions	M	M	M	M

Overall, the results for the quality-related elements of the OSR were mixed.

- **Enrollee Rights and Protections.** All MCOs were fully compliant with this standard.
- **MCO Standards.** All MCOs were fully compliant with the quality-related elements of the MCO Standards.
- **Quality Assessment and Performance Improvement Program.** ACDC and AGP met requirements of this standard while HSCSN and THP met some, but not all requirements.
- **Grievance and Appeal System.** Results were largely mixed with met and partially met findings. All MCOs met Recordkeeping Requirements and Effectuation of Reversed Appeal Resolutions.

## Performance Improvement Project Validation

DHCF's effort to improve healthcare outcomes through quality improvement efforts requires the MCOs to conduct and report on PIPs. Qlarant reviewed and validated four PIPs for each MCO:

- Improving Perinatal and Birth Outcomes Collaborative
- Chronic Condition (Pediatric Asthma) Collaborative
- Comprehensive Diabetes Care
- Behavioral Health

The first two PIPs were developed as collaborative quality improvement initiatives in 2015 and used MY 2014 results as the baseline. After project implementation, each year, the MCOs are expected to conduct a barrier analysis, complete a thorough data analysis, review intervention effectiveness, and make adjustments as necessary. The MCOs are expected to improve performance and sustain improvements in each PIP performance measure.

The second two PIPs were initiated in 2018 and used MY 2017 as baseline. While the second set of PIPs are mandated PIP topics by DHCF, they are not collaborative projects. Individually, the MCOs must ensure completion of a thorough barrier analysis and development of targeted interventions.

The 2018 review and validation included an assessment of MY 2017 activities and results. PIP validation and performance measure results are included in Tables 16-23. Validation steps were rated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

AGP's PIP submissions were limited due to its October 2017 contract start date and limited data. Therefore, numerous elements were scored as NA for the MCO. MY 2018 results will serve as the MCO's baseline period in future reporting.

## Improving Perinatal and Birth Outcomes PIP

**Improving Perinatal and Birth Outcomes PIP Validation Results.** Table 16 includes the Improving Perinatal and Birth Outcomes PIP validation results.

**Table 16. Improving Perinatal and Birth Outcomes PIP Validation Results, 2018 (MY 2017)**

PIP Validation Step	ACDC	AGP*	HSCSN	THP
1. Assess the Study Topic	M	M	M	M
2. Review the Study Questions	M	M	M	M
3. Review the Selected Study Indicator(s)	M	M	M	M
4. Review the Study Population	M	M	M	M
5. Review Sampling Methodologies	NA	NA	NA	NA
6. Review Data Collection Procedures	M	M	M	M
7. Assess Improvement Strategies	M	M	PM	M
8. Review Data Analysis & Interpretation of Study Results	M	NA	PM	PM
9. Assess Whether Improvement is Real Improvement	M	NA	PM	PM
10. Assess Sustained Improvement	M	NA	M	M
PIP Score	100%	100%	79%	87%

\*Steps 8-10 were not applicable for AGP as the MCO had limited data for MY 2017 due to the contract start date.

The MCOs were fully compliant with the following validation steps: 1-4, 6, and 10 (as applicable). Step 5, Sampling Methodology, was not applicable as the entire study population was studied and sampling was not required. HSCSN received a PM finding for Step 7, Improvement Strategies, as the MCO did not include a description of the collaborative intervention—the Obstetric (OB) Authorization and Initial



Assessment form. When providers complete and return the form to the MCOs in a timely manner, MCOs are able to evaluate the needs of the pregnant women and implement interventions accordingly. For Step 8, Data Analysis & Interpretation of Study Results, HSCSN was scored down as it did not describe the effectiveness of the collaborative intervention, and THP's partially met finding was a result of the MCO not consistently following its data analysis plan. While all MCOs demonstrated improvement in at least one performance measure, HSCSN and THP received a partially met assessment for Step 9, Real Improvement, because there was no evidence that the improvement was statistically significant. However, all MCOs sustained improvement, compared to baseline performance, in at least one performance measure, as evaluated in Step 10. The overall PIP scores ranged from 79% (HSCSN) to 100% (ACDC and AGP). DHCF and other stakeholders can have "High Confidence" in ACDC and AGP's PIP results. HSCSN and THP's results yield a "Confidence" rating.

**Improving Perinatal and Birth Outcomes PIP Performance Measure Results.** The Improving Perinatal and Birth Outcomes PIP performance measure results are displayed in Table 17. The performance measures are inverse measures, meaning a lower rate indicates better performance. Positive trends (consecutive annual improvement in performance) appear in green, while negative trends (consecutive annual decline in performance) appear in red.

**Table 17. Improving Perinatal and Birth Outcomes PIP Performance Measure Results**

PIP Performance Measure	MY	ACDC %	AGP %	HSCSN %	THP %	MCO Weighted Average <sup>+</sup>
Neonates with weight <2,500 grams	2014	10.15	-	12.69	1.03	7.36
	2015	13.76	-	15.05	2.54	8.41
	2016	11.15	-	20.56	6.35	8.67
	2017	12.06	-	10.00	6.26	10.77
Neonates <37 weeks gestational age	2014	9.91	-	14.93	1.86	7.91
	2015	12.08	-	7.53	3.93	7.79
	2016	8.85	-	14.02	4.40	7.26
	2017	3.83	-	12.50	5.58	4.45
No maternal HIV testing	2014	65.87	-	5.97	77.56	64.63
	2015	52.96	-	4.30	35.03	41.29
	2016	16.56	-	0.00	15.15	16.05
	2017	9.88	-	1.25	14.89	10.70
Miscarriage or fetal loss	2014	13.02	-	15.67	5.07	11.31
	2015	9.73	-	17.20	7.74	10.45
	2016	15.29	-	4.67	11.56	15.02
	2017	11.25	-	17.50	9.64	11.09
Unduplicated pregnancies with one or more adverse event*	2015	67.94	-	38.71	45.05	53.63
	2016	40.97	-	31.78	34.20	35.57
	2017	32.67	-	25.00	32.83	32.48

PIP Performance Measure	MY	ACDC %	AGP %	HSCSN %	THP %	MCO Weighted Average <sup>+</sup>
Infant death rate	2014	0.12	-	0.98	0.13	0.14
	2015	0.05	-	0.33	0.21	0.08
	2016	0.10	-	0.67	0.00	0.06
	2017	0.35	-	0.00	0.00	0.24

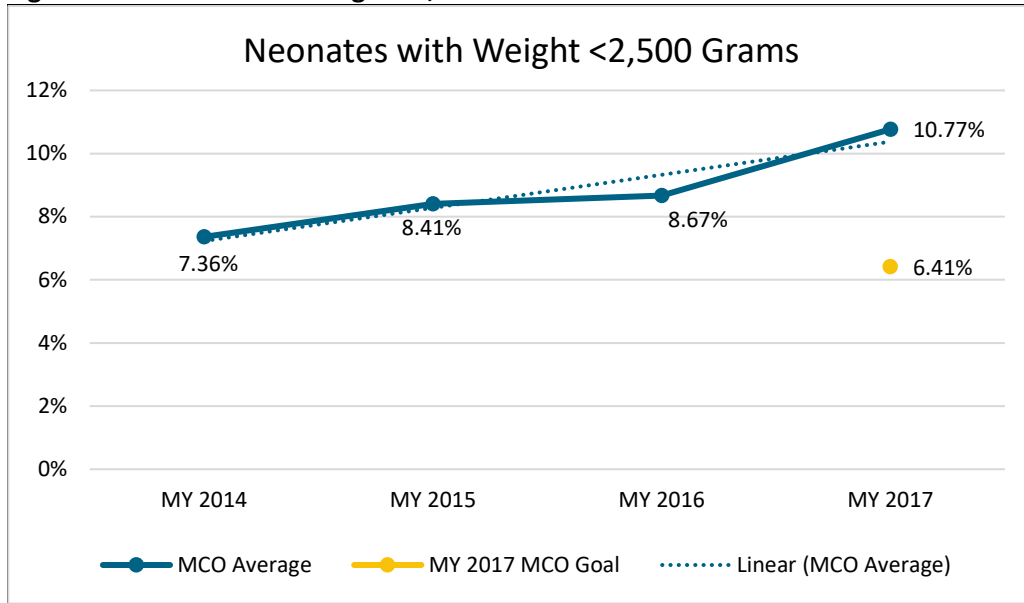
+ Weighted Averages for MY 2014-2016 included results for MedStar Family Choice (MFC). Effective 10/1/2017, MFC no longer provided MCO services and was replaced by Amerigroup District of Columbia (AGP). The weighted average for MY 2017 is based on results for ACDC, HSCSN, and THP.

\* Unduplicated pregnancies was introduced as a new measure in MY 2015. Results were not available for MY 2014.

- AGP became operational 10/1/17; therefore, MY 2017 results are not available.

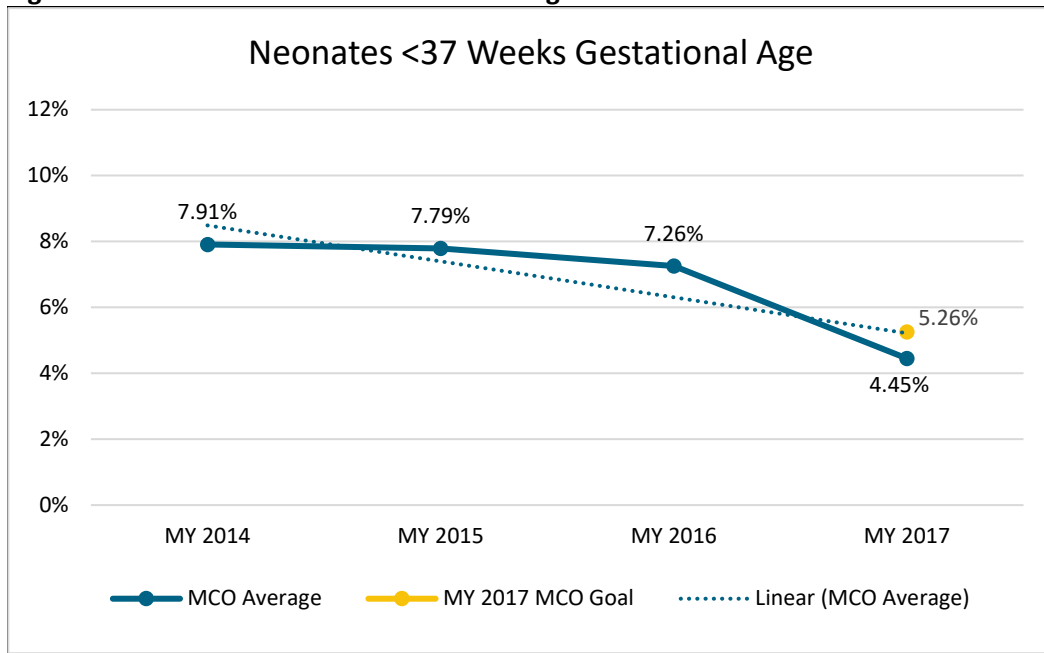
Figures 1-6 graphically display annual MCO weighted averages, the MY 2017 goal, and trend line for each Improving Perinatal and Birth Outcomes PIP performance measure. Lower rates indicate better performance.

**Figure 1. Neonates with Weight <2,500 Grams**



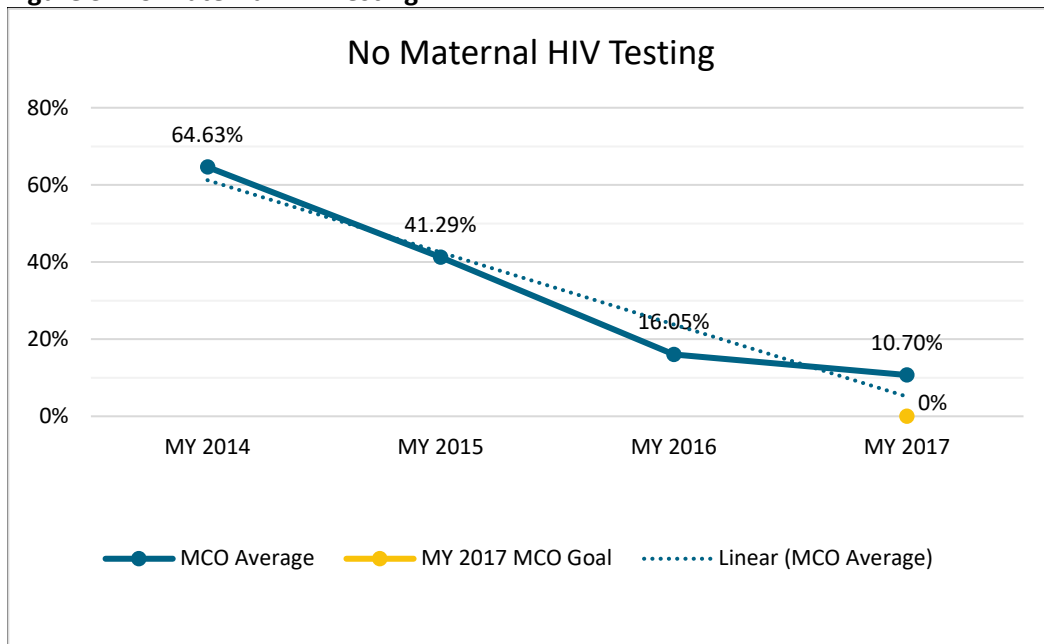
**Neonates with Weight <2,500 Grams.** The MCO weighted average worsened each year going from 7.36% to 10.77%. The MY 2017 goal (6.41%) was not met.

**Figure 2. Neonates <37 Weeks Gestational Age**



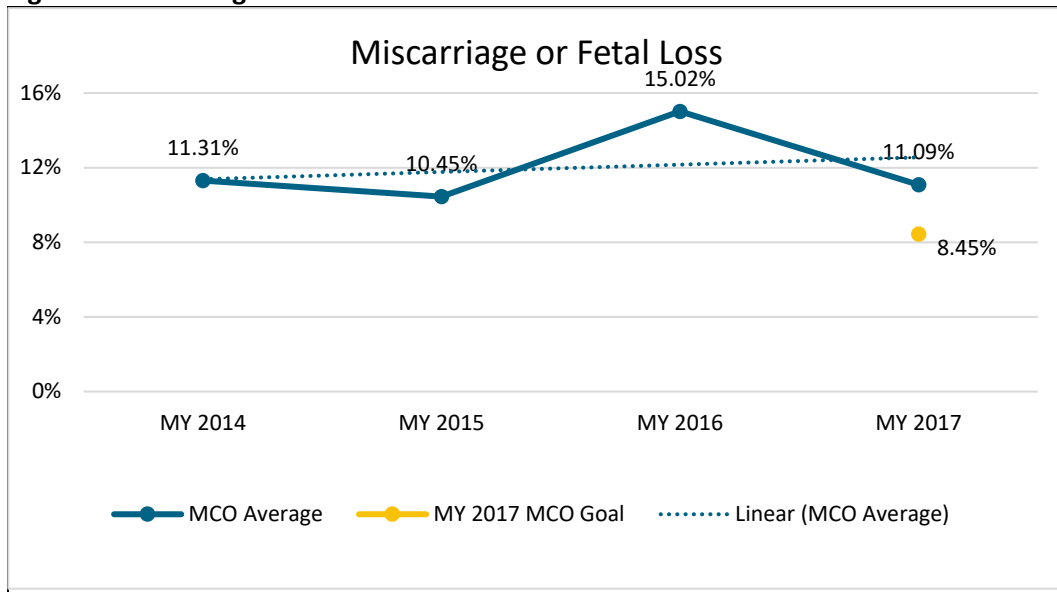
**Neonates <37 Weeks Gestational Age.** The MCO weighted average demonstrated annual improvement moving from 7.91% to 4.45%. MY 2017 performance exceeded the goal of 5.26%.

**Figure 3. No Maternal HIV Testing**



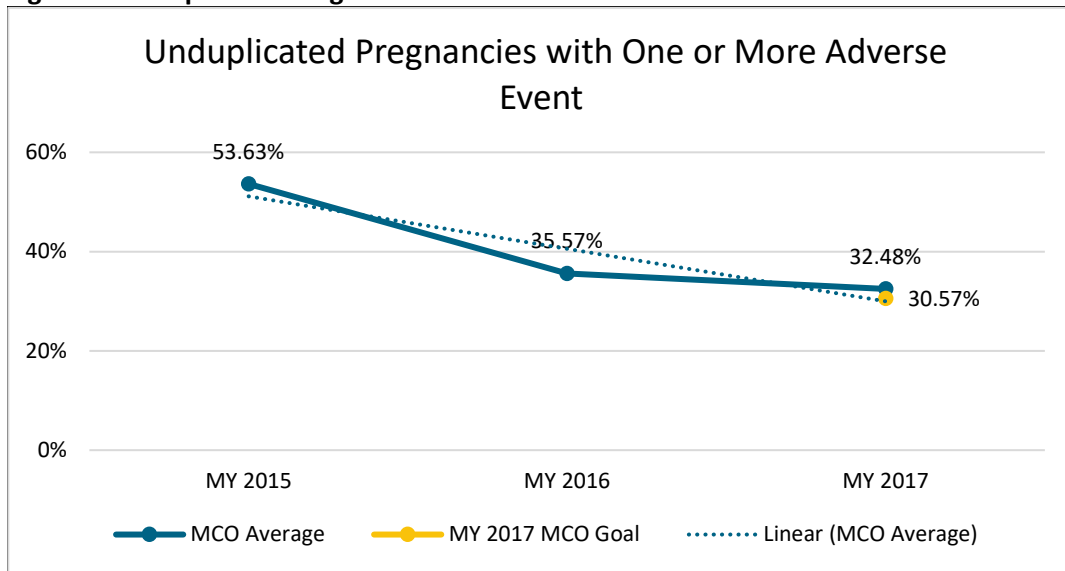
**No Maternal HIV Testing.** While, year over year improvement was demonstrated in the measure, the goal of 0% was not met.

**Figure 4. Miscarriage or Fetal Loss**

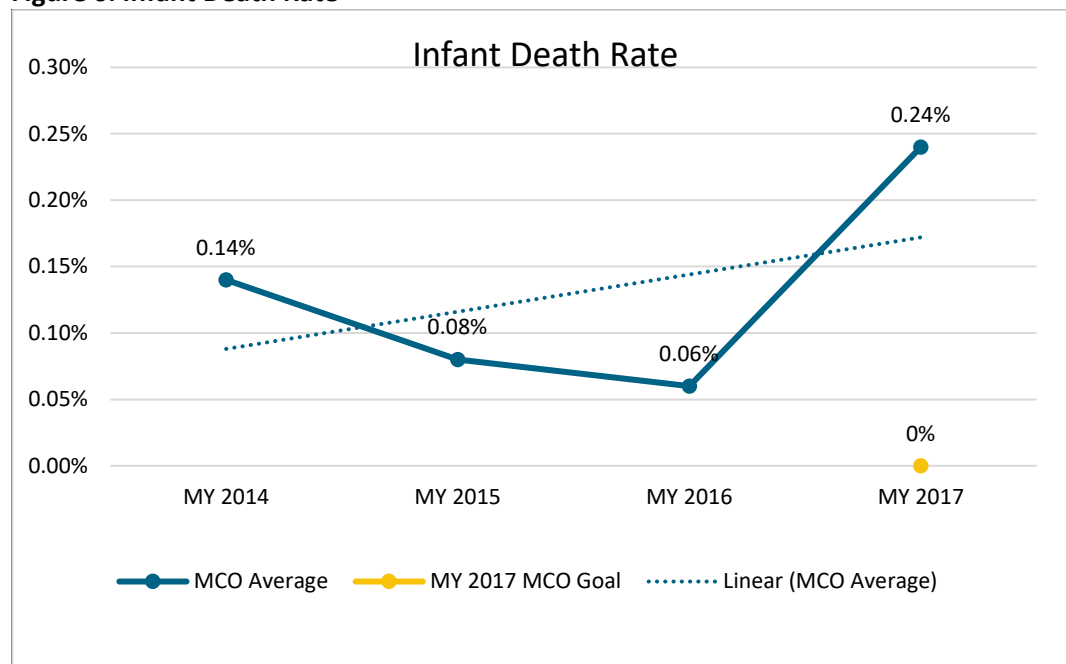


**Miscarriage or Fetal Loss.** With the exception of the spike in MY 2016, performance has remained relatively stable for the measure. The goal (8.45%) was not met.

**Figure 5. Unduplicated Pregnancies with One or More Adverse Event**



**Unduplicated Pregnancies With One or More Adverse Event.** This performance measure was introduced during MY 2015; therefore, only three years of results are available. Annual improvement was demonstrated; however, the MY 2017 goal (30.57%) was not achieved.

**Figure 6. Infant Death Rate**

**Infant Death Rate.** After demonstrating annual improvement from MY 2014-MY 2016, an increase in infant deaths occurred in MY 2017. The MY 2017 goal of 0% was not achieved.

**Improving Perinatal and Birth Outcomes PIP Barriers.** On an annual basis, MCOs conduct a barrier analysis, including the identification of member, provider, and MCO barriers. It is critical for MCOs to understand their barriers to improvement in order to develop interventions that will positively impact performance. All MCOs identified lack of provider compliance with timely completion and submission of the OB Authorization and Initial Assessment Form as an ongoing problem that severely limits the MCOs' ability to identify pregnant members early in pregnancy. Prompt identification of pregnancies and early initiation of prenatal care are essential to positive birth outcomes. Other MCO specific barriers include:

- Member ability to access services in non-business hours.
- Lack of member and provider awareness regarding the MCO's OB case management program and community based partnerships.
- Lack of members' understanding of recommended routine prenatal care.
- Lack of members seeking prenatal care.
- Membership is transient with frequent changes in residence and telephone contact information.
- Member lack of knowledge on infant care and health needs.
- Issues with members not keeping their appointments.
- Limited resources to conduct outreach to members without a working telephone.
- Some pregnant members continue to smoke throughout their pregnancy.
- HIV testing is not being billed, and therefore, data is not available to the MCO.

**Improving Perinatal and Birth Outcomes PIP Interventions.** In addition to the agreed upon collaborative intervention, the OB Authorization and Initial Assessment form, the MCOs implemented numerous multifaceted interventions to address barriers. Examples of other MCO specific interventions implemented during MY 2017 include:

- **Bright Start (Maternity) Program.** This program focuses on promoting early identification of pregnancy and prenatal care, assisting pregnant members to adopt healthy behaviors and control risk factors, and educating the members on infant care and health needs.
- **Mamatoto Village.** This perinatal care program offers services such as labor and postpartum support, education on childbirth preparation, breastfeeding basics, newborn care, and nutrition. This program is offered during pregnancy and through the first six months of the newborn's life.
- **Baby Shower.** These events provide an opportunity for expectant mothers to receive vital prenatal information in a celebratory environment. Information is shared via group discussions, games, and Q&A sessions. In addition, expectant mothers receive educational materials to help care for and support a newborn.
- **Pregnant Member Cell Phone Program.** During initial outreach contact to members that do not have phones, they are offered a cell phone through the SafeLink program. This allows the MCO to communicate with members throughout their pregnancy.
- **Well-Baby and Postpartum Visit Coordination.** OB/Peds group practices are scheduling the mother's postpartum appointment on the same day as the baby's one month well child visit.
- **Healthy Beginnings.** In this program, an OB Case Manager provides face-to-face engagement, education, and other pregnancy related services. SIDS training is provided every six weeks in partnership with the Department of Health. Additionally, healthy cooking demonstrations are provided for pregnant members.
- **Optum for High-risk Cases.** Optum performs 48 hour assessments for NICU discharges and assists with setting up home care services post NICU discharge.
- **HIV Screening Check.** Lab Corp's datalink service is utilized to perform monthly queries to determine HIV screening status for known pregnancies. Non-compliant pregnant members are forwarded via fax to the service provider for confirmation of receipt of the screenings or they will receive a reminder to perform the screenings.
- **Centering Pregnancy Program.** This program brings moms-to-be together with a health care team and their OB for education, support, and intervention depending upon the assessed risk of the pregnancy. The program also provides outreach to ensure follow up with medical appointments.
- **Provider Incentives.** The MCO provides a monetary incentive for providers to send in the OB Authorization Form within seven calendar days of the member's first prenatal visit. This form also was converted to an electronic version which requires entry of the HIV screening date for submission.
- **Perinatal Quality Enhancement Program.** This program provides financial incentives based upon the performance of the overall practice in providing prenatal and postpartum care services in accordance with specific quality metrics.
- **Member Incentives.** The MCO provides a gift card to members that attend a prenatal appointment in the first trimester.



## Pediatric Asthma PIP

**Pediatric Asthma PIP Validation Results.** Table 18 includes the Pediatric Asthma PIP validation results.

**Table 18. Pediatric Asthma PIP Validation Results, 2018 (MY 2017)**

PIP Validation Step	ACDC	AGP*	HSCSN	THP
1. Assess the Study Topic	M	M	M	M
2. Review the Study Questions	M	M	M	M
3. Review the Selected Study Indicator(s)	M	M	M	M
4. Review the Study Population	M	M	M	M
5. Review Sampling Methodologies	NA	NA	NA	NA
6. Review Data Collection Procedures	M	M	PM	PM
7. Assess Improvement Strategies	M	M	PM	M
8. Review Data Analysis & Interpretation of Study Results	M	NA	PM	PM
9. Assess Whether Improvement is Real Improvement	M	NA	M	M
10. Assess Sustained Improvement	M	NA	M	M
PIP Score	100%	100%	79%	87%

\*Steps 8-10 were not applicable for AGP as the MCO had limited data for MY 2017 due to the contract start date.

The MCOs were fully compliant with the following validation steps: 1-4, 9, and 10 (as applicable). Step 5, Sampling Methodology, was not applicable as the entire study population was studied and sampling was not required. HSCSN and THP received a PM finding for Step 6, Data Collection Procedures, due to not following current performance measure specifications. HSCSN also received a PM for Step 7, Improvement Strategies, as the MCO did not include a description of the collaborative intervention—IMPACT DC. Both HSCSN and THP received a PM for Step 8, Data Analysis & Interpretation of Study Results, due to errors in results/data analysis and a limited analysis of interventions. All MCOs demonstrated improvement and sustained improvement in at least one performance measure. The overall PIP scores ranged from 79% (HSCSN) to 100% (ACDC and AGP). ACDC and AGP's results yield "High Confidence," while HSCSN and THP's results equate to a "Confidence" rating.

**Pediatric Asthma PIP Performance Measure Results.** The Pediatric Asthma PIP performance measure results are displayed in Table 19. Positive trends (consecutive annual improvement in performance) appear in green, while negative trends (consecutive annual decline in performance) appear in red.

**Table 19. Pediatric Asthma PIP Performance Measure Results**

PIP Performance Measure	MY	ACDC %	AGP %	HSCSN %	THP %	MCO Weighted Average <sup>+</sup>
Emergency Department Asthma Visits <i>(lower rate is better)</i>	2014	46.09	-	28.98	89.35	44.11
	2015	44.19	-	24.72	65.14	44.76
	2016	40.12	-	25.33	53.31	39.56
	2017	31.69	-	13.79	15.68	24.29
Inpatient Admissions for Asthma <i>(lower rate is better)</i>	2014	10.11	-	3.00	10.97	7.70
	2015	8.63	-	4.01	2.50	5.24
	2016	7.53	-	4.44	2.61	5.30
	2017	5.05	-	1.44	2.92	3.92
Asthma Medication Ratio*	2017	60.74	-	52.84	68.82 <sup>^</sup>	60.33

PIP Performance Measure	MY	ACDC %	AGP %	HSCSN %	THP %	MCO Weighted Average <sup>+</sup>
Medication Management for People with Asthma—50% Compliance	2014	49.92	-	76.86	6.45	49.33
	2015	53.21	-	96.66	12.76	44.10
	2016	52.15	-	49.35	15.10	39.64
	2017	57.99	-	56.79	73.13 <sup>^</sup>	59.11
Medication Management for People with Asthma—75% Compliance	2014	29.98	-	75.44	6.45	35.86
	2015	32.41	-	95.10	9.34	31.77
	2016	27.49	-	21.67	10.12	23.14
	2017	33.31	-	30.00	46.34 <sup>^</sup>	33.94

+ Weighted Averages for MY 2014-2016 included results for MedStar Family Choice (MFC). Effective 10/1/2017, MFC no longer provided MCO services and was replaced by Amerigroup District of Columbia (AGP). The weighted average for MY 2017 is based on results for ACDC, HSCSN, and THP.

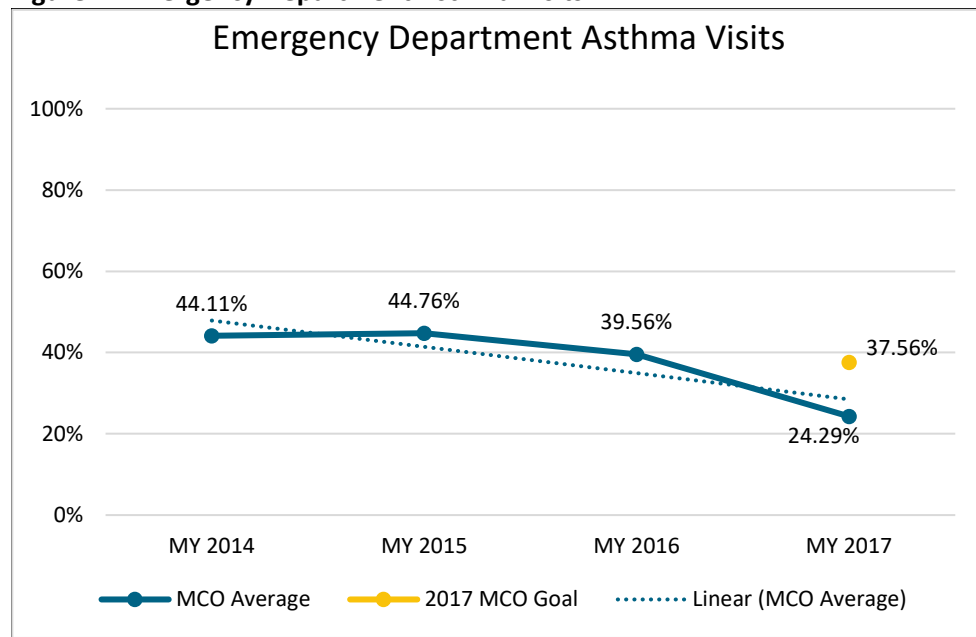
\* Asthma Medication Ratio was introduced as a new measure in MY 2017. Results were not available for MYs 2014-2016.

- AGP became operational 10/1/17; therefore, MY 2017 results are not available.

<sup>^</sup> THP final rates for Asthma Medication Ratio and Medication Management for People With Asthma were not audited for MY 2017.

Figures 7-10 graphically display annual MCO weighted averages, the MY 2017 goal, and trend line for each performance measure.<sup>8</sup>

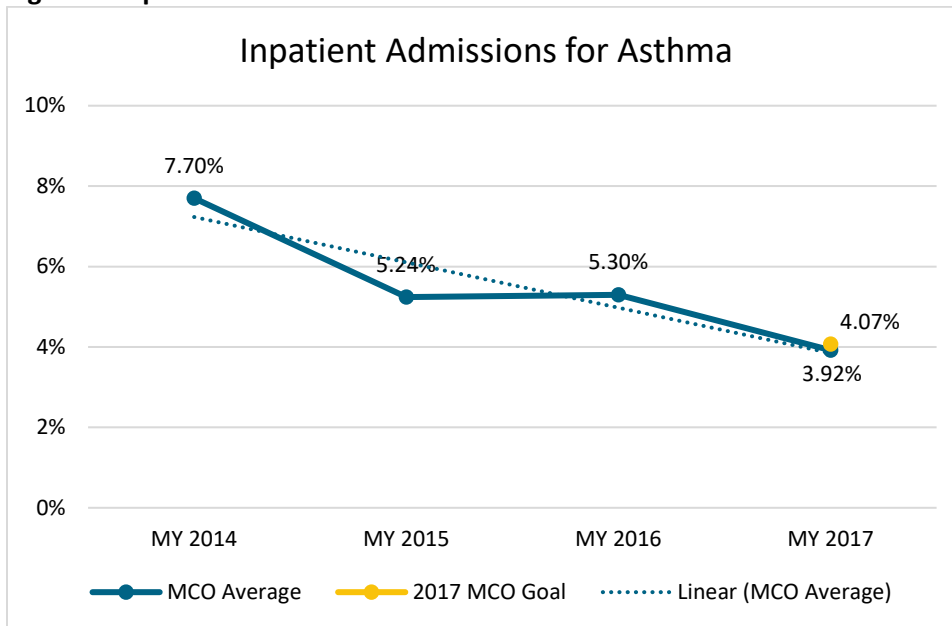
**Figure 7. Emergency Department Asthma Visits**



**Emergency Department Asthma Visits.** The MCO weighted average demonstrated a positive trend over the last three years reducing ED Asthma Visits from 44.76% to 24.49%. The MCO average indicated better performance in reducing ED Asthma Visits compared to the MY 2017 goal (37.56%).

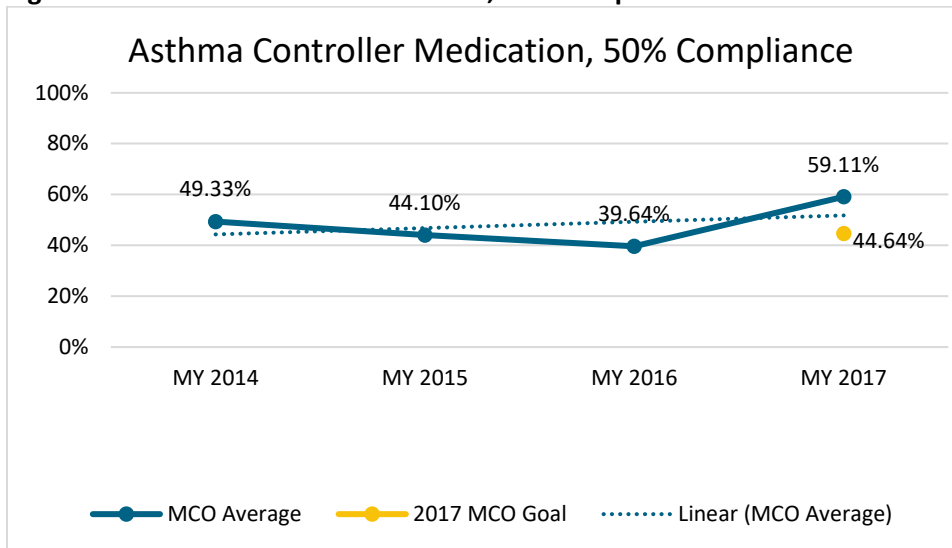
<sup>8</sup> The Asthma Medication Ratio graphic is not included as only the baseline rate is available and DHCF did not establish a goal for the measure (goal development is completed during the remeasurement phase of reporting).

**Figure 8. Inpatient Admissions for Asthma**

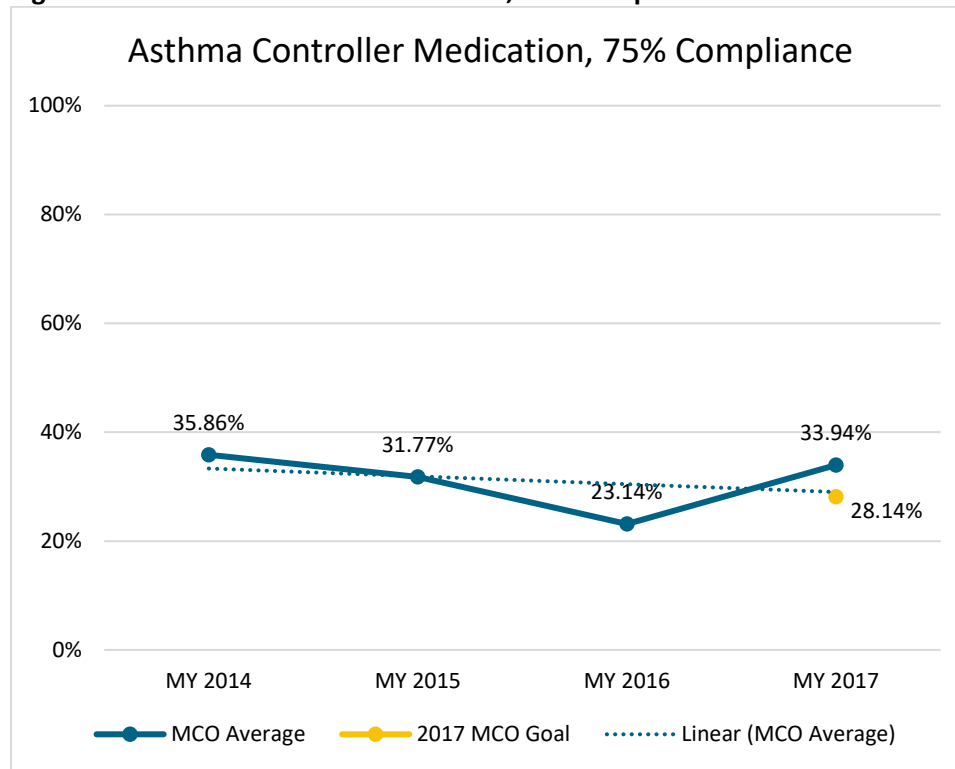


**Inpatient Admissions for Asthma.** The MCO weighted average demonstrated an overall positive trend reducing Inpatient Admissions for Asthma from 7.70% to 3.92%. The MCO average in Inpatient Admissions for Asthma compared favorably to the MY 2017 goal (4.07%).

**Figure 9. Asthma Controller Medication, 50% Compliance**



**Asthma Controller Medication, 50% Compliance.** After demonstrating an annual decline in performance, compliance increased in MY 2017 to 59.11%. This increase surpassed the MY 2017 goal (44.64%).

**Figure 10. Asthma Controller Medication, 75% Compliance**

**Asthma Controller Medication, 75% Compliance.** An improvement was demonstrated in MY 2017 (33.94%) after a three year decline in compliance. The increase exceeded the MY 2017 goal (28.14%).

**Pediatric Asthma PIP Barriers.** Lack of member/caregiver knowledge regarding asthma triggers and the importance of medication adherence was consistently identified by all MCOs. Other examples of MCO specific barriers include:

- Members lack of education about asthma triggers
- Lack of member understanding of effective strategies for self-management
- Member ability to access services during non-business hours
- Lack of member understanding of recommended routine and preventive services for condition
- Members lack of understanding of medication adherence
- Member non-compliance with prescribed asthma medications due to transportation constraints/location of pharmacies
- Children and family not engaged in care process
- Members not making or keeping provider appointments
- Lack of resources to follow-up on members that do not make or keep appointments
- Member engagement due to lack of updated telephone and residential contact
- Members using the ED instead of going to their PCP/urgent care

**Pediatric Asthma PIP Interventions.** In 2015, the MCOs implemented an agreed upon collaborative intervention, IMPACT DC, which aims to increase member and caretaker knowledge of asthma triggers and management through a pediatric asthma education program. Members who meet criteria for referral to the program, including ED and inpatient hospital utilization, are educated on self-

management through an approach consistent with national practice guidelines. Other examples of MCO specific interventions implemented during MY 2017 include:

- **Breathe Easy, Start Today (B.E.S.T.) program.** This program aims to increase proper medication adherence for asthmatic members. It is collaboration between pharmacy and participating MCO providers. This program allows physicians to dispense asthma medications and related products directly from an automated unit within the office (that is maintained and filled by the pharmacy). Units contain an inventory of spacers, masks, and medications which allows MCO members to begin therapy immediately. Upon request, a Respiratory Therapist will be available for on-site training. The provider office will then teach the guardian and child how to properly use the equipment.
- **4 Your Kids Care program.** This initiative targets children ages 0-6 who have had low acuity ED visits in the most recent quarter for the purpose of: educating parents about appropriate ED utilization; connecting parents to a PCP, nurse call line, etc.; increasing PCP utilization and encouraging member-PCP relationships; providing appropriate case management referrals; and reducing low acuity ED visits and program costs. Members are contacted by MCO Community Outreach staff and are invited to events. Staff also survey members/caregivers to identify PCP utilization barriers.
- **Breathe DC - Camp Breathe Happy.** This is a program that allows child members with asthma to participate in a week-long camping experience where they learn to identify asthma triggers, recognize signs of an asthma attack, properly use medication and equipment, and perform breathing and relaxation exercises.
- **DC Healthy Homes.** This program utilizes case workers at the District Department of Environment (DDOE) to develop case-specific improvement plans to eliminate environmental asthma triggers in the home. For families who own their home, case managers provide free consultation on how to pursue safe hazard remediation privately, and work with various community partners to secure grant funds for repair work. For families in public or subsidized housing, DDOE works with the DC Housing Authority and the Department of Consumer and Regulatory Affairs to either make repairs or pursue regulatory action to bring landlords into compliance.
- **90-day prescriptions for asthma.** The 30-day prescription limit for asthma medications was increased to 90 days.
- **Outreach regarding ED visits not resulting in an inpatient admission.** The Rapid Response Outreach Team obtains a weekly Chesapeake Regional Information System for our Patients (CRISP) report listing all ED visits for asthma that did not result in an inpatient admission. Outreach is made to these members and information about alternative care providers (besides the ED) is provided.
- **Pharmacy Medication Adherence initiative.** The MCO has established a partnership with a local pharmacy to administer a medication adherence program for members. The program includes refill reminders (telephonic, text, or email—per member preference), medication and condition education, medication delivery, and pill pack bubble packaging (if indicated).
- **Non-emergent medical transportation – Lyft.** The MCO has contracted with Lyft which enables members to schedule convenient, immediate transportation for their non-emergent medical needs.
- **Pharmacy home delivery.** Care managers ensure that prescriptions are transferred to a pharmacy that makes home deliveries when members/caregivers indicate an issue accessing a pharmacy.

- **PCP and specialist education.** During care coordination calls with PCPs and specialists, care managers educate providers on topics such as the importance of documenting medication prescription and compliance in the medical record and the development of care plans and asthma action plans.
- **IgE Testing.** LabCorp runs IgE testing, and staff educates members and caregivers on triggers and avoidance techniques. This information is shared with the member's PCP and uploaded into the MCO's care management system.
- **Provider Outreach.** The Asthma Disease Manager provides quarterly outreach to providers to determine if a member has an asthma care plan and if the member is compliant; assesses barriers to care; coordinates care with PCPs/specialists as necessary; and informs providers of any member referrals to asthma programs, such as Breathe DC or IMPACT DC.
- **Collaboration with School Health (Medication, Spacer, Asthma Action Plan).** The Asthma Case Manager collaborates with the assigned school health nurse to ensure members have medications (controller/rescue), spacer, and asthma action plan available at school to help with asthma management. Case management also helps to coordinate delivery of medications, asthma action plan, and spacers as needed and follows-up with school health periodically to assess overall asthma health, needed support, and medication needs.

## Comprehensive Diabetes Care PIP

**Comprehensive Diabetes Care PIP Validation Results.** Table 20 includes the Comprehensive Diabetes Care PIP validation results.

**Table 20. Comprehensive Diabetes Care PIP Validation Results, 2018 (MY 2017)**

PIP Validation Step	ACDC	AGP*	HSCSN	THP
1. Assess the Study Topic	M	M	PM	PM
2. Review the Study Questions	M	M	M	M
3. Review the Selected Study Indicator(s)	M	M	M	M
4. Review the Study Population	M	M	M	M
5. Review Sampling Methodologies	M	NA	NA	M
6. Review Data Collection Procedures	M	M	PM	M
7. Assess Improvement Strategies	M	M	NA	NA
8. Review Data Analysis & Interpretation of Study Results	M	NA	M	M
9. Assess Whether Improvement is Real Improvement	NA	NA	NA	NA
10. Assess Sustained Improvement	NA	NA	NA	NA
PIP Score	100%	100%	82%	92%

\*Step 8 was not applicable for AGP as the MCO had limited data for MY 2017 due to the contract start date.

The MCOs were fully compliant with the following validation steps: 2-5, 7, and 8 (as applicable). Step 5, Sampling Methodology, was not applicable for all MCOs; some studied the entire population while others studied a sample of the study population. HSCSN and THP received a partially met finding for Step 1, Study Topic, as the MCOs provided a limited project rationale—MCO-specific data including demographic and epidemiological data, utilization data, or other risk factors/population characteristics to support the study topic and demonstrate its importance to the population were omitted. For Step 6, Data Collection Procedures, HSCSN was scored as partially meeting requirements as the MCO did not describe the medical record and supplemental data it is collecting and using to report results. Only ACDC and AGP reported interventions for Step 7, Improvement Strategies. Interventions were not required as

the PIP was a baseline study and improvement strategies are not required until the second year of PIP implementation. Steps 9 and 10, which focus on Real Improvement and Sustained Improvement, cannot be assessed until the MCOs begin reporting remeasurement results. The overall PIP scores ranged from 82% (HSCSN) to 100% (ACDC and AGP). DHCF and other stakeholders can have “High Confidence” in ACDC, HSCSN, and THP’s PIP results. HSCSN’s results yield a “Confidence” rating.

**Comprehensive Diabetes Care PIP Performance Measure Results.** The Comprehensive Diabetes Care PIP performance measure results are displayed in Table 21. Only baseline results for MY 2017 are available.

**Table 21. Comprehensive Diabetes Care PIP Performance Measure Results**

PIP Performance Measure	MY	ACDC %	AGP %	HSCSN %	THP %	MCO Weighted Average
Hemoglobin A1c (HbA1c) Testing	2017	83.58	-	93.10	79.38	82.77
HbA1c Poor Control (>9%) ( <i>Lower is Better</i> )	2017	42.34	-	65.52	52.55	44.57
HbA1c Control (<8%)	2017	50.18	-	31.03	40.15	48.01
HbA1c Control (<7%) for a Selected Population	2017	38.89	-	30.77	29.69	36.98
Eye Exam (Retinal) Performed	2017	57.30	-	62.07	35.58	52.85
Medical Attention for Nephropathy	2017	88.32	-	79.31	83.76	87.33
Blood Pressure Control (< 140/90 mm Hg)	2017	54.20	-	72.41	27.55	48.81

- AGP became operational 10/1/17; therefore, MY 2017 results are not available.

**Comprehensive Diabetes Care PIP Barriers.** Lack of member/caregiver knowledge regarding asthma triggers and the importance of medication adherence was consistently identified by all MCOs. Other examples of MCO specific barriers include:

- Member lack of knowledge regarding disease process and appropriate healthy lifestyle
- Members are challenged in accessing and affording healthy food options; cultural factors may also impact food selection
- Access to timely provider appointments after diabetes-related ED visit or inpatient admission
- Unable to reach members due to inaccurate demographic information or homelessness
- Members' non-adherence to treatment guidelines due to culture, language, health literacy, attitudes, beliefs, and knowledge about diabetes which affect diabetes self-management
- Uncontrolled co-morbidities (blood pressure, weight); inadequate self-care
- Inadequate communication of disease intervention strategies by providers with MCO/care managers
- Limited accessibility and availability of appointments with diabetes specialists
- Lack of appropriate diabetes specific care plans and systems to manage and track members diagnosed with diabetes by their respective care managers
- MCO care managers lack of timely assessments and member follow up post admission and discharge
- Member social determinants, i.e. housing, no telephone, limited food
- Members frequent ED and hospital for treatment, and do not follow-up with their PCPs
- Providers are not addressing gaps in care when members access care for non-diabetes related visit



- Member transportation barriers in getting to appointments

**Comprehensive Diabetes Care PIP Interventions.** The MCOs initiated this PIP in 2018 using MY 2017 results as baseline. Interventions were not required to be in place at the time of the MCO PIP report submission. However, two MCOs (ACDC and AGP) have already implemented interventions. Some interventions already in place include:

- **Medical Nutrition.** This intervention is designed to improve the nutritional quality of members' diets and their health outcomes through self-empowerment and access to care management resources. Using a community-based care model, providers and community-based organizations are engaged to build enrollees' nutrition knowledge and meal-preparation skills to facilitate increased adherence to medical guidance and self-management of chronic conditions.
- **Metabolic Syndrome Wellness Circles.** This program assists those living with diabetes and/or hypertension to learn more about how to better manage these conditions and live healthier lives through regular exercise, better food choices, and improved understanding of the disease condition. The Wellness Circles consist of six sessions over a three-month period. Educational programs are aimed at understanding hypertension and diabetes and associated causes/risk factors and strategies to control them.
- **Prepared Meal Delivery Program.** The intervention provides nutritionally complete and condition-appropriate meals. The key objectives are to address food instability as a social determinant of health and help members manage their chronic condition and to help minimize the chance of hospital readmissions. The duration of Home Meal Delivery for diabetes is as follows: uncontrolled diabetes - HbA1C > 9 (90 days); pre-diabetic (90 days); pregnant members with hypertension or diabetes (duration of pregnancy through 56 days postpartum); discharge from hospital (2 weeks); and other durations per MCO discretion.
- **Refill Reminder Outreach & Meds Made Easy.** With this medication refill monitoring program, the MCO generates a management report every two weeks documenting all members whose diabetes medication refill has expired within the prior seven days and those about to expire within the subsequent 14 days. The Rapid Response Outreach Team performs outreach calls to these members to remind them of the need for a refill. Transportation assistance to the pharmacy or the option to have the prescription delivered is offered.
- **Mary's Center Telemedicine Program.** A Home Visitor, who is a certified Medical Assistant or Nurse with experience in direct patient care and home visiting, travels to patients' homes with a kit of screening and diagnostic equipment, including point-of-care tests, blood-draw/lab supplies, and vaccines; and specially-designed scopes to listen to heart/lung sounds or closely examine skin, inner-ear, nose, or throat. The home visitor brings an internet "hotspot" and a laptop, launches the video teleconference session, and the patient and provider see and speak with each other in real-time over a secure internet connection. The Home Visitor also educates enrollees on their medications; conducts follow-up with the pharmacy to ensure that orders have been properly filled and picked up or delivered; and advises on proper administration of certain medications.
- **Non-emergent Medical Transportation – Lyft.** Members can schedule convenient, immediate transportation for their non-emergent medical needs.
- **Provider MedReview Care Management Summary.** This program provides targeted, monthly communications to physicians with personalized, actionable information about their enrollees. Information is specific to the appropriate use, compliance with, and safety of medications.



Targeted conditions include diabetes, asthma, high cholesterol, hypertension, depression, and polypharmacy.

- **Post Discharge Management and Complex Case Management.** Predictive modeling software is used to identify members for care management programs who have an increased likelihood of readmissions. The care team completes non-clinical triage, then refers to physical or behavioral case management based on area of expertise and members' health needs. Member outreach is used to ensure members are connected to appropriate care and managing health and overall wellbeing. Priority outreach is given to members who are identified as most vulnerable or have a chronic unmanaged illness.
- **CRISP 48-hour Follow-up.** This intervention includes outreach to all members on the daily CRISP list within 48 hours after an ED visit to provide support and establish a follow-up outpatient appointment within 7 days of an ED visit. Priority focus is given to those who have three or more ED visits within a 6-month period and those ED visits that are due to inadequate management of a chronic condition or behavioral health (primary/secondary) condition, and low acuity visits that can be handled by PCP or urgent care. Case management will be offered in addition to network resources such as urgent care facilities.
- **Weight Watchers Program.** The care team will identify members who will benefit from a referral to the Weight Watchers program. Members will be identified through CRISP, predictive modeling, medical and behavioral health daily census reports to identify potential referrals for Weight Watchers. The care team will outreach to members to complete necessary assessments and non-clinical intake to appropriately refer member to the Weight Watchers Program and to Case Management support if the member consents.
- **Diabetes Disease Management.** The Diabetes Disease Management (DM) Program provides education and Case Management support for low, medium, and high-risk members. DM also provides case management support to members with a diagnosis of diabetes. DM consists of monthly telephonic contact with the members for the duration of nine months.

## Behavioral Health PIP

**Behavioral Health PIP Validation Results.** Table 22 includes the Behavioral Health PIP validation results.

**Table 22. Behavioral Health PIP Validation Results, 2018 (MY 2017)**

PIP Validation Step	ACDC	AGP*	HSCSN	THP
1. Assess the Study Topic	M	M	M	PM
2. Review the Study Questions	M	M	M	M
3. Review the Selected Study Indicator(s)	M	M	M	M
4. Review the Study Population	M	M	M	M
5. Review Sampling Methodologies	NA	NA	NA	M
6. Review Data Collection Procedures	M	M	M	M
7. Assess Improvement Strategies	M	M	NA	NA
8. Review Data Analysis & Interpretation of Study Results	M	NA	M	M
9. Assess Whether Improvement is Real Improvement	NA	NA	NA	NA
10. Assess Sustained Improvement	NA	NA	NA	NA
PIP Score	100%	100%	100%	92%

\*Step 8 was not applicable for AGP as the MCO had limited data for MY 2017 due to the contract start date.

The MCOs were fully compliant with the following validation steps: 2-8 (as applicable). Step 5, Sampling Methodology, was only applicable for THP, while all other MCOs studied the entire population. THP received a partially met finding for Step 1, Study Topic, as the MCO provided a limited project rationale. It did not include MCO-specific data including demographic and epidemiological data, utilization data, or other risk factors/population characteristics to support the study topic and demonstrate its importance to the population. Only ACDC and AGP reported interventions for Step 7, Improvement Strategies. Interventions were not required as the PIP was a baseline study and improvement strategies are not required until the second year of PIP implementation. Steps 9 and 10, which focus on Real Improvement and Sustained Improvement, cannot be assessed until the MCOs begin reporting remeasurement results. The overall PIP scores ranged from 92% (THP) to 100% (ACDC, AGP, and HSCSN). All MCOs had a “High Confidence” rating.

**Behavioral Health PIP Performance Measure Results.** The Behavioral Health PIP performance measure results are displayed in Table 23. Only baseline results for MY 2017 are available.

**Table 23. Behavioral Health PIP Performance Measure Results**

PIP Performance Measure	MY	ACDC %	AGP %	HSCSN %	THP %	MCO Weighted Average
Follow-Up After Hospitalization for Mental Illness—7 Day Follow-up	2017	30.73	-	19.01	33.13	27.98
Follow-Up After Hospitalization for Mental Illness—30 Day Follow-up	2017	50.17	-	39.67	46.99	45.90
Antidepressant Medication Management—Effective Acute Phase Treatment	2017	52.92	-	29.55	54.92	52.65
Antidepressant Medication Management—Effective Continuation Phase Treatment	2017	37.79	-	9.09	34.60	36.27

- AGP became operational 10/1/17; therefore, MY 2017 results are not available.

**Behavioral Health PIP Barriers.** The MCOs consistently identified member/caregiver knowledge deficit in regard to recommended behavioral health care as a barrier. Other examples of MCO barriers include:

- Members do not refill medications or do not continue medication or treatment when feeling better
- Ineffective scheduling system for 7-day and 30-day follow-up appointments
- Member inability to access services in non-business hours
- Members lack understanding of recommended care
- Membership is transient with frequent changes in residence and telephone contact information
- Issues with members not keeping their appointments
- Limited resources to follow-up on members that do not keep their appointments
- Limited resources to outreach to members without working telephone
- Limited data sharing due to sensitive nature of behavioral health and carved out services billed directly to the Department of Behavioral Health
- Member knowledge deficit regarding condition, available benefits, resources, appropriate in-network providers, medications
- Psychosocial barriers/stressors/unstable housing/homelessness - stigma, chronic substance use, lack of employment, unsafe environment, inadequate support system
- Member lack of knowledge regarding available benefits, resources, and medications

- Lack of communication and care-coordination between provider, member, and MCO
- Transportation service challenges in getting members to appointments on time
- Caregivers/members do not understand the importance of consistent behavioral health follow-up
- Member stigma associated with receiving mental health services

**Behavioral Health PIP Interventions.** The MCOs initiated this PIP in 2018 using MY 2017 results as baseline. Interventions were not required to be in place at the time of the MCO PIP report submission. However, two MCOs (ACDC and AGP) have already implemented some interventions. Examples of interventions already in place include:

- **Behavioral Health Patient Discharge Coordination Program.** A patient discharge coordination (PDC) team meets with all adult enrollees who are hospitalized with psychiatric conditions/comorbidities, or medical conditions within 18 hours of being notified of an admission. The team provides care coordination and follow-up services for post-discharge outpatient care including, coordination of provider transitions, pharmacy transport, medication education, and professional assessments and home visits. The team interacts face-to-face with enrollees to address their physical, behavioral, and socio-economic needs while hospitalized and post-discharge to ensure follow-up after hospitalization.
- **Provider Education and Resources.** A Behavioral Health HEDIS guide, along with other materials, is distributed to the provider network on an annual basis. The Behavior Health Medical Director conducts regular “Lunch and Learn” sessions with providers to discuss recommendations, identify barriers, and further collaborate to develop best practices regarding behavioral health care.
- **Refill Reminder Outreach & Meds Made Easy.** In this medication refill monitoring program, the MCO generates a management report every two weeks documenting all members whose behavioral health medication refill have expired within the prior seven days and those about to expire within the subsequent 14 days. The Rapid Response Outreach Team performs outreach calls to these members to remind them of the need for a refill. Transportation assistance to the pharmacy or the option to have the prescription delivered is offered.
- **Non-emergent Medical Transportation – Lyft.** Members can schedule convenient, immediate transportation for their non-emergent medical needs.
- **Community Outreach Programs.** The MCO provides education to members on the availability of community-based resources. These include: homeless prevention programs; family transitional housing; stress management; school-based interventions; facility and core service agency engagement; therapeutic and behavioral/cognitive treatment (used to determine appropriate level of care, reinforces continuity of care); CAGE Assessment (cut-down, annoyance, guilt, eye-opener) determines level of motivation to engage and determines if severity of alcohol abuse issues.
- **Behavioral Health Inpatient Ambulatory Follow-Up.** The MCO’s care team completes outreach calls to members who have experienced a mental health or substance abuse inpatient stay to ensure that they complete a follow-up behavioral health outpatient appointment either at seven days after discharge or 30 days after discharge. If care plan notes do not indicate that the member completed the appointment, the care team will complete outreach to the admitting facility, the behavioral health outpatient provider (if there is one), and the member, to help connect the member to a behavioral health outpatient agency/provider and assist in completing a follow-up appointment/getting connected.

- Clinical Case Management (CRISP and CI3 List).** The MCO conducts outreach to all members on the daily CRISP list within 48 hours after an ED visit to provide support and establish a follow-up outpatient appointment within seven days of ED visit. Priority focus is given to those who have three or more ED visits in six-month period. When outreach is successful, the MCO's care team will complete a non-clinical triage and gather information from the member as well as coordinate/establish follow up care. Case management will be offered in addition to resources (such as urgent care facilities). The care team will then refer the member to the Behavioral Health Case Manager for ongoing case management support.

## Performance Measure Validation

DHCF elected to have Qlarant validate the PIP performance measures reported by the MCOs. Results of the validation activities allow DHCF to have confidence in MCO-reported PIP performance measure results. The 2018 PMV audit focused on the MY 2017 performance measure activities and results. Table 24 provides the results of the validation activities. The Documentation, Denominator, Numerator, and Sampling were scored using a 100% scale. An overall audit score is also calculated to provide DHCF with a level of confidence in results. The Reporting Designation component is assessed as having a Reportable rate (R), Not Applicable (NA)—the denominator was too small to report a valid rate, No Benefit (NB)—the MCO did not offer the health benefits required by the performance measure, or Not Reportable (NR)—the calculated rate was materially biased and not reportable.

**Table 24. PMV Audit Designation Table for the PIP Performance Measures, 2018 (MY 2017)**

Validation Component	Audit Element	ACDC	AGP	HSCSN	THP
Documentation	Data integration and control procedures are assessed to determine whether the MCO has the appropriate processes and documentation in place to extract, link, and manipulate data for accurate and reliable measure rate construction. Measurement procedures and programming specifications including data sources, programming logic, and computer source codes are documented.	100%	100%	90.5%	97.6%
Denominator	Validation of the denominator calculations for the performance measures is conducted to assess the extent to which the MCO used appropriate and complete data to identify the entire population and to the degree to which the MCO followed the measures specifications for calculating the denominator.	100%	*	82.6%	43.5%

Validation Component	Audit Element	ACDC	AGP	HSCSN	THP
Numerator	The validation of the numerator determines if the MCO correctly identified and evaluated all qualifying medical events for appropriate inclusion or exclusion in the numerator for each measure and followed the measure specifications for calculation of the numerator.	100%	*	100%	100%
Sampling	The sample size and replacement methodology met specifications and the sample is unbiased.	100%	*	100%	100%
Overall Audit Score		100%	100%	92.0%	86.0%

\* Not Applicable – AGP was exempt from reporting rates for MY 2017.

DHCF and other stakeholders can have the following level of confidence in MCO performance:

- ACDC: High Confidence
- AGP: High Confidence in future performance measure reporting based on the MCO's readiness
- HSCSN: High Confidence
- THP: Confidence

THP's low denominator score of 43.5% was attributed to the MCO failing to meet five elements for the denominator requirements due to not following measure specifications for two measures from the Pediatric Asthma Collaborative: Asthma Medication Ratio and Medication Management for People with Asthma. THP's source code was found to be missing two years of continuous enrollment which is a requirement of the specifications. The MCO was provided several opportunities to correct the error prior to the due date for final rates. However, the MCO was not able to produce accurate results until three weeks after the due date.

**Table 25. MCO Performance Measure Reporting Designations, 2018 (MY 2017)**

Validation Component	Audit Element	ACDC	AGP	HSCSN	THP
Reporting Designation	Validation of reporting assesses whether the MCOs followed the District's requirements for reporting the measures' rates and followed specifications. The District requires the MCOs to report the denominator, specific numerator events, and calculated final rates.	R	R*	R	R^

R – Reporting designation of "Reportable."

\* AGP received a "Reportable" reporting designation based on its readiness to report rates for the next reporting cycle.

^ All of THP's rates were "Reportable" except: Asthma Medication Ratio and Medication Management for People With Asthma. These measures received a status of "Not Reportable" due to the significant delay in the MCO correcting its calculations.

Qlarant provided HSCSN and THP with a significant amount of technical assistance in order for the MCO to submit final, reportable performance measure rates. In order to demonstrate improvement:

- HSCSN should work closely with its vendor to ensure that the most current versions of all the specifications are used, and be available to the vendor to provide guidance regarding measure development prior to the rate submission.
- HSCSN is encouraged to develop an internal corrective action plan (CAP) to address the miscommunications noted with its vendor. The MCO should include additional quality checks to ensure that all final performance measure rates are accurate and will be submitted on or before the reporting deadline.
- THP is encouraged to dedicate appropriate resources in completing and testing all source code prior to the submission due date.
- THP should review measure specifications carefully to ensure all requirements are being met.
- THP should ensure that the most current versions of the measure specifications are used prior to rate submission.
- THP is encouraged to develop an internal CAP to ensure that all measure specifications are fully communicated and tested, and the results are verified prior to the reporting deadline.

As previously noted, DHCF requires the MCOs to calculate and submit audited HEDIS performance measures and CAHPS experience of care survey results. Qlarant receives the final results, aggregates them, and compares performance to national benchmarks for DHCF. Results of the measures help develop a comprehensive picture related to the quality, accessibility, and timeliness of care provided to the Medicaid managed care beneficiaries. Comprehensive reports of the HEDIS performance measures and CAHPS experience of care results are included in Appendices A1 and A2, respectively.

### **HEDIS Performance Measure Results**

Selected HEDIS performance measures specific to quality are reported in Tables 26-35. The selected performance measures relate to chronic conditions and the management of those conditions. The performance measures focus on:

- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Respiratory Conditions
- Prevention and Screening
- Behavioral Health

Better management of members with these conditions can assist the MCOs in improving member outcomes and in meeting their P4P program goals by reducing potentially preventable admissions, low acuity non-emergent visits, and 30-day hospital readmissions for all causes.

For each of the selected performance measures, two tables are presented. The first table displays the performance measures that are specific to the measure domain. Results are displayed by MCO and include the last three measurement years (MYs) including MY 2015 – MY 2017. The three year illustration of results allows for trending, and assessments can be made to determine if performance is improving or declining. The second table compares the District MCO weighted averages per measure over the same three year period. Additionally, for each performance measure, the MY 2017 MCO average is compared to the NCQA Quality Compass National Medicaid benchmarks. Positive trends (consecutive annual improvement in performance) appear in green, while negative trends (consecutive annual decline in performance) appear in red. A high-level analysis of results follows each table.

Table 26 reports the HEDIS Comprehensive Diabetes Care performance measures for all four MCOs and includes results for MYs 2015 to 2017.

**Table 26. Comprehensive Diabetes Care MCO Performance Measure Results, MY 2015 to MY 2017**

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Blood Pressure Control (<140/90) - members 18–85 years of age with hypertension whose blood pressure was adequately controlled	MY 2015	53.99	-	31.58	41.63
	MY 2016	50.75	-	67.74	50.17
	MY 2017	54.20	-	72.41	27.55
Eye Exams - members who had a retinal eye exam	MY 2015	52.43	-	34.21	33.50
	MY 2016	52.07	-	54.84	29.73
	MY 2017	57.30	-	62.07	35.58
HbA1c Testing - members 18–75 years of age with Hemoglobin A1c (HbA1c) testing	MY 2015	87.85	-	89.47	76.12
	MY 2016	86.24	-	87.10	80.23
	MY 2017	83.58	-	93.10	79.38
HbA1c Control <7%	MY 2015	36.29	-	NQ	28.93
	MY 2016	34.47	-	NA	28.57
	MY 2017	38.89	-	30.77	29.69
HbA1c Control <8%	MY 2015	53.99	-	23.68	41.13
	MY 2016	48.59	-	9.68	42.03
	MY 2017	50.18	-	31.03	40.15
Poor HbA1c Control >9% <i>(lower rate is better)</i>	MY 2015	36.81	-	76.32	48.92
	MY 2016	39.97	-	80.65	49.00
	MY 2017	42.34	-	65.52	52.55



Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Medical Attention for Nephropathy (kidney disease)	MY 2015	88.19	-	94.74	82.09
	MY 2016	91.21	-	80.65	81.89
	MY 2017	88.32	-	79.31	83.76

NA – Not Applicable; small denominator (<30)

NQ – Not Required

- AGP became operational 10/1/17; therefore, results are not available

An MCO trend analysis revealed the following:

- ACDC did not have any year over year improvements. A negative trend was observed in the following measures: HbA1c Testing and Poor HbA1c Control (>9%).
- HSCSN demonstrated a positive trend in two measures: Blood Pressure Control (<140/90) and Eye Exams. There was an annual decline in the Medical Attention for Nephropathy performance measure.
- THP did not have any positive trends, but a negative one was reported for Poor HbA1c Control (>9%)

Table 27 reports the District MCO weighted averages for the HEDIS Comprehensive Diabetes Care performance measures for MYs 2015 to 2017. The MY 2017 District MCO weighted averages are compared to the national benchmarks. DHCF expects the MCOs to meet or exceed the NCQA Quality Compass 75<sup>th</sup> percentile benchmarks.

**Table 27. Comprehensive Diabetes Care Performance Measures, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Blood Pressure Control (<140/90) - members 18-85 years of age with hypertension whose blood pressure was adequately controlled	54.0	53.40	48.81	♦
Eye Exams - members who had a retinal eye exam	45.6	47.38	52.85	♦
HbA1c Testing - members 18-75 years of age with Hemoglobin A1c (HbA1c) testing	85.0	84.70	82.77	♦
HbA1c Control <7%	33.8	34.46	36.98	♦♦
HbA1c Control <8%	50.3	48.83	48.01	♦



Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Poor HbA1c Control >9% ( <i>lower rate is better</i> )	40.2	40.87	44.57	◆
Medical Attention for Nephropathy (kidney disease)	87.7	88.50	87.33	◆

- ◆ – The District Average is below the NCQA Quality Compass National Medicaid Average.
- ◆◆ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.
- ◆◆◆ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO weighted averages indicated the following:

- The MCO weighted average improved annually in the following performance measures:
  - Eye Exams
  - HbA1c Control <7%
- Negative annual trends were noted in four measures:
  - Blood Pressure Control (<140/90)
  - HbA1c Testing
  - HbA1c Control <8%
  - Poor HbA1c Control >9%
- Only one measure, HbA1c Control <7%, exceeded the NCQA Quality Compass National Average benchmark. All others performed below the national average.

Table 28 reports the HEDIS Controlling High Blood Pressure performance measure for all four MCOs and includes results for MYs 2015 to 2017.

**Table 28. Controlling High Blood Pressure MCO Performance Measure Results, MY 2015 to MY 2017**

Performance Measure	MY	ACDC %	AGP %	HSCSN %	THP %
Controlling High Blood Pressure	MY 2015	47.33	-	45.95	40.22
	MY 2016	45.37	-	45.00	42.73
	MY 2017	52.80	-	36.11	15.09

- AGP became operational 10/1/17; therefore, results are not available

An analysis of the Controlling High Blood Pressure measure revealed one trend:

- HSCSN declined in performance over the three year reporting period.

Table 29 reports the District MCO weighted average for the HEDIS Controlling High Blood Pressure performance measure for MYs 2015 to 2017. The MY 2017 District MCO weighted average is compared to the national benchmarks.

**Table 29. Controlling High Blood Pressure Performance Measure, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Controlling High Blood Pressure	49.1	50.48	44.67	♦

♦ – The District Average is below the NCQA Quality Compass National Medicaid Average.

♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

♦♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO weighted averages indicated the following:

- The MY 2017 MCO average for the Controlling High Blood Pressure measure did not meet the NCQA Quality Compass National Medicaid Average.
- No trend in performance was noted.

Table 30 reports the HEDIS Respiratory Conditions performance measures that relate to asthma medication management for all four MCOs and includes results for MYs 2014 to 2016.

**Table 30. Respiratory Conditions MCO Performance Measure Results, MY 2015 to MY 2017**

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Medication Management for People with Asthma – total (5-64 years of age): 50% Compliance	MY 2015	55.11	-	41.33	77.67
	MY 2016	58.53	-	53.81	67.94
	MY 2017	63.25	-	58.82	71.03
Medication Management for People with Asthma – total (5-64 years of age): 75% Compliance	MY 2015	31.21	-	18.08	58.14
	MY 2016	35.71	-	26.27	39.71
	MY 2017	40.00	-	31.49	48.19
Asthma Medication Ratio – total (5-64 years of age)	MY 2015	52.72	-	59.40	52.81
	MY 2016	59.09	-	60.98	63.45
	MY 2017	57.23	-	53.18	58.80

- AGP became operational 10/1/17; therefore, results are not available

An analysis for the Respiratory Conditions performance measures, revealed the following:

- Both ACDC and HSCSN demonstrated annual improvements in the Medication Management for People with Asthma—50% Compliance and 75% Compliance measures.
- No negative trends were identified.

Table 31 reports the District MCO weighted averages for the HEDIS Respiratory Conditions performance measures that relate to asthma medication management for MYs 2015 to 2017. The MY 2017 District MCO weighted averages are compared to the national benchmarks.

**Table 31. Respiratory Conditions Performance Measures, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Medication Management for People with Asthma – total (5-64 years of age): 50% Compliance	55.7	58.36	63.79	-
Medication Management for People with Asthma – total (5-64 years of age): 75% Compliance	32.5	33.82	40.17	◆◆
Asthma Medication Ratio – total (5-64 years of age)	53.2	58.99	57.04	◆

◆ – The District Average is below the NCQA Quality Compass National Medicaid Average.

◆◆ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

◆◆◆ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

- No benchmark available.

An analysis of the MCO weighted averages indicated the following:

- The MCO average improved annually in the Medication Management for People with Asthma—50% Compliance and 75% Compliance performance measures.
- The MY 2017 MCO weighted average exceeded the NCQA Quality Compass National Average benchmark for the Medication Management for People with Asthma—75% Compliance performance measure.

Table 32 reports the HEDIS Prevention and Screening performance measures that relate to weight assessment and management for all four MCOs and includes results for MYs 2015 to 2017.

**Table 32. Prevention and Screening MCO Performance Measure Results, MY 2015 to MY 2017**

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Adult Body Mass Index (BMI) Assessment	MY 2015	86.11	-	70.74	78.24
	MY 2016	85.42	-	69.25	78.01
	MY 2017	88.32	-	82.67	51.34

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) BMI assessment	MY 2015	80.37	-	BR	62.73
	MY 2016	80.32	-	78.59	63.43
	MY 2017	79.56	-	77.97	56.20
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) Counseling for nutrition	MY 2015	74.45	-	BR	58.80
	MY 2016	68.75	-	78.59	51.62
	MY 2017	73.24	-	81.45	54.26
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) Counseling for physical activity	MY 2015	69.78	-	BR	51.85
	MY 2016	61.11	-	71.05	47.69
	MY 2017	68.37	-	77.10	45.26

NA – Not Applicable; small denominator (<30)

BR - Biased Rate

- AGP became operational 10/1/17; therefore, results are not available

A trend analysis for the Prevention and Screening performance measures revealed the following:

- THP demonstrated a decline in performance for two measures: Adult BMI Assessment and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents–Counseling for Physical Activity.
- ACDC experienced a marginal, annual negative trend in the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents–BMI Assessment measure.
- There were no positive trends noted.

Table 33 reports the District MCO weighted averages for the HEDIS Prevention and Screening performance measures that relate to weight assessment and management for MYs 2015 to 2017. The MY 2017 District MCO weighted averages are compared to the national benchmarks.

**Table 33. Prevention and Screening Performance Measures, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Adult Body Mass Index (BMI) Assessment	86.1	86.56	79.94	♦

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) BMI assessment	77.9	79.64	75.81	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) Counseling for nutrition	71.9	69.84	70.95	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) Counseling for physical activity	67.2	63.23	65.48	◆◆

◆ – The District Average is below the NCQA Quality Compass National Medicaid Average.

◆◆ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

◆◆◆ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO weighted averages indicated the following:

- There were no annual trends over the three reported years.
- For MY 2017, the MCO averages for all three Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measures compared favorably to the NCQA Quality Compass National Medicaid Averages, but did not meet the District's performance goal of the 75th Percentile.

Table 34 reports the HEDIS Behavioral Health performance measures for all four MCOs and includes results for MYs 2015 to 2017.

**Table 34. Behavioral Health MCO Performance Measure Results, MY 2015 to MY 2017**

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Antidepressant Medication Management – Effective acute phase treatment	MY 2015	44.38	-	32.43	74.32
	MY 2016	47.19	-	17.14	53.89
	MY 2017	52.92	-	29.55	54.92
Antidepressant Medication Management – Continuation phase treatment	MY 2015	31.34	-	18.92	60.31
	MY 2016	36.55	-	8.57	37.07
	MY 2017	37.79	-	9.09	34.60
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	MY 2015	33.33	-	44.44	28.92
	MY 2016	36.50	-	NA	38.55
	MY 2017	39.13	-	60.87	36.49

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Follow-Up After Hospitalization for Mental Illness – within 7 days after discharge	MY 2015	42.27	-	27.32	35.21
	MY 2016	49.91	-	28.10	67.51
	MY 2017	30.73	-	19.01	33.13
Follow-Up After Hospitalization for Mental Illness – within 30 days after discharge	MY 2015	54.67	-	47.54	41.31
	MY 2016	62.43	-	49.59	74.11
	MY 2017	50.17	-	39.67	46.99

NA – Not Applicable; small denominator (<30)

- AGP became operational 10/1/17; therefore, results are not available

A trend analysis for the Behavioral Health performance measures revealed the following:

- ACDC demonstrated annual improvements in three measures:
  - Antidepressant Medication Management–Effective acute phase treatment
  - Antidepressant Medication Management–Continuation phase treatment
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- THP’s performance declined in the Antidepressant Medication Management–Continuation phase treatment measure.

Table 35 reports the District MCO weighted averages for the HEDIS Behavioral Health performance measures for MYs 2015 to 2017. The MY 2017 District MCO weighted averages are compared to the national benchmarks.

**Table 35. Behavioral Health Performance Measures, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Antidepressant Medication Management – effective acute phase treatment	48.0	45.47	52.65	♦
Antidepressant Medication Management – continuation phase treatment	33.9	33.63	36.27	♦
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	32.3	37.01	40.13	♦
Follow-Up After Hospitalization for Mental Illness – within 7 days after discharge	32.1	36.76	27.98	♦
Follow-Up After Hospitalization for Mental Illness – within 30 days after discharge	43.2	46.57	45.90	♦

♦ – The District Average is below the NCQA Quality Compass National Medicaid Average.

♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

♦♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO weighted averages indicated the following:

- While the District Average did not meet the National Medicaid Averages, a positive trend was noted in the Adherence to Antipsychotic Medications for Individuals with Schizophrenia measure.

### CAHPS Survey Results

As required by DHCF, MCOs annually survey adult members and parents/guardians of child members via the CAHPS Survey. Respondents are asked to rate their experience of care. Key survey measures that relate to quality are highlighted in Tables 36-39.

Table 36 reports the adult CAHPS Survey experience of care quality-related measures for all four MCOs and includes results for surveys for MYs 2015-2017.

**Table 36. Adult CAHPS Survey Measure Results, MY 2015 to MY 2017**

CAHPS Survey Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Customer Service Composite	MY 2015	91.2	-	81.7	71.0
	MY 2016	86.9	-	90.8	80.5
	MY 2017	87.9	-	85.0	73.7
How Well Doctors Communicate Composite	MY 2015	91.7	-	91.6	91.0
	MY 2016	93.5	-	92.5	90.6
	MY 2017	94.5	-	92.0	88.6
Shared Decision Making Composite (A lot/Yes)	MY 2015	74.6	-	72.8	71.0
	MY 2016	79.9	-	81.6	NA
	MY 2017	73.1	-	73.0	71.7
Health Promotion and Education Composite	MY 2015	77.7	-	74.7	69.4
	MY 2016	75.8	-	77.6	74.5
	MY 2017	73.6	-	73.0	67.8
Coordination of Care Composite	MY 2015	80.0	-	85.5	69.5
	MY 2016	86.0	-	82.2	NA
	MY 2017	81.1	-	78.0	77.3
Rating of Health Plan (8+9+10)	MY 2015	78.5	-	78.4	68.6
	MY 2016	82.6	-	77.5	72.3
	MY 2017	77.2	-	77.0	68.0
Rating of All Health Care (8+9+10)	MY 2015	79.7	-	73.6	68.2
	MY 2016	79.1	-	80.5	73.5
	MY 2017	74.9	-	79.0	71.2
Rating of Personal Doctor (8+9+10)	MY 2015	83.4	-	84.1	81.2
	MY 2016	87.6	-	89.8	82.6
	MY 2017	81.8	-	84.0	86.2
Rating of Specialist Seen Most Often (8+9+10)	MY 2015	81.3	-	79.0	66.3
	MY 2016	85.0	-	72.1	79.0
	MY 2017	73.1	-	78.0	78.3

NA – Not Applicable; response < 100

- AGP became operational 10/1/17; therefore, results are not available

A trend analysis for the quality-related Adult CAHPS Survey measures revealed the following:

- Positive trends were noted for the following:
  - ACDC: How Well Doctors Communicate Composite
  - THP: Rating of Personal Doctor (8+9+10)
- Negative trends were identified for the following:
  - ACDC: Health Promotion and Education Composite and Rating of All Health Care (8+9+10)
  - HSCSN: Coordination of Care Composite and Rating of Health Plan (8+9+10)
  - THP: How Well Doctors Communicate Composite

**Table 37. Adult CAHPS Survey Measures, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Customer Service Composite	83.2	85.5	82.2	♦
How Well Doctors Communicate Composite	91.9	92.7	91.7	♦♦
Shared Decision Making Composite (A lot/Yes)	72.7	81.2	72.6	♦
Health Promotion and Education Composite	74.8	77.1	71.5	♦
Coordination of Care Composite	79.6	83.8	78.8	♦
Rating of Health Plan (8+9+10)	76.4	77.0	74.1	♦
Rating of All Health Care (8+9+10)	74.0	77.3	75.0	♦♦
Rating of Personal Doctor (8+9+10)	83.5	85.7	84.0	♦♦♦
Rating of Specialist Seen Most Often (8+9+10)	75.6	78.4	76.5	♦

♦ – The District Average is below the NCQA Quality Compass National Medicaid Average.

♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

♦♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO averages indicated the following:

- Three of nine Adult CAHPS Survey experience of care measures was equal to or exceeded the NCQA Quality Compass National Medicaid Average:
  - How Well Doctors Communicate
  - Rating of All Health Care (8+9+10)
  - Rating of Personal Doctor (8+9+10)
- Only the Rating of Personal Doctor (8+9+10) measure met the District goal of meeting or exceeding the NCQA Quality Compass 75<sup>th</sup> Percentile.
- No positive or negative trends were identified during the three year period.



Table 38 reports the Child CAHPS Survey experience of care measures for all four MCOs and includes results for MY 2015 to MY 2017.

**Table 38. Child CAHPS Survey Measure Results, MY 2015 to MY 2017.**

CAHPS Survey Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Customer Service Composite	MY 2015	84.8	-	92.4	83.1
	MY 2016	90.8	-	87.8	81.3
	MY 2017	87.5	-	86.0	75.1
How Well Doctors Communicate Composite	MY 2015	92.8	-	93.0	91.1
	MY 2016	93.1	-	92.1	93.0
	MY 2017	93.5	-	94.0	89.6
Shared Decision Making Composite (A lot/Yes)	MY 2015	76.4	-	86.8	70.4
	MY 2016	77.9	-	83.9	NA
	MY 2017	76.7	-	85.0	79.5
Health Promotion and Education Composite	MY 2015	78.8	-	80.4	74.7
	MY 2016	73.6	-	80.4	69.3
	MY 2017	79.8	-	77.0	63.8
Coordination of Care Composite	MY 2015	78.7	-	92.2	71.8
	MY 2016	80.0	-	83.8	85.0
	MY 2017	82.8	-	86.0	69.2
Rating of Health Plan (8+9+10)	MY 2015	85.5	-	84.2	77.6
	MY 2016	88.6	-	80.1	83.9
	MY 2017	91.0	-	78.0	81.7
Rating of All Health Care (8+9+10)	MY 2015	85.2	-	87.4	86.3
	MY 2016	89.2	-	82.9	85.9
	MY 2017	89.2	-	82.0	85.5
Rating of Personal Doctor (8+9+10)	MY 2015	91.3	-	90.8	90.0
	MY 2016	91.6	-	87.2	92.6
	MY 2017	93.7	-	88.0	94.3
Rating of Specialist Seen Most Often (8+9+10)	MY 2015	86.7	-	85.6	82.1
	MY 2016	86.1	-	85.7	NA
	MY 2017	89.4	-	84.0	96.2

NA – Not Applicable; response < 100

- AGP became operational 10/1/17; therefore, results are not available

A trend analysis for the quality-related Child CAHPS Survey Measures revealed the following:

- ACDC improved year over year in the following measures:
  - How Well Doctors Communicate Composite
  - Coordination of Care Composite
  - Rating of Health Plan (8+9+10)
  - Rating of Personal Doctor (8+9+10)
- HSCSN declined in performance in the following measures:
  - Customer Service Composite
  - Rating of Health Plan (8+9+10)
  - Rating of All Health Care (8+9+10)

- While THP demonstrated an improvement in the Rating of Personal Doctor (8+9+10) measure, a decline in performance was noted in the following:
  - Customer Service Composite
  - Health Promotion and Education Composite
  - Rating of All Health Care (8+9+10)

**Table 39. Child CAHPS Survey Measures, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Customer Service Composite	86.6	86.6	82.9	♦
How Well Doctors Communicate Composite	92.2	93.0	92.4	♦
Shared Decision Making Composite (A lot/Yes)	76.9	78.8	80.4	♦♦
Health Promotion and Education Composite	77.0	73.9	73.5	♦♦
Coordination of Care Composite	79.0	82.2	79.3	♦
Rating of Health Plan (8+9+10)	82.8	85.1	83.6	♦
Rating of All Health Care (8+9+10)	85.5	86.9	85.6	♦
Rating of Personal Doctor (8+9+10)	90.3	90.8	92.0	♦♦♦
Rating of Specialist Seen Most Often (8+9+10)	85.0	86.1	89.9	♦♦♦

♦ – The District Average is below the NCQA Quality Compass National Medicaid Average.

♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

♦♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO averages indicated the following:

- Positive annual trends were noted in three measures:
  - Shared Decision Making Composite (A lot/Yes)
  - Rating of Personal Doctor (8+9+10)
  - Rating of Specialist Seen Most Often (8+9+10)
- A decline in performance was identified in the Health Promotion and Education Composite
- Two measures met or exceeded the District’s goal, the NCQA Quality Compass 75<sup>th</sup> Percentile:
  - Rating of Personal Doctor (8+9+10)
  - Rating of Specialist Seen Most Often (8+9+10)

## Access Findings

An assessment of access considers the degree to which beneficiaries are inhibited or assisted in their ability to gain entry to and receive care and services from the health care system. It considers compliance with operational and geographic standards, open provider networks, performance measures that gauge accessibility, and other network adequacy measures.

Access to healthcare is the foundation of positive health outcomes. Qlarant evaluates access to care and services for each MCO through an analysis of OSR findings and HEDIS, CAHPS, and NAV results.

## Operational Systems Review

Multiple standards of the OSR relate to the MCOs' structural system that influences accessibility. Table 40 includes access-related requirements of each applicable standard and the 2018 results for each MCO. Results are indicated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

**Table 40. MCO OSR Results for Access, 2018**

OSR Standard	ACDC	AGP	HSCSN	THP
<b>Subpart A: General Provisions</b>				
§438.10 Information Requirements	PM	PM	PM	PM
<b>Subpart D: MCO Standards</b>				
§438.206 Availability of Services	PM	PM	PM	PM
§438.207 Assurance of Adequate Capacity and Services	M	PM	PM	PM
<b>Subpart B: Services—General Provisions</b>				
§440.262 Access and Cultural Considerations	M	M	PM	M

NA – Elements are effective in 2018. They were not scored in 2017.

Overall, the results for the access-related elements of the OSR were mixed.

- **General Provisions.** All MCOs received partial credit for Information Requirements which ensures access to provider directory information.
- **MCO Standards.** While ACDC met all Assurance of Adequate Capacity and Services requirements, all MCOs partially met all other access-related MCO Standards.
- **Services—General Provisions.** ACDC, AGP, and THP all met Access and Cultural Considerations under General Provisions. Only HSCSN partially met requirements.

## Performance Measurement

### HEDIS Performance Measure Results

Preventive healthcare measures provide information about how well an MCO provides services that maintain good health and prevent illness in adults and children. A regular source of care is vitally important in terms of providing appropriate preventive services and/or diagnosing and treating acute/chronic conditions in a timely manner. Regular access to preventive services should decrease the need for emergency and specialized services. Selected key access-related HEDIS performance measures are reported in Tables 41-50.

Table 41 reports the HEDIS Adults' Access to Preventive Ambulatory Health Services performance measures for all four MCOs and includes results for MYs 2015 to 2017.

**Table 41. Adults' Access to Preventive Ambulatory Health Services MCO Performance Measure Results, MY 2015 to MY 2017**

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Adults' Access to Preventive Ambulatory Health Services – 20-44 years of age	MY 2015	70.59	-	84.97	54.89
	MY 2016	69.94	-	84.23	50.45
	MY 2017	67.83	-	84.13	49.82
Adults' Access to Preventive Ambulatory Health Services – 45-64 years of age	MY 2015	79.15	-	NA	66.19
	MY 2016	78.88	-	NA	63.80
	MY 2017	77.01	-	NA	62.65
Adults' Access to Preventive Ambulatory Health Services – 65+ years of age	MY 2015	73.97	-	NA	71.43
	MY 2016	70.77	-	NA	NA
	MY 2017	78.79	-	NA	83.33
Adults' Access to Preventive Ambulatory Health Services – total (20-65+ years of age)	MY 2015	73.55	-	84.97	58.54
	MY 2016	73.05	-	84.23	54.79
	MY 2017	70.88	-	84.13	53.75

NA – Not Applicable; small denominator (&lt;30)

- AGP became operational 10/1/17; therefore results are not available

A trend analysis for the Adults' Access to Preventive Ambulatory Health Services revealed the following:

- Overall, performance declined for all MCOs—except for the 65+ age group.

Table 42 reports the District MCO weighted averages for the HEDIS Adults' Access to Preventive Ambulatory Health Services performance measures for MYs 2015 to 2017. The MY 2017 District MCO weighted averages are compared to the national benchmarks. DHCF expects the MCOs to meet or exceed the NCQA Quality Compass 75<sup>th</sup> percentile benchmarks.

**Table 42. Adults' Access to Preventive Ambulatory Health Services Performance Measures, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Adults' Access to Preventive Ambulatory Health Services – 20-44 years of age	65.5	63.46	63.09	♦
Adults' Access to Preventive Ambulatory Health Services – 45-64 years of age	74.2	73.30	73.17	♦
Adults' Access to Preventive Ambulatory Health Services – 65+ years of age	77.2	70.97	79.49	♦
Adults' Access to Preventive Ambulatory Health Services – total (20-65+ years of age)	68.5	66.87	66.32	♦

♦ – The District Average is below the NCQA Quality Compass National Medicaid Average.

♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

♦♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO weighted averages indicated the following:

- MCO weighted averages for all of the Adults' Access to Preventive Ambulatory Health Services measures fell below the NCQA Quality Compass National Medicaid Average.
- Three of these measures (20-44 years, 45-64 years, and 20-65+ year) revealed a negative annual trend in performance.

Table 43 reports the HEDIS Children and Adolescents' Access to Primary Care Practitioners (PCPs) performance measures for all four MCOs and includes results for MYs 2015 to 2017.

**Table 43. Children and Adolescents' Access to PCPs MCO Performance Measure Results, MY 2015 to MY 2017.**

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Children and Adolescents' Access to PCP (12-24 months)	MY 2015	94.59	-	97.53	88.87
	MY 2016	93.79	-	93.26	90.20
	MY 2017	91.34	-	96.30	85.42
Children and Adolescents' Access to PCP (25 months-6 years)	MY 2015	89.09	-	91.17	84.89
	MY 2016	88.45	-	92.72	84.81
	MY 2017	85.45	-	93.46	79.13
Children and Adolescents' Access to PCP (7-11 years)	MY 2015	94.24	-	97.89	89.91
	MY 2016	95.17	-	97.72	90.65
	MY 2017	94.07	-	97.88	88.71
Children and Adolescents' Access to PCP (12-19 years)	MY 2015	91.76	-	95.94	84.85
	MY 2016	93.89	-	95.56	89.17
	MY 2017	93.35	-	94.80	87.23

NA – Not Applicable; small denominator (<30)

- AGP became operational 10/1/17; therefore, results are not available

A trend analysis for the Children and Adolescents' Access to PCPs performance measures revealed the following:

- ACDC had two negative trends—the 12-24 Months and 25 Months-6 Years measures
- HSCSN demonstrated improvement in the 25 Months-6 Years measure, but declined in the 12-19 Years measure
- THP had a negative trend in the 25 Months-6 Years measure

Table 44 reports the District MCO weighted averages for the HEDIS Children and Adolescents' Access to PCPs performance measures for MYs 2015 to 2017. The MY 2016 District MCO weighted averages are compared to the national benchmarks.

**Table 44. Children and Adolescents' Access to PCPs Performance Measures, MCO Averages, MY 2015 to MY 2017.**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Children and Adolescents' Access to PCP (12-24 months)	93.5	92.70	90.09	♦
Children and Adolescents' Access to PCP (25 months-6 years)	87.9	87.47	84.47	♦
Children and Adolescents' Access to PCP (7-11 years)	93.3	94.31	93.54	♦♦♦
Children and Adolescents' Access to PCP (12-19 years)	90.5	92.89	92.89	♦♦♦

♦ – The District Average is below the NCQA Quality Compass National Medicaid Average.

♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

♦♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO weighted averages indicated the following in the performance of the Children and Adolescents' Access to PCP measures:

- Negative trends were noted in the 12-24 Months and 25 Months-6 Years measures
- The MCO Average exceeded the District's goal of the NCQA Quality Compass 75<sup>th</sup> Percentile for the 7-11 Years and 12-19 Years measures

Table 45 reports the HEDIS Annual Dental Visit performance measure for all four MCOs and includes results for MYs 2015 to 2017.

**Table 45. Annual Dental Visit MCO Performance Measure Results, MY 2015 to MY 2017.**

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Annual Dental Visits – total (2-21 years of age)	MY 2015	73.57	-	76.32	66.33
	MY 2016	75.71	-	62.49	68.39
	MY 2017	73.47	-	62.87	64.16

- AGP became operational 10/1/17; therefore, results are not available

No specific trends for the Annual Dental Visit performance measure were observed.

Table 46 reports the District MCO weighted averages for the HEDIS Annual Dental Visit performance measure for MYs 2015 to 2017. The MY 2017 District MCO weighted averages are compared to the national benchmarks.

**Table 46. Annual Dental Visit MCO Performance Measure, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Annual Dental Visits – total (2-21 years of age)	66.6	72.20	71.09	◆◆◆

◆ – The District Average is below the NCQA Quality Compass National Medicaid Average.

◆◆ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

◆◆◆ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO weighted averages indicated the following:

- The MCO average for the Annual Dental Visits–total (2-21 years of age) met or exceeded the District’s goal for attaining the NCQA Quality Compass 75th Percentile for Medicaid.

Table 47 reports the HEDIS Prevention and Screening performance measures for all four MCOs and includes results for MYs 2015 to 2017.

**Table 47. Prevention and Screening MCO Performance Measure Results, MY 2015 to MY 2017.**

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Childhood Immunization Status – Combo 2	MY 2015	80.09	-	77.12	55.79
	MY 2016	77.55	-	76.62	44.91
	MY 2017	73.48	-	76.70	67.40
Childhood Immunization Status – Combo 3	MY 2015	78.24	-	75.42	52.08
	MY 2016	73.84	-	72.73	42.36
	MY 2017	68.37	-	72.82	62.29
Immunizations for Adolescents – Combo 2*	MY 2015	NA	-	NA	NA
	MY 2016	39.35	-	30.19	16.59
	MY 2017	56.93	-	53.37	41.60
Lead Screening in Children	MY 2015	82.57	-	86.44	55.32
	MY 2016	87.73	-	83.13	61.57
	MY 2017	85.16	-	81.48	69.10

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Breast Cancer Screening	MY 2015	65.54	-	NQ	50.97
	MY 2016	65.21	-	NA	54.15
	MY 2017	62.71	-	0.00	57.77
Cervical Cancer Screening	MY 2015	68.05	-	70.67	48.14
	MY 2016	67.83	-	63.51	48.59
	MY 2017	68.37	-	64.29	45.50
Chlamydia Screening in Women	MY 2015	78.27	-	80.78	71.37
	MY 2016	80.59	-	80.21	72.22
	MY 2017	79.90	-	77.04	72.73

\*New performance measure for MY 2016. No performance measure results available for MY 2015, as noted by the NA.

- AGP became operational 10/1/17; therefore results are not available

A trend analysis for the Prevention and Screening performance measures revealed the following:

- ACDC realized a decline in performance in the following measures:
  - Childhood Immunization Status – Combo 2
  - Childhood Immunization Status – Combo 3
  - Breast Cancer Screening
- HSCSN demonstrated a negative trend in the following measures:
  - Lead Screening in Children
  - Chlamydia Screening in Women
- While THP’s rates were lower, the MCO’s trends were positive:
  - Lead Screening in Children
  - Breast Cancer Screening
  - Chlamydia Screening in Women

Table 48 reports the District MCO weighted averages for the HEDIS Prevention and Screening performance measures for MYs 2015 to 2017. The MY 2017 District MCO weighted averages are compared to the national benchmarks.



**Table 48. Prevention and Screening Performance Measures, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Childhood Immunization Status–Combo 2	75.2	73.47	72.24	♦
Childhood Immunization Status–Combo 3	72.9	69.86	67.18	♦
Immunizations for Adolescents–Combo 2	-	35.33	54.74	◆◆◆
Lead Screening in Children	78.6	82.79	81.37	◆◆◆
Breast Cancer Screening	60.6	60.97	61.73	◆◆
Cervical Cancer Screening	62.6	63.92	62.84	◆◆
Chlamydia Screening in Women	76.9	78.96	78.65	◆◆◆

♦ – The District Average is below the NCQA Quality Compass National Medicaid Average.

◆◆ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

◆◆◆ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO weighted averages indicated the following:

- The Childhood Immunization Status measures (Combo 2 and Combo 3) yielded a negative trend
- A positive annual trend was observed in the Breast Cancer Screening measure
- The DC MCO Averages met or exceeded the District’s goal for attaining the NCQA Quality Compass 75th Percentile for Medicaid for the following measures:
  - Immunization for Adolescents – Combo 2
  - Lead Screening in Children
  - Chlamydia Screening in Women

Table 49 reports the HEDIS Utilization performance measures related to access for all four MCOs and includes results for MYs 2015 to 2017.

**Table 49. Utilization MCO Performance Measure Results, MY 2015 to MY 2017.**

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Well Child Visits in the First 15 Months of Life (6 or more visits)	MY 2015	61.48	-	58.06	47.76
	MY 2016	58.80	-	65.38	52.27
	MY 2017	63.02	-	51.67	50.85
Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	MY 2015	77.38	-	83.09	76.62
	MY 2016	80.09	-	86.67	74.31
	MY 2017	73.72	-	87.86	69.83
Adolescent Well Care Visits	MY 2015	64.81	-	69.59	53.24
	MY 2016	65.97	-	74.01	52.20
	MY 2017	66.67	-	75.94	51.58

- AGP became operational 10/1/17; therefore results are not available

A trend analysis for the Utilization performance measures revealed the following:

- ACDC experienced a positive trend in the Adolescent Well Care Visits measure.

- HSCSN improved year over year in the Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life and Adolescent Well Care Visits measures. THP declined in the same measures.

Table 50 reports the District MCO weighted averages for the HEDIS Utilization performance measures related to access for MYs 2015 to 2017. The MY 2017 District MCO weighted averages are compared to the national benchmarks.

**Table 50. Utilization Performance Measures, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Well Child Visits in the First 15 Months of Life (6 or more visits)	58.6	59.78	60.04	♦
Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	77.4	78.70	73.59	♦♦
Adolescent Well Care Visits	62.0	64.06	65.57	♦♦♦

♦ – The District Average is below the NCQA Quality Compass National Medicaid Average.

♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

♦♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO weighted averages indicated the following for the utilization performance measures:

- Positive trends were seen in the MCO averages for Well Child Visits in the First 15 Months of Life (6 or more visits) and Adolescent Well Care Visits measures
- The Adolescent Well Care Visits measure met or exceeded the District goal of the NCQA Quality Compass 75th Percentile for Medicaid.

### CAHPS Survey Results

Results for the key access-related CAHPS Survey experience of care measures are highlighted in Tables 51-52.

Table 51 reports the access-related CAHPS Survey experience of care measures for both the adult and child surveys for all four MCOs and includes results for MYs 2015 to 2017.

**Table 51. Adult and Child CAHPS Survey Measure Results, 2015 to 2017.**

CAHPS Survey Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Getting Needed Care Composite – Adult	MY 2015	74.8	-	79.7	68.0
	MY 2016	81.1	-	86.6	71.6
	MY 2017	76.0	-	84.0	71.5
Getting Needed Care Composite – Child	MY 2015	80.4	-	81.6	74.2
	MY 2016	79.5	-	80.3	69.0
	MY 2017	82.7	-	83.0	69.4

- AGP became operational 10/1/17; therefore results are not available

No trends were revealed in the access-related CAHPS Survey measures revealed.

**Table 52. Adult and Child CAHPS Survey Measures, MCO Averages, 2015 to MY 2017.**

Performance Measures	2015 MCO Average %	2016 MCO Average %	2017 MCO Average %	2017 MCO Comparison to Benchmarks
Getting Needed Care Composite – Adult	75.6	79.5	77.2	♦
Getting Needed Care Composite – Child	76.8	75.6	78.4	♦

♦ – The District Average is below the NCQA Quality Compass National Medicaid Average.

♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

♦♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO averages indicated the following:

- Both Getting Needed Care Composite—Adult and Child measures performed below the NCQA Quality Compass National Medicaid Average.

## Network Adequacy Validation

### Provider Capacity and Geographic Network Distribution Results

An analysis of provider capacity and geographic network distribution of each MCO's network of providers was conducted by Qlarant utilizing the Geographic Access Reports submitted during the 2018 OSRs.

The provider ratio represents a summary statistic used to highlight the overall capacity of the MCO's network to deliver services to its members. A lower provider ratio suggests the potential for greater network access since a larger pool of providers is available to render services to individuals. The geographic distribution analysis ensures provider locations are spread proportionally with the member population. A shorter travel time and smaller average distance indicates greater accessibility to providers since members must travel fewer miles or minutes to access care.

The results from the provider capacity and geographic distribution analysis suggested the MCOs maintain robust and geographically accessible provider networks. The provider-to-member ratios as well as travel time and distance to nearest provider results were significantly lower (better) than the contractual-related requirements.

### Accuracy of Provider Directory Results

Provider directories are an important tool used by members to select and contact their PCP and other providers who deliver their medical care. Members and their caregivers rely on these provider directories to make informed decisions regarding their health care choices. Inaccurate provider directories can create a barrier to care and raise questions regarding the adequacy and validity of the MCO's network as a whole. The accuracy of each MCO's provider directory information was assessed during telephone surveys conducted by Qlarant. A provider directory listing was considered accurate if all the following criteria were met:

- Telephone number reached the intended provider.
- Provider practiced at the location listed.
- Provider offered the services listed (i.e. Primary care services, OB services, etc.).
- Provider accepted the listed insurance.
- Telephone number provided by the MCO matched the telephone number listed in the online provider directory. If the caller was required to dial a different telephone number to access services from the provider, the updated telephone number was expected to match the online provider directory.
- Address provided by the MCO matched the address listed in the online provider directory. If the respondent provided a correction to the address, the updated address was expected to match the online provider directory.
- Able to locate provider in the MCO's online provider directory.

The overall accuracy of MCO provider directory information is low across all MCOs. Table 53 shows the overall accuracy rate of provider directory information by MCO. Additionally, accuracy of provider phone number and address are included.

**Table 53. Accuracy of Provider Directory Information by MCO, 2018**

Provider Directory Information Accuracy	ACDC %	AGP %	HSCSN %	THP %	MCO Average %
Overall MCO Provider Directory Accuracy	45	41	13	36	34
Provider Phone Number Accuracy	98	90	75	94	92
Provider Address Accuracy	94	92	70	89	89

The overall provider directory information accuracy compliance ranged from a high of 45% (ACDC) to a low of 13% (HSCSN). The MCO average was 34%. Provider phone numbers and addresses, as standalone metrics, were relatively accurate with MCO averages of 92% and 89%, respectively. Qlarant recommends that the MCOs develop plans to address the accuracy of provider directory information.

## Timeliness Findings

An assessment of timeliness considers the MCO compliance with Federal and contractual-related timeline requirements to complete procedures and provide access to care or services. Timeframes may be based on the urgency of need and the presence or absence of health symptoms. Results may impact compliance, utilization, and satisfaction.

Timely healthcare assumes a beneficiary has access to providers and services as soon as they are needed. Postponing needed care may result in adverse health outcomes and can increase ED utilization

and inpatient hospitalization. Qlarant evaluates timeliness to care and services for each MCO through an analysis of OSR grievance and appeal compliance with timelines, and HEDIS, CAHPS, and NAV results.

## Operational Systems Review

A portion of the Grievance and Appeal System standard of the OSR relates to the MCOs' ability to process, resolve, and respond to member grievances and appeals in a timely manner. Table 54 includes timeliness-related requirements of the Grievance and Appeal System standard and the 2018 results for each MCO. Results are indicated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

**Table 54. MCO OSR Results for Timeliness, 2018**

OSR Standard	ACDC	AGP	HSCSN	THP
<b>Subpart F: Grievance and Appeal System</b>				
§438.404 Timely and Adequate Notice of Adverse Benefit Determination	PM	PM	PM	PM
§438.408 Resolution and Notification: Grievances and Appeals	PM	PM	PM	PM
§438.410 Expedited Resolution of Appeals	M	PM	PM	M

Overall, MCOs were partially compliant with the Grievance and Appeal timeliness-related elements of the OSR.

- **Timely and Adequate Notice of Adverse Benefit Determination.** All MCOs received partial credit for this element.
- **Resolution and Notification.** MCOs met some, but not all requirements.
- **Expedited Resolution of Appeals.** ACDC and THP met all requirements, while AGP and HSCSN received partial credit for compliance.

## Performance Measurement

### HEDIS Performance Measure Results

Timeliness-related healthcare measures provide insight into assuring that Medicaid managed care beneficiaries are receiving care according to national guidelines. The MCOs are required to calculate and report on Prenatal and Postpartum Care HEDIS performance measures that measure timeliness. These performance measures are reported in Tables 55-56.

Table 55 reports the HEDIS Prenatal and Postpartum Care performance measures for all four MCOs and includes results for MYs 2015 to 2017.

**Table 55. Prenatal and Postpartum Care MCO Performance Measure Results, MY 2015 to MY 2017**

Performance Measures	MY	ACDC %	AGP %	HSCSN %	THP %
Timeliness of Prenatal Care	MY 2015	68.84	-	73.08	69.37
	MY 2016	79.95	-	72.37	68.78
	MY 2017	76.89	-	64.00	62.29
Postpartum Care	MY 2015	49.30	-	47.44	41.07
	MY 2016	56.37	-	46.05	44.13
	MY 2017	51.82	-	58.00	46.23

- AGP became operational 10/1/17; therefore, results are not available

A trend analysis of the Prenatal and Postpartum Care performance measures revealed the following:

- HSCSN and THP both declined in annual performance for the Timeliness of Prenatal Care performance measure.
- THP demonstrated a positive trend in performance in the Postpartum Care measure.

Table 56 reports the District MCO weighted averages for the HEDIS Prenatal and Postpartum Care performance measures for MYs 2015 to 2017. The MY 2017 District MCO weighted averages are compared to the national benchmarks.

**Table 56. Prenatal and Postpartum Care Performance Measures, MCO Averages, MY 2015 to MY 2017**

Performance Measures	MY 2015 MCO Average %	MY 2016 MCO Average %	MY 2017 MCO Average %	MY 2017 MCO Comparison to Benchmarks
Timeliness of Prenatal Care	70.8	78.33	73.52	♦
Postpartum Care	50.2	54.44	50.86	♦

♦ - The District Average is below the NCQA Quality Compass National Medicaid Average.

♦♦ - The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

♦♦♦ - The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO weighted averages indicated the following:

- The MCO weighted averages, for both measures, compared unfavorably to the NCQA Quality Compass National Medicaid Averages.

### CAHPS Survey Results

Results for the key timeliness-related CAHPS Survey experience of care measures are highlighted in Tables 57-58.

Table 57 reports the timeliness-related CAHPS Survey experience of care measure for both the adult and child surveys for all four MCOs and includes results for MYs 2015 to 2017.

**Table 57. Adult and Child CAHPS Survey Measure Results, MY 2015 to MY 2017**

CAHPS Survey Measures	Survey Year	ACDC %	AGP %	HSCSN %	THP %
Getting Care Quickly Composite – Adult	2015	77.3	-	80.3	71.0
	2016	76.7	-	78.5	76.1
	2017	74.9	-	80.0	77.6
Getting Care Quickly Composite – Child	2015	85.1	-	88.1	76.7
	2016	86.1	-	89.7	78.9
	2017	84.0	-	87.0	79.4

- AGP became operational 10/1/17; therefore, results are not available

A trend analysis of the timeliness-related CAHPS Survey measures revealed the following:

- ACDC’s performance declined in the Adult Getting Care Quickly Composite.
- THP improved performance for both Adult and Child Getting Care Quickly Composite measures.

**Table 58. Adult and Child CAHPS Survey Measures, MCO Averages, MY 2015 to MY 2017**

Performance Measures	2015 MCO Average %	2016 MCO Average %	2017 MCO Average %	2017 MCO Comparison to Benchmarks
Getting Care Quickly Composite – Adult	76.3	77.2	77.5	♦
Getting Care Quickly Composite – Child	84.0	85.3	83.5	♦

♦ – The District Average is below the NCQA Quality Compass National Medicaid Average.

♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.

♦♦♦ – The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

An analysis of the MCO averages indicated the following:

- The MCO average yielded a positive trend in the Adult Getting Care Quickly Composite measure.
- The Adult and Child Getting Care Quickly Composite measure results did not meet the NCQA Quality Compass National Medicaid Averages.

## Network Adequacy Validation

### Appointment Availability Results

The analysis of appointment availability assesses the extent to which the network infrastructure translates to practice. Provider appointment availability and compliance with contractual-related appointment timeframe standards was evaluated during the telephone surveys conducted by Qlarant. Appointment scheduling timeframes assessed during the telephone surveys included:

- Non-urgent appointments with PCPs and Specialists within 30 days of request
- Urgent appointments with PCPs within 48 hours of request

- Initial OB appointments within 10 days of request

Overall appointment wait time compliance results by MCO are displayed in Table 59.

**Table 59. Appointment Wait Time Compliance by MCO, 2018**

Appointment Wait Time Compliance	ACDC %	AGP %	HSCSN %	THP %	MCO Average %
MCO Appointment Wait Time Compliance	73	73	59	68	70

The MCO average for the overall appointment wait time compliance was 70%. Performance ranged from 59% (HSCSN) to 73% (ACDC and AGP).

### After-Hours Accessibility Results

The MCOs are contractually required to ensure a reliable system for providing 24-hour access to urgent care and emergency care 7 days per week, including weekends and holidays. To evaluate after-hours availability, Qlarant conducted telephone calls to providers during non-business hours. Table 60 includes results of the after-hours survey.

**Table 60. After-Hours Accessibility by MCO, 2018**

After-Hours Accessibility	ACDC %	AGP %	HSCSN %	THP %	MCO Average %
Callers Instructed to Call 911 for Emergent Issues	100	100	81	100	96
Callers Referred to Nurse Helpline or Given Option to Speak to an On-call Provider	85	95	88	100	91

The MCO average for advising callers to call 911 in the event of an emergency was 96%. Performance ranged from 81% (HSCSN) to 100% (ACDC, AGP, and THP). The MCO average for referring callers to a nurse helpline or given the option to speak with an on-call provider was 91%. Performance ranged from 85% (ACDC) to 100% (THP).

## Summary of Findings

Qlarant completed the following External Quality Review (EQR) activities in 2018:

- Compliance Review, known as the Operational Systems Review (OSR)
- Performance Improvement Project (PIP) Review
- Performance Measure Validation (PMV)
- Network Adequacy Validation (NAV)



Information obtained through the EQR activities was aggregated and analyzed to assess MCO performance in the domains of quality, access, and timeliness of care and services. To do this, Qlarant allocated standards and/or measures from each activity to domains indicative of quality, access, or timeliness.

The ATR Summary of Findings section offers a high-level presentation of the outcomes of the 2018 EQR activities. Findings are based upon an analysis of the data from each of the four EQR activities both in the aggregate across all four MCOs, and at the MCO-specific level. Conclusions are drawn about performance strengths and opportunities for each domain, including whether MCO averages attained the District's goal of meeting or exceeding the NCQA Quality Compass Medicaid 75<sup>th</sup> percentile.

Qlarant also examined the 2017 ATR Opportunities for Improvement (OFI) to determine whether MCOs are correcting identified deficiencies. Recommendations are provided both for DHCF and the MCOs to inform decisions around system-wide or MCO-level improvements.

## Quality

To assess performance in the Quality domain, Qlarant analyzed performance against standards and/or measures from the following:

- DC Quality Strategy
- Operational Systems Review (compliance with Federal and District Regulations)
- Performance Improvement Project Validation
- Performance Measure Validation
- Performance Measurement (HEDIS and CAHPS results)

### DHCF Quality Strategy

#### DHCF Quality Strategy Strengths

The most recent DHCF Quality Strategy provides the framework for helping the District improve the infrastructure, processes, and outcomes of the Medicaid managed care program. The strategy includes three broad goals:

1. ensure access to a full range of primary, clinic-based, hospital, mental health, and specialty care services for managed care members
2. ensure the proper management and coordination of care as a means of improving beneficiaries' health outcomes while promoting efficiency in the utilization of services
3. establish greater control and predictability over the District's spending on health care and link payment to quality.

Since 2014, DHCF has diligently studied Medicaid managed care performance using data obtained from the quarterly analysis of MCOs' member utilization, administrative performance, case management outcomes, network adequacy of health plan services, and medical care expenditures and loss ratios. The District implemented a pay-for-performance (P4P). The three risk-based MCOs (ACDC, AGP, and THP) are required to meet performance goals by reducing the incidence of the following three patient outcomes:

- potentially preventable admissions (PPA)
- low acuity non-emergent (LANE) visits
- 30-day hospital readmissions for all-causes

When comparing FY 2017 results to the FY 2016 baseline, THP was the only MCO to meet all minimum standards on the P4P measures and receive full recoupment of the capitation withhold.

DHCF set a target to drive performance improvement. The District uses the NCQA Quality Compass Medicaid 75<sup>th</sup> percentile benchmarks as goals for MCO performance measurements. MCOs are required to implement OFI action plans when they are not meeting targets and/or compliance requirements.

DHCF worked with Qlarant on developing a consumer report card template in 2018. The report card will assist Medicaid enrollees in making valid comparisons between available MCOs based upon performance. Ultimately, the consumer report card will provide a mechanism to stimulate quality improvement, data transparency, and accountability among the District's MCOs.

### **DHCF Quality Strategy Opportunities**

DHCF is currently in the process of updating its Quality Strategy which will be released in 2019. As part of this process, DHCF should identify all priorities and performance improvement initiatives and prioritize those most meaningful in addressing opportunities for improvement. DHCF should continue to set goals to encourage performance improvement. While DHCF has set target goals using the NCQA Quality Compass Medicaid 75<sup>th</sup> percentile in performance measurement, there are many performance measures where the MCOs are not meeting the national average benchmarks.

## **Operational Systems Review (OSR)**

Qlarant conducted the on-site OSRs in October 2018. The comprehensive OSR focused on MCO compliance for MY 2018. The MCOs were reviewed against the Medicaid and CHIP managed care standards under the CMS Final Rule. This was the second annual review using the revised standards. The 2018 results were compared to the 2017 baseline results.

### **MCO OSR Strengths for Quality**

While ACDC sustained its overall score of 97%, all other MCOs demonstrated improvement in 2018. Overall, AGP and THP each improved by nine percentage points (to 96% and 91%, respectively), while HSCSN improved by eight percentage points (to 90%).

ACDC and AGP scored 100% for the Quality Assessment and Performance Improvement Program standard. The MCOs have quality structures in place to facilitate reporting, monitoring, and quality improvement activities.

### **MCO OSR Opportunities for Quality**

HSCSN and THP both have opportunity to improve performance in the Quality Assessment and Performance Improvement Program standard after both received an 86% compliance rating.

Performance on other quality-related elements varies by MCO. Each MCO is expected to address any noncompliant findings through an OFI action plan. Qlarant will monitor these plans and MCO progress in meeting requirements.

## Performance Improvement Project (PIP) Validation

Qlarant validated four PIPs per MCO. The topics included:

- Improving Perinatal and Birth Outcomes Collaborative
- Pediatric Asthma Collaborative
- Comprehensive Diabetes Care (new for MY 2017)
- Behavioral Health (new for MY 2017)

The 2018 PIP validation and review included an assessment of MY 2017 activities and results. Strengths and opportunities for improvement for both PIPs are outlined below.

### MCO PIP Validation Strengths for Quality

ACDC and AGP consistently scored 100% in all PIPs, indicating that DHCF and other stakeholders can have “High Confidence” in their results. HSCSN scored a 100% in their Behavioral Health PIP. THP scored 92% in both their Comprehensive Diabetes Care and Behavioral Health PIPs. Results of 90% or above indicate “High Confidence.”

Based on MCO weighted averages, positive annual trends were noted in the following measures:

- Improving Perinatal and Birth Outcomes PIP
  - Neonates <37 Weeks Gestational Age
  - No Maternal HIV Testing
  - Unduplicated Pregnancies with One or More Adverse Event

### MCO PIP Validation Opportunities for Quality

Both HSCSN and THP scored 79% and 87%, respectively, on the Improving Perinatal and Birth Outcomes and Pediatric Asthma PIPs. HSCSN also scored 82% on the Comprehensive Diabetes Care PIP. These scores indicate that DHCF can have “Confidence” in their results. MCOs can improve scores by submitting a comprehensive project rationale and documenting an accurate and complete analysis.

Based on MCO weighted averages, a decline in annual performance was noted in the following measure:

- Improving Perinatal and Birth Outcomes
  - Neonates with Weight <2,500 Grams

## Performance Measure Validation (PMV)

Qlarant conducted two types of PMV audits in 2018. The first audit focused on the PIP performance measures and the second audit focused on EPSDT performance measures. Results of the EPSDT PMV can be found in Appendix A3.

### **MCO PMV Strengths for Quality**

Results of the PMV conclude that DHCF can have “High Confidence” in results for ACDC, AGP, and HSCSN. Performance measure results for all three MCOs were determined to be “Reportable.” AGP’s “Reportable” designation is based on its readiness to report rates for the next reporting cycle.

### **MCO PMV Opportunities for Quality**

Qlarant provided a significant amount of technical assistance to two MCOs, HSCSN and THP. HSCSN was able to address issues in a timely manner. THP was unable to complete all follow-up activities and report findings as requested in a timely manner. Therefore, THP received a final score indicating that DHCF can have “Confidence” in results. Two measures were determined to be “Not Reportable” for THP. In order to demonstrate improvement:

- HSCSN is encouraged to develop an internal CAP to ensure timely and accurate communication with its vendor. The MCO should include additional quality checks to ensure that all final performance measure rates are accurate and will be submitted on or before the reporting deadline.
- THP is encouraged to dedicate appropriate resources in completing and testing all source code prior to the submission due date.
- THP should review current measure specifications carefully to ensure all requirements are being met.
- THP is encouraged to develop an internal CAP to ensure that all measure specifications are fully communicated and tested, and the results are verified prior to the reporting deadline.

## **Performance Measurement**

Comprehensive reports of the HEDIS performance measures and CAHPS experience of care results are included in Appendices A1 and A2, respectively. DHCF requires the MCOs to calculate and submit audited HEDIS performance measures and CAHPS experience of care survey results. Qlarant receives the final results, aggregates them, and compares performance to national benchmarks for DHCF.

In addition to the performance on PIPs, the Quality Domain includes an assessment of MCO performance for the following five HEDIS measures:

- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Respiratory Conditions
- Prevention and Screening
- Behavioral Health

The Adult and Child CAHPS experience of care survey results are also included as part of the Quality domain.

MCO weighted average HEDIS and CAHPS performance measure results are summarized below as a strength or an opportunity for improvement based upon comparisons to NCQA Quality Compass

National Medicaid benchmarks. The District uses the 75<sup>th</sup> percentile as a benchmark and goal for the MCOs.

### **MCO Performance Measurement Strengths for Quality**

#### **HEDIS Performance Measure Results**

None of the MCO weighted averages for the following performance measures met or exceeded the NCQA Quality Compass National Medicaid 75<sup>th</sup> percentile:

- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Respiratory Conditions
- Prevention and Screening
- Behavioral Health

Consequently, no strengths are identified for the Quality Domain in regard to the selected performance measures.

#### **CAHPS Survey Results**

The following CAHPS measures, based upon MCO averages, met or exceeded the NCQA Quality Compass National Medicaid 75<sup>th</sup> percentile:

- Adult:
  - Rating of Personal Doctor (8+9+10)
- Child:
  - Rating of Personal Doctor (8+9+10)
  - Rating of Specialist Seen Most Often (8+9+10)

### **MCO Performance Measurement Opportunities for Quality**

#### **HEDIS Performance Measure Results**

There is opportunity for improvement in all of the selected quality-related HEDIS performance measures, as they did not meet the NCQA Quality Compass 75<sup>th</sup> Percentile. The following MCO weighted averages did not meet the NCQA Quality Compass National Medicaid Average and provide the most significant opportunity for improvement:

- Comprehensive Diabetes Care:
  - Blood Pressure Control (<140/90)
  - Eye Exams
  - HbA1c Testing
  - HbA1c Control <8%
  - Poor HbA1c Control >9%
  - Medical Attention for Nephropathy
- Controlling High Blood Pressure
- Respiratory Conditions
  - Asthma Medication Ratio
- Prevention and Screening

- Adult BMI Assessment
- Behavioral Health
  - Antidepressant Medication Management—Effective Acute Phase Treatment
  - Antidepressant Medication Management—Continuation Phase Treatment
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
  - Follow-Up After Hospitalization for Mental Illness—Within 30 Days of Discharge
  - Follow-Up After Hospitalization for Mental Illness—Within 7 Days of Discharge

### CAHPS Survey Results

The following CAHPS MCO averages did not meet the NCQA Quality Compass National Medicaid Average:

- Adult:
  - Customer Service Composite
  - Shared Decision Making Composite (A lot/Yes)
  - Health Promotion and Education Composite
  - Coordination of Care Composite
  - Rating of Health Plan (8+9+10)
  - Rating of Specialist Seen Most Often (8+9+10)
- Child:
  - Customer Service Composite
  - How Well Doctors Communicate Composite
  - Coordination of Care Composite
  - Rating of Health Plan (8+9+10)
  - Rating of All Health Care (8+9+10)

## Access

To assess performance in the Access domain, Qlarant analyzed performance against standards and/or measures from the following:

- Operational Systems Review (compliance with Federal and District Regulations)
- Performance Measurement (HEDIS and CAHPS results)
- Network Adequacy Validation

### Operational Systems Review

Components of the OSR specific to Access include a compliance review of four standards: Information Requirements, Availability of Services, Assurance of Adequate Capacity and Services, and Access and Cultural Considerations.

#### MCO Operational Systems Review Strengths for Access

ACDC met all requirements for the Assurance of Adequate Capacity and Services Standard. ACDC, AGP, and THP met the Access and Cultural Considerations requirements.

## MCO Operational Systems Review Opportunities for Access

All MCOs have opportunities to improve OSR compliance with the Information Requirements element. This element ensures timely notification and access to member information. Member materials communicate how to select and access providers and how to obtain after-hours and emergency services. In an effort to promote the delivery of healthcare in a culturally competent manner, the member materials explain the availability of oral interpretation services and how to obtain written translated materials.

HSCSN partially met requirements for Access and Cultural Considerations, and all were partially compliant with the Availability of Services element.

## Performance Measurement

### MCO Performance Measurement Strengths for Access

#### HEDIS Performance Measure Results

The Access Domain includes an assessment of MCO performance for the following HEDIS measures:

- Adults' Access to Preventive Ambulatory Health Services
- Children and Adolescents' Access to PCPs
- Annual Dental Visit
- Prevention and Screening
- Utilization

The MCO weighted averages for the following performance measures met or exceeded the NCQA Quality Compass National Medicaid 75<sup>th</sup> percentile:

- Children and Adolescents' Access to PCPs
  - Children and Adolescents' Access to PCPs (7-11 Years)
  - Children and Adolescents' Access to PCPs (12-19 Years)
- Annual Dental Visits—Total (2-21 Years of Age)
- Prevention and Screening
  - Immunizations for Adolescents—Combo 2
  - Lead Screening in Children
  - Chlamydia Screening in Women
- Utilization
  - Adolescent Well Care Visits

#### CAHPS Survey Results

- There were no access-related CAHPS measures that met or exceeded the NCQA Quality Compass National Medicaid 75<sup>th</sup> percentile (based on MCO averages). There were no identified strengths for the CAHPS survey measures.

## MCO Performance Measurement Opportunities for Access

### HEDIS Performance Measure Results

There is opportunity for improvement in all of the selected access-related HEDIS performance measures as none of them met the NCQA Quality Compass 75<sup>th</sup> Percentile. The following MCO weighted averages did not meet the NCQA Quality Compass National Medicaid Average and provide the most significant opportunity for improvement:

- Adults' Access to Preventive Ambulatory Health Services
  - Adults' Access to Preventive Ambulatory Health Services (20-44 Years of Age)
  - Adults' Access to Preventive Ambulatory Health Services (45-64 Years of Age)
  - Adults' Access to Preventive Ambulatory Health Services (65+ Years of Age)
  - Adults' Access to Preventive Ambulatory Health Services—Total (20-65+ Years of Age)
- Children and Adolescents' Access to PCPs
  - Children and Adolescents' Access to PCPs (12-24 Months)
  - Children and Adolescents' Access to PCPs (25 Months-6 Years)
- Prevention and Screening
  - Childhood Immunization Status—Combo 2
  - Childhood Immunization Status—Combo 3
- Utilization
  - Well Child Visits in the First 15 Months of Life (6 or More Visits)

### CAHPS Survey Results

The following CAHPS MCO averages did not meet the NCQA Quality Compass National Medicaid Average:

- Getting Needed Care Composite—Adult
- Getting Needed Care Composite—Child

## Network Adequacy Validation

### MCO Network Adequacy Validation Strengths for Access

The MCOs maintain robust and geographically accessible provider networks. Provider-to-member ratios and travel and distance time to nearest provider results met MCO contractual requirements.

### MCO Network Adequacy Validation Opportunities for Access

The overall accuracy of provider information within each MCO's provider directory is low. The MCO average for this measure was 34%.

## Timeliness

The timeliness domain had the smallest measure composite for the ATR, with three OSR elements (related to the Grievance and Appeal System), two HEDIS performance measures, and two CAHPS survey measures.



## Operational Systems Review

### MCO Operational Systems Review Strengths for Timeliness

- ACDC and THP met the requirements for the Expedited Resolution of Appeals element.

### MCO Operational Systems Review Opportunities for Timeliness

- All MCOs need to demonstrate improvement to meet the requirements for Timely and Adequate Notice of Adverse Benefit Determination and Grievance and Appeals Resolution and Notification.
- AGP and HSCSN need to ensure compliance with the Expedited Resolution of Appeals element.

## Performance Measurement

### MCO Performance Measurement Strengths for Timeliness

#### HEDIS Performance Measure Results

The Timeliness Domain includes an assessment of MCO performance for the Prenatal and Postpartum Care HEDIS measure. The MCO weighted averages for Timeliness of Prenatal Care and Postpartum Care did not meet or exceed the NCQA Quality Compass National Medicaid 75<sup>th</sup> percentile.

#### CAHPS Survey Results

There were no timeliness-related CAHPS measures that met or exceeded the NCQA Quality Compass National Medicaid 75<sup>th</sup> percentile based on MCO averages. There were no identified strengths for the CAHPS survey measures.

### MCO Performance Measurement Opportunities for Timeliness

#### HEDIS Performance Measure Results

There is opportunity for improvement in the Prenatal and Postpartum Care measure. The following MCO weighted averages did not meet the NCQA Quality Compass National Medicaid Average:

- Timeliness of Prenatal Care
- Postpartum Care

#### CAHPS Survey Results

The following CAHPS MCO averages did not meet the NCQA Quality Compass National Medicaid Average:

- Getting Care Quickly Composite—Adult
- Getting Care Quickly Composite—Child

## Network Adequacy Validation

### MCO Network Adequacy Validation Strengths for Timeliness

The MCOs appear to provide adequate instructions for after-hours care. The MCO average for advising callers to call 911 in the event of an emergency was 96%. The MCO average for referring callers to a nurse helpline or given the option to speak with an on-call provider was 91%.

### MCO Network Adequacy Validation Opportunities for Timeliness

Provider appointment availability and compliance with contractual-related appointment timeframe standards was evaluated during Qlarant's telephone surveys. The MCO average for the overall appointment wait time compliance was 70%, providing an opportunity for improvement.

## Status of 2017 Recommendations

Results of the 2017 EQR activities revealed recommendations for improvement for the MCOs. The MCOs were advised of the recommendations and expected to act upon them in 2018. The status of each recommendation is described below.

### ACDC

**2017 Opportunity for Improvement.** Address OFIs made in the 2017 OSR Report for the following standards:

- Information Requirements
- MCO Standards
- Grievance and Appeal System

**2018 Follow-up.** ACDC continues to have an OFI in each of the standards as evidenced by scores below:

- Information Requirements. Compliance remained at 95%.
- MCO Standards. Compliance declined from 99% to 98%.
- Grievance and Appeal System. Compliance declined from 97% to 95%.

**2017 Opportunity for Improvement.** Continue network adequacy strategies to improve:

- Timely access to next available appointments
- Accuracy of provider directory information

**2018 Follow-up.** The MCO continues to require improvement in these areas. ACDC's 2018 wait time compliance was 73%. Overall accuracy of provider directory information was 45% for the sampled providers.

### AGP

AGP began operations on October 1, 2017 and OFIs were unique to implementation of operations and programs.

**2017 Opportunity for Improvement.** Implement PIPs by conducting a thorough barrier analysis for each topic and begin developing strategies to address barriers

**2018 Follow-up.** AGP met all applicable requirements for PIPs and scored 100% in all four projects.

**2017 Opportunity for Improvement.** Address OFIs made in the 2017 OSR Report for the following standards:

- Information Requirements
- Enrollee Rights
- MCO Standards
- Grievance and Appeal System
- Access and Cultural Considerations

**2018 Follow-up.** AGP demonstrated improvement in operational systems:

- Information Requirements. Compliance improved from 93% to 97%.
- Enrollee Rights. Compliance improved from 69% to 100%.
- MCO Standards. This is the only standard in which compliance declined—dropping from 99% to 96%.
- Grievance and Appeal System. Compliance improved from 76% to 96%.
- Access and Cultural Consideration. Compliance improved from 50% to 100%.

**2017 Opportunity for Improvement.** Develop network adequacy strategies to improve:

- Timely access to next available appointments
- Accuracy of provider directory information

**2018 Follow-up.** The MCO continues to require improvement in these areas. AGP's 2018 wait time compliance was 73%. Overall accuracy of provider directory information was 41% for the sampled providers.

## HSCSN

**2017 Opportunity for Improvement.** Address OFIs made in the 2017 OSR Report for the following standards:

- Information Requirements
- Enrollee Rights
- MCO Standards
- Quality Assessment and Performance Improvement Program
- Grievance and Appeal System
- Access and Cultural Considerations

**2018 Follow-up.** HSCSN demonstrated improvement in most operational systems:

- Information Requirements. Compliance improved from 89% to 90%.
- Enrollee Rights. Compliance improved from 63% to 100%.
- MCO Standards. HSCSN demonstrated a decline in performance in this standard—dropping from 94% to 92%.
- Quality Assessment and Performance Improvement Program. Compliance declined from 93% to 86%.
- Grievance and Appeal System. Compliance improved from 69% to 89%.
- Access and Cultural Consideration. Compliance remained at 50%.

**2017 Opportunity for Improvement.** Report accurate and validated PIP results and analyses.

**2018 Follow-up.** HSCSN continued to receive partially met findings in the Data Analysis & Interpretation of Study Results element for the Improving Perinatal and Birth Outcomes and Pediatric Asthma PIPs.

HSCSN met all requirements for this element in the new PIPs, Comprehensive Diabetes Care and Behavioral Health.

**2017 Opportunity for Improvement.** Develop an internal plan of action to monitor its production of performance measures that includes an earlier review of each denominator, numerator, and performance measure rate.

**2018 Follow-up.** HSCSN continues to need improvement in the area of performance measure production and reporting. The MCO was advised that it was not using the most recent performance measure specifications. Also, the MCO continues to not dedicate time or resources to conduct quality checks prior to the rate submission deadline.

**2017 Opportunity for Improvement.** Continue with network adequacy strategies to improve:

- Timely access to next available appointments
- Accuracy of provider directory information

**2018 Follow-up.** The MCO continues to require improvement in these areas. HSCSN's 2018 wait time compliance was 59%. Overall accuracy of provider directory information was 13% for the sampled providers.

## THP

**2017 Opportunity for Improvement.** Address OFIs made in the 2017 OSR Report for the following standards:

- Information Requirements
- Enrollee Rights
- MCO Standards
- Grievance and Appeal System
- Access and Cultural Considerations

**2018 Follow-up.** THP demonstrated improvement in most operational systems:

- Information Requirements. Compliance improved from 87% to 90%.
- Enrollee Rights. Compliance improved from 67% to 100%.
- MCO Standards. HSCSN demonstrated a decline in performance in this standard—dropping from 95% to 93%.
- Quality Assessment and Performance Improvement Program. Compliance declined from 100% to 86%.
- Grievance and Appeal System. Compliance improved from 70% to 88%.
- Access and Cultural Consideration. Compliance improved from 50% to 100%.

**2017 Opportunity for Improvement.** Reduce errors in PIP report analyses.

**2018 Follow-up.** THP continued to receive partially met findings in the Data Analysis & Interpretation of Study Results element for the Improving Perinatal and Birth Outcomes and Pediatric Asthma PIPs. These findings were a result of THP not following its data analysis plan (Improving Perinatal and Birth Outcomes PIP) and including errors in the results and analysis (Pediatric Asthma). THP met all requirements for this element in the new PIPs, Comprehensive Diabetes Care and Behavioral Health.

**2017 Opportunity for Improvement.** Develop an internal plan of action to improve its process for quality checks for source code and performance measure rate reviews.

**2018 Follow-up.** THP continues to need improvement in the area of performance measure production and reporting. The MCO did not follow performance measure specifications for two measures from the

Pediatric Asthma Collaborative. THP was provided several opportunities to correct the errors prior to the due date; however, the MCO was not able to produce accurate results until three weeks after the deadline. The MCO's rates for these measures were designated as "Not Reportable."

**2017 Opportunity for Improvement.** Continue with network adequacy strategies to improve:

- Timely access to next available appointments
- Accuracy of provider directory information

**2018 Follow-up.** The MCO continues to require improvement in these areas. THP's 2018 wait time compliance was 68%. Overall accuracy of provider directory information was 36% for the sampled providers.

## DHCF

**2017 Opportunity for Improvement.** Update and release the new DHCF Quality Strategy. Continue to include meaningful initiatives that aim to improve the health and outcomes of the District's Medicaid beneficiaries.

**2018 Follow-up.** DHCF continued to revise the Quality Strategy in 2018. The strategy is scheduled to be finalized and released in 2019.

**2017 Opportunity for Improvement.** Continue to work collaboratively with Qlarant to develop a Consumer Report Card.

**2018 Follow-up.** Qlarant produced a Consumer Report Card template, which DHCF approved in 2018.

**2017 Opportunity for Improvement.** Spend one Perinatal Quality Improvement Collaborative meeting focusing on and discussing opportunities related to the Neonates with Weight <2,500 Grams performance measure. The MCO weighted average demonstrates a negative trend.

**2018 Follow-up.** DHCF decided to close the Improving Perinatal and Birth Outcomes PIP; therefore, this opportunity is not applicable. While the Neonates with Weight <2,500 Grams measure had a negative trend, several other performance measures for the PIP demonstrated improvement yielding an overall success.

**2017 Opportunity for Improvement.** Take time in one Pediatric Asthma Quality Improvement Collaborative meeting to concentrate on barriers related to medication management. Performance in the related measures declined each year.

**2018 Follow-up.** DHCF closed the Pediatric Asthma PIP; therefore, this opportunity is not applicable. However, medication management will continue to be followed as part of the HEDIS set of measures. MCOs are expected to strive to improve performance.

**2017 Opportunity for Improvement.** Consider an annual Lessons Learned and Best Practices session for the two new PIPs that will be implemented in 2018: Diabetes and Behavioral Health. It is understood that the new PIPs will not be collaborative initiatives, but the MCOs make progress by discussing barriers and sharing successful strategies.

**2018 Follow-up.** DHCF decided to close the Behavioral Health PIP; these measures will be followed as part of the HEDIS set of measures. MCOs are expected to concentrate on two PIPs in 2019: Comprehensive Diabetes Care and Maternal Health. An annual Lessons Learned and Best Practices session was not held for the Diabetes PIP. This was due to the timing of the MCO procurement process.

**2017 Opportunity for Improvement.** Consider adopting a methodology to be used by all MCOs for conducting access and availability surveys, including quarterly telephone surveys, to ensure consistency and allow for a meaningful comparison of the results across all MCOs.

**2018 Follow-up.** DHCF did not adopt a methodology to be employed by all MCOs in regard to conducting access and availability surveys and assessments. However, DHCF scheduled a meeting with Qlarant to discuss this topic in 2019.

## Recommendations

Based upon the summary of findings, it is evident that the MCOs have made an effort in improving compliance and member outcomes. Opportunities always exist for continued performance improvement. Qlarant recommends that all MCOs focus on improving performance in all PIP measures. Additionally, the MCOs need to focus on improving performance in all HEDIS performance and CAHPS survey measures that are not meeting the Quality Compass Medicaid 75<sup>th</sup> percentile benchmark. Refer to Appendices A1 and A2 for MY 2017 results.

Based on 2018 assessments, Qlarant developed the following MCO-specific OFIs. At the discretion of DHCF, MCOs may be required to develop OFI Action Plans that will be approved and monitored by Qlarant. Qlarant will continue to monitor OFIs until MCOs demonstrate compliance.

### ACDC Recommendations

ACDC should:

- Address OFIs made in the 2018 OSR Report for the following standards:
  - Information Requirements
  - MCO Standards
  - Grievance and Appeal System
- Continue network adequacy strategies to improve:
  - Accuracy of provider directory information
  - Timely access to next available appointments

### AGP Recommendations

AGP should:

- Address OFIs made in the 2018 OSR Report for the following standards:
  - Information Requirements
  - MCO Standards
  - Grievance and Appeal System
- Continue network adequacy strategies to improve:
  - Accuracy of provider directory information
  - Timely access to next available appointments

## HSCSN Recommendations

HSCSN should:

- Address OFIs made in the 2018 OSR Report for the following standards:
  - Information Requirements
  - MCO Standards
  - Quality Assessment and Performance Improvement Program
  - Grievance and Appeal System
  - Access and Cultural Considerations
- Report a comprehensive project rationale for PIPs and ensure a complete and accurate PIP analysis is completed as part of the PIP submission
- Ensure correct and current performance measure specifications are being followed; ensure testing and accurate submission of final rates prior to performance measure reporting deadlines
- Continue network adequacy strategies to improve:
  - Accuracy of provider directory information
  - Timely access to next available appointments

## THP Recommendations

THP should:

- Address OFIs made in the 2018 OSR Report for the following standards:
  - Information Requirements
  - MCO Standards
  - Quality Assessment and Performance Improvement Program
  - Grievance and Appeal System
- Report a comprehensive project rationale for PIPs and ensure a complete and accurate PIP analysis is completed as part of the PIP submission
- Ensure correct and current performance measure specifications are being followed; ensure testing and accurate submission of final rates prior to performance measure reporting deadlines
- Continue network adequacy strategies to improve:
  - Accuracy of provider directory information
  - Timely access to next available appointments

## DHCF Recommendations

DHCF should:

- Update and release the new DHCF Quality Strategy. Continue to include meaningful initiatives that aim to improve the health and outcomes of the District's Medicaid beneficiaries.
- Consider an annual Lessons Learned and Best Practices session for two PIPs DHCF will require the MCOs conduct during 2019. MCOs make progress by discussing barriers and sharing successful strategies.

- Work closely with the MCOs' quality leaders, medical directors, and care managers to prioritize and address HEDIS and CAHPS measures that are not meeting the Quality Compass National Medicaid 75<sup>th</sup> percentile. There are many performance measures that are not performing at the national average.
- Consider adopting a methodology to be used by all MCOs for conducting access and availability surveys, including quarterly telephone surveys, to ensure consistency and allow for a meaningful comparison of the results across all MCOs.
- Ensure MCO grievance and appeal contract language is consistent with the CFR.



## Appendix A1

### HEDIS® 2018 – Measurement Year (MY 2017)

The HEDIS performance measure tables include MY 2017 results. Results for each MCO and the District MCO Weighted Averages are displayed. Each MCO average is also compared to the NCQA Quality Compass Medicaid HMO benchmarks. Results of this comparison are made via a diamond rating system.

NCQA Quality Compass National Medicaid Percentile Ranges	Comparison to Benchmarks
The District Average is below the NCQA Quality Compass National Medicaid HMO Average.	◆
The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid HMO Average, but does not meet the 75th Percentile.	◆◆
The District Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid HMO.	◆◆◆

### Effectiveness of Care Domain

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	39.13	0.00	60.87	36.49	40.13	◆
Adult BMI Assessment	88.32	0.00	82.67	51.34	79.94	◆
Annual Monitoring for Patients on Persistent Medications – ACE or ARB	86.76	0.00	69.23	81.08	85.62	◆
Annual Monitoring for Patients on Persistent Medications – Diuretics	84.44	0.00	93.75	79.68	83.59	◆
Annual Monitoring for Patients on Persistent Medications – Total	85.62	0.00	82.76	80.41	84.62	◆
Antidepressant Medication Management – Effective Acute Phase Treatment	52.92	0.00	29.55	54.92	52.65	◆

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Antidepressant Medication Management – Effective Continuation Phase Treatment	37.79	0.00	9.09	34.60	36.27	♦
Appropriate Testing for Children with Pharyngitis	83.22	0.00	75.86	53.33	78.00	♦
Appropriate Treatment for Children with Upper Respiratory Infection	97.91	0.00	97.52	97.70	97.82	♦ ♦ ♦
Asthma Medication Ratio (5 – 11 Yrs)	59.71	0.00	42.36	62.61	57.83	♦
Asthma Medication Ratio (12 – 18 Yrs)	54.85	0.00	68.14	43.75	56.67	♦
Asthma Medication Ratio (19 – 50 Yrs)	53.27	0.00	50.88	56.10	53.68	♦ ♦
Asthma Medication Ratio (51 – 64 Yrs)	64.67	0.00	0.00	68.25	65.29	♦ ♦ ♦
Asthma Medication Ratio (Total)	57.23	0.00	53.18	58.80	57.04	♦
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	41.92	0.00	57.14	52.83	44.87	♦ ♦ ♦
Breast Cancer Screening	62.71	0.00	0.00	57.77	61.73	♦ ♦
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	50.00	0.00	0.00	0.00	^	^
Cervical Cancer Screening	68.37	0.00	64.29	45.50	62.84	♦ ♦
Childhood Immunization Status – Combination 2	73.48	0.00	76.70	67.40	72.24	♦
Childhood Immunization Status – Combination 3	68.37	0.00	72.82	62.29	67.18	♦
Childhood Immunization Status – Combination 4	68.13	0.00	71.84	61.80	66.85	♦
Childhood Immunization Status – Combination 5	56.20	0.00	46.60	58.15	56.25	♦
Childhood Immunization Status – Combination 6	43.07	0.00	55.34	39.90	42.85	♦ ♦
Childhood Immunization Status – Combination 7	55.96	0.00	45.63	57.91	55.98	♦
Childhood Immunization Status – Combination 8	43.07	0.00	54.37	39.90	42.82	♦ ♦
Childhood Immunization Status – Combination 9	37.96	0.00	33.98	37.71	37.74	♦ ♦
Childhood Immunization Status – Combination 10	37.96	0.00	33.01	37.71	37.70	♦ ♦
Childhood Immunization Status – DTaP	78.35	0.00	82.52	71.53	76.98	♦ ♦
Childhood Immunization Status – Hepatitis A	89.05	0.00	94.17	84.67	88.27	♦ ♦
Childhood Immunization Status – Hepatitis B	84.67	0.00	91.26	81.27	84.17	♦
Childhood Immunization Status – HiB	86.62	0.00	97.09	84.18	86.50	♦
Childhood Immunization Status – Influenza	51.09	0.00	64.08	47.93	50.91	♦ ♦

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Childhood Immunization Status – IPV	87.35	0.00	93.20	82.48	86.49	♦
Childhood Immunization Status – MMR	90.02	0.00	95.15	84.91	89.07	♦♦
Childhood Immunization Status – Pneumococcal Conjugate	76.64	0.00	84.47	67.40	74.87	♦
Childhood Immunization Status – Rotavirus	66.18	0.00	61.17	73.97	67.74	♦
Childhood Immunization Status – VZV	89.78	0.00	93.20	84.91	88.82	♦♦
Chlamydia Screening in Women (16 – 20 Yrs)	81.86	0.00	80.29	69.75	80.39	♦♦♦
Chlamydia Screening in Women (21 – 24 Yrs)	77.93	0.00	73.33	74.53	77.01	♦♦♦
Chlamydia Screening in Women (Total)	79.90	0.00	77.04	72.73	78.65	♦♦♦
Comprehensive Diabetes Care – Blood Pressure Control (<140/90)	54.20	0.00	72.41	27.55	48.81	♦
Comprehensive Diabetes Care – Eye Exams	57.30	0.00	62.07	35.58	52.85	♦
Comprehensive Diabetes Care – HbA1c Testing	83.58	0.00	93.10	79.38	82.77	♦
Comprehensive Diabetes Care – HbA1c Control (<7% for a selected population)	38.89	0.00	30.77	29.69	36.98	♦♦
Comprehensive Diabetes Care – HbA1c Control (<8%)	50.18	0.00	31.03	40.15	48.01	♦
Comprehensive Diabetes Care – Poor HbA1c Control (>9.0%) <i>Lower is Better</i>	42.34	0.00	65.52	52.55	44.57	♦
Comprehensive Diabetes Care –Medical Attention for Nephropathy	88.32	0.00	79.31	83.76	87.33	♦
Controlling High Blood Pressure	52.80	0.00	36.11	15.09	44.67	♦
Diabetes Monitoring for People with Diabetes and Schizophrenia	42.55	0.00	0.00	54.55	44.83	♦
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications	74.83	0.00	60.34	53.81	69.03	♦
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	81.91	0.00	0.00	76.47	81.08	♦♦♦

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence – 7-Day Follow-Up (13-17 Yrs)	0.00	0.00	0.00	0.00	^	^
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence – 7-Day Follow-Up (18+ Yrs)	0.00	7.55	23.08	13.70	12.71	◆◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence – 7-Day Follow-Up (Total)	0.00	7.48	16.67	13.54	12.46	◆◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30-Day Follow-Up (13-17 Yrs)	0.00	0.00	0.00	0.00	^	^
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30-Day Follow-Up (18+ Yrs)	0.00	7.55	23.08	16.11	14.58	◆
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30-Day Follow-Up (Total)	0.00	7.48	16.67	15.91	14.28	◆
Follow-Up After Emergency Department Visit for Mental Illness – 7-Day Follow-Up	28.35	13.16	46.67	20.41	27.78	◆
Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-Up	43.70	23.68	61.67	22.45	39.78	◆
Follow-Up After Hospitalization For Mental Illness – 7-Day Follow-Up	30.73	1.92	19.01	33.13	27.98	◆
Follow-Up After Hospitalization For Mental Illness – 30-Day Follow-Up	50.17	9.62	39.67	46.99	45.90	◆
Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase	36.33	0.00	41.67	47.06	38.57	◆
Follow-Up Care for Children Prescribed ADHD Medication – Continuation & Maintenance Phase	45.00	0.00	38.89	100.00	44.07	◆

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Immunizations for Adolescents – Combination 1	78.83	0.00	87.98	69.47	78.58	◆ ◆
Immunizations for Adolescents – Combination 2	56.93	0.00	53.37	41.60	54.74	◆ ◆ ◆
Immunizations for Adolescents – HPV	65.21	0.00	56.25	50.00	62.52	◆ ◆ ◆
Immunizations for Adolescents – Meningococcal	83.45	0.00	89.90	77.48	83.35	◆ ◆
Immunizations for Adolescents – Tdap/Td	84.18	0.00	91.83	71.76	83.42	◆
Lead Screening in Children	85.16	0.00	81.48	69.10	81.37	◆ ◆ ◆
Medication Management for People With Asthma – Medication Compliance 50% (5 – 11 Yrs)	60.52	0.00	57.66	74.00	61.43	^
Medication Management for People With Asthma – Medication Compliance 50% (12 – 18 Yrs)	56.44	0.00	61.90	60.71	57.68	^
Medication Management for People With Asthma – Medication Compliance 50% (19 – 50 Yrs)	65.82	0.00	55.32	67.82	65.66	^
Medication Management for People With Asthma – Medication Compliance 50% (51 – 64 Yrs)	77.14	0.00	0.00	80.70	77.81	^
Medication Management for People With Asthma – Medication Compliance 50% (Total)	63.25	0.00	58.82	71.03	63.79	^
Medication Management for People With Asthma – Medication Compliance 75% (5 – 11 Yrs)	35.55	0.00	29.93	41.00	35.34	◆ ◆ ◆
Medication Management for People With Asthma – Medication Compliance 75% (12 – 18 Yrs)	30.21	0.00	32.38	32.14	30.71	◆ ◆
Medication Management for People With Asthma – Medication Compliance 75% (19 – 50 Yrs)	45.37	0.00	34.04	50.00	45.68	◆ ◆

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Medication Management for People With Asthma – Medication Compliance 75% (51 – 64 Yrs)	57.14	0.00	0.00	63.16	58.28	◆◆
Medication Management for People With Asthma – Medication Compliance 75% (Total)	40.00	0.00	31.49	48.19	40.17	◆◆
Metabolic Monitoring for Children and Adolescents on Antipsychotics (1 – 5 Yrs)	0.00	0.00	33.33	0.00	25.00	◆◆
Metabolic Monitoring for Children and Adolescents on Antipsychotics (6 – 11 Yrs)	26.83	0.00	30.00	0.00	27.66	◆
Metabolic Monitoring for Children and Adolescents on Antipsychotics (12 – 17 Yrs)	42.53	0.00	40.00	36.36	40.81	◆◆
Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total)	37.50	0.00	37.08	26.67	36.76	◆◆
Non-Recommended Cervical Cancer Screening in Adolescent Females <i>Lower is Better</i>	7.13	0.00	0.75	0.86	5.78	◆
Persistence of Beta-Blocker Treatment after a Heart Attack	65.96	0.00	0.00	77.27	69.57	◆
Pharmacotherapy Management of COPD Exacerbation – Bronchodilator	92.77	63.64	0.00	82.26	88.72	◆◆◆
Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid	75.74	72.73	0.00	61.29	72.72	◆◆
Statin Therapy for Patients With Cardiovascular Disease – Received Statin Therapy (21 – 75 Yrs Male)	85.87	0.00	0.00	86.36	86.03	◆◆◆
Statin Therapy for Patients With Cardiovascular Disease – Received Statin Therapy (40 – 75 Yrs Female)	75.79	0.00	0.00	78.57	76.15	◆◆
Statin Therapy for Patients With Cardiovascular Disease – Received Statin Therapy (Total)	80.75	0.00	0.00	84.48	81.63	◆◆◆

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Statin Therapy for Patients With Cardiovascular Disease – Statin Adherence 80% (21 – 75 Yrs Male)	70.89	0.00	0.00	60.53	67.53	◆◆
Statin Therapy for Patients With Cardiovascular Disease – Statin Adherence 80% (40 – 75 Yrs Female)	73.61	0.00	0.00	63.64	72.29	◆◆◆
Statin Therapy for Patients With Cardiovascular Disease – Statin Adherence 80% (Total)	72.19	0.00	0.00	61.22	69.50	◆◆◆
Statin Therapy for Patients With Diabetes – Received Statin Therapy	65.77	0.00	0.00	63.47	65.30	◆◆
Statin Therapy for Patients With Diabetes - Statin Adherence 80%	69.15	0.00	0.00	51.86	65.73	◆◆◆
Use of Imaging Studies for Low Back Pain	81.71	0.00	81.40	82.16	81.80	◆◆◆
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (1 – 5 Yrs) <i>Lower is Better</i>	0.00	0.00	0.00	100.00	^	^
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (6 – 11 Yrs) <i>Lower is Better</i>	0.00	0.00	0.00	0.00	^	^
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (12 – 17 Yrs) <i>Lower is Better</i>	0.00	0.00	3.37	0.00	^	^
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Total) <i>Lower is Better</i>	0.00	0.00	2.27	0.00	^	^
Use of Opioids at High Dosage	28.38	0.00	0.00	28.29	28.14	^
Use of Opioids From Multiple Providers – Multiple Pharmacies	129.71	0.00	324.32	105.96	126.36	^
Use of Opioids From Multiple Providers – Multiple Prescribers	257.36	0.00	486.49	374.83	287.68	^

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Use of Opioids From Multiple Providers – Multiple Prescribers and Multiple Pharmacies	88.27	0.00	297.30	96.69	92.67	^
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	32.74	0.00	0.00	26.53	31.63	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (3 – 11 Yrs)	82.01	0.00	79.90	55.31	77.21	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (12 – 17 Yrs)	74.44	0.00	75.18	59.00	72.74	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (Total)	79.56	0.00	77.97	56.20	75.81	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition (3 – 11 Yrs)	74.46	0.00	84.31	53.38	71.45	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition (12 – 17 Yrs)	70.68	0.00	77.30	57.00	69.79	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition (Total)	73.24	0.00	81.45	54.26	70.95	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity (3 – 11 Yrs)	68.35	0.00	78.43	43.73	64.74	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity (12 – 17 Yrs)	68.42	0.00	75.18	50.00	67.00	◆◆
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity (Total)	68.37	0.00	77.10	45.26	65.48	◆◆



HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
BR – Biased Rate NA – Not Applicable (Small denominator < 30) OR Not Reported (Plan Chose Not to Report) NB – No Benefit ^ – No comparison made due to no reported MCO rates or no benchmarks * – AGP became operational 10/1/17; therefore, MY 2017 results are not available in most cases.						

### Access and Availability Domain

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Adults' Access to Preventive/Ambulatory Health Services (20 – 44 Yrs)	67.83	0.00	84.13	49.82	63.09	♦
Adults' Access to Preventive/Ambulatory Health Services (45 – 64 Yrs)	77.01	0.00	0.00	62.65	73.17	♦
Adults' Access to Preventive/Ambulatory Health Services (65+ Yrs)	78.79	0.00	0.00	83.33	79.49	♦
Adults' Access to Preventive/Ambulatory Health Services (Total)	70.88	0.00	84.13	53.75	66.32	♦
Annual Dental Visit (2 – 3 Yrs)	65.43	0.00	55.36	54.62	62.56	♦♦♦
Annual Dental Visit (4 – 6 Yrs)	80.22	0.00	68.86	70.44	77.58	♦♦♦
Annual Dental Visit (7 – 10 Yrs)	80.15	0.00	62.80	71.21	77.37	♦♦♦
Annual Dental Visit (11 – 14 Yrs)	76.81	0.00	67.40	66.77	74.65	♦♦♦
Annual Dental Visit (15 – 18 Yrs)	68.65	0.00	63.34	57.66	66.64	♦♦♦
Annual Dental Visit (19 – 21 Yrs)	49.09	0.00	49.48	40.16	47.92	♦♦♦
Annual Dental Visit (Total)	73.47	0.00	62.87	64.16	71.09	♦♦♦
Children and Adolescents' Access to PCP (12 – 24 Months)	91.34	0.00	96.30	85.42	90.09	♦

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Children and Adolescents' Access to PCP (25 Months – 6 Yrs)	85.45	0.00	93.46	79.13	84.47	♦
Children and Adolescents' Access To PCP (7 – 11 Yrs)	94.07	0.00	97.88	88.71	93.54	♦♦♦
Children and Adolescents' Access to PCP (12 – 19 Yrs)	93.35	0.00	94.80	87.23	92.89	♦♦♦
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Alcohol Abuse or Dependence (13 – 17 Yrs)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Alcohol Abuse or Dependence (18+ Yrs)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Alcohol Abuse or Dependence (Total)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Opioid Abuse or Dependence (13 – 17 Yrs)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Opioid Abuse or Dependence (18+ Yrs)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Opioid Abuse or Dependence (Total)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Other Drug Abuse or Dependence (13 – 17 Yrs)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of	NB	NB	0.00	NB	NB	^

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
AOD – Other Drug Abuse or Dependence (18+ Yrs)						
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Other Drug Abuse or Dependence (Total)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Total (13 – 17 Yrs)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Total (18+ Yrs)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Total (Total)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Alcohol Abuse or Dependence (13 – 17 Yrs)	NB	NB	0.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Alcohol Abuse or Dependence (18+ Yrs)	NB	NB	50.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Alcohol Abuse or Dependence (Total)	NB	NB	8.33	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Opioid Abuse or Dependence (13 – 17 Yrs)	NB	NB	0.00	NB	NB	^

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Opioid Abuse or Dependence (18 + Yrs)	NB	NB	3.23	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Opioid Abuse or Dependence (Total)	NB	NB	11.36	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Other Drug Abuse or Dependence (13 – 17 Yrs)	NB	NB	40.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Other Drug Abuse or Dependence (18+ Yrs)	NB	NB	14.29	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Other Drug Abuse or Dependence (Total)	NB	NB	40.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Total (13 – 17 Yrs)	NB	NB	14.29	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Total (18+ Yrs)	NB	NB	50.00	NB	NB	^
Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Engagement of AOD – Total (Total)	NB	NB	7.69	NB	NB	^
Prenatal and Postpartum Care – Postpartum Care	51.82	0.00	58.00	46.23	50.86	♦

HEDIS Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Prenatal and Postpartum Care – Timeliness of Prenatal Care	76.89	0.00	64.00	62.29	73.52	♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1 – 5 Yrs)	0.00	0.00	0.00	0.00	^	^
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (6 – 11 Yrs)	37.84	0.00	56.25	40.00	43.10	♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12 – 17 Yrs)	35.59	0.00	22.45	14.29	28.69	♦
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	35.71	0.00	30.30	30.77	33.33	♦
BR – Biased Rate NA – Not Applicable (Small denominator < 30) OR Not Reported (Plan Chose Not to Report) NB – No Benefit ^ – No comparison made due to no reported MCO rates or no benchmarks * – AGP became operational 10/1/17; therefore, MY 2017 results are not available in most cases.						

### Utilization Domain

HEDIS® Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Adolescent Well-Care Visits	66.67	0.00	75.94	51.58	65.57	♦♦♦
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	73.72	0.00	87.86	69.83	73.59	♦♦
Well-Child Visits in the First 15 Months of Life (0 visits)	3.89	0.00	0.00	7.54	4.59	♦♦♦
Well-Child Visits in the First 15 Months of Life (1 visit)	2.68	0.00	1.67	3.41	2.81	♦♦♦
Well-Child Visits in the First 15 Months of Life (2 visits)	2.92	0.00	1.67	4.62	3.26	♦♦

HEDIS® Performance Measures	ACDC %	AGP* %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Well-Child Visits in the First 15 Months of Life (3 visits)	3.41	0.00	8.33	6.81	4.29	♦
Well-Child Visits in the First 15 Months of Life (4 visits)	11.19	0.00	11.67	11.68	11.31	♦♦♦
Well-Child Visits in the First 15 Months of Life (5 visits)	12.90	0.00	25.00	15.09	13.70	♦
Well-Child Visits in the First 15 Months of Life (6 or more visits)	63.02	0.00	51.67	50.85	60.04	♦
BR – Biased Rate NA – Not Applicable (Small denominator < 30) OR Not Reported (Plan Chose Not to Report) NB – No Benefit ^ – No comparison made due to no reported MCO rates or no benchmarks * – AGP became operational 10/1/17; therefore, MY 2017 results are not available in most cases.						

## Appendix A2

### CAHPS® 2018 – Measurement Year (MY 2017)

The CAHPS® survey measure tables include 2017 results. Results for each MCO and the District MCO Averages are displayed. Each MCO average is also compared to the NCQA Quality Compass Medicaid HMO benchmarks. Results of this comparison are made via a diamond rating system.

NCQA Quality Compass National Medicaid Percentile Ranges	Comparison to Benchmarks
The District Average is below the NCQA Quality Compass National Medicaid HMO Average.	◆
The District Average is equal to or exceeds the NCQA Quality Compass National Medicaid HMO Average, but does not meet the 75 <sup>th</sup> Percentile.	◆ ◆
The District Average is equal to or exceeds the NCQA Quality Compass 75 <sup>th</sup> Percentile for Medicaid HMO.	◆ ◆ ◆

### Adult CAHPS Measures

Adult CAHPS Survey Measures	ACDC %	AGP %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Customer Service Composite	87.9%	NQ	85.0%	73.7%	82.2%	◆
Getting Needed Care Composite	76.0%	NQ	84.0%	71.5%	77.2%	◆
Getting Care Quickly Composite	74.9%	NQ	80.0%	77.6%	77.5%	◆
How Well Doctors Communicate Composite	94.5%	NQ	92.0%	88.6%	91.7%	◆ ◆
Shared Decision Making Composite	73.1%	NQ	73.0%	71.7%	72.6%	◆
Health Promotion and Education Composite	73.6%	NQ	73.0%	67.8%	71.5%	◆
Coordination of Care Composite	81.1%	NQ	78.0%	77.3%	78.8%	◆
Rating of Health Plan (8+9+10)	77.2%	NQ	77.0%	68.0%	74.1%	◆
Rating of All Health Care (8+9+10)	74.9%	NQ	79.0%	71.2%	75.0%	◆ ◆

Adult CAHPS Survey Measures	ACDC %	AGP %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Rating of Personal Doctor (8+9+10)	81.8%	NQ	84.0%	86.2%	84.0%	◆◆◆
Rating of Specialist Seen Most Often (8+9+10)	73.1%	NQ	78.0%	78.3%	76.5%	◆
Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers to Quit	77.7%	NQ	NA	69.0%	73.4%	◆
Medical Assistance with Smoking and Tobacco Use Cessation – Discussing Cessation Medications	54.3%	NQ	NA	44.8%	49.6%	◆
Medical Assistance with Smoking and Tobacco Use Cessation – Discussing Cessation Strategies	52.7%	NQ	NA	34.5%	43.6%	◆
Flu measure – Had Flu Shot or Spray in the Nose Since July 1, 2017	38.1%	NQ	37.0%	28.2%	34.4%	◆
Benchmark Source: Quality Compass National Medicaid MY 2017 NQ – MCO not required to report measure NA – Responses <100, too small to calculate a reliable rate						



### Child CAHPS for General Population (GP)

Child CAHPS Survey Measures	ACDC %	AGP %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Child Survey – General Population: Customer Service Composite	87.5%	NQ	86.0%	75.1%	82.9%	◆
Child Survey – General Population: Getting Needed Care Composite	82.7%	NQ	83.0%	69.4%	78.4%	◆
Child Survey – General Population: Getting Care Quickly Composite	84.0%	NQ	87.0%	79.4%	83.5%	◆
Child Survey – General Population: How Well Doctors Communicate Composite	93.5%	NQ	94.0%	89.6%	92.4%	◆
Child Survey – General Population: Shared Decision Making	76.7%	NQ	85.0%	79.5%	80.4%	◆◆
Child Survey – General Population: Health Promotion and Education Composite	79.8%	NQ	77.0%	63.8%	73.5%	◆◆
Child Survey – General Population: Coordination of Care Composite	82.8%	NQ	86.0%	69.2%	79.3%	◆
Child Survey – General Population: Rating of Health Plan (8+9+10)	91.0%	NQ	78.0%	81.7%	83.6%	◆
Child Survey – General Population: Rating of All Health Care (8+9+10)	89.2%	NQ	82.0%	85.5%	85.6%	◆
Child Survey – General Population: Rating of Personal Doctor (8+9+10)	93.7%	NQ	88.0%	94.3%	92.0%	◆◆◆
Child Survey – General Population: Rating of Specialist Seen Most often (8+9+10)	89.4%	NQ	84.0%	96.2%	89.9%	◆◆◆
Benchmark Source: Quality Compass National Medicaid MY 2017 NQ – MCO not required to report the measure						

### Child CAHPS for Children with Chronic Conditions (CCC) Optional Reporting for MCOs

Child CAHPS Survey Measures	ACDC %	AGP %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Child Survey – CCC Population: Access to Prescription Medicines Composite	90.6%	NQ	92.0%	NQ	91.3%	◆
Child Survey – CCC Population: Access to Specialized Services Composite	69.7%	NQ	69.0%	NQ	69.4%	◆
Child Survey – CCC Population: Coordination of Care for Children with Chronic Conditions Composite	77.9%	NQ	81.0%	NQ	79.5%	◆◆◆
Child Survey – CCC Population: Customer Service Composite	93.1%	NQ	86.0%	NQ	89.6%	◆◆
Child Survey – CCC Population: Getting Needed Care Composite	92.0%	NQ	93.0%	NQ	92.5%	◆◆
Child Survey – CCC Population: Family Centered Care: Getting Needed Information Composite	91.6%	NQ	94.0%	NQ	92.8%	◆◆◆
Child Survey – CCC Population: Family Centered Care: Personal Doctor who Knows Child Composite	88.4%	NQ	90.0%	NQ	89.2%	◆
Child Survey – CCC Population: Getting Care Quickly Composite	85.6%	NQ	85.0%	NQ	85.3%	◆
Child Survey – CCC Population: How Well Doctors Communicate Composite	95.5%	NQ	95.0%	NQ	95.3%	◆◆
Child Survey – CCC Population: Shared Decision Making	80.1%	NQ	86.0%	NQ	83.1%	◆

Child CAHPS Survey Measures	ACDC %	AGP %	HSCSN %	THP %	MCO Average %	Comparison to Benchmarks
Child Survey – CCC Population Health Promotion and Education Composite	88.4%	NQ	80.0%	NQ	84.2%	◆◆◆
Child Survey – CCC Population Coordination of Care Composite	91.9%	NQ	87.0%	NQ	89.5%	◆◆◆
Child Survey – CCC Population: Rating of Health Plan (8+9+10)	86.9%	NQ	79.0%	NQ	83.0%	◆
Child Survey – CCC Population: Rating of All Health Care (8+9+10)	87.7%	NQ	83.0%	NQ	85.4%	◆
Child Survey – CCC Population: Rating of Personal Doctor (8+9+10)	92.0%	NQ	88.0%	NQ	90.0%	◆◆
Child Survey – CCC Population: Rating of Specialist Seen Most Often (8+9+10)	90.0%	NQ	88.0%	NQ	89.0%	◆◆◆
Benchmark Source: Quality Compass National Medicaid MY 2017 NQ – MCO not required to report the measure						

### Child CAHPS for General Population and Children with Chronic Conditions (CCC) – Supplemental Dental Questions

Child CAHPS Survey Measures	ACDC (GP) %	ACDC (CCC) %	AGP %	HSCSN (GP) %	HSCSN (CCC) %	THP %	District Average	*District-Wide 25 <sup>th</sup> Percentile Benchmark	*District-Wide 50 <sup>th</sup> Percentile Benchmark	*District-Wide 75 <sup>th</sup> Percentile Benchmark	*District-Wide 90 <sup>th</sup> Percentile Benchmark
<b>Dental Measures for Child GP and CCC</b>											
Dental: Child Has a Regular Dentist+(a)	89.0%	93.1%	NQ	94.0%	94.0%	NR	92.5%	89.0%	93.1%	94.0%	94.0%
Dental: Child Has Seen Regular Dentist for a Check-Up or Routine Care in the Last 6 Months+ (b)	84.4%	91.2%	NQ	87.0%	88.0%	NR	87.7%	84.4%	87.0%	88.0%	91.2%
Dental: How Often Child Received Dental Appointments with Regular Dentist as soon as You Wanted+ (c)	81.9%	90.5%	NQ	88.0%	90.0%	NR	87.6%	81.9%	88.0%	90.0%	90.5%
Dental: If Child Does not Have a Regular Dentist, Child Still Got a Check-Up or Other Routine Dental Care in the Last 6 Months +(d)	37.8%	60.0%	NQ	48.0%	42.0%	NR	47.0%	37.8%	42.0%	48.0%	60.0%
* – District-Specific Benchmarks NQ – MCO not required to report the measure NR – MCO did not report the rate or the rate was biased											

## Appendix A3

### EPSDT Performance Measure Validation

#### FY 2018 MCO Aggregate Report

#### Introduction and Purpose

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 enrolled in Medicaid. EPSDT is key to ensuring children and adolescents receive appropriate preventive, dental, mental health, and developmental and specialty services. Under the Salazar Consent Decree, the District's Medicaid managed care organizations (MCOs) are required to report utilization of the EPSDT services benefit to the Department of Health Care Finance (DHCF). In turn, DHCF reports District-wide data to the Centers for Medicare and Medicaid Services (CMS). This data is reported on the Form CMS-416.

To ensure MCO reported performance measure rates are accurate and reliable, DHCF contracts with Qlarant to review the EPSDT performance measures. Performance measure validation (PMV) is an External Quality Review (EQR) activity per the Code of Federal Regulations (42 CFR §438.358) and is conducted in a manner consistent with the CMS EQR Protocol, *Validation of Performance Measures Reported by the MCO, Protocol 2, Version 2.0*.

The purpose of conducting the PMV activity is to evaluate the accuracy and reliability of the measures produced and reported by the MCOs and to determine the extent to which the MCOs followed specifications established by DHCF for calculating and reporting the measures. Accuracy and reliability of the reported rates is essential to ascertaining whether the MCOs' quality improvement efforts have resulted in improved health outcomes.

This report includes EPSDT/Form CMS-416 PMV-related findings for the MCOs that serve the District's Medicaid beneficiaries:

- AmeriHealth Caritas District of Columbia (ACDC)
- Amerigroup District of Columbia (AGP)
- Health Services for Children with Special Needs (HSCSN)
- Trusted Health Plan (THP)

The PMV assessments are for the reporting period October 1, 2017 through September 30, 2018 for Fiscal Year 2018 (FY 2018).

## Methodology

Qlarant's PMV audit team utilizes methods consistent with the EQR Protocol, *Validation of Performance Measures Reported by the MCO, Protocol 2, Version 2.0*, to assess each MCO's performance measure data collection and reporting processes. The validation process is interactive and concurrent to the MCO calculating the performance measures. Validation activities occur before, during, and after a site visit to the MCO and include two principle components:

- An overall assessment of the MCO's information systems capability to capture and process data required for reporting.
- An evaluation of the processes (e.g. source code programs) the MCO used to prepare each measure.

Essential PMV activities include:

- Review of the MCO's data systems and processes used to construct the measures.
- Assessment of the calculated rates for algorithmic compliance to required specifications.
- Verification the reported rates are reliable and based on accurate sources of information.

Information from several sources is used to satisfy the validation requirements. These sources include, but are not limited to, the following documents provided by the MCO:

- Information Systems Capabilities Assessment (ISCA)
- EPSDT Policies and Training Materials
- EPSDT Source Code
- Other documentation (e.g. specifications, data dictionaries, program source code, data queries, policies and procedures) for review prior to or during the site visit
- Observations made during the site visit
- Interviews with MCO staff
- Information submitted as part of the follow-up items requested after the site visit

Throughout the review process, the audit team works closely with MCO quality staff to obtain appropriate documentation, prepare for the site visit, and follow up on issues not resolved during the site visit.

The EPSDT performance measures focus on children 0 through 20 years of age and enrolled in a Medicaid managed care plan for at least 90 continuous days in the reporting period. Performance measure results are calculated using administrative data (claims, HEDIS® supplemental files, and DHCF data bump reports including lead, dental, and well-child visit claim reports) and supplemental medical record collection. The performance measures reflect the number of children provided preventive health services and other EPSDT screenings according to the DC Medicaid HealthCheck Periodicity Schedule. The EPSDT/CMS 416 performance measures for FY 2018 reviewed include:

- Total Individuals Eligible for EPSDT for 90 Continuous Days
- Average Period of Eligibility
- Total Screens Received

- Screening Ratio (indicates the extent to which enrollees eligible for EPSDT receive the number of screening services required by the periodicity schedule, adjusted by the average period of eligibility)
- Total Eligibles Receiving at Least One Initial or Periodic Screen
- Participant Ratio (indicates the extent to which eligible enrollees receive any screening services during the year)
- Total Eligibles Referred for Corrective Treatment
- Total Eligibles Receiving Any Dental Service From a Dentist
- Total Eligibles Receiving Preventive Dental Service From a Dentist
- Total Eligibles Who Received Dental Treatment Services From a Dentist
- Total Eligibles Receiving a Sealant on a Permanent Molar Tooth

Qlarant scores MCO findings using a 100 point scale. The assessment provides DHCF with a level of confidence in MCO reported results. Qlarant’s scoring system is identified in Table 1.

**Table 1. PMV Scoring**

Level of Confidence	Score
<b>High Confidence</b> in MCO reported results	90% - 100%
<b>Confidence</b> in MCO reported results	80% - 89%
<b>Low Confidence</b> in MCO reported results	75% - 79%
MCO reported results are <b>Not Credible</b>	≤74%

## Results

Each MCO is required to demonstrate it possesses the automated systems, information management processes, and data control procedures necessary to ensure that all required information for performance measure reporting is captured, translated, stored, analyzed, and reported.

### Data Integration and Control Findings

Each MCO’s processes for data integration and control are reviewed for the following standards:

- Accuracy of data transfers to assigned performance measure repository.
- Accuracy of file consolidations, extracts, and derivations.
- Accuracy of performance measure repository structure and format.
- Assurance of effective management of report production and of the reporting software.

All four MCOs met requirements for integration and control of data.

## Data and Processes Used to Produce Performance Measures Findings

Each MCO was assessed on its documentation of the processes and data used in the calculation and reporting of performance measures. Review of the documentation shows how the MCOs interpret the measure specifications and how it applies them in producing the performance measures.

All four MCOs met all the requirements for Data and Processes Used to Produce Performance Measures.

## Measure Validation Findings

The auditor assessed the capabilities of each MCO to identify appropriate populations according measure specifications and if the MCO used accurate and complete data to identify qualifying medical events within the population.

ACDC and THP met all the requirements for Measure Validation Findings. AGP and HSCSN met all but three requirements for Measure Validation Findings.

## Medical Record Over-Read Results

Qlarant nurse reviewers conducted a medical record over-read of 30 randomly selected medical records to confirm evidence of preventive health services occurring between October 1, 2017 through September 30, 2018. The over-read was performed following the DC HealthCheck Periodicity Schedule. A medical record was considered compliant if the following components were verified in the record:

- Health History
- Physical Development History
- Mental Development History
- Physical Assessment
- Anticipatory Guidance/Education

In order for an MCO to pass the over-read, the agreement rate between Qlarant nurse reviewers and the MCO must be at least 90%, which means the MCO must have 27 out of 30 records be compliant. A record fails if it does not have all five components. If an MCO scores less than 90%, it must remove the failed records from the numerator events.

Table 2 provides the agreement rates for all the reporting MCOs.



**Table 2. Medical Record Over-Read Results**

Initial or Periodic Screen Medical Record Over-Read Agreement				
MCO	Record Sample Size	Compliant Records	Agreement Rate	MCO Average Agreement Rate
ACDC	30	28	93%	83%
AGP	30	20	67%	
HSCSN	30	23	77%	
THP	30	28	93%	

Both ACDC and THP each had two records that failed, but passed with an agreement rate of 93%. HSCSN had 7 records that failed and had an agreement rate of 77%, below the passing rate 90%. AGP had 10 records that failed which yielded an agreement rate of 67%. As a result of HSCSN and AGP failing the medical record over-read activity, failed records were removed from their numerator data, and an additional analysis was conducted to determine the potential impact on the final EPSDT performance measure rates. The assessment was completed per EQR PMV protocol requirements and indicated minimal impact in each case—less than 1% for each MCO. The over-read results did not bias the final rates.<sup>1</sup>

## EPSDT/Form CMS-416 Reporting Designations

Table 3 summarizes MCO EPSDT/Form CMS-416 validation findings. Documentation, Denominator, and Numerator components each received a numeric score based upon findings. An overall audit score was then applied. Lastly, the table includes a Reporting Designation. This component may be assessed with any one of the following designations:

- Reportable rate (R)
- Not Applicable (NA)—the denominator was too small to report a valid rate
- No Benefit (NB)—the MCO did not offer the health benefits required by the performance measure
- Not Reportable (NR)—the calculated rate was materially biased and not reportable

<sup>1</sup> While an MCO did not pass the medical record over-read, the impact is not significant as most numerator events are based on claims data. Only a small portion of numerator events are identified from supplemental medical record abstractions.

**Table 3. FY 2018 MCO Validation Results for EPSDT/Form CMS-416 Performance Measures**

Validation Component	Audit Element	ACDC	AGP	HSCSN	THP
Documentation	Data integration and control procedures are assessed to determine whether the MCO has the appropriate processes and documentation in place to extract, link, and manipulate data for accurate and reliable measure rate construction. Measurement procedures and programming specifications including data sources, programming logic, and computer source codes are documented.	100%	100%	100%	100%
Denominator	Validation of the denominator calculations for the performance measures is conducted to assess the extent to which the MCO used appropriate and complete data to identify the entire population and to the degree to which the MCO followed the measures specifications for calculating the denominator.	100%	100%	100%	100%
Numerator	The validation of the numerator determines if the MCO correctly identified and evaluated all qualifying medical events for appropriate inclusion or exclusion in the numerator for each measure and followed the measure specifications for calculation of the numerator.	100%	70.0%	70.0%	100%
Overall Audit Score	The overall score of the MCO findings for Documentation, Denominator, and Numerator.	100%	91.0%	91.0%	100%
Reporting Designation	Validation of reporting assesses whether the MCO followed the District’s requirements for reporting the measures’ rates and followed specifications. The District requires the MCOs to report the denominator, specific numerator events, and calculated final rates.	R	R	R	R

Table 4 provides the validated rates for the EPSDT/Form CMS-416 Measures.

**Table 4. FY 2018 MCO EPSDT/Form CMS-416 Performance Measure Results**

Performance Measures	ACDC	AGP	HSCSN	THP
Total Individuals Eligible for EPSDT for 90 Continuous Days	53,494	17,677	4,515	13,081
Average Period of Eligibility	0.90	0.87	0.95	0.88
Expected Number of Screenings	64,107	20,934	4,985	16,155
Total Screens Received	53,502	15,723	4,373	16,846
Screening Ratio	0.83	0.75	0.88	1.00
Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	49,631	16,012	4,359	11,909
Total Eligibles Receiving at Least One Initial or Periodic Screen	37,096	10,721	3,523	8,516
Participant Ratio	0.75	0.67	0.81	0.72
Total Eligibles Referred for Corrective Treatment	15,814	4,739	3,355	7,093
Total Eligibles Receiving Any Dental Service From a Dentist	34,577	8,626	3,052	7,091
Total Eligibles Receiving Preventive Dental Service From a Dentist	31,641	7,814	2,881	6,482
Total Eligibles Who Received Dental Treatment Services From a Dentist	13,221	2,627	1,165	2,495
Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	4,422	1,067	330	921
Total Eligibles Receiving Diagnostic Dental Services	33,197	8,228	3,019	6,926
Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	3,086	958	179	798
Total Eligibles Receiving Any Dental or Oral Health Service	36,118	9,192	3,129	7,091
Total Number of Screening Blood Lead Tests	4,978	2,081	291	1,666

Table 5 includes the MCOs' FY 2018 EPSDT/Form CMS-416 results.

**Table 5. FY 2018 EPSDT/Form CMS-416 Performance Measure Ratios**

Performance Measures	ACDC	AGP	HSCSN	THP
Screening Ratio	0.83	0.75	0.88	1.00
Participant Ratio	0.75	0.67	0.81	0.72
Preventive Dental Services Ratio	0.64	0.49	0.66	0.54

- Screening Ratios range from 0.75 (AGP) to 1.00 (THP).
- Participant Ratios range from 0.67 (AGP) to 0.81 (HSCSN).
- Preventive Dental Ratios range from 0.49 (AGP) to 0.66 (HSCSN).

Table 6 compares the FY 2017 and FY 2018 EPSDT/Form CMS-416 DC MCO Averages.

**Table 6. FY 2017 and FY 2018 DC MCO Average EPSDT/Form CMS-416 Performance Measure Results**

Performance Measures	FY 2017 DC MCO Average	FY 2018 DC MCO Average
Screening Ratio	0.90*	0.85
Participant Ratio	0.75*	0.73
Preventive Dental Services Ratio	0.63*	0.60

\*Includes unaudited rates from MedStar Family Choice (MFC). DHCF's contract with MFC ended September 30, 2017.

The FY 2018 DC MCO average ratios all declined from FY 2017 results. The Screening average ratio decreased the most from 0.90 to 0.85. The Participant ratio decreased by 0.02 and the Preventive Dental Screening decreased by 0.03.

## Conclusion

At the direction of DHCF, Qlarant conducted a performance measure validation audit of each DC MCO's EPSDT/Form CMS-416 performance measures for FY 2018. Each MCO's information systems capabilities assessment was evaluated including the MCO's data integration and control as well as the data and processes used to produce performance measures. Most elements were found to be satisfactory and met requirements. Documentation, numerators, and denominators were validated and all EPSDT measures received a "Report" designation. Qlarant nurse reviewers conducted medical record over-reads and study results provided an 83% average agreement rate. All MCOs reported an Overall Audit Score of 91% or higher; therefore, DHCF can have "high confidence" in the MCOs' reported results. However, all three of the FY 2018 MCO average ratios declined from FY 2017 results.

## MCO Strengths

- The Overall Audit Score was 91% or higher for all four MCOs.
- All MCOs were able to report their rates.
- The MCOs accurately capture data from various sources.
- Each MCO's process for reporting outreach efforts was found to be reliable.

- All MCOs continue to work with DHCF to identify missing preventive visits and collect information needed from supplemental medical records.

## Opportunities for Improvement

- No MCO had 100% agreement in medical record over-read. The MCOs would benefit from additional quality checks to assure supplemental data collected from medical records are accurate and complete.
- The MCOs should review medical records that failed the over-read to identify opportunities for improvement.
- The MCO average for all three ratios decreased from FY 2017 results, all the MCOs could benefit from additional interventions.

## Recommendations

- DHCF and the MCOs are encouraged to review and update medical record collection training to include examples of acceptable/not acceptable evidence of service for EPSDT.
- DHCF and the MCOs are encouraged to develop robust interventions to address the decline in performance between FY 2017 and FY 2018.