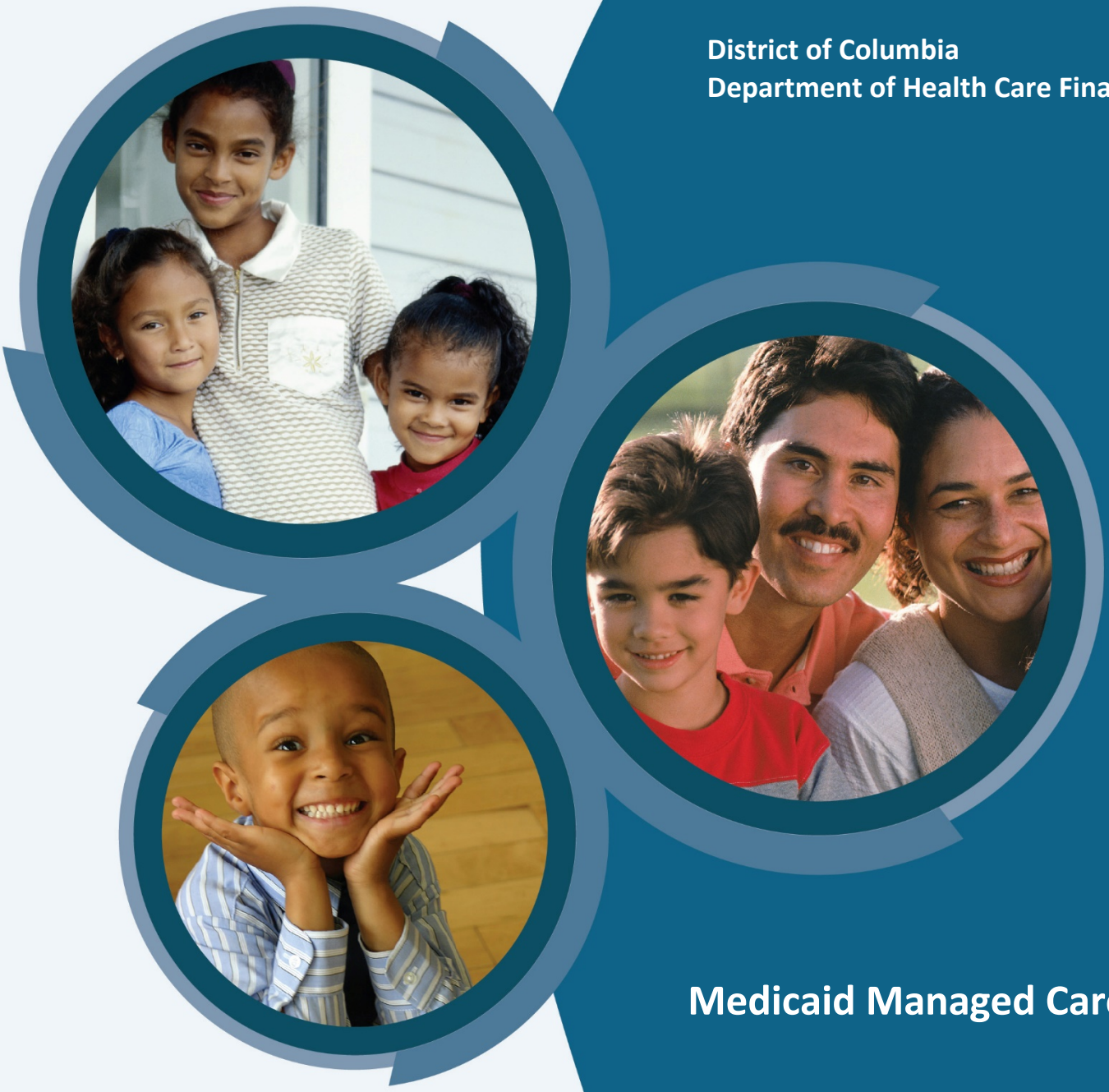
District of Columbia
Department of Health Care Finance



# Medicaid Managed Care

# 2017 Annual Technical Report

Qlarant

DHCF The Department of Health Care Finance
INVESTING IN YOUR HEALTH

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MURIEL BOWSER, MAYOR

Submitted by:
Qlarant
April 2018

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# District of Columbia Department of Health Care Finance

# 2017 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 193,072 of the District's qualifying residents in 2017:

- AmeriHealth Caritas District of Columbia (ACDC)
- Amerigroup District of Columbia (AGP)[1]
- Health Services for Children with Special Needs (HSCSN)
- MedStar Family Choice (MFC)
- 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 2017 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, 2017 through December 31, 2017.[2]

### Key Findings

#### Operational Systems Review

The MCOs were reviewed against the revised Medicaid and CHIP managed care standards under the CMS Final Rule. The 2017 OSR results serve as baseline with the new and revised requirements. The standards include applicable elements of:

[1] AGP replaced MFC with the new MCO contract effective: October 1, 2017.
[2] For EQR activities completed January 1, 2017 through September 30, 2017, MFC was included in the review activities. From October 1, 2017 through December 31, 2017, AGP was reviewed.

- 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

Executive Summary (ES) Table 1 identifies results for each MCO by standard. Additionally, an overall weighted score is provided for each MCO.

**ES. Table 1. 2017 MCO OSR Scores by Standard**

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

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

Baseline results were mixed for the MCOs. The overall weighted scores ranged from 97% to 82%. ACDC compared favorably to all MCOs.

## Performance Improvement Project Review

The MCOs are conducting two PIPs:

- Improving Perinatal and Birth Outcomes
- Chronic Condition (Pediatric Asthma)

The MCOs have developed methodologically sound PIPs. They conduct annual barrier analyses and continue to refine and develop new multifaceted interventions. All MCOs reported sustained improvement in at least one performance measure per PIP. They were, however, challenged in reporting accurate PIP reports. Most MCOs were required to resubmit their PIP reports to correct errors in results and/or analyses. Tables 11 and 13 of the ATR include the PIP validation results.

The performance measure results are displayed in ES Tables 2-3.

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

| PIP Performance Measure | MY | ACDC % | HSCSN % | MFC % | THP % | MCO Weighted Average |
|---|---|---|---|---|---|---|
| Neonates with weight <2,500 grams | 2014 | 10.15 | 12.69 | 7.08 | 1.03 | 7.36 |
| | 2015 | 13.76 | 15.05 | 2.89 | 2.54 | 8.41 |
| | 2016 | 11.15 | 20.56 | 4.14 | 6.35 | 8.67 |
| Neonates <37 weeks gestational age | 2014 | 9.91 | 14.93 | 8.40 | 1.86 | 7.91 |
| | 2015 | 12.08 | 7.53 | 3.23 | 3.93 | 7.79 |
| | 2016 | 8.85 | 14.02 | 5.13 | 4.40 | 7.26 |
| No maternal HIV testing | 2014 | 65.87 | 5.97 | 59.85 | 77.56 | 64.63 |
| | 2015 | 52.96 | 4.30 | 28.94 | 35.03 | 41.29 |
| | 2016 | 16.56 | 0.00 | 16.96 | 15.15 | 16.05 |
| Miscarriage or fetal loss | 2014 | 13.02 | 15.67 | 12.57 | 5.07 | 11.31 |
| | 2015 | 9.73 | 17.20 | 12.94 | 7.74 | 10.45 |
| | 2016 | 15.29 | 4.67 | 17.20 | 11.56 | 15.02 |
| Birth outcome unknown | 2014 | 0 | 0 | 0 | 0 | 0.00 |
| | 2015 | 0 | 0 | 0 | 0 | 0.00 |
| | 2016 | 0 | 0 | 0 | 0 | 0.00 |
| Unduplicated pregnancies with one or more adverse event* | 2014 | - | - | - | - | - |
| | 2015 | 67.94 | 38.71 | 36.68 | 45.05 | 53.63 |
| | 2016 | 40.97 | 31.78 | 26.47 | 34.20 | 35.57 |
| Infant death rate | 2014 | 0.12 | 0.98 | 0.09 | 0.13 | 0.14 |
| | 2015 | 0.05 | 0.33 | 0.03 | 0.21 | 0.08 |
| | 2016 | 0.10 | 0.67 | 0.00 | 0.00 | 0.06 |

*New measure introduced in MY 2015.
- No results available for new measure in MY 2014.

Positive trends were noted in the MCO weighted averages for the following performance measures:

- Neonates <37 Weeks Gestational Age
- No Maternal HIV Testing
- Infant Death Rate

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. Chronic Conditions (Pediatric Asthma) PIP Performance Measure Results**

| PIP Performance Measure | MY | ACDC | HSCSN | MFC | THP | MCO Weighted Average |
|---|---|---|---|---|---|---|
| Emergency Department asthma visits (lower rate is better) | 2014 | 46.09 | 28.98 | 35.04 | 89.35 | 44.11 |
| | 2015 | 44.19 | 24.72 | 31.67 | 65.14 | 44.76 |
| | 2016 | 40.12 | 25.33 | 30.22 | 53.31 | 39.56 |
| Inpatient admissions for asthma (lower rate is better) | 2014 | 10.11 | 3.00 | 5.02 | 10.97 | 7.70 |
| | 2015 | 8.63 | 4.01 | 3.18 | 2.50 | 5.24 |
| | 2016 | 7.53 | 4.44 | 4.70 | 2.61 | 5.30 |
| Medication management for people with asthma—50% compliance | 2014 | 49.92 | 76.86 | 45.98 | 6.45 | 49.33 |
| | 2015 | 53.21 | 96.66 | 41.83 | 12.76 | 44.10 |
| | 2016 | 52.15 | 49.35 | 40.82 | 15.10 | 39.64 |
| Medication management for people with asthma—75% compliance | 2014 | 29.98 | 75.44 | 33.13 | 6.45 | 35.86 |
| | 2015 | 32.41 | 95.10 | 29.31 | 9.34 | 31.77 |
| | 2016 | 27.49 | 21.67 | 29.03 | 10.12 | 23.14 |

An analysis of the MCO weighted averages revealed a concerning trend for the Medication Management for People with Asthma performance measures—both 50% and 75% compliance. A consecutive annual decline in performance was noted. However, the weighted averages for Emergency Department Asthma Visits and Inpatient Admissions for Asthma improved when comparing MY 2016 performance to MY 2014 performance.

## Performance Measure Validation

Qlarant conducted two types of PMV audits in 2017. 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.

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, 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). More detailed findings are included in Table 15 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
- Geographic Network Distribution
- Appointment Availability

- Provider Directory Information
- After-Hours Availability

Overall, the MCOs maintain provider networks that are sufficient in numbers and geographic access. All MCOs provide after-hours availability to ensure they meet the needs of their members outside of regular business hours. Timely access to provider appointments and accurate provider directory information present as opportunities for improvement. Tables 43 and 49, 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. For example, the MCOs participate in Quality Improvement Collaboratives for each of the PIPs. During collaborative meetings, the MCOs share lessons learned and best practices. 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$^{th}$ 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®)[3] and Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[4] 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 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.

[3] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[4] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

### 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.

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) Resolution and Notification: Grievances and Appeals.

## Conclusion

Overall, the MCOs are meeting most requirements. Performance varies by MCO. In regard to compliance, ACDC performs at a higher level than HSCSN and THP. While AGP is brand 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

# 2017 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).[1] 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 2017:

- AmeriHealth Caritas District of Columbia (ACDC)
- Amerigroup District of Columbia (AGP)[2]
- Health Services for Children with Special Needs (HSCSN)
- MedStar Family Choice (MFC)
- Trusted Health Plan (THP)

During 2017, DHCF issued a competitive bid for MCO contracts. All incumbent MCOs were successful, except for MFC; AGP replaced MFC, effective October 1, 2017.

As of December 2017, approximately 193,072 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®)[3] and Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[4] data.
- Attain and maintain National Committee for Quality Assurance (NCQA) accreditation.[5]

[1] 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).
[2] AGP replaced MFC with the new MCO contract effective: October 1, 2017.
[3] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[4] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[5] HSCSN is excluded from this requirement; however, it does maintain NCQA certification in Utilization Management.

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 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 | 106,617 | Commendable, expires 12/8/18 |
| AGP | 46,500 | Applying for Interim Status |
| HSCSN | 5,368 | Certification in Utilization Management, expires 4/3/19 |
| MFC | 49,631^ | Commendable, expires 4/20/18 |
| THP | 34,587 | Accredited, expires 3/1/19 |

*Medicaid enrollment as of 12/31/17.
^MFC Medicaid enrollment as of 12/31/16. The MFC contract ended September 30, 2017.

## 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, formerly known as Delmarva Foundation for Medical Care, Inc. Qlarant, an independent External Quality Review Organization (EQRO), 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.[6] Qlarant completed the following External Quality Review (EQR) activities in 2017:

- 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 2017 measurement year (MY), January 1, 2017 through December 31, 2017. For EQR activities completed January 1, 2017 through September 30, 2017, MFC was included in the review activities. From October 1, 2017 through December 31, 2017, AGP was reviewed.

[6] The updated EQR Protocols are available for download at: https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-R-305.html

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.

# 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**

| Pre-site Review Activities |
|---|
| 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, and policies and procedures from MCOs and begin review activities |
| Receive complete lists of appeals/grievances/denials and credentialed and recredentialed 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 |
| **On-site Review Activities** |
| Complete on-site reviews including interviews, process demonstrations, and record reviews |
| Request follow-up documents/evidence of compliance |

| Post-site Review Activities |
|---|
| 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 |
|---|---|
| **Element 1** | General rule. Each MCO must:<br>(1) have written policies regarding the enrollee rights specified in this section, and<br>(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: |
| **Component 1.a** | Receive information in accordance with §438.10. |
| **Component 1.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. Qlarant uses a three-point scale for scoring compliance. This scale is displayed in Table 4.

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

| Assessment | Scoring | Rationale |
|---|---|---|
| Met | 100% | The MCO demonstrates full compliance. |
| Partially Met | 50% | The MCO demonstrates at least some, but not full, compliance. |
| Unmet | 0% | The MCO does not demonstrate compliance on any level. |

Components for each element are assessed. Component assessments are then rolled up to the element level, and finally the standard level. Each component and element receives a review determination. Aggregate compliance results are reported by standard and receive a numeric compliance score. Finally, an overall OSR score is assigned. All assessments are weighted, which allows standards with more elements and components to have more influence on a final score.

### Summary of the 2017 OSR Activities

Qlarant conducted the on-site OSRs in November and December 2017. The comprehensive OSR focused on MCO compliance for MY 2017. The MCOs were reviewed against the revised Medicaid and CHIP managed care standards under the CMS Final Rule. The 2017 OSR results serve as baseline with the new and revised requirements.

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 2017 review. The MCO-developed OFI action plans are due April 30, 2018 and will be reviewed and approved by Qlarant and DHCF. Qlarant will monitor progress with compliance on a quarterly basis in 2018.

## 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 two collaborative PIPs:

- Improving Perinatal and Birth Outcomes
- Chronic Condition (Pediatric Asthma)

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 5 describes Qlarant's PIP validation steps and summarizes the requirements for the project.

**Table 5. PIP Validation Process**

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

| |
|---|
| 8. **Data Analysis/Interpretation.** The study findings, or results, should be accurately and clearly stated. A comprehensive quantitative and qualitative analysis should be provided. |
| 9. **Real Improvement.** Project results should be assessed as real improvement. |
| 10. **Sustained Improvement.** 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 6.

**Table 6. 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. |

## Summary of the 2017 PIP Validation Activities

The MCOs provided their annual PIP updates in July 2017. They reported on their MY 2016 performance and included validated performance measure results. MY 2016 performance measure results represented their second remeasurement year, as the PIPs were developed in 2015 and used MY 2014 as the baseline year. 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 MCOs reported results for the PIP performance measures identified below.

Improving Perinatal and Birth Outcomes PIP:

- 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 of less than 37 weeks.
- The number of women who did not receive an HIV test during the pregnancy prior to giving birth
- The number of pregnancies ending in miscarriage or fetal loss (early or late).
- The number of pregnancies during the measurement year for which the birth outcome is unknown.
- The number of unduplicated pregnancies during the measurement year with one or more adverse outcomes (a new measure for MY 2015).
- The number of infant deaths (age 0-365 days) due to any cause during the MY.

Chronic Condition (Pediatric Asthma)

- The number of children in the eligible population, ages 2-20, who had one or more emergency department (ED) visits 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 admissions with a principle diagnosis of asthma during the MY.
- 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.

## 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 is 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®[7] 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 7.

**Table 7. PMV Activities**

| Pre-site Review Activities |
|---|
| 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 |
| **On-site Review Activities** |
| Complete on-site reviews |
| Request follow-up items |
| **Post-site Review Activities** |
| 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. If the MCO is not fully compliant, a designation of Unmet (UM) is assigned. Additionally, each performance measure receives a reporting designation. The four designations are described in Table 8.

[7] HEDIS® – Health Care Effectiveness Data and Information Set. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

**Table 8. PMV Performance Measure Designations**

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

### Summary of 2017 PMV Activities

Qlarant conducted two types of PMV audits in 2017. 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 two PIPs: (1) Improving Perinatal and Birth Outcomes and (2) Chronic Condition (Pediatric Asthma). The on-site audits were conducted in May 2017 and focused on MY 2016 performance.

The EPSDT PMV on-site reviews were initiated in November 2017 and concluded in January 2018. The review focused on federal fiscal year (FY) 2017 (October 1, 2016 through September 30, 2017). The EPSDT PMV was completed for AGP; however, the review was limited and focused on information systems capabilities. No data results were available for the period under review. 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 2017 NAV Activities

To complete the MY 2017 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 MCO. 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 in November and December 2017.

The analysis evaluated the following dimensions of access and availability:

- **Provider Capacity.** Provider-to-member ratios for the MCO's provider network
- **Geographic Network Distribution.** Time/distance analysis for applicable provider specialties and average distance (miles) to the closest provider
- **Appointment Availability.** Provider compliance with appointment time standards set forth in the MCO Contractual Requirements
- **Provider Directory Information.** Accuracy of provider information located within the online provider directory
- **After-Hours Availability.** Provider and MCO accessibility to members with an urgent need after normal business hours

## 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,[8] 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 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.

[8] 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.

## 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 2016-December 2016),* 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 2016, the MCOs spent more than $53 million on patient care that may have been avoided through the use of more aggressive care coordination strategies. Effective October 2017, all three risk-based MCOs (AGP, ACDC, and THP) are 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 is in effect from October 1, 2017 through September 30, 2018.

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$^{th}$ percentiles. However, MY 2016 reported rates show that the District weighted average was below the 75$^{th}$ percentile for most HEDIS® and CAHPS® measures. DHCF requires MCOs to implement OFIs plans for all measures not meeting the 75$^{th}$ percentile benchmark. DCHF also requires MCOs submit HEDIS® and PIP performance measure data quarterly for the purposes of conducting qualitative and quantitative analysis, identifying opportunities for improvement and interventions, and evaluating intervention effectiveness during DHCF MCO Quality and Collaborative PIP meetings.

In FY 2016, DHCF began addressing identified care coordination deficiencies in its managed care performance reports. Implementation of a MCO care coordination/case management initiative began in FY 2017. This initiative implements a set of comprehensive standards and guidelines for care coordination/case management to ensure core consistencies, enrollment reporting, and program outcomes.

The DHCF DQHO and the Health Care Innovation and Reform Administration (HCIRA) secured CMS Medicaid Innovation Accelerator Program (IAP) funding to launch a perinatal registry as part of the Perinatal Quality Improvement Collaborative. The goal of the IAP is to improve care and health for Medicaid beneficiaries, and reduce costs by supporting states in accelerating new payment and service

delivery reforms. The IAP focuses on populations with significant needs served by Medicaid programs, such as pregnant women and newborns, children, individuals with mental illness, individuals receiving long-term services and supports, and others. The perinatal registry will provide a venue for providers to complete the Obstetrics (OB) Authorization and Initial Assessment Form electronically. The registry will also improve the coordination among DHCF, MCOs, and Medicaid providers to maximize quality of care for pregnant Medicaid beneficiaries.

DHCF is also working with Delmarva Foundation on developing a consumer report card in 2018. 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 2018.

## 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 2017 included a review of all applicable elements in the CFR. MCO scores for each of the standards are displayed in Table 9. Because this was the first time the MCOs were reviewed with the new standards, the 2017 results serve as baseline. Future reports will trend results.

**Table 9. 2017 MCO OSR Scores by Standard**

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

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

Baseline results were mixed for the MCOs. The overall weighted scores ranged from 97% to 82%. ACDC compared favorably to all MCOs. Performance by standard follows:

- **Information Requirements.** Performance ranged from 95% (ACDC) to 87% (THP).
- **Enrollee Rights and Protections.** Performance varied widely and ranged from 100% (ACDC) to 63% (HSCSN).

- **MCO Standards.** MCOs performed well in this standard. Scores met or exceeded 94% for all MCOs. Performance ranged from 99% (ACDC) to 94% (HSCSN).
- **Quality Assessment and Performance Improvement Program.** ACDC, AGP, and THP were all fully compliant and scored 100% in this standard. HSCSN scored 93%.
- **Grievance and Appeal System.** Performance was varied in this standard and ranged from 97% (ACDC) to 69% (HSCSN). Based on the number of elements and components included in this standard, it presents the most opportunity for improvement for AGP, HSCSN, and THP.
- **Access and Cultural Consideration.** This standard consisted of a single review element where ACDC was fully compliant and scored 100% and the remaining three MCOs were partially compliant and scored 50%.

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 10 includes quality-related elements for each applicable standard and 2017 results for each MCO. Results are indicated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

**Table 10. MCO OSR Results for Quality**

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

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

- **Enrollee Rights and Protections.** ACDC was fully compliant while the remaining MCOs were partially compliant.
- **MCO Standards.** All MCOs were fully compliant in two elements: Confidentiality and Practice Guidelines. All MCOs received a partially met finding for the Subcontractual Relationships and Delegation element.
- **Quality Assessment and Performance Improvement Program.** Three of four MCOs were fully compliant (ACDC, AGP, and THP).
- **Grievance and Appeal System.** Results were mixed. While three of four MCOs (AGP, HSCSN, and THP) were partially compliant with Handling of Grievances and Appeals, Information About the Grievance and Appeal System to Providers and Subcontractors, Recordkeeping Requirements, and Effectuation of Reversed Appeal Resolutions, ACDC met the requirements. All four MCOs were partially compliant with the following element: Continuation of Benefits While the MCO Appeal and the State Fair Hearing are Pending.

## 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 two PIPs for each MCO:

- Improving Perinatal and Birth Outcomes
- Chronic Condition (Pediatric Asthma)

The PIPs, developed as collaborative quality improvement initiatives, were originally initiated in 2015 and used MY 2014 results as the baseline. After 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. On a quarterly basis, DHCF facilitates MCO Continuous Quality Improvement Collaborative meetings and discusses the PIPs. The MCOs share results, barriers, and best practices. Community stakeholders also participate in the meetings and share valuable information and resources to support the MCOs in their efforts to improve performance.

The 2017 review and validation included an assessment of MY 2016 activities and results. PIP validation and performance measure results are included in Tables 11-14. Validation steps were rated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

### Improving Perinatal and Birth Outcomes PIP

**Improving Perinatal and Birth Outcomes PIP Validation Results.** Table 11 includes the Improving Perinatal and Birth Outcomes PIP validation results.

**Table 11. Improving Perinatal and Birth Outcomes PIP Validation Results**

| PIP Validation Step | ACDC | HSCSN | MFC | 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 |

| PIP Validation Step | ACDC | HSCSN | MFC | THP |
|---|---|---|---|---|
| 4. Review the Study Population | M | M | M | M |
| 5. Review Sampling Methodologies | NA | NA | NA | NA |
| 6. Review Data Collection Procedures | M | PM | M | M |
| 7. Assess Improvement Strategies | M | M | M | M |
| 8. Review Data Analysis & Interpretation of Study Results | PM | PM | M | PM |
| 9. Assess Whether Improvement is Real Improvement | M | M | M | M |
| 10. Assess Sustained Improvement | M | M | M | M |

The MCOs were fully compliant with the following validation steps: 1-4, 7, 9, and 10. 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 6, Data Collection Procedures, due to low confidence in the MCO's quality control procedures. All MCOs received full compliance in Step 7, Improvement Strategies. The MCOs conducted thorough barrier analyses and developed and implemented system level interventions that induced change, including 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. ACDC, HSCSN, and THP received a PM finding for Step 8, Data Analysis & Interpretation of Study Results. This finding is due to errors or omissions in reported results and/or analysis. All MCOs demonstrated improvement in at least one performance measure as evidenced by the results of Step 9, Real Improvement. All MCOs also sustained improvement, compared to baseline performance, in at least one performance measure, as evaluated in Step 10.

**Improving Perinatal and Birth Outcomes PIP Performance Results.** The Improving Perinatal and Birth Outcomes PIP performance measure results are displayed in Table 12. The performance measures are inverse measures, meaning a lower rate indicates better performance.

**Table 12. Improving Perinatal and Birth Outcomes PIP Performance Measure Results**

| PIP Performance Measure | MY | ACDC % | HSCSN % | MFC % | THP % | MCO Weighted Average |
|---|---|---|---|---|---|---|
| Neonates with weight <2,500 grams | 2014 | 10.15 | 12.69 | 7.08 | 1.03 | 7.36 |
| | 2015 | 13.76 | 15.05 | 2.89 | 2.54 | 8.41 |
| | 2016 | 11.15 | 20.56 | 4.14 | 6.35 | 8.67 |
| Neonates <37 weeks gestational age | 2014 | 9.91 | 14.93 | 8.40 | 1.86 | 7.91 |
| | 2015 | 12.08 | 7.53 | 3.23 | 3.93 | 7.79 |
| | 2016 | 8.85 | 14.02 | 5.13 | 4.40 | 7.26 |
| No maternal HIV testing | 2014 | 65.87 | 5.97 | 59.85 | 77.56 | 64.63 |
| | 2015 | 52.96 | 4.30 | 28.94 | 35.03 | 41.29 |
| | 2016 | 16.56 | 0.00 | 16.96 | 15.15 | 16.05 |
| Miscarriage or fetal loss | 2014 | 13.02 | 15.67 | 12.57 | 5.07 | 11.31 |
| | 2015 | 9.73 | 17.20 | 12.94 | 7.74 | 10.45 |
| | 2016 | 15.29 | 4.67 | 17.20 | 11.56 | 15.02 |
| Birth outcome unknown | 2014 | 0 | 0 | 0 | 0 | 0.00 |
| | 2015 | 0 | 0 | 0 | 0 | 0.00 |
| | 2016 | 0 | 0 | 0 | 0 | 0.00 |

| PIP Performance Measure | MY | ACDC % | HSCSN % | MFC % | THP % | MCO Weighted Average |
|---|---|---|---|---|---|---|
| Unduplicated pregnancies with one or more adverse event* | 2014 | - | - | - | - | - |
| | 2015 | 67.94 | 38.71 | 36.68 | 45.05 | 53.63 |
| | 2016 | 40.97 | 31.78 | 26.47 | 34.20 | 35.57 |
| Infant death rate | 2014 | 0.12 | 0.98 | 0.09 | 0.13 | 0.14 |
| | 2015 | 0.05 | 0.33 | 0.03 | 0.21 | 0.08 |
| | 2016 | 0.10 | 0.67 | 0.00 | 0.00 | 0.06 |

*New measure introduced in MY 2015.
- No results available for new measure in MY 2014.

MCO PIP performance measure findings are summarized below:

- **Neonates with Weight <2,500 Grams.** The MCO weighted average worsened each year over the three year period—going from 7.36% to 8.67%. This negative trend in performance was also noted for HSCSN and THP.
- **Neonates <37 Weeks Gestational Age.** Although marginal, the MCO weighted average demonstrated improvement each year (7.91% to 7.26%). THP's performance worsened over the three year period.
- **No Maternal HIV Testing.** Significant improvement was demonstrated in this performance measure over time. The MCO weighted average moved from 64.63% to 16.05%. Each MCO achieved improvement. HSCSN reported a rate of 0% for MY 2016 indicating all pregnant women received a pregnancy test prior to delivery.
- **Miscarriage or Fetal Loss.** The only trends realized for this performance measure are for MFC and THP where performance worsened over time.
- **Birth Outcome Unknown.** All MCOs consistently reported 0% for this performance measure. All birth outcomes are accounted for. Therefore, this performance measure is being retired.
- **Unduplicated Pregnancies With One or More Adverse Event.** This performance measure was introduced during MY 2015; therefore, only two years of results are available. All MCOs demonstrated improvement in this performance measure by reducing adverse events.
- **Infant Death Rate.** The MCO weighted average demonstrated improvement over the three year period (0.14% to 0.06%). MFC also saw a positive trend in performance by reducing its infant death rate. Notably, MFC and THP did not have any infant deaths during MY 2016.

**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. Early identification of pregnancies and early initiation of prenatal care are essential to positive birth outcomes. Other MCO specific barriers include:

- ACDC Barriers
    - Member ability to access services during non-business hours
    - Member knowledge deficits regarding recommended routine prenatal and infant care

  - Frequent changes in residence and telephone contact information
  - Members are not attending their appointments and limited resources are available for follow-up outreach
  - Members continue to smoke throughout their pregnancy
  - HIV testing is not being billed and therefore, data is not available to the MCO

- HSCSN Barriers

  - Members with multiple children lack childcare options to allow for prenatal visits
  - Members with HIV status lack understanding of risk outcomes for the baby
  - Socioeconomic/health factors pose potential negative pregnancy outcomes such as homelessness and substandard housing, limited food resources, low health literacy, cognitive disabilities, and lack of family/natural supports
  - Inability to obtain HIV status for pregnant member via claims, lab, or anti-retroviral medications
  - Obtaining access to records for prenatal care provided through non network providers
  - Incorrectly coded provider claims
  - Experienced OB Care Manager turnover

- MFC Barriers

  - Member lack of knowledge/understanding of the effects of high risk behaviors such as cigarette smoking, drinking alcohol, or substance abuse on pregnancy outcomes
  - Delay in prenatal care while determining whether to continue the pregnancy
  - Failure to attend prenatal appointments
  - Challenges communicating with members of diverse cultural backgrounds affecting access, approach to, and timeliness of prenatal care
  - Members without proper newborn care equipment/supplies, such as a Pack 'N Play which keeps babies confined and safe
  - Providers are not routinely screening pregnant members for substance use
  - MCO challenges when assisting members with scheduling prenatal care appointments with clinics including long telephone wait times and policies requiring in-person appointment scheduling
  - Lack of ability to identify pregnant women that have received an HIV test prior to the date of delivery—medical record review reveals HIV testing compliance, but Title X funding within DC prohibits the option of billing the MCO

- THP Barriers

  - Lack of a systematic process to identify and manage pregnant members
  - Members' lack of awareness of the MCO's OB Case Management program and community-based partnerships that support healthy pregnancy
  - Lack of knowledge/understanding of the importance of early prenatal and postpartum care
  - Incomplete or erroneous member contact information; members are hard to reach
  - HIV screening is not identified via administrative data collection
  - Inconsistency in Healthy Beginnings class attendance

**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 2016 include:

- ACDC Interventions
    - **The Bright Start Maternity Case Management Program.** This program focuses on assisting pregnant members to adopt healthy behaviors and control risk factors and provides education on infant care and health needs. In August 2016, there was increased action to facilitate earlier identification, outreach, and engagement of pregnant members and obtain verification of HIV screening during pregnancy.
    - **Baby Showers.** Expectant mothers receive vital prenatal information in a celebratory environment via group discussions, games, and Q&A sessions. In June 2016, a Spanish speaking event was implemented to increase the volume of attendees.
    - **Pregnant Member Cell Phone Program.** During initial outreach, members without phones are offered a cell phone through the SafeLink program.
    - **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.
    - **Family Planning Information Offerings.** Prior to discharge for delivery, hospital admission long-acting reversible contraceptives are offered.
    - **Mamatoto Village Perinatal Support Services.** This partnership was expanded in July 2016 to include initial outreach and engagement of ACDC high risk members identified by the Bright Start Maternal Case Management Program.
    - **In-Home Post-Partum Visit.** In-home post-partum follow up is offered for members unable or unwilling to make it to their provider's office.
    - **Electronic OB Authorization Form.** ACDC implemented an electronic OB Authorization form requiring HIV data entry for submission, resulting in a much higher report rate.

- HSCSN Interventions
    - **Washington Hospital Center Teen Alliance for Prepared Parenting.** Regularly scheduled teleconference calls are held with this entity to review previous referrals for updates and care coordination and initiate new referrals.
    - **Multidisciplinary Team/Weekly OB Rounds Sessions.** The team meets weekly for OB rounds/sessions. Real-time interventions and potential solutions are discussed to improve outcomes.
    - **AmeriCorps Volunteer/Additional Peer Support.** An AmeriCorps support worker was added to the OB team to assist in the collection of OB Authorization Forms, tracking pharmacy fills of prenatal medications, and attending prenatal appointments of mothers who need additional support. This initiative was terminated in September 2016.
    - **Early Pregnancy Training.** An early pregnancy training program, "What to Do When You are Having a Baby (Healthy People 2020)," was developed and implemented. The goal of the training is to reduce risks associated with adverse perinatal outcomes through awareness and promotion of positive behaviors.

- **Baby Shower.** Through the Department of Health Safe Cribs Program, baby shower participants are educated on providing healthy sleeping environments for infants to reduce infant mortality and the likelihood of sudden unexplained infant death (SIDS). When members complete the training, they are provided with a Pack 'N Play to ensure a safe sleeping environment. Additional training includes breast feeding, milk storage, infant safety, well-child visits, postpartum health, and family planning.

- MFC Interventions

  - **In-Home Sudden Infant Death Syndrome (SIDS) Training.** Members complete an in-home SIDS training course and receive Pack 'N Plays provided by the Department of Health Safe Cribs program.
  - **MFC Baby Showers.** The MCO holds baby showers that include prenatal education (Momma and Me Program). Baby showers are conducted quarterly in the wards of DC with the highest rate of perinatal mortality statistics. Participants listen to community service presentations such as Women, Infant, and Children (WIC) and the Safe Cribs program. An OB/GYN practitioner also discusses the importance of prenatal care.
  - **Better Appointment Access.** MFC is improving provider appointment access by working with several high-volume clinics in DC to help facilitate faster, more convenient appointments.
  - **Targeting high-risk pregnant members.** Optum/Alere provides various services to the high risk pregnant members to improve birthing outcomes and reduce ED utilization.
  - **Mamatoto Village.** This perinatal care program offers services such as labor and postpartum support, education on childbirth preparation, breastfeeding basics, newborn care, nutrition, and Vaginal Birth After Cesarean (VBAC) preparation.
  - **Home Care.** Home care services are provided to high-risk newborns, infants that were born before 32 weeks of gestational age, discharged from neonatal intensive care unit, have a chronic illness, genetic syndrome, infants in need of technological support, and infants with psychosocial family dynamics.
  - **Partnership with Mary's Center Home Visiting Program.** This program employs a team of family support workers, parent resource workers, and home visiting nurses to screen participants for a wide variety of medical and social conditions that could potentially lead to adverse outcomes.

- THP Interventions

  - **Healthy Beginnings.** The OB Case Management Program, Healthy Beginnings, offers education and outreach at the MCO's Outreach and Wellness Center. The OB Case Manager provides face-to-face contact and engagement with members. Educational materials are distributed, including: information regarding the importance of prenatal care, awareness of bodily changes, and nutrition demands of pregnancy.
  - **Partnerships through the Outreach and Wellness Center:**
    - Department of Health training on SIDS prevention. The training is provided once every six weeks and participants receive a free Pack 'N Play.
    - The Capitol Hill Pregnancy Center provides baby supplies, clothing, cribs, strollers, and other baby related necessities as needed.

- Young Lives provides training and assists teen moms with access to community resources. Training includes helping teen parents learn coping skills, newborn care, and family planning.
- WIC recertification.
- A lactation specialist provides weekly breastfeeding training sessions.
- Wellness van offers rides to appointments.
- SAFELINK provides free cell phone service.

- **Optum.** The MCO partners with Optum to conduct interventions for high risk OB cases. Optum performs 48-hour assessments for NICU discharges and assists with setting up home care services post NICU discharge.
- **HIV screening queries.** Lab Corp's datalink service is utilized to perform monthly queries to determine HIV screening status for known pregnancies.

## Chronic Conditions (Pediatric Asthma) PIP

**Chronic Conditions (Pediatric Asthma) PIP Validation Results.** Table 13 includes the Chronic Conditions (Pediatric Asthma) PIP validation results.

**Table 13. Chronic Conditions (Pediatric Asthma) PIP Validation Results**

| PIP Validation Step | ACDC | HSCSN | MFC | 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 | PM | M | M |
| 7. Assess Improvement Strategies | M | M | M | M |
| 8. Review Data Analysis & Interpretation of Study Results | PM | PM | PM | PM |
| 9. Assess Whether Improvement is Real Improvement | M | UM | PM | M |
| 10. Assess Sustained Improvement | M | M | M | M |

The MCOs were fully compliant with the following validation steps: 1-4, 7, and 10. 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 6, Data Collection Procedures, due to low confidence in the MCO's quality control procedures that resulted in revising performance measure rates multiple times. All MCOs received full compliance in Step 7, Improvement Strategies. The MCOs conducted thorough barrier analyses and developed and implemented system level interventions that induced change. All MCOs received a PM finding for Step 8, Data Analysis & Interpretation of Study Results. This finding is due to errors or omissions in reported results and/or analysis. HSCSN received an UM finding for Step 9, Real Improvement, due to multiple revisions to performance measure results and there was no improvement in MY 2016 results compared to MY 2015. MFC received a PM finding as the marginal improvement noted in only one performance measure was not statistically significant. All MCOs were able to sustain improvement, compared to baseline performance, in at least one performance measure, as reported in Step 10.

**Chronic Condition (Pediatric Asthma) PIP Performance Results.** The Chronic Condition (Pediatric Asthma) PIP performance measure results are displayed in Table 14.

**Table 14. Chronic Conditions (Pediatric Asthma) PIP Performance Measure Results**

| PIP Performance Measure | MY | ACDC | HSCSN | MFC | THP | MCO Weighted Average |
|---|---|---|---|---|---|---|
| Emergency Department asthma visits (lower rate is better) | 2014 | 46.09 | 28.98 | 35.04 | 89.35 | 44.11 |
| | 2015 | 44.19 | 24.72 | 31.67 | 65.14 | 44.76 |
| | 2016 | 40.12 | 25.33 | 30.22 | 53.31 | 39.56 |
| Inpatient admissions for asthma (lower rate is better) | 2014 | 10.11 | 3.00 | 5.02 | 10.97 | 7.70 |
| | 2015 | 8.63 | 4.01 | 3.18 | 2.50 | 5.24 |
| | 2016 | 7.53 | 4.44 | 4.70 | 2.61 | 5.30 |
| Medication management for people with asthma—50% compliance | 2014 | 49.92 | 76.86 | 45.98 | 6.45 | 49.33 |
| | 2015 | 53.21 | 96.66 | 41.83 | 12.76 | 44.10 |
| | 2016 | 52.15 | 49.35 | 40.82 | 15.10 | 39.64 |
| Medication management for people with asthma—75% compliance | 2014 | 29.98 | 75.44 | 33.13 | 6.45 | 35.86 |
| | 2015 | 32.41 | 95.10 | 29.31 | 9.34 | 31.77 |
| | 2016 | 27.49 | 21.67 | 29.03 | 10.12 | 23.14 |

MCO PIP performance measure findings are summarized below:

- **Emergency Department Asthma Visits.** Over the three year period, the MCO weighted average varied on performance. However, three of four MCOs (ACDC, MFC, and THP) demonstrated consistent improvement and lowered their performance measure rates each year.
- **Inpatient Admissions for Asthma.** Only one trend was noted—ACDC reduced its inpatient asthma admissions year over year which resulted in a positive trend. Results were mixed for the remaining MCOs and the MCO weighted average.
- **Medication Management for People with Asthma—50% Compliance.** MFC's performance and the MCO-weighted average worsened over the three year period. THP improved performance over time (6.45% to 15.10%). While this change is recognized as a positive trend, it is well below the MCO weighted average (39.64% for MY 2016). Results were mixed for ACDC and HSCSN; however performance exceeds the MCO weighted average.
- **Medication Management for People with Asthma—75% Compliance.** Similar trends were noted in the 75% compliance performance measure compared to the 50% compliance performance measure. Negative trends were noted for the MCO weighted average and for MFC. THP demonstrated improvement (6.45% to 10.12%).

**Chronic Conditions (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 MCO specific barriers include:

- ACDC Barriers
    - Members' lack of education and understanding about routine and preventive services, asthma triggers, medication adherence, and effective strategies for self-management

  - Members are not making or attending appointments
  - Member inability to access services during non-business hours
  - Children and families are not engaged in care process
  - Changes in member residence and telephone numbers
  - Members using the emergency department instead of going to their PCP or urgent care

- HSCSN Barriers

  - Environmental conditions (e.g., rodents and insect infestations, water, mold, smoke, older housing) which may exacerbate asthma
  - Members' and caregivers' lack of education/understanding the importance of an asthma action plan, appropriate use of routine (maintenance) and rescue asthma medications, obtaining flu shots, use of a primary care/specialist provider vs. using the emergency department as a main source of treatment
  - Members/caregivers believe that the member does not have asthma (instead they believe the member suffers from allergies)
  - Multiple children in the home with special needs/mental health needs, domestic violence, and/or daily needs may not be met, all of which may interfere with seeking appropriate asthma treatment and/or asthma care
  - Communication barriers such as not have a working phone or transient
  - Members and caregivers may experience access barriers which interfere with seeking appropriate treatment—such as transportation, mental health issues, and inability to pick up medications from the pharmacy
  - Non-clinical HSCSN care managers do not have the same clinical understanding of asthma as the clinical care managers, indicating a knowledge deficit

- MFC Barriers

  - Members are not monitoring/documenting their peak flow rates
  - Members are not always aware of their specific asthma triggers within their home; examples include: pests, mold, dust mites, and cigarette smoke
  - Members may not have enough knowledge about their asthma medications to know what they are taking and why
  - Providers are not consistent in their documentation of asthma action plans
  - Member and caregiver inability to identify asthmatic members in a timely manner, before symptoms require medical attention at an emergency room
  - Low member participation in the PIP collaborative intervention, IMPACT DC

- THP Barriers

  - Members have an over-reliance on acute care
  - Members are not self-managing and lack an understanding of asthma exacerbation events/triggers
  - Incomplete or erroneous contact information makes member contact difficult
  - Members are unaware of THP's Disease Management program offered
  - Primary Care Providers are not coordinating care among their patients' providers
  - Staff turnover in Care Management, specifically for the pediatric asthma program

- Need for better inter-agency collaboration including the school systems to ensure asthma action plans are complete and in place as needed
- Receipt of asthma action plans in a timely manner to enhance the member's care plan

**Chronic Conditions (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 MCO specific interventions implemented during MY 2016 include:

- ACDC Interventions
  - **Breathe Easy, Start Today (BEST) program.** A collaboration between KOPPS Pharmacy System and participating providers to dispense asthma medications and related products directly from an automated unit within the office (that is maintained and filled by KOPPS). Upon request, a Respiratory Therapist is available for on-site training.
  - **The 4 Your Kids Care Program.** Works to reduce the low acuity emergency department visits for children ages 0-6 by educating parents about appropriate emergency department utilization; connecting parents to a PCP, nurse call line, and others. Increases PCP utilization and encourages member-PCP relationships, provides appropriate case management referrals, and reduces low acuity emergency department visits and program costs.
  - **Breathe DC - Camp Breathe Happy**. Allows members to participate in a week-long camping experience focused on education of children regarding asthma triggers, medication use, and breathing and relaxation exercises. The 2016 Breathe DC camp included 13 ACDC members.
  - **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.
  - **90-day prescriptions for asthma.** The 30-day prescription limit for asthma medications was increased to 90 days.
  - **Refill Reminder Outreach.** This initiative is for all members whose asthma medication refill expired within the last 7 days and is about to expire within the next 14 days. The Rapid Response Outreach Team performs outreach calls to these members to remind them of the need for a refill and arranges transportation to the pharmacy or home delivery as needed.
  - **Outreach to Members with Emergency Department Visits.** The Rapid Response Outreach Team obtains a weekly Chesapeake Regional Information System for our Patients (CRISP) report listing all emergency department visits for asthma that did not result in an inpatient admission. Outreach is made to these members and information is provided about alternative care providers (besides the emergency department).
  - **Pharmacy Medication Adherence Initiative.** A partnership with a local pharmacy (Grubb) to administer a medication adherence program to 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).

- HSCSN Interventions
    - **HSCSN Asthma Pilot Program.** For this program, a disease management team-based approach is utilized whereby members with asthma are assessed, educated, and receive regular in-person visits and/or telephonic interactions. Inclusion criteria include: asthma diagnosis (primary or secondary), 3 ED visits with a primary asthma diagnosis and/or 2 inpatient hospitalizations with a primary asthma diagnosis.
    - **Weekly Asthma Rounds.** Asthma Educator Care Managers meet with the Medical Director to discuss and review cases of selected members with asthma related ED visits and inpatient admissions. A comprehensive report is submitted to the Care Manager of record for follow-up and completion of deficient items that are identified.
    - **Breathe Easy Home Improvement Project (Breathe DC).** Breathe DC provides home visits which serve children and their families struggling to control children's moderate to severe asthma. Program participants have a history of seeking asthma treatment in the ED or are hospitalized for asthma. Services include home visits to identify/reduce asthma triggers, assistance with pest management/infestations, reinforcement of dust mite reduction strategies, and member/caregiver smoking cessation services.
    - **Breathe DC - Camp Breathe Happy.** This is a weeklong camp for children with asthma where the children learn to identify asthma triggers, recognize signs of an asthma attack, properly use medication and equipment, and perform breathing and relaxation exercises. Members chosen have high ED and inpatient utilization. HSCSN sponsored six members in 2016.
    - **Community outreach and health fair events.** Multiple fairs/events have been held that included asthma education, asthma support groups, review of triggers and avoidances, and better management of the condition.
    - **The Asthma Air Buddies Program.** This is a school-based asthma management program to empower children with asthma to self-advocate for improved respiratory health with the support of their friends and educators. The program consists of two parts: an asthma awareness assembly and mobile van consultations. HSCSN Care Management volunteers were included in the school assemblies.
    - **HSCSN Asthma Disease Management Program.** This program is designed to assist HSCSN members in making safe, appropriate, and informed healthcare choices for their asthma condition, and to assist their providers with tools, resources, and information to help improve their asthma management and overall health status. This multi-disciplinary approach targets both health and utilization behaviors of members diagnosed with asthma.
    - **The HSCSN Asthma Variance Team.** This team was created to determine which interventions, strategies, and lessons learned could be taken from the Asthma Pilot Project and applied to the entire HSCSN Asthma population at large. This team is made up of a Quality Improvement Analyst, Pulmonologist, two care managers, outreach worker/healthy home auditor, and a customer service representative.

- MFC Interventions
    - **Breathe DC, Breathe Easy, and DC Department of Energy and Environment Healthy Homes Programs.** Case Managers refer members to the home visit programs when the need is identified. Programs aim to assess home triggers, conduct in-home education,

and provide materials to mitigate identified triggers. In 2016 MFC executed a formal agreement with Breathe DC and began referring 20 members every quarter for attempted home visits and education.

- **Pediatric Asthma Disease Management Program.** A taskforce consisting of the Medical Directors and Case Management (CM) team completed review and editing of protocols and procedures for the MFC Pediatric Asthma Disease Management Program at the end of 2016. Part of the adjustment to the program protocols is the institution of mailing targeted letters to the PCP when a member has filled four prescriptions for inhalers but does not a have prescription fill for a controller medication.
- **Member and provider newsletters.** MFC distributed a member and a provider newsletter that featured asthma education and described how to identify asthma triggers and mitigate them and the importance of having an updated/complete Asthma Action Plan in place.
- **CVS Caremark Outreach for Medication Non-Compliance.** This new program implemented with CVS in 2016 intervenes when someone misses a scheduled medication refill. After the missed refill, they are contacted via telephone by a pharmacist to assist them in refilling their medication.

- THP Interventions

  - **Asthma Disease Management Program.** Members are referred to this program via a variety of means (health risk assessments; claims and pharmacy data; interdepartmental, provider, and member referrals). A pediatric asthma assessment is then completed where results determine stratification for intervention level. An asthma disease management program welcome packet and educational materials are distributed to all members eligible for the program.
  - **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.
  - **Breathe DC.** The MCO contracts with Breathe DC, which provides home assessments for members with asthma. During the home assessments, there is identification of and education regarding asthma triggers, suggestions regarding smoking cessation services, pest/rodent management, and a HEPA filter installation, if necessary. THP incentivizes members by giving a $25 gift card after attending one class and providing a home assessment.
  - **Breathe DC - Camp Breathe Happy.** Campers are taught how to identify their specific individual asthma triggers; how to recognize the signs and symptoms of an impending asthmatic episode; the importance and proper use of medications, spacers, and peak flow meters; breathing and relaxation exercises to help alleviate asthmatic symptoms; and how to communicate their illness more effectively. THP sponsored six pediatric members for Breathe DC's asthma camp in 2016.
  - **Enrollee Contact Information.** The Asthma Case Manager works collaboratively with the Customer Service, Utilization Review, and Outreach teams to identify and implement alternate contact methods for hard to reach members.

## 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 2017 PMV audit focused on the MY 2016 performance measure activities and results. Table 15 provides the results of the validation activities. The Documentation, Denominator, and Numerator validation components received a finding of Met (M) or Not Met (NM). 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 15. PMV Audit Designation Table for the PIP Performance Measures**

| Validation Component | Audit Element | ACDC | HSCSN | MFC | 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. | M | M | M | M |
| 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. | M | M | M | M |
| 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. | M | M | M | M |

| Validation Component | Audit Element | ACDC | HSCSN | MFC | 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 |

Qlarant provided HSCSN with a significant amount of technical assistance in order for the MCO to submit final, reportable performance measure rates. The MCO was challenged by issues with internal controls and processes for claims payments, staff turnover in the Quality Department, and satisfactory internal processes for quality checks. The MCO must develop an internal plan of action to monitor its production of the performance measures that includes earlier review of each denominator, numerator, and performance measure rate.

Qlarant also provided THP with technical assistance in order for the MCO to submit final, reportable performance measure rates. The MCO's internal process for quality checks for source code and performance measure rate reviews was not adequate and required intervention and a recalculation of rates. THP must also develop an internal plan of action to monitor its production of performance measure rates.

Ultimately, all MCOs achieved a Reporting Designation of Reportable (R).

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 is included in Appendices A1 and A2, respectively.

**HEDIS® Performance Measure Results**

Selected HEDIS® performance measures specific to quality are reported in Tables 16-25. 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 2014 – MY 2016. 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 2016 MCO average is compared to the NCQA Quality Compass National Medicaid benchmarks. A high-level analysis of results follows each table.

Table 16 reports the HEDIS® Comprehensive Diabetes Care performance measures for all four MCOs and includes results for MYs 2014 to 2016.

**Table 16. Comprehensive Diabetes Care MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Blood Pressure Control (<140/90) - members 18–85 years of age with hypertension whose blood pressure was adequately controlled | MY 2014 | 57.12 | 55.00 | 61.50 | 10.61 |
| | MY 2015 | 53.99 | 31.58 | 61.31 | 41.63 |
| | MY 2016 | 50.75 | 67.74 | 59.49 | 50.17 |
| Eye Exams - members who had a retinal eye exam | MY 2014 | 49.13 | 45.00 | 47.08 | 38.49 |
| | MY 2015 | 52.43 | 34.21 | 39.05 | 33.50 |
| | MY 2016 | 52.07 | 54.84 | 47.63 | 29.73 |
| HbA1c Testing - members 18–75 years of age with Hemoglobin A1c (HbA1c) testing | MY 2014 | 83.85 | 82.50 | 81.57 | 77.34 |
| | MY 2015 | 87.85 | 89.47 | 84.12 | 76.12 |
| | MY 2016 | 86.24 | 87.10 | 84.12 | 80.23 |
| HbA1c Control <7% | MY 2014 | 31.40 | NA | 30.66 | 4.85 |
| | MY 2015 | 36.29 | NQ | 31.94 | 28.93 |
| | MY 2016 | 34.47 | NA | 37.13 | 28.57 |
| HbA1c Control <8% | MY 2014 | 47.05 | 40.00 | 45.07 | 6.83 |
| | MY 2015 | 53.99 | 23.68 | 48.72 | 41.13 |
| | MY 2016 | 48.59 | 9.68 | 53.10 | 42.03 |
| Poor HbA1c Control >9% (lower rate is better) | MY 2014 | 43.92 | 52.50 | 46.53 | 91.91 |
| | MY 2015 | 36.81 | 76.32 | 41.24 | 48.92 |
| | MY 2016 | 39.97 | 80.65 | 37.96 | 49.00 |
| Medical Attention for Nephropathy (kidney disease) | MY 2014 | 80.21 | 62.50 | 78.65 | 76.98 |
| | MY 2015 | 88.19 | 94.74 | 89.60 | 82.09 |
| | MY 2016 | 91.21 | 80.65 | 87.04 | 81.89 |

NA – Not Applicable; small denominator (<30)
NQ – Not Required

A trend analysis for the Comprehensive Diabetes Care performance measures revealed the following:

- THP demonstrated a positive trend for three consecutive years with a 39.56 percentage point improvement from for the Blood Pressure Control (<140/90) performance measure. ACDC and MFC showed a continuous negative decline for this same performance measure.
- For the Eye Exams performance measure, a negative trend was noted for THP, which also had the worst outcome in MY 2016 (29.73%).

- While MFC showed a positive annual trend for the HbA1c Control <7% performance measure, THP improved the most in this measure by 23.72 percentage points from MY 2014 to MY 2016.
- For the HbA1c Control <8% performance measure, MFC and THP showed improvements and positive changes in scores for three successive years. In contrary, HSCSN showed a negative trend and declined by 30.32 percentage points. Most notable, THP improved by 35.20 percentage points from MY 2014 to MY 2016.
- MFC demonstrated a positive trend for the Poor HbA1c Control >9% (lower rate is better) performance measure. THP showed improvement in reducing the rates for Poor HbA1c Control >9% with a drop of 42.91 percentage points from MY 2014 to MY 2016. Meanwhile, HSCSN had a negative performance trend year over year for this performance measure.
- ACDC had the only positive trend for the Medical Attention for Nephropathy (kidney disease) performance measure.

Table 17 reports the District MCO weighted averages for the HEDIS® Comprehensive Diabetes Care performance measures for MYs 2014 to 2016. The MY 2016 District MCO weighted averages are compared to the national benchmarks. DHCF expects the MCOs to meet or exceed the NCQA Quality Compass 75th percentile benchmarks.

**Table 17. Comprehensive Diabetes Care MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Blood Pressure Control (<140/90) - members 18-85 years of age with hypertension whose blood pressure was adequately controlled | 51.8 | 54.0 | 53.40 | ♦ |
| Eye Exams - members who had a retinal eye exam | 47.1 | 45.6 | 47.38 | ♦ |
| HbA1c Testing - members 18-75 years of age with Hemoglobin A1c (HbA1c) testing | 82.4 | 85.0 | 84.70 | ♦ |
| HbA1c Control <7% | 27.7 | 33.8 | 34.46 | ♦ |
| HbA1c Control <8% | 40.9 | 50.3 | 48.83 | ♦♦ |
| Poor HbA1c Control >9% (lower rate is better) | 51.3 | 40.2 | 40.87 | ♦♦ |
| Medical Attention for Nephropathy (kidney disease) | 79.3 | 87.7 | 88.50 | ♦ |

♦ – 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:

- None of the MY 2016 Comprehensive Diabetes Care MCO weighted averages met the District goal of meeting or exceeding the NCQA Quality Compass 75th percentile benchmarks.
- A positive trend was demonstrated for two performance measures:

- HbA1c Control <7%
- Medical Attention for Nephropathy (kidney disease)

Table 18 reports the HEDIS® Controlling High Blood Pressure performance measure for all four MCOs and includes results for MYs 2014 to 2016.

**Table 18. Controlling High Blood Pressure MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measure | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Controlling High Blood Pressure | MY 2014 | 47.89 | 59.46 | 53.28 | 6.50 |
| | MY 2015 | 47.33 | 45.95 | 57.80 | 40.22 |
| | MY 2016 | 45.37 | 45.00 | 64.27 | 42.73 |

A trend analysis for the Controlling High Blood Pressure measure revealed the following:

- Year over year improvements were noted for MFC and THP. In particular, THP saw a 36.23 percentage point increase.
- ACDC's and HSCSN's performance showed a negative annual decline in performance.

Table 19 reports the District MCO weighted average for the HEDIS® Controlling High Blood Pressure performance measure for MYs 2014 to 2016. The MY 2016 District MCO weighted average is compared to the national benchmarks.

**Table 19. Controlling High Blood Pressure MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Controlling High Blood Pressure | 43.8 | 49.1 | 50.48 | ♦ |

♦ – 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:

- The MY 2016 MCO average for the Controlling High Blood Pressure measure fell below the NCQA Quality Compass National Medicaid Average.
- Despite falling below the NCQA goal, a positive trend was noted.

Table 20 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 20. Respiratory Conditions MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Medication Management for People with Asthma – total (5-64 years of age): 50% Compliance | MY 2014 | NA | 62.40 | 58.73 | NA |
| | MY 2015 | 55.11 | 41.33 | 47.57 | 77.67 |
| | MY 2016 | 58.53 | 53.81 | 53.86 | 67.94 |
| Medication Management for People with Asthma – total (5-64 years of age): 75% Compliance | MY 2014 | NA | 35.66 | 28.57 | NA |
| | MY 2015 | 31.21 | 18.08 | 24.07 | 58.14 |
| | MY 2016 | 35.71 | 26.27 | 26.75 | 39.71 |
| Asthma Medication Ratio – total (5-64 years of age) | MY 2014 | NA | 57.29 | 57.89 | NA |
| | MY 2015 | 52.72 | 59.40 | 52.40 | 52.81 |
| | MY 2016 | 59.09 | 60.98 | 55.13 | 63.45 |

♦ – 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.
NA – Not Applicable; small denominator (<30)

A trend analysis for the Respiratory Conditions performance measures, revealed the following:

- Analysis for the performance measures was restricted due to limited data, as a result of small denominators. This impacted analyses for ACDC and THP.
- Overall results were unremarkable with only one trend noted—HSCSN demonstrated a positive trend in the Asthma Medication Ratio performance measure.

Table 21 reports the District MCO weighted averages for the HEDIS® Respiratory Conditions performance measures that relate to asthma medication management for MYs 2014 to 2016. The MY 2016 District MCO weighted averages are compared to the national benchmarks.

**Table 21. Respiratory Conditions MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Medication Management for People with Asthma – total (5-64 years of age): 50% Compliance | 61.7 | 55.7 | 58.36 | - |
| Medication Management for People with Asthma – total (5-64 years of age): 75% Compliance | 34.3 | 32.5 | 33.82 | ♦ |
| Asthma Medication Ratio – total (5-64 years of age) | 57.4 | 53.2 | 58.99 | ♦ |

♦ – 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:

- MY 2016 MCO weighted averages did not compare favorably to the District goals, the NCQA Quality Compass 75th percentile benchmarks. There is no benchmark available for the Medication Management for People with Asthma—50% Compliance performance measure.
- No positive or negative trends were identified.

Table 22 reports the HEDIS® Prevention and Screening performance measures that relate to weight assessment and management for all four MCOs and includes results for MYs 2014 to 2016.

**Table 22. Prevention and Screening MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Adult Body Mass Index (BMI) Assessment | MY 2014 | NA | 79.51 | 90.51 | NA |
| | MY 2015 | 86.11 | 70.74 | 93.08 | 78.24 |
| | MY 2016 | 85.42 | 69.25 | 95.00 | 78.01 |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) BMI assessment | MY 2014 | 81.02 | 77.54 | 78.59 | 21.30 |
| | MY 2015 | 80.37 | BR | 83.76 | 62.73 |
| | MY 2016 | 80.32 | 78.59 | 88.36 | 63.43 |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) Counseling for nutrition | MY 2014 | 81.71 | 76.20 | 66.91 | 14.58 |
| | MY 2015 | 74.45 | BR | 75.77 | 58.80 |
| | MY 2016 | 68.75 | 78.59 | 82.69 | 51.62 |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) Counseling for physical activity | MY 2014 | 76.39 | 71.39 | 64.72 | 13.19 |
| | MY 2015 | 69.78 | BR | 72.68 | 51.85 |
| | MY 2016 | 61.11 | 71.05 | 78.81 | 47.69 |

NA – Not Applicable; small denominator (<30)
BR - Biased Rate

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

- MFC demonstrated both a positive annual trend and had the highest rating for the Adult Body Mass Index (BMI) Assessment in MY 2016 (95.00%). HSCSN had the inverse to MFC's performance with a negative trend and the lowest score for MY 2016 (69.25%).
- For the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – BMI assessment performance measure, MFC showed annual improvement and the highest rating for this measure in MY 2016 (88.36%). A positive trend was also noted for THP, who demonstrated the most noticeable improvement from MY 2014 (21.30%) to MY 2016 (63.43%) of 42.13 percentage points. ACDC demonstrated an annual decline in performance for this same measure.
- MFC's scores revealed both a positive year over year trend and the highest rating for the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – Counseling for Nutrition and Counseling for Physical Activity performance measures in MY 2016 (82.69% and 78.81%, respectively). ACDC showed a negative trend for each performance measure.

Table 23 reports the District MCO weighted averages for the HEDIS® Prevention and Screening performance measures that relate to weight assessment and management for MYs 2014 to 2016. The MY 2016 District MCO weighted averages are compared to the national benchmarks.

**Table 23. Prevention and Screening MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Adult Body Mass Index (BMI) Assessment | 85.8 | 86.1 | 86.56 | ♦♦ |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) BMI assessment | 75.3 | 77.9 | 79.64 | ♦♦ |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) Counseling for nutrition | 73.5 | 71.9 | 69.84 | ♦♦ |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – total (3-17 years of age) Counseling for physical activity | 69.0 | 67.2 | 63.23 | ♦♦ |

♦ – 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 MY 2016, the MCO average for all four Prevention and Screening performance measures was equal to or exceeded the NCQA Quality Compass National Medicaid Averages, but did not meet the District's 75th Percentile performance goal.
- A positive trend was noted for two measures:
  - Adult Body Mass Index (BMI) Assessment
  - Weight Assessment and Counseling for Nutrition Physical Activity for Children/ Adolescents – BMI Assessment.
- A negative trend was noted for the remaining two measures:
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – Counseling for Nutrition.
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – Counseling for Physical Activity.

Table 24 reports the HEDIS® Behavioral Health performance measures for all four MCOs and includes results for MYs 2014 to 2016.

**Table 24. Behavioral Health MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Antidepressant Medication Management – Effective acute phase treatment | MY 2014 | 45.94 | 17.65 | 53.09 | 49.09 |
| | MY 2015 | 44.38 | 32.43 | 41.46 | 74.32 |
| | MY 2016 | 47.19 | 17.14 | 37.31 | 53.89 |
| Antidepressant Medication Management – Continuation phase treatment | MY 2014 | 33.69 | 8.82 | 37.45 | 31.82 |
| | MY 2015 | 31.34 | 18.92 | 24.87 | 60.31 |
| | MY 2016 | 36.55 | 8.57 | 25.60 | 37.07 |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia | MY 2014 | 43.71 | NA | 29.85 | NA |
| | MY 2015 | 33.33 | 44.44 | 28.57 | 28.92 |
| | MY 2016 | 36.50 | NA | 30.61 | 38.55 |
| Follow-Up After Hospitalization for Mental Illness – within 30 days after discharge | MY 2014 | 29.46 | 38.37 | 24.51 | 40.48 |
| | MY 2015 | 54.67 | 47.54 | 10.46 | 41.31 |
| | MY 2016 | 62.43 | 49.59 | 6.50 | 74.11 |
| Follow-Up After Hospitalization for Mental Illness – within 7 days after discharge | MY 2014 | 16.53 | 18.02 | 12.25 | 26.79 |
| | MY 2015 | 42.27 | 27.32 | 5.20 | 35.21 |
| | MY 2016 | 49.91 | 28.10 | 2.98 | 67.51 |

NA – Not Applicable; small denominator (<30)

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

- MFC demonstrated a negative year over year trend in the Antidepressant Medication Management – Effective Acute Phase Treatment performance measure, declining by 15.78 percentage points.
- For the Follow-Up After Hospitalization for Mental Illness – Within 30 Days After Discharge performance measure, three MCOs (ACDC, HSCSN, and THP) trended positively each year, while MFC experienced a consecutive decline in performance. ACDC and THP showed significant improvements from MY 2014 to MY 2016 with increases in percentage points of 32.97 and 33.63, respectively.
- Similar results were noted in the Follow-Up After Hospitalization for Mental Illness – Within 7 Days After Discharge with ACDC, HSCSN, and THP all having a positive performance trend, while MFC declined in performance each year. Again, ACDC and THP showed significant improvements from MY 2014 to MY 2016 with even greater gains from the increases noted with the 30-day follow-up measure. ACDC improved by 33.38 percentage points and THP by 40.72 percentage points.

Table 25 reports the District MCO weighted averages for the HEDIS® Behavioral Health performance measures for MYs 2014 to 2016. The MY 2016 District MCO weighted averages are compared to the national benchmarks.

**Table 25. Behavioral Health MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Antidepressant Medication Management – effective acute phase treatment | 46.9 | 48.0 | 45.47 | ♦ |
| Antidepressant Medication Management – continuation phase treatment | 33.6 | 33.9 | 33.63 | ♦ |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia | 39.5 | 32.3 | 37.01 | ♦ |
| Follow-Up After Hospitalization for Mental Illness – within 30 days after discharge | 31.5 | 43.2 | 46.57 | ♦ |
| Follow-Up After Hospitalization for Mental Illness – within 7 days after discharge | 17.5 | 32.1 | 36.76 | ♦ |

♦ – 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 2016 MCO weighted averages for the Behavioral Health performance measures fell below the NCQA Quality Compass National Medicaid Averages.
- A year over year positive trend occurred for each of the Follow-Up After Hospitalization for Mental Illness performance measures.

**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 26-29.

Table 26 reports the adult CAHPS® Survey experience of care quality-related measures for all four MCOs and includes results for surveys conducted in 2015-2017.

**Table 26. Adult CAHPS® Survey Measure Results from 2015 to MY 2017.**

| CAHPS® Survey Measures | Survey Year | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Customer Service Composite | 2015 | 87.9 | 83.9 | 82.5 | NA |
| | 2016 | 91.2 | 81.7 | 88.9 | 71.0 |
| | 2017 | 86.9 | 90.8 | 83.7 | 80.5 |
| How Well Doctors Communicate Composite | 2015 | 94.0 | 93.3 | 92.5 | 88.7 |
| | 2016 | 91.7 | 91.6 | 93.3 | 91.0 |
| | 2017 | 93.5 | 92.5 | 94.4 | 90.6 |
| Shared Decision Making Composite (A lot/Yes) | 2015 | 76.2 | 76.7 | 77.7 | NA |
| | 2016 | 74.6 | 72.8 | 72.4 | 71.0 |
| | 2017 | 79.9 | 81.6 | 82.0 | NA |
| Health Promotion and Education Composite | 2015 | 76.9 | 73.8 | 77.0 | 64.9 |
| | 2016 | 77.7 | 74.7 | 77.3 | 69.4 |
| | 2017 | 75.8 | 77.6 | 80.6 | 74.5 |
| Coordination of Care Composite | 2015 | 80.1 | 89.8 | 58.0 | 74.3 |
| | 2016 | 80.0 | 85.5 | 83.6 | 69.5 |
| | 2017 | 86.0 | 82.2 | 83.2 | NA |
| Rating of Health Plan (8+9+10) | 2015 | 78.6 | 76.0 | 75.0 | 70.6 |
| | 2016 | 78.5 | 78.4 | 80.1 | 68.6 |
| | 2017 | 82.6 | 77.5 | 75.7 | 72.3 |
| Rating of All Health Care (8+9+10) | 2015 | 76.5 | 79.2 | 71.0 | 69.3 |
| | 2016 | 79.7 | 73.6 | 74.5 | 68.2 |
| | 2017 | 79.1 | 80.5 | 76.2 | 73.5 |
| Rating of Personal Doctor (8+9+10) | 2015 | 87.0 | 78.3 | 82.0 | 77.7 |
| | 2016 | 83.4 | 84.1 | 85.4 | 81.2 |
| | 2017 | 87.6 | 89.8 | 83.0 | 82.6 |
| Rating of Specialist Seen Most Often (8+9+10) | 2015 | 87.3 | 79.4 | 75.0 | NA |
| | 2016 | 81.3 | 79.0 | 76.0 | 66.3 |
| | 2017 | 85.0 | 72.1 | 77.4 | 79.0 |

NA – Not Applicable; response < 100

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

- MFC's performance improved each year for the How Well Doctors Communicate Composite. For 2017, all MCOs demonstrated performance above the 90% mark.
- For the Health Promotion and Education Composite, three of the four MCOs (HSCSN, MFC, and THP) demonstrated positive annual trends. MFC performed the best (80.6%).
- HSCSN had a negative annual decline in performance for the Coordination of Care Composite; performance declined by 7.6 percentage points.
- For the Rating of All Health Care (8+9+10) measure, MFC demonstrated a positive annual trend. A 5.2 percentage point increase was noted.

- HSCSN and THP had positive year over year trends in the Rating of Personal Doctor (8+9+10) measure with HSCSN improving by 11.5 percentage points.
- For the Rating of Specialist Seen Most Often (8+9+10) measure, MFC demonstrated annual improvements while HSCSN had the opposite effect.

**Table 27. Adult CAHPS® Survey Measure Results from 2015 to 2017.**

| Performance Measures | 2015 MCO Average % | 2016 MCO Average % | 2017 MCO Average % | 2017 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Customer Service Composite | 84.8 | 83.2 | 85.5 | ♦ |
| How Well Doctors Communicate Composite | 92.1 | 91.9 | 92.7 | ♦♦ |
| Shared Decision Making Composite (A lot/Yes) | 76.9 | 72.7 | 81.2 | ♦♦ |
| Health Promotion and Education Composite | 73.2 | 74.8 | 77.1 | ♦♦♦ |
| Coordination of Care Composite | 75.5 | 79.6 | 83.8 | ♦♦ |
| Rating of Health Plan (8+9+10) | 75.0 | 76.4 | 77.0 | ♦♦ |
| Rating of All Health Care (8+9+10) | 74.0 | 74.0 | 77.3 | ♦♦♦ |
| Rating of Personal Doctor (8+9+10) | 81.2 | 83.5 | 85.7 | ♦♦♦ |
| Rating of Specialist Seen Most Often (8+9+10) | 80.6 | 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:

- For three of the nine Adult CAHPS® Survey experience of care measures, the MCO average for MY 2016 was equal to or exceeded the NCQA Quality Compass 75th Percentile for Medicaid. These measures included:
  - Health Promotion and Education Composite
  - Rating of All Health Care (8+9+10)
  - Rating of Personal Doctor (8+9+10)
- In addition to the measures named above, the MCO averages for Coordination of Care Composite and the Rating of Health Plan (8+9+10) measures all exhibited annual improvements.

Table 28 reports the Child CAHPS® Survey experience of care measures for all four MCOs and includes results for 2015-2017.

**Table 28. Child CAHPS® Survey Measure Results from 2015 to 2017.**

| CAHPS® Survey Measures | Survey Year | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Customer Service Composite | 2015 | 87.8 | 86.0 | 86.5 | 78.2 |
| | 2016 | 84.8 | 92.4 | 85.9 | 83.1 |
| | 2017 | 90.8 | 87.8 | 86.4 | 81.3 |
| How Well Doctors Communicate Composite | 2015 | 92.6 | 93.3 | 90.5 | 89.2 |
| | 2016 | 92.8 | 93.0 | 91.7 | 91.1 |
| | 2017 | 93.1 | 92.1 | 93.8 | 93.0 |
| Shared Decision Making Composite (A lot/Yes) | 2015 | 82.1 | 81.4 | 78.3 | NA |
| | 2016 | 76.4 | 86.8 | 73.9 | 70.4 |
| | 2017 | 77.9 | 83.9 | 74.6 | NA |
| Health Promotion and Education Composite | 2015 | 76.7 | 77.6 | 79.0 | 71.0 |
| | 2016 | 78.8 | 80.4 | 74.1 | 74.7 |
| | 2017 | 73.6 | 80.4 | 72.2 | 69.3 |
| Coordination of Care Composite | 2015 | 85.5 | 86.1 | 84.0 | NA |
| | 2016 | 78.7 | 92.2 | 73.3 | 71.8 |
| | 2017 | 80.0 | 83.8 | 79.9 | 85.0 |
| Rating of Health Plan (8+9+10) | 2015 | 85.5 | 81.8 | 85.0 | 82.2 |
| | 2016 | 85.5 | 84.2 | 83.7 | 77.6 |
| | 2017 | 88.6 | 80.1 | 87.9 | 83.9 |
| Rating of All Health Care (8+9+10) | 2015 | 83.9 | 86.0 | 89.0 | 83.1 |
| | 2016 | 85.2 | 87.4 | 83.0 | 86.3 |
| | 2017 | 89.2 | 82.9 | 89.4 | 85.9 |
| Rating of Personal Doctor (8+9+10) | 2015 | 89.2 | 88.9 | 91.0 | 90.5 |
| | 2016 | 91.3 | 90.8 | 89.2 | 90.0 |
| | 2017 | 91.6 | 87.2 | 91.9 | 92.6 |
| Rating of Specialist Seen Most Often (8+9+10) | 2015 | 87.3 | 79.3 | 78.0 | NA |
| | 2016 | 86.7 | 85.6 | 85.4 | 82.1 |
| | 2017 | 86.1 | 85.7 | 86.4 | NA |

NA – Not Applicable; response < 100

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

- For the How Well Doctors Communicate Composite, three of the four MCOs (ACDC, MFC, and THP) trended positively. HSCSN demonstrated a slight downward trend in performance. All MCOs 2017 performance was above 90% for the measure.
- MFC demonstrated a negative trend for the Health Promotion and Education Composite; performance declined by 6.8 percentage points.
- For the Rating of All Health Care (8+9+10) measure, only ACDC showed a positive annual trend. The MCO's performance improved by 5.3 percentage points.
- Similarly, ACDC was the only MCO to demonstrate a positive trend of improvement for the Rating of Personal Doctor (8+9+10) measure. ACDC scored 91.6% in the 2017 survey.
- Lastly, for the Rating of Specialist Seen Most Often (8+9+10) measure, HSCSN and MFC showed positive year over year trends, while ACDC presented a decline in performance each year. However, performance for all three MCOs ranged from 85.7% to 86.4% for 2017.

**Table 29. Child CAHPS® Survey Measure Results from 2015 to 2017.**

| Performance Measures | 2015 MCO Average % | 2016 MCO Average % | 2017 MCO Average % | 2017 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Customer Service Composite | 84.6 | 86.6 | 86.6 | ♦ |
| How Well Doctors Communicate Composite | 91.4 | 92.2 | 93.0 | ♦ |
| Shared Decision Making Composite (A lot/Yes) | 80.6 | 76.9 | 78.8 | ♦♦ |
| Health Promotion and Education Composite | 76.1 | 77.0 | 73.9 | ♦♦ |
| Coordination of Care Composite | 85.2 | 79.0 | 82.2 | ♦ |
| Rating of Health Plan (8+9+10) | 83.6 | 82.8 | 85.1 | ♦ |
| Rating of All Health Care (8+9+10) | 85.5 | 85.5 | 86.9 | ♦♦ |
| Rating of Personal Doctor (8+9+10) | 89.9 | 90.3 | 90.8 | ♦♦♦ |
| Rating of Specialist Seen Most Often (8+9+10) | 81.5 | 85.0 | 86.1 | ♦ |

♦ – 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:

- One measure, Rating of Personal Doctor (8+9+10), had an MCO average for 2017 that was equal to or exceeded the NCQA Quality Compass 75th Percentile for Medicaid.
- Three of the nine measures demonstrated annual improvements:
  - How Well Doctors Communicate
  - Rating for Personal Doctor
  - Rating for Specialist Seen Most Often

# 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 measure 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 30 includes access-related requirements of each applicable standard and the 2017 results for each MCO. Results are indicated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

**Table 30. MCO OSR Results for Access**

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

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

For the two standards that could be assessed, the MCOs have opportunities for improvement to meet the new requirements. All MCOs need to demonstrate improvement in the requirements for Subpart C: Enrollee Rights Information Requirements and three of the four MCOs (AGP, HSCSN, and THP) for Subpart B: Service General Provisions Access and Cultural Considerations.

## 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 31-40.

Table 31 reports the HEDIS® Adults' Access to Preventive Ambulatory Health Services performance measures for all four MCOs and includes results for MYs 2014 to 2016.

**Table 31. Adults' Access to Preventive Ambulatory Health Services MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Adults' Access to Preventive Ambulatory Health Services – 20-44 years of age | MY 2014 | 71.63 | 78.64 | 64.36 | 57.04 |
| | MY 2015 | 70.59 | 84.97 | 61.99 | 54.89 |
| | MY 2016 | 69.94 | 84.23 | 60.10 | 50.45 |
| Adults' Access to Preventive Ambulatory Health Services – 45-64 years of age | MY 2014 | 79.98 | NA | 73.60 | 68.06 |
| | MY 2015 | 79.15 | NA | 70.87 | 66.19 |
| | MY 2016 | 78.88 | NA | 70.15 | 63.80 |
| Adults' Access to Preventive Ambulatory Health Services – 65+ years of age | MY 2014 | 78.57 | NA | NA | 56.76 |
| | MY 2015 | 73.97 | NA | 86.11 | 71.43 |
| | MY 2016 | 70.77 | NA | 71.43 | NA |

| Performance Measures | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Adults' Access to Preventive Ambulatory Health Services – total (20-65+ years of age) | MY 2014 | 74.44 | 78.64 | 67.99 | 60.52 |
| | MY 2015 | 73.55 | 84.97 | 65.43 | 58.54 |
| | MY 2016 | 73.05 | 84.23 | 63.84 | 54.79 |

NA – Not Applicable; small denominator (<30)

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

- Overall, the MCOs serving the adult population (ACDC, MFC, and THP) demonstrated an annual decline in performance as evidenced in the total for Adults' Access to Preventive Ambulatory Health Services (20-65+ years of age). For these three MCOs, performance ranged from 54.79% to 73.05% for MY 2016.

Table 32 reports the District MCO weighted averages for the HEDIS® Adults' Access to Preventive Ambulatory Health Services performance measures for MYs 2014 to 2016. The MY 2016 District MCO weighted averages are compared to the national benchmarks. DHCF expects the MCOs to meet or exceed the NCQA Quality Compass 75th percentile benchmarks.

**Table 32. Adults' Access to Preventive Ambulatory Health Services MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Adults' Access to Preventive Ambulatory Health Services – 20-44 years of age | 67.6 | 65.5 | 63.46 | ♦ |
| Adults' Access to Preventive Ambulatory Health Services – 45-64 years of age | 76.3 | 74.2 | 73.30 | ♦ |
| Adults' Access to Preventive Ambulatory Health Services – 65+ years of age | 71.9 | 77.2 | 70.97 | ♦ |
| Adults' Access to Preventive Ambulatory Health Services – total (20-65+ years of age) | 70.6 | 68.5 | 66.87 | ♦ |

♦ – 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 33 reports the HEDIS® Children and Adolescents' Access to Primary Care Practitioners (PCPs) performance measures for all four MCOs and includes results for MYs 2014 to 2016.

**Table 33. Children and Adolescents' Access to PCPs MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Children and Adolescents' Access to PCP (12-24 months) | MY 2014 | 94.17 | 93.44 | 89.96 | 86.00 |
| | MY 2015 | 94.59 | 97.53 | 93.14 | 88.87 |
| | MY 2016 | 93.79 | 93.26 | 91.99 | 90.20 |
| Children and Adolescents' Access to PCP (25 months-6 years) | MY 2014 | 88.37 | 91.69 | 82.56 | 81.43 |
| | MY 2015 | 89.09 | 91.17 | 84.83 | 84.89 |
| | MY 2016 | 88.45 | 92.72 | 85.48 | 84.81 |
| Children and Adolescents' Access to PCP (7-11 years) | MY 2014 | NA | 94.95 | 84.03 | NA |
| | MY 2015 | 94.24 | 97.89 | 89.55 | 89.91 |
| | MY 2016 | 95.17 | 97.72 | 91.39 | 90.65 |
| Children and Adolescents' Access to PCP (12-19 years) | MY 2014 | NA | 92.75 | 79.14 | NA |
| | MY 2015 | 91.76 | 95.94 | 84.27 | 84.85 |
| | MY 2016 | 93.89 | 95.56 | 88.77 | 89.17 |

NA – Not Applicable; small denominator (<30)

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

- For the Children and Adolescents' Access to PCP (12-24 months), THP had the only positive annual trend. All four MCOs exceeded 90% for this performance measure for MY 2016.
- MFC showed a positive trend year over year for the Children and Adolescents' Access to PCP—25 months-6 years, 7-11 years, and 12-19 years.

Table 34 reports the District MCO weighted averages for the HEDIS® Children and Adolescents' Access to PCPs performance measures for MYs 2014 to 2016. The MY 2016 District MCO weighted averages are compared to the national benchmarks.

**Table 34. Children and Adolescents' Access to PCPs MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Children and Adolescents' Access to PCP (12-24 months) | 91.9 | 93.5 | 92.70 | ♦ |
| Children and Adolescents' Access to PCP (25 months-6 years) | 86.8 | 87.9 | 87.47 | ♦ ♦ |

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Children and Adolescents' Access to PCP (7-11 years) | 93.4 | 93.3 | 94.31 | ♦♦♦ |
| Children and Adolescents' Access to PCP (12-19 years) | 91.5 | 90.5 | 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:

- Performance for the Children and Adolescents' Access to PCP (7-11 years) and the Children and Adolescents' Access to PCP (12-19 years) was equal to or exceeded the NCQA Quality Compass 75th Percentile for Medicaid.

Table 35 reports the HEDIS® Annual Dental Visit performance measure for all four MCOs and includes results for MYs 2014 to 2016.

**Table 35. Annual Dental Visit MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Annual Dental Visits – total (2-21 years of age) | MY 2014 | 67.37 | 69.79 | 9.94 | 59.10 |
| | MY 2015 | 73.57 | 76.32 | 36.20 | 66.33 |
| | MY 2016 | 75.71 | 62.49 | 66.43 | 68.39 |

A trend analysis for the Annual Dental Visit performance measure revealed the following:

- Three MCOs, ACDC, MFC, and THP, provided consecutive annual improvements.
- MFC had the most noticeable improvement from MY 2014 to MY 2016 with an increase of 56.49 percentage points.

Table 36 reports the District MCO weighted averages for the HEDIS® Annual Dental Visit performance measure for MYs 2014 to 2016. The MY 2016 District MCO weighted average are compared to the national benchmarks.

**Table 36. Annual Dental Visit MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Annual Dental Visits – total (2-21 years of age) | 58.0 | 66.6 | 72.20 | ♦♦♦ |

♦ – 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.
- This dental measure also demonstrated annual performance improvements.

Table 37 reports the HEDIS® Prevention and Screening performance measures for all four MCOs and includes results for MYs 2014 to 2016.

**Table 37. Prevention and Screening MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Childhood Immunization Status – Combo 2 | MY 2014 | 75.69 | 80.00 | 74.84 | 14.99 |
| | MY 2015 | 80.09 | 77.12 | 75.91 | 55.79 |
| | MY 2016 | 77.55 | 76.62 | 78.83 | 44.91 |
| Childhood Immunization Status – Combo 3 | MY 2014 | 73.84 | 77.86 | 72.29 | 14.00 |
| | MY 2015 | 78.24 | 75.42 | 73.48 | 52.08 |
| | MY 2016 | 73.84 | 72.73 | 74.94 | 42.36 |
| Immunizations for Adolescents – Combo 2* | MY 2014 | - | - | - | - |
| | MY 2015 | - | - | - | - |
| | MY 2016 | 39.35 | 30.19 | 32.12 | 16.59 |
| Lead Screening in Children | MY 2014 | 86.63 | 86.21 | 78.03 | 59.21 |
| | MY 2015 | 82.57 | 86.44 | 83.68 | 55.32 |
| | MY 2016 | 87.73 | 83.13 | 83.33 | 61.57 |
| Breast Cancer Screening | MY 2014 | NA | NQ | NA | NA |
| | MY 2015 | 65.54 | NQ | 54.24 | 50.97 |
| | MY 2016 | 65.21 | NA | 56.47 | 54.15 |
| Cervical Cancer Screening | MY 2014 | 74.39 | 64.61 | 62.29 | 28.54 |
| | MY 2015 | 68.05 | 70.67 | 59.79 | 48.14 |
| | MY 2016 | 67.83 | 63.51 | 65.33 | 48.59 |
| Chlamydia Screening in Women | MY 2014 | 75.73 | 74.87 | 74.07 | 68.09 |
| | MY 2015 | 78.27 | 80.78 | 74.63 | 71.37 |
| | MY 2016 | 80.59 | 80.21 | 77.47 | 72.22 |

*New performance measure for MY 2016.
- No performance measure results available for MY 2014 and MY 2015.

The Immunizations for Adolescents – Combo 2 is a new measure in MY 2016. Since no comparison data is available, MY 2016 results will serve as a baseline for future assessments. A trend analysis for the remaining Prevention and Screening performance measures revealed the following:

- For the Childhood Immunization Status – Combo 2 and Combo 3 performance measures, MFC demonstrated an increase each year while HSCSN declined in performance each year. THP's performance was significantly lower than all other MCOs. Results were 44.91% and 42.36%, respectively. The other three MCOs performance was at least 30 percentage points higher for each measure.
- THP performed better with the Cervical Cancer Screening performance measure. It was the only MCO to have annual increases in performance. However, THP's performance still lagged behind ACDC, HSCSN, and MFC. Only one MCO, ACDC, had a negative trend for this measure. Even with the decline in performance, ACDC had the highest score (67.83%) for this performance measure in MY 2016.
- For the Chlamydia Screening in Women performance measure, ACDC, MFC, and THP demonstrated a positive trend in performance.

Table 38 reports the District MCO weighted averages for the HEDIS® Prevention and Screening performance measures for MYs 2014 to 2016. The MY 2016 District MCO weighted averages are compared to the national benchmarks.

**Table 38. Prevention and Screening MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Childhood Immunization Status – Combo 2 | 68.1 | 75.2 | 73.47 | ♦♦ |
| Childhood Immunization Status – Combo 3 | 66.3 | 72.9 | 69.86 | ♦♦ |
| Immunizations for Adolescents – Combo 2 | - | - | 35.33 | ♦♦♦ |
| Lead Screening in Children | 82.3 | 78.6 | 82.79 | ♦♦♦ |
| Breast Cancer Screening | - | 60.6 | 60.97 | ♦♦ |
| Cervical Cancer Screening | 65.0 | 62.6 | 63.92 | ♦♦ |
| Chlamydia Screening in Women | 74.5 | 76.9 | 78.96 | ♦♦♦ |

♦ – 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:

- Three of the seven Prevention and Screening Measures performed equal to or exceeded the NCQA Quality Compass 75th Percentile for Medicaid, the District's performance goal. These performance measures include:
  - Immunizations for Adolescents – Combo 2
  - Lead Screening in Children
  - Chlamydia Screening in Women.

- A positive annual trend was evident for the Chlamydia Screening in Women measure.

Table 39 reports the HEDIS® Utilization performance measures related to access for all four MCOs and includes results for MYs 2014 to 2016.

**Table 39. Utilization MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Frequency of Ongoing Prenatal Care (≥81%) | MY 2014 | 30.30 | 26.60 | 54.74 | 28.27 |
| | MY 2015 | 32.79 | 39.74 | 45.72 | 30.63 |
| | MY 2016 | 42.22 | 30.26 | 57.66 | 36.62 |
| Well Child Visits in the First 15 Months of Life (6 or more visits) | MY 2014 | 53.47 | 64.94 | 60.58 | 34.69 |
| | MY 2015 | 61.48 | 58.06 | 57.97 | 47.76 |
| | MY 2016 | 58.80 | 65.38 | 65.01 | 52.27 |
| Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life | MY 2014 | 83.14 | 85.71 | 76.89 | 70.83 |
| | MY 2015 | 77.38 | 83.09 | 76.72 | 76.62 |
| | MY 2016 | 80.09 | 86.67 | 75.74 | 74.31 |
| Adolescent Well Care Visits | MY 2014 | 61.95 | 71.39 | 55.23 | 45.83 |
| | MY 2015 | 64.81 | 69.59 | 52.58 | 53.24 |
| | MY 2016 | 65.97 | 74.01 | 58.78 | 52.20 |

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

- For the Frequency of Ongoing Prenatal Care (≥81%), ACDC and THP demonstrated annual improvements.
- THP provided evidence of a positive trend for the Well Child Visits in the First 15 Months of Life (6 or more visits), with an increase of 17.58 percentage points over the three MYs. However, THP's performance is below the other three MCOs for this measure.
- For the Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life, MFC showed evidence of an annual decline in performance. However, the dip in performance was only 1.15 percentage points.
- ACDC improved performance each year for the Adolescent Well Care Visits performance measure. Performance for this measure ranged from 52.20% (THP) to 74.01% (HSCSN).

Table 40 reports the District MCO weighted averages for the HEDIS® Utilization performance measures related to access for MYs 2014 to 2016. The MY 2016 District MCO weighted averages are compared to the national benchmarks.

**Table 40. Utilization MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Frequency of Ongoing Prenatal Care (≥81%) | 36.8 | 36.3 | 45.84 | ♦ |
| Well Child Visits in the First 15 Months of Life (6 or more visits) | 53.2 | 58.6 | 59.78 | ♦ |
| Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life | 80.8 | 77.4 | 78.70 | ♦♦♦ |
| Adolescent Well Care Visits | 60.4 | 62.0 | 64.06 | ♦♦♦ |

♦ – 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:

- The Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life and the Adolescent Well Care Visits measures indicated performance at or above the NCQA Quality Compass 75th Percentile for Medicaid.
- Frequency of Ongoing Prenatal Care (≥81%) and Well Child Visits in the First 15 Months of Life (6 or more visits) performed below the NCQA Quality Compass National Medicaid Average.
- Analysis of measures revealed year over year positive trends for two performance measures:
  - Well Child Visits in the First 15 Months of Life (6 or more visits)
  - Adolescent Well Care Visits

**CAHPS® Survey Results**

Results for the key access-related CAHPS® Survey experience of care measures are highlighted in Tables 41-42.

Table 41 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 2015-2017.

**Table 41. Adult and Child CAHPS® Survey Measure Results from 2015 to 2017.**

| CAHPS® Survey Measures | Survey Year | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Getting Needed Care Composite – Adult | 2015 | 80.7 | 81.5 | 75.0 | 73.2 |
| | 2016 | 74.8 | 79.7 | 79.8 | 68.0 |
| | 2017 | 81.1 | 86.6 | 78.6 | 71.6 |
| Getting Needed Care Composite – Child | 2015 | 80.7 | 83.0 | 78.5 | 75.0 |
| | 2016 | 80.4 | 81.6 | 70.9 | 74.2 |
| | 2017 | 79.5 | 80.3 | 73.5 | 69.0 |

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

- While there were no evident data trends in the Adult Getting Needed Care Composite, a negative annual trend was demonstrated for all ACDC, HSCSN, and THP in the Child Getting Needed Care Composite.

**Table 42. Adult and Child CAHPS® Survey Measure Results from 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 | 77.6 | 75.6 | 79.5 | ♦ |
| Getting Needed Care Composite – Child | 79.3 | 76.8 | 75.6 | ♦ |

♦ – 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:

- MCO performance on the Adult and Child CAHPS® Survey measures fell below the NCQA Quality Compass National Medicaid Average.
- The MCO average for Getting Needed Care Composite – Child measure demonstrated a negative year over year trend.

## Network Adequacy Validation

**Provider Capacity and Geographic Network Distribution Results**

An analysis of provider capacity and geographic network distribution of the MCO's network of providers was conducted by Qlarant utilizing the Geographic Access Reports submitted during the 2017 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 than the contractual-related requirements.

Due to recent contract implementation, AGP's Geographic Access Reports were not available for review during the 2017 annual OSR. Therefore, Qlarant was unable to conduct an analysis of the capacity of AGP's provider network during the 2017 NAV.

**Accuracy of Provider Directory Results**

Provider directories are an important tool used by members to select and contact their primary care physician 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 the MCO's provider directory information was assessed during telephone surveys conducted by Qlarant.

The overall accuracy of provider contact information with the MCO's online provider directories is low across all MCOs. Table 43 shows the overall accuracy rate of provider contact information by MCO.

**Table 43. Accuracy Rate of Provider Contact Information by MCO for 2017.**

| Provider Contact Information Accuracy | ACDC % | AGP % | HSCSN % | THP % | MCO Average % |
|---|---|---|---|---|---|
| MCO Accuracy Rate | 55 | 53 | 30 | 50 | 47 |

Accuracy compliance ranged from a high of 55% (ACDC) and a low of 30% (HSCSN). The MCO average was 47%. In addition, information related to provider access, including disability access, acceptance of new patients, ages of patients accepted, languages spoken by the provider, and availability of evening and weekend hours was not consistently noted in the online provider directories.

# 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 44 includes timeliness-related requirements of the Grievance and Appeal System standard and the 2017 results for each MCO. Results are indicated as Met (M), Partially Met (PM), Unmet (UM), or Not Applicable (NA).

**Table 44. MCO OSR Results for Timeliness**

| OSR Standard | ACDC | AGP | HSCSN | THP |
|---|---|---|---|---|
| **Subpart F: Grievance and Appeal System** | | | | |
| §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 |

All MCOs need to demonstrate improvement to meet the new requirements for Timely and Adequate Notice of Adverse Benefit Determination and Resolution and Notification: Grievances and Appeals. The results were mixed for the Expedited Resolution of Appeals standard.

## Performance Measurement

### HEDIS® Performance Measure Results

Timeliness-related healthcare measures provide insight into assuring that Medicaid managed care beneficiaries are receiving care according 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 45-46.

Table 45 reports the HEDIS® Prenatal and Postpartum Care performance measures for all four MCOs and includes results for MYs 2014 to 2016.

**Table 45. Prenatal and Postpartum Care MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Timeliness of Prenatal Care | MY 2014 | 64.34 | 77.66 | 81.75 | 62.57 |
| | MY 2015 | 68.84 | 73.08 | 75.06 | 69.37 |
| | MY 2016 | 79.95 | 72.37 | 80.78 | 68.78 |
| Postpartum Care | MY 2014 | 46.39 | 48.94 | 54.74 | 33.25 |
| | MY 2015 | 49.30 | 47.44 | 57.21 | 41.07 |
| | MY 2016 | 56.37 | 46.05 | 56.93 | 44.13 |

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

- For the Timeliness of Prenatal Care performance measure, ACDC demonstrated a positive trend while a negative one was evident for HSCSN.
- Both ACDC and THP demonstrated annual improvements for the Postpartum Care performance measure. HSCSN, again, showed an annual decline in performance.

Table 46 reports the District MCO weighted averages for the HEDIS® Prenatal and Postpartum Care performance measures for MYs 2014 to 2016. The MY 2016 District MCO weighted averages are compared to the national benchmarks.

**Table 46. Prenatal and Postpartum Care MCO Performance Measure Results from MY 2014 to MY 2016.**

| Performance Measures | MY 2014 MCO Average % | MY 2015 MCO Average % | MY 2016 MCO Average % | MY 2016 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Timeliness of Prenatal Care | 69.4 | 70.8 | 78.33 | ♦ |
| Postpartum Care | 47.2 | 50.2 | 54.44 | ♦ |

♦ – 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 Timeliness of Prenatal Care and Postpartum Care in MY 2016 did not meet the NCQA Quality Compass National Medicaid Averages.
- Both measures showed positive annual improvements.

**CAHPS® Survey Results**

Results for the key timeliness-related CAHPS® Survey experience of care measures are highlighted in Tables 47-48.

Table 47 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 2015-2017.

**Table 47. Adult and Child CAHPS® Survey Measure Results from 2015-2017.**

| CAHPS® Survey Measures | Survey Year | ACDC % | HSCSN % | MFC % | THP % |
|---|---|---|---|---|---|
| Getting Care Quickly Composite – Adult | 2015 | 83.5 | 80.8 | 77.0 | 71.9 |
| | 2016 | 77.3 | 80.3 | 76.5 | 71.0 |
| | 2017 | 76.7 | 78.5 | 77.7 | 76.1 |
| Getting Care Quickly Composite – Child | 2015 | 83.8 | 88.3 | 57.0 | 79.4 |
| | 2016 | 85.1 | 88.1 | 86.0 | 76.7 |
| | 2017 | 86.1 | 89.7 | 86.7 | 78.9 |

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

- In regard to the Adult Getting Care Quickly Composite, ACDC and HSCSN declined in performance on an annual basis.
- ACDC and MFC improved each year for the Child Getting Care Quickly Composite. In particular, MFC improved performance by 29.7 percentage points.

**Table 48. Adult and Child CAHPS® Survey Measure Results from 2015 to 2017.**

| Performance Measures | 2015 MCO Average % | 2016 MCO Average % | 2017 MCO Average % | 2017 MCO Comparison to Benchmarks |
|---|---|---|---|---|
| Getting Care Quickly Composite – Adult | 78.3 | 76.3 | 77.2 | ♦ |
| Getting Care Quickly Composite – Child | 77.1 | 84.0 | 85.3 | ♦ |

♦ – 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 measures for Getting Care Quickly Composite – Adult and Child both saw performance fall below the NCQA Quality Compass National Medicaid Average.
- The Getting Care Quickly Composite – Child measure exhibited a positive trend over the three year period increasing from MY 2014 to MY 2016 by 8.2 percentage points.

## 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:

- Routine/follow-up appointments with PCPs for adults within 30 days of the request

- Non-urgent/follow-up appointments with specialists, which included behavioral health and pulmonologists; both adult and pediatric within 30 days of the request
- Initial appointments for pregnant women within 10 days of the request
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening examination within 30 days of the request

Overall appointment wait time compliance results by MCO are displayed in Table 49.

**Table 49. Appointment Wait Time Compliance by MCO for 2017.**

| Appointment Wait Time Compliance | ACDC % | AGP % | HSCSN % | THP % | MCO Average % |
|---|---|---|---|---|---|
| MCO Compliance Rate | 85 | 86 | 46 | 76 | 78 |

The MCO average for the overall appointment wait time compliance was 78%. Performance ranged from 86% (AGP) to 46% (HSCSN).

**After-Hours Accessibility Results**

In addition to an evaluation of routine appointment availability, Qlarant also collected information during telephone surveys conducted after normal business hours to assess MCO and network provider compliance with contractual-related standards for after-hours and urgent care.

ACDC, AGP, and THP operate a Nurse Helpline 24 hours per day, 7 days per week to assist members with medical concerns during normal business hours and after provider offices close for the day. The Nurse Helplines were contacted during the after-hours survey using the telephone numbers listed in each MCO's Member Handbook. All Nurse Helplines were found to have a qualified clinical staff person available to assist members in need of care or medical care.

HSCSN utilizes an independent answering service for after-hours calls, which was contacted during the after-hours survey. The respondent was unwilling to participate. Therefore, an evaluation was unable to be completed.

# Summary of Findings

Qlarant completed the following External Quality Review (EQR) activities in 2017:

- 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 2017 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$^{th}$ percentile.

Qlarant also examined the 2016 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) program in October 2017. The three risk-based MCOs (AGP, ACDC, 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

DHCF is also working to establish a set of comprehensive standards and guidelines for care coordination/case management to ensure greater consistencies in care management processes and more accurate reporting of program outcomes.

DHCF set a target to drive performance improvement. The District uses the NCQA Quality Compass Medicaid 75th 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.

On a quarterly basis, DHCF facilitates MCO Continuous Quality Improvement Collaborative meetings and discusses the PIPs. The MCOs share results, barriers, and best practices Community stakeholders also participate in the meetings and share valuable information and resources to support the MCOs in their efforts to improve performance.

As part of the Perinatal Quality Improvement Collaborative, DHCF secured funding to launch a perinatal registry. The perinatal registry will provide a venue for providers to complete the OB Authorization and Initial Assessment Form electronically and allow for better coordination between DHCF, MCOs, and Medicaid providers. This improvement should facilitate early intervention and prenatal care.

DHCF is also working with Qlarant on developing a consumer report card 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 2018. 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 75th 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 November and December 2017. The comprehensive OSR focused on MCO compliance for MY 2017. The MCOs were reviewed against the revised Medicaid and CHIP managed care standards under the CMS Final Rule. The 2017 OSR results serve as baseline with the new and revised requirements.

**MCO OSR Strengths for Quality**

The MCOs performed well in the Quality Assessment and Performance Improvement Program standard. ACDC, AGP, and THP were 100% compliant with the requirements while HSCSN scored 93%. MCOs have quality structures in place to facilitate reporting, monitoring, and quality improvement activities.
All MCOs were fully compliant with Confidentiality Requirements and Practice Guidelines. Results for all other quality-related elements were mixed and presented as opportunities for improvement.

**MCO OSR Opportunities for Quality**

All MCOs have opportunity for improvement in the following quality-related elements:

- Subcontractual Relationships and Delegation
- Continuation of Benefits While the MCO Appeal and State Fair Hearing and Pending

Performance on other quality-related elements varies by MCO. Each MCO is expected to address any noncompliant findings through an OFI action plan.

## Performance Improvement Project (PIP) Validation

The 2017 PIP validation and review included an assessment of MY 2016 activities and results. Strengths and opportunities for improvement for both PIPs are outlined below.

**MCO PIP Validation Strengths for Quality**

The MCOs submitted methodologically sound PIPs. All MCOs implemented meaningful and robust interventions to impact change and drive performance improvement for both PIPs: Improving Perinatal and Birth Outcomes and Chronic Condition (Pediatric Asthma). All MCOs also achieved sustained improvement in both PIPs, meaning that improvement over baseline was achieved by all MCOs in at least one of the PIP's performance measures.

An analysis of the MCO weighted averages for each performance measure revealed some success. A comparison of MY 2016 results to MY 2015 results concluded the following:

- For the Improving Perinatal and Birth Outcomes PIP, improvement was noted in the following performance measures:
    - Neonates <37 Weeks Gestational Age
    - No Maternal HIV Testing
    - Unduplicated Pregnancies with One or More Adverse Event
    - Infant Death Rate
- For the Chronic Condition (Pediatric Asthma) PIP, improvement was evident in only one performance measure:
    - Emergency Department Asthma Visits

**MCO PIP Validation Opportunities for Quality**

All MCOs received a partially met finding for the Review Data Analysis and Interpretation of Study Results step of the Chronic Condition (Pediatric Asthma) PIP. In general, MCOs should focus on reporting accurate data and results and eliminate continuous revisions. DHCF's introduction of a signed attestation ensuring accurate and complete data and results should address this opportunity for improvement. This attestation should be signed by senior leadership at each MCO.

An analysis of the MCO weighted averages for each performance measure revealed some opportunities for improvement (when comparing MY 2016 results to MY 2015 results).

- For the Improving Perinatal and Birth Outcomes PIP, a decline in performance was noted in the following performance measures:
    - Neonates with Weight <2,500 Grams
    - Miscarriage or Fetal Loss
- For the Chronic Condition (Pediatric Asthma) PIP annual, declines in performance were identified in the following performance measures:
    - Inpatient Admissions for Asthma
    - Medication Management for People with Asthma—50%
    - Medication Management for People with Asthma—75%

## Performance Measure Validation (PMV)

Qlarant conducted two types of PMV audits in 2017. 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 the MCOs have sufficient information systems capabilities to capture and process data required for reporting. After providing technical assistance, 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).

**MCO PMV Opportunities for Quality**

Qlarant provided a significant amount of technical assistance to two MCOs for the MCOs to submit final, reportable performance measure rates. Issues addressed included:

- Internal controls and processes for claims payments
- Staff turnover in the Quality Department
- Ensuring satisfactory internal processes for quality checks for source code and performance measure rate reviews

The MCOs are developing internal plans of action to monitor production of the performance measures that includes earlier review of each denominator, numerator, and performance measure rate.

## 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$^{th}$ 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$^{th}$ 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$^{th}$ percentile:

- Adult:
    - Health Promotion and Education Composite
    - Rating of All Health Care (8+9+10)
    - Rating of Personal Doctor (8+9+10)
- Child:
    - Rating of Personal Doctor (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 75th Percentile. The following MCO weighted averages did not meet the NCQA Quality Compass National Medicaid Average:

- Comprehensive Diabetes Care:
    - Blood Pressure Control (<140/90)
    - Eye Exams
    - HbA1c Testing
    - HbA1c Control <7%
    - Medical Attention for Nephropathy
- Controlling High Blood Pressure
- Respiratory Conditions
    - Medication Management for People with Asthma—75% Compliance
    - Asthma Medication Ratio
- 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
    - 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 Specialist Seen Most Often (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 the requirements for compliance on the Access and Cultural Considerations standard.

MCOs were not scored on two access related elements: Availability of Services and Assurance of Adequate Capacity and Services. These elements are effective in 2018 and will be scored in the 2018 OSR.

**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.

## 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 75th 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
  - Lead Screening in Children
  - Chlamydia Screening in Women
- Utilization
  - Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
  - Adolescent Well Care Visits

#### CAHPS® Survey Results

- There were no access-related CAHPS® measures that met or exceeded the NCQA Quality Compass National Medicaid 75th 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 75th Percentile. The following MCO weighted averages did not even meet the NCQA Quality Compass National Medicaid Average:

- 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)
- Utilization

- Frequency of Ongoing Prenatal Care (≥81%)
- 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 contact information within each MCO's provider directory is low. The MCO average for this measure was 47%. Additionally, information related to provider access, including disability access, acceptance of new patients, ages of patients accepted, languages spoken by the provider, and availability of evening and weekend hours was not consistently noted in the online provider directories.

## 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 Resolution and Notification: Grievances and Appeals.
- 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 75th percentile.

**CAHPS® Survey Results**
There were no timeliness-related CAHPS® measures that met or exceeded the NCQA Quality Compass National Medicaid 75th 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 even 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

ACDC, AGP, and THP operate a Nurse Helpline 24 hours per day, 7 days per week to assist members with medical concerns during normal business hours and after provider offices close for the day. Qlarant contacted the Nurse Helplines after-hours using the telephone numbers listed in each MCO's Member Handbook. All Nurse Helplines were found to have a qualified clinical staff person available to assist members in need of care or medical care.

HSCSN utilizes an independent answering service for after-hours calls, which was contacted during the after-hours survey. The respondent was unwilling to participate. Therefore, an evaluation was unable to be completed.

### 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. Appointment scheduling timeframes assessed during the telephone surveys included:

- Routine/follow-up appointments with PCPs for adults within 30 days of the request
- Non-urgent/follow-up appointments with specialists, which included behavioral health and pulmonologists; both adult and pediatric within 30 days of the request
- Initial appointments for pregnant women within 10 days of the request
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening examination within 30 days of the request

The MCO average for the overall appointment wait time compliance was 78%, providing an opportunity for improvement.

## Status of 2016 Recommendations

Results of the 2016 EQR activities revealed recommendations for improvement for the MCOs. The MCOs were advised of the recommendations and expected to act upon them in 2017. The status of each recommendation is described below.

### ACDC

**2016 Opportunity for Improvement.** The overall compliance rate for member access to appointments within DHCF-required timeframes was 41% in 2016.
**2017 Follow-up.** ACDC improved its overall access to timely appointments by 44 percentage points in 2017, achieving a compliance rating of 85%.

### AGP

AGP began operations on October 1, 2017. Follow-up on 2016 opportunities is not applicable for the MCO.

### HSCSN

**2016 Opportunity for Improvement.** During the validation of the Provider Directory, it was determined that 15 out of the 30 providers contacted had incorrect information (50%). Thirteen errors were found in the provider's address, and 2 phone numbers were incorrect.
**2017 Follow-up.** Overall accuracy of contact information within HSCSN's provider directory decreased 20 percentage points to 30% for the 76 providers contacted.

**2016 Opportunity for Improvement.** The overall compliance rate for member access to appointments within DHCF-required timeframes was 48%.
**2017 Follow-up.** HSCSN's compliance declined by two percentage points to 46%.

**2016 Opportunity for Improvement.** HSCSN's written acknowledgements of grievances issued within two business days of receipt was 50%.
**2017 Follow-up.** HSCSN's compliance of timely written acknowledgement improved by 19 percentage points to 69%.

**2016 Opportunity for Improvement.** HSCSN reported that IMPACT DC does not routinely submit clinical assessments performed as part of the IMPACT DC intervention. During the case management review, only 50% of the records reviewed had asthma action plans or any type of medication education or management documentation.
**2017 Follow-up.** HSCSN implemented a procedure that requires the Care Manager to request asthma action plans. Upon receipt, the action plans are reviewed and attached to the member's electronic health record.

**2016 Opportunity for Improvement.** Postpartum care appointment rates remained relatively low at 50% compliance based on the case management file review.
**2017 Follow-up.** A separate case management file review was not completed in 2017—as a comprehensive OSR was conducted instead. However, upon review of the MCO's HEDIS® Postpartum Care performance measure, compliance remains an opportunity for improvement at 46.05%.

## MFC

**2016 Opportunity for Improvement.** The overall compliance rate for member access to appointments within DHCF-required timeframes was 45%.
**2017 Follow-up.** Qlarant's follow up survey to assess compliance occurred after MFC's contract ended. The 2017 survey did not include an assessment for MFC.

**2016 Opportunity for Improvement.** MFC's language in resolution letters to members was too advanced. Words like "centricity" and phrases such as "to be taken as advisement" or "pharmacy override" was likely confusing wording for members.
**2017 Follow-up.** MFC revised language in its resolution letters to meet the District's 5$^{th}$ grade reading level requirement.

**2016 Opportunity for Improvement.** Results from the case management review revealed that only 36% of the sample had an OB Authorization and Initial Assessment Form in their file. This was due to destruction of the form after relevant information was obtained from it.
**2017 Follow-up.** A separate case management file review was not completed in 2017 as a comprehensive OSR was conducted instead. However, MFC revised its procedures to scan and maintain the OB Authorization and Initial Assessment Forms in member files.

## THP

**2016 Opportunity for Improvement.** The overall compliance rate for member access to appointments within DHCF-required timeframes was 52%.
**2017 Follow-up.** THP's compliance improved by 24 percentage points to 76%.

**2016 Opportunity for Improvement.** Documentation of and follow-up on the member complaint/grievance was sparse in the sample of files reviewed. Only 5 of 26 records showed evidence

of a written acknowledgement of the grievance (19%). In addition, only 38% provided evidence of compliance with a written resolution within 30 days.
**2017 Follow-up.** THP demonstrated significant improvement with this opportunity. The MCO's compliance with written acknowledgement of grievance receipt improved by 78 percentage points to 97%. Compliance with written resolution timeframes increased to 100%--an improvement of 62 percentage points.

**2016 Opportunity for Improvement.** Eleven (11) of the 26 grievance files reviewed demonstrated evidence of unreasonable resolution (42%). For example, 5 demonstrated lack of a reasonable resolution such as asking a member to contact the provider regarding a billing issue.
**2017 Follow-up.** THP addressed this opportunity as 100% of grievance resolutions were reasonable. This was an improvement of 58 percentage points.

**2016 Opportunity for Improvement.** THP's inability to provide 30 high risk pregnancy case management files presents an opportunity for improvement. Only 3 files were available for review. It appears that the current procedure is not adequately capturing all members with high risk pregnancies and/or members are not being case managed.
**2017 Follow-up.** THP revised policies and procedures with standard operating procedures to reflect how criteria are applied across its case management programs to more accurately capture high risk pregnant members. The MCO provided follow-up reporting to demonstrate improvements in reporting.

**2016 Opportunity for Improvement.** Postpartum care was identified as an opportunity for improvement based on the 2015 OSR case management file review. This continued to be an opportunity for THP in 2016; only 33% of the small sample of high risk pregnancies received postpartum care within the HEDIS®-required timeframe.
**2017 Follow-up.** A separate case management file review was not completed in 2017 as a comprehensive OSR was conducted instead. However, upon review of the MCO's HEDIS® Postpartum Care performance measure, a higher rate was demonstrated: 44.13%.

**2016 Opportunity for Improvement.** Per THP staff, IMPACT DC does not routinely submit assessments completed as part of the pediatric asthma intervention. During the case management file review, only 20% of the selected files had an asthma action plan, 10% showed evidence of a care plan, and 30% had an asthma assessment and evidence of medication education and monitoring.
**2017 Follow-up.** THP revised procedures to track receipt of IMACT DC assessments. The assessments are now saved into the MCO's care management program.

## DHCF

**2016 Opportunity for Improvement.** The MCOs and DHCF are encouraged to collaborate and work to identify additional sources for data for the collaborative measures, particularly for HIV testing. HIV testing may be part of a standardized prenatal laboratory screening panel completed in the first trimester of pregnancy. However, administrative data for HIV testing appears to be lacking for all MCOs. The performance measure specifications allow for medical record reviews. MCOs may want to take advantage of this opportunity to identify HIV testing for the pregnant members.
**2017 Follow-up.** The MCOs and DHCF discussed barriers related to identifying HIV testing for members and potential data sources. MCOs shared strategies during a Perinatal Quality Improvement Collaborative meeting. The MCOs have demonstrated improvement in the No Maternal HIV Testing

performance measure over time. Results for the measure: 64.63% (MY 2014), 41.29% (MY 2015), and 16.05% (MY 2016).

**2016 Opportunity for Improvement.** Given the relatively low appointment access compliance rates across each of the MCOs, DHCF should replicate the Timely Appointment Availability Study as part of a focused study. Comparisons can be made with the 2016 baseline data to determine if improvements have been made. DHCF and the MCOs have performed similar studies in the past. DHCF is encouraged to continue to focus efforts on monitoring performance and requiring the MCOs to develop action plans when performance is not meeting contractual requirements.
**2017 Follow-up.** Qlarant completed a Timely Appointment Availability Study as part of the NAV task in 2017. MCO performance varied, but overall the MCOs demonstrated improvement in compliance with timely access requirements.

**2016 Opportunity for Improvement.** Based on case management review findings and HEDIS® performance measure results, DHCF should continue to include Timeliness of Prenatal Care and Postpartum Care measures to the Improving Perinatal and Birth Outcomes Collaborative PIP analysis. The District weighted averages for both measures fail to meet national Medicaid averages. Significant improvement is required by the MCOs to meet the District's goal of the Quality Compass Medicaid HMO 75th percentile.
**2017 Follow-up.** DHCF required the MCOs to continue to report on the Timeliness of Prenatal Care and Postpartum Care performance measures. Based on a trend analysis, improvements in performance have been recognized.

**2016 Opportunity for Improvement.** As a component of the Perinatal Quality Improvement Collaborative, DHCF should consider working with the MCOs to address common barriers to OB appointment access, which may be a contributing factor to low prenatal and postpartum care rates. Consider devoting one of the Perinatal Collaborative meetings to this topic. MCOs can present barriers to care and discuss interventions.
**2017 Follow-up.** DHCF required the MCOs to discuss barriers and successes in a Perinatal Quality Improvement Collaborative meeting. MCOs share information and lessons learned as they work to improve performance.

**2016 Opportunity for Improvement.** DHCF should request the MCOs present successful strategies that improve timely completion and receipt of the OB Authorization and Initial Assessment Form. This form is key to identifying pregnant members early and has the potential to initiate the process for early intervention. This could be an agenda item during a Perinatal Collaborative meeting.
**2017 Follow-up.** MCOs shared successes and planned strategies. Some MCOs have moved to offering provider incentives for the receipt of timely and complete OB Authorization and Initial Assessment Forms.

# Recommendations

Based upon the summary of findings, it is evident that the MCOs have made considerable effort in improving member outcomes. Opportunities always exist for continued performance improvement. Qlarant recommends that all MCOs focus on improving performance for all PIP collaborative measures. MCOs should strive to meet or exceed the PIP collaborative goals established by DHCF. 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 75th percentile benchmark. Refer to Appendices A1 and A2 for MY 2016 results.

Based on 2017 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 2017 OSR Report for the following standards:
    - Information Requirements
    - MCO Standards
    - Grievance and Appeal System
- Continue network adequacy strategies to improve:
    - Timely access to next available appointments
    - Accuracy of provider directory information

## AGP Recommendations

AGP should:

- Fully implement the MCO's quality program and ensure structures are in place to measure, monitor, and report compliance and performance
- Implement PIPs by conducting a thorough barrier analysis for each topic and begin developing strategies to address barriers
- 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
- Develop network adequacy strategies to improve:
    - Timely access to next available appointments
    - Accuracy of provider directory information

## HSCSN Recommendations

HSCSN should:

- 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
- Report accurate and validated PIP results and analyses
- 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
- Continue with network adequacy strategies to improve:
  - Timely access to next available appointments
  - Accuracy of provider directory information

## THP Recommendations

THP should:

- Develop an internal plan of action to improve its process for quality checks for source code and performance measure rate reviews
- Reduce errors in PIP report analyses
- 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
- Continue with network adequacy strategies to improve:
  - Timely access to next available appointments
  - Accuracy of provider directory information

## 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.
- Continue to work collaboratively with Qlarant to develop a Consumer Report Card.
- 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.

- Take time in one Pediatric Asthma Quality Improvement Collaborative meeting to concentrate on barriers related to medication management. Performance in the related measures has declined each year.
- 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.
- 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$^{th}$ 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.

# Appendix A1

## HEDIS® 2017 – Measurement Year (MY 2016)

The HEDIS® performance measure tables include MY 2016 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 % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | 36.50 | NA | 30.61 | 38.55 | 37.01 | ♦ |
| Adult BMI Assessment | 85.42 | 69.25 | 95.00 | 78.01 | 86.56 | ♦♦ |
| Annual Monitoring for Patients on Persistent Medications - ACE or ARB | 86.17 | NA | 85.94 | 85.19 | 85.98 | ♦ |
| Annual Monitoring for Patients on Persistent Medications - Digoxin | NA | NA | NA | NA | 38.09 | ♦ |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Annual Monitoring for Patients on Persistent Medications - Diuretics | 84.39 | NA | 84.95 | 81.45 | 84.15 | ♦ |
| Annual Monitoring for Patients on Persistent Medications - Total | 85.23 | NA | 85.38 | 83.39 | 85.03 | ♦ |
| Antidepressant Medication Management Effective Acute Phase Treatment | 47.19 | 17.14 | 37.31 | 53.89 | 45.47 | ♦ |
| Antidepressant Medication Management Effective Continuation Phase Treatment | 36.55 | 8.57 | 25.60 | 37.07 | 33.63 | ♦ |
| Appropriate Testing for Children With Pharyngitis | 87.02 | 80.00 | 87.50 | 47.27 | 82.61 | ♦♦ |
| Appropriate Treatment for Children With Upper Respiratory Infection | 97.38 | 97.79 | 98.01 | 97.71 | 97.58 | ♦♦♦ |
| Asthma Medication Ratio (5-11) | 62.34 | 56.25 | 75.00 | 66.38 | 63.73 | ♦ |
| Asthma Medication Ratio (12-18) | 53.55 | 67.01 | 66.28 | NA | 57.88 | ♦ |
| Asthma Medication Ratio (19-50) | 56.66 | 60.00 | 47.22 | 60.77 | 55.47 | ♦♦ |
| Asthma Medication Ratio (51-64) | 62.71 | NA | 42.94 | 68.12 | 57.30 | ♦♦ |
| Asthma Medication Ratio (Total) | 59.09 | 60.98 | 55.13 | 63.45 | 58.99 | ♦ |
| Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis | 37.55 | NA | 44.09 | 37.95 | 39.80 | ♦♦♦ |
| Breast Cancer Screening | 65.21 | NA | 56.47 | 54.15 | 60.97 | ♦♦ |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | NA | NA | NA | NA | 75.00 | ♦ |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Cervical Cancer Screening | 67.83 | 63.51 | 65.33 | 48.59 | 63.92 | ♦♦ |
| Childhood Immunization Status - Combo 2 | 77.55 | 76.62 | 78.83 | 44.91 | 73.47 | ♦♦ |
| Childhood Immunization Status - Combo 3 | 73.84 | 72.73 | 74.94 | 42.36 | 69.86 | ♦♦ |
| Childhood Immunization Status - Combo 4 | 72.69 | 71.43 | 73.48 | 42.13 | 68.74 | ♦♦ |
| Childhood Immunization Status - Combo 5 | 62.50 | 63.64 | 61.07 | 36.34 | 58.57 | ♦♦ |
| Childhood Immunization Status - Combo 6 | 39.58 | 41.56 | 44.04 | 25.23 | 38.97 | ♦♦ |
| Childhood Immunization Status - Combo 7 | 61.57 | 62.34 | 60.34 | 36.11 | 57.78 | ♦♦ |
| Childhood Immunization Status - Combo 8 | 39.12 | 40.26 | 43.55 | 25.00 | 38.51 | ♦♦ |
| Childhood Immunization Status - Combo 9 | 36.57 | 37.66 | 37.47 | 22.45 | 34.94 | ♦♦ |
| Childhood Immunization Status - Combo 10 | 36.11 | 36.36 | 37.47 | 22.22 | 34.62 | ♦♦ |
| Childhood Immunization Status - DTaP | 81.48 | 79.22 | 80.54 | 52.31 | 77.19 | ♦♦ |
| Childhood Immunization Status - Hepatitis A | 87.96 | 87.01 | 86.37 | 72.45 | 85.37 | ♦♦ |
| Childhood Immunization Status - Hepatitis B | 87.50 | 90.91 | 90.27 | 58.56 | 84.46 | ♦ |
| Childhood Immunization Status - HiB | 88.89 | 94.81 | 89.78 | 66.20 | 86.22 | ♦ |
| Childhood Immunization Status - Influenza | 45.37 | 53.25 | 47.45 | 33.56 | 44.57 | ♦ |
| Childhood Immunization Status - IPV | 88.89 | 93.51 | 90.75 | 64.35 | 86.22 | ♦ |
| Childhood Immunization Status - MMR | 89.58 | 90.91 | 88.08 | 68.29 | 86.29 | ♦ |
| Childhood Immunization Status - Pneumococcal Conjugate | 79.86 | 75.32 | 78.10 | 49.54 | 75.12 | ♦ |
| Childhood Immunization Status - Rotavirus | 69.91 | 71.43 | 68.86 | 49.31 | 66.85 | ♦ |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Childhood Immunization Status - VZV | 90.28 | 90.91 | 87.10 | 67.13 | 86.24 | ♦ |
| Chlamydia Screening in Women (Lower Age Stratification) | 81.74 | 79.28 | 78.31 | 69.45 | 79.89 | ♦ ♦ ♦ |
| Chlamydia Screening in Women (Upper Age Stratification) | 79.44 | 81.27 | 76.93 | 73.70 | 78.16 | ♦ ♦ ♦ |
| Chlamydia Screening in Women - Total | 80.59 | 80.21 | 77.47 | 72.22 | 78.96 | ♦ ♦ ♦ |
| Comprehensive Diabetes Care - Blood Pressure Control (<140/90) | 50.75 | 67.74 | 59.49 | 50.17 | 53.40 | ♦ |
| Comprehensive Diabetes Care - Eye Exams | 52.07 | 54.84 | 47.63 | 29.73 | 47.38 | ♦ |
| Comprehensive Diabetes Care - HbA1c Control (<7% for a selected population) | 34.47 | NA | 37.13 | 28.57 | 34.46 | ♦ |
| Comprehensive Diabetes Care - HbA1c Control (<8%) | 48.59 | 9.68 | 53.10 | 42.03 | 48.83 | ♦ ♦ |
| Comprehensive Diabetes Care - HbA1c Testing | 86.24 | 87.10 | 84.12 | 80.23 | 84.70 | ♦ |
| Comprehensive Diabetes Care - Medical Attention for Nephropathy | 91.21 | 80.65 | 87.04 | 81.89 | 88.50 | ♦ |
| Comprehensive Diabetes Care - Poor HbA1c Control (>9.0%) Lower is Better | 39.97 | 80.65 | 37.96 | 49.00 | 40.87 | ♦ ♦ |
| Controlling High Blood Pressure | 45.37 | 45.00 | 64.27 | 42.73 | 50.48 | ♦ |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | 47.50 | NA | NA | NA | 50.00 | ♦ |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication | 76.21 | 67.21 | 78.92 | 58.51 | 72.99 | ♦ |
| Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis | 79.73 | NA | 75.76 | NA | 77.78 | ♦♦ |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (13-17) - 7 days | NB | NA | BR | NB | NA | – |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (18+) - 7 days | NB | 12.82 | BR | NB | 12.82 | – |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (Total) - 7 days | NB | 12.20 | BR | NB | 12.20 | – |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (13-17) - 30 days | NB | NA | BR | NB | NA | – |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (18+) - 30 days | NB | 15.38 | BR | NB | 15.38 | – |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (Total) - 30 days | NB | 14.63 | BR | NB | 14.63 | – |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Follow-Up After Emergency Department Visit for Mental Illness - 7 days | 16.48 | 32.56 | BR | 17.39 | 21.79 | – |
| Follow-Up After Emergency Department Visit for Mental Illness - 30 days | 29.67 | 55.23 | BR | 28.26 | 37.62 | – |
| Follow-Up After Hospitalization For Mental Illness - 7 days | 49.91 | 28.10 | 2.98 | 67.51 | 36.76 | ♦ |
| Follow-Up After Hospitalization For Mental Illness - 30 days | 62.43 | 49.59 | 6.50 | 74.11 | 46.57 | ♦ |
| Follow-Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase | 60.42 | NA | NA | NA | 56.98 | ♦♦ |
| Follow-Up Care for Children Prescribed ADHD Medication - Initiation | 45.07 | 41.46 | 22.33 | 42.11 | 41.02 | ♦ |
| Immunizations for Adolescents - Combination 1 (meningococcal, Tdap) | 78.70 | 86.79 | 83.21 | 55.76 | 78.19 | ♦♦ |
| Immunization For Adolescents – Combination 2 (meningococcal, Tdap, HPV) | 39.35 | 30.19 | 32.12 | 16.59 | 35.33 | ♦♦♦ |
| Immunization For Adolescents- HPV (male and female adolescents) | 46.30 | 34.91 | 34.06 | 21.20 | 41.01 | ♦♦♦ |
| Immunizations for Adolescents - Meningococcal | 85.19 | 91.98 | 88.08 | 61.75 | 84.24 | ♦♦ |
| Immunizations for Adolescents - Tdap/Td | 83.10 | 91.51 | 85.89 | 61.29 | 82.41 | ♦ |
| Lead Screening in Children | 87.73 | 83.13 | 83.33 | 61.57 | 82.79 | ♦♦♦ |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Medication Management for People With Asthma: Medication Compliance 50% (5-11) | 55.64 | 57.55 | 42.45 | 59.62 | 54.55 | – |
| Medication Management for People With Asthma: Medication Compliance 50% (12-18) | 54.09 | 54.44 | 49.33 | NA | 52.57 | – |
| Medication Management for People With Asthma: Medication Compliance 50% (19-50) | 58.71 | 42.50 | 52.34 | 72.55 | 58.81 | – |
| Medication Management for People With Asthma: Medication Compliance 50% (51-64) | 72.44 | NA | 71.32 | 83.33 | 73.59 | – |
| Medication Management for People With Asthma: Medication Compliance 50% (Total) | 58.53 | 53.81 | 53.86 | 67.94 | 58.36 | – |
| Medication Management for People With Asthma: Medication Compliance 75% (5-11) | 30.35 | 24.53 | 15.83 | 31.73 | 28.13 | ♦ |
| Medication Management for People With Asthma: Medication Compliance 75% (12-18) | 29.87 | 27.78 | 16.00 | NA | 26.88 | ♦ |
| Medication Management for People With Asthma: Medication Compliance 75% (19-50) | 39.03 | 27.50 | 30.84 | 41.83 | 37.29 | ♦ |
| Medication Management for People With Asthma: Medication Compliance 75% (51-64) | 51.18 | NA | 37.98 | 56.67 | 48.08 | ♦ |
| Medication Management for People With Asthma: Medication Compliance 75% (Total) | 35.71 | 26.27 | 26.75 | 39.71 | 33.82 | ♦ |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (1-5) | NA | NA | NA | NA | NA | – |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (6-11) | 32.73 | 34.92 | NA | NA | 31.11 | ♦♦ |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (12-17) | 38.37 | 38.69 | NA | NA | 37.80 | ♦♦ |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (Total) | 36.17 | 37.50 | NA | NA | 35.38 | ♦♦ |
| Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) Lower Rate is Better | 6.84 | 0.72 | 0.92 | 1.10 | 4.69 | ♦ |
| Persistence of Beta-Blocker Treatment after a Heart Attack | 70.21 | NA | 63.33 | NA | 67.41 | ♦ |
| Pharmacotherapy Management of COPD Exacerbation - Bronchodilator | 86.06 | NA | 73.22 | 71.05 | 77.27 | ♦ |
| Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid | 71.52 | NA | 51.37 | 59.65 | 60.61 | ♦ |
| Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (21-75 years Male) | 84.27 | NA | 81.90 | 80.00 | 82.40 | ♦♦♦ |
| Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (40-75 years Female) | 75.56 | NA | 75.93 | NA | 76.16 | ♦♦ |
| Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (Total) | 79.89 | NA | 80.00 | 80.77 | 80.05 | ♦♦♦ |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence (21-75 years Male) | 69.33 | NA | 44.21 | 63.89 | 56.79 | ♦ |
| Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence (40-75 years Female) | 66.18 | NA | 29.27 | NA | 52.18 | ♦ |
| Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence (Total) | 67.83 | NA | 39.71 | 61.90 | 55.14 | ♦ |
| Statin Therapy for Patients With Diabetes - Received Statin Therapy | 63.95 | NA | 62.44 | 63.82 | 63.49 | ♦♦ |
| Statin Therapy for Patients With Diabetes - Statin Adherence | 62.01 | NA | 40.18 | 51.72 | 54.24 | ♦ |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1-5) | NA | NA | NA | NA | NA | _ |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (6-11) | 33.90 | NA | NA | NA | 38.84 | ♦ |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12-17) | 36.11 | 43.24 | NA | NA | 35.16 | ♦ |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total) | 34.59 | 47.47 | 14.29 | NA | 35.62 | ♦ |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Use of Imaging Studies for Low Back Pain | 83.33 | 78.87 | 73.97 | 82.35 | 80.27 | ♦ ♦ ♦ |
| Use of Multiple Concurrent Antipsychotics in Children and Adolescents (1-5) Lower is Better | NA | NA | NA | NA | NA | _ |
| Use of Multiple Concurrent Antipsychotics in Children and Adolescents (6-11) Lower is Better | NA | NA | NA | NA | NA | _ |
| Use of Multiple Concurrent Antipsychotics in Children and Adolescents (12-17) Lower is Better | NA | 2.15 | NA | NA | 1.87 | ♦♦ |
| Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Total) Lower is Better | NA | 1.41 | NA | NA | 1.21 | ♦♦ |
| Use of Spirometry Testing in the Assessment and Diagnosis of COPD | 29.20 | NA | 26.47 | 15.25 | 26.36 | ♦ |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (3-11 years) | 81.85 | 78.23 | 88.14 | 62.86 | 80.29 | ♦♦ |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (12-17 years) | 77.14 | 79.14 | 88.89 | 64.96 | 78.24 | ♦♦ |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile | 80.32 | 78.59 | 88.36 | 63.43 | 79.64 | ♦♦ |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (3-11 years) | 67.81 | 77.82 | 80.51 | 52.06 | 68.53 | ♦♦ |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (12-17 years) | 70.71 | 79.75 | 87.88 | 50.43 | 72.72 | ♦♦♦ |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition | 68.75 | 78.59 | 82.69 | 51.62 | 69.84 | ♦♦ |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (3-11 years) | 58.56 | 70.16 | 76.69 | 47.30 | 60.83 | ♦♦ |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (12-17 years) | 66.43 | 72.39 | 83.84 | 48.72 | 68.38 | ♦♦ |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity | 61.11 | 71.05 | 78.81 | 47.69 | 63.23 | ♦♦ |
| NA - Not Applicable (Small denominator < 30)<br>OR Not Reported (Plan Chose Not to Report)<br>NB - No Benefit<br>BR - Biased Rate | | | | | | |

## Access and Availability Domain

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Adults' Access to Preventive/Ambulatory Health Services (20-44) | 69.94 | 84.23 | 60.10 | 50.45 | 63.46 | ♦ |
| Adults' Access to Preventive/Ambulatory Health Services (45-64) | 78.88 | NA | 70.15 | 63.80 | 73.30 | ♦ |
| Adults' Access to Preventive/Ambulatory Health Services (65+) | 70.77 | NA | 71.43 | NA | 70.97 | ♦ |
| Adults' Access to Preventive/Ambulatory Health Services (Total) | 73.05 | 84.23 | 63.84 | 54.79 | 66.87 | ♦ |
| Annual Dental Visit (2-3 Yrs) | 67.79 | 52.04 | 60.48 | 58.39 | 63.90 | ♦ ♦ ♦ |
| Annual Dental Visit (4-6 Yrs) | 83.15 | 64.89 | 75.41 | 78.66 | 80.30 | ♦ ♦ ♦ |
| Annual Dental Visit (7-10 Yrs) | 82.84 | 65.35 | 73.21 | 74.58 | 79.12 | ♦ ♦ ♦ |
| Annual Dental Visit (11-14 Yrs) | 78.95 | 65.58 | 70.48 | 70.00 | 75.56 | ♦ ♦ ♦ |
| Annual Dental Visit (15-18 Yrs) | 70.70 | 63.86 | 61.61 | 60.10 | 67.42 | ♦ ♦ ♦ |
| Annual Dental Visit (19-21 Yrs) | 48.69 | 50.72 | 45.60 | 43.68 | 47.75 | ♦ ♦ ♦ |
| Annual Dental Visit (Total) | 75.71 | 62.49 | 66.43 | 68.39 | 72.20 | ♦ ♦ ♦ |
| Children and Adolescents' Access To PCP (12-24 Months) | 93.79 | 93.26 | 91.99 | 90.20 | 92.70 | ♦ |
| Children and Adolescents' Access To PCP (25 Months-6 Yrs) | 88.45 | 92.72 | 85.48 | 84.81 | 87.47 | ♦ ♦ |
| Children and Adolescents' Access To PCP (7-11 Yrs) | 95.17 | 97.72 | 91.39 | 90.65 | 94.31 | ♦ ♦ ♦ |
| Children and Adolescents' Access To PCP (12-19 Yrs) | 93.89 | 95.56 | 88.77 | 89.17 | 92.89 | ♦ ♦ ♦ |

| HEDIS® Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement (13-17 Yrs) | NA | NA | NA | NA | NA | – |
| Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement (18+ Yrs) | NA | 3.23 | NA | NA | 3.23 | ♦ |
| Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement Total | NA | 2.82 | NA | NA | 2.82 | ♦ |
| Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation (13-17 Yrs) | NA | NA | NA | NA | 22.22 | ♦ |
| Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation (18+ Yrs) | NA | 12.90 | NA | NA | 12.90 | ♦ |
| Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation Total | NA | 14.08 | NA | NA | 14.08 | ♦ |
| Prenatal and Postpartum Care - Timeliness of Prenatal Care | 79.95 | 72.37 | 80.78 | 68.78 | 78.33 | ♦ |
| Prenatal and Postpartum Care - Postpartum Care | 56.37 | 46.05 | 56.93 | 44.13 | 54.44 | ♦ |
| NA - Not Applicable (Small denominator < 30) OR Not Reported (Plan Chose Not to Report) | | | | | | |

## Utilization Domain

| HEDIS© Performance Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Adolescent Well-Care Visits | 65.97 | 74.01 | 58.78 | 52.20 | 64.06 | ♦ ♦ ♦ |
| Frequency of Ongoing Prenatal Care (<21%) | 4.72 | 1.32 | 5.11 | 9.86 | 5.53 | ♦ |
| Frequency of Ongoing Prenatal Care (21-40%) | 7.55 | 15.79 | 6.57 | 11.97 | 8.12 | ♦ ♦ |
| Frequency of Ongoing Prenatal Care (41-60%) | 16.75 | 22.37 | 11.19 | 19.25 | 15.55 | ♦ ♦ ♦ |
| Frequency of Ongoing Prenatal Care (61-80%) | 28.77 | 30.26 | 19.46 | 22.30 | 24.96 | ♦ ♦ ♦ |
| Frequency of Ongoing Prenatal Care (>= 81%) | 42.22 | 30.26 | 57.66 | 36.62 | 45.84 | ♦ |
| Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life | 80.09 | 86.67 | 75.74 | 74.31 | 78.70 | ♦ ♦ ♦ |
| Well-Child Visits in the first 15 Months of Life (0 visits) | 3.24 | NA | 2.23 | 5.05 | 3.15 | ♦ ♦ |
| Well-Child Visits in the first 15 Months of Life (1 visit) | 2.55 | NA | 1.74 | 2.27 | 2.23 | ♦ ♦ |
| Well-Child Visits in the first 15 Months of Life (2 visits) | 3.94 | NA | 3.72 | 3.28 | 3.71 | ♦ ♦ |
| Well-Child Visits in the first 15 Months of Life (3 visits) | 3.94 | 7.69 | 4.96 | 7.07 | 4.76 | ♦ |
| Well-Child Visits in the first 15 Months of Life (4 visits) | 10.42 | 5.77 | 7.69 | 12.12 | 9.79 | ♦ ♦ |
| Well-Child Visits in the first 15 Months of Life (5 visits) | 17.13 | 21.15 | 14.64 | 17.93 | 16.60 | ♦ ♦ |
| Well-Child Visits in the first 15 Months of Life (6 or more visits) | 58.80 | 65.38 | 65.01 | 52.27 | 59.78 | ♦ |
| NA - Not Applicable (Small denominator < 30) OR Not Reported (Plan Chose Not to Report) | | | | | | |

# Appendix A2

# CAHPS® 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 Diamond Rating |
|---|---|
| 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. | ♦♦♦ |

## Adult CAHPS® Measures

| Adult CAHPS® Survey Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Customer Service Composite | 86.9% | 90.8% | 83.7% | 80.5% | 85.5% | ♦ |
| Getting Needed Care Composite | 81.1% | 86.6% | 78.6% | 71.6% | 79.5% | ♦ |
| Getting Care Quickly Composite | 76.7% | 78.5% | 77.7% | 76.1% | 77.2% | ♦ |
| How Well Doctors Communicate Composite | 93.5% | 92.5% | 94.4% | 90.6% | 92.7% | ♦♦ |
| Shared Decision Making Composite | 79.9% | 81.6% | 82.0% | NA | 81.2% | ♦♦ |
| Health Promotion and Education Composite | 75.8% | 77.6% | 80.6% | 74.5% | 77.1% | ♦♦♦ |
| Coordination of Care Composite | 86.0% | 82.2% | 83.2% | NA | 83.8% | ♦♦ |

| Adult CAHPS® Survey Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Rating of Health Plan (8+9+10) | 82.6% | 77.5% | 75.7% | 72.3% | 77.0% | ♦♦ |
| Rating of All Health Care (8+9+10) | 79.1% | 80.5% | 76.2% | 73.5% | 77.3% | ♦♦♦ |
| Rating of Personal Doctor (8+9+10) | 87.6% | 89.8% | 83.0% | 82.6% | 85.7% | ♦♦♦ |
| Rating of Specialist Seen Most often (8+9+10) | 85.0% | 72.1% | 77.4% | 79.0% | 78.4% | ♦ |
| Medical Assistance with Smoking and Tobacco Use Cessation Advising Smokers To Quit | 85.0% | 77.8% | 78.9% | NA | 80.6% | ♦♦♦ |
| Medical Assistance with Smoking and Tobacco Use Cessation Discussing Cessation Medications | 58.8% | 51.1% | 59.3% | NA | 56.4% | ♦♦♦ |
| Medical Assistance with Smoking and Tobacco Use Cessation Discussing Cessation Strategies | 60.4% | 48.9% | 50.6% | NA | 53.3% | ♦♦♦ |
| Aspirin Use and Discussion-Take daily aspirin every other day | 30.1% | 7.4% | 19.6% | 13.2% | 17.6% | ^ |
| Aspirin Use and Discussion-Discussed risks and benefits of using aspirin | 45.2% | 25.0% | 34.3% | 34.1% | 34.6% | ^ |
| Flu measure- Had flu shot or spray in the nose since July 1, 2016 | 40.4% | 44.3% | 35.4% | 31.2% | 37.8% | ♦ |
| Benchmark Source: NCQA Quality Compass National Medicaid HMO<br>NA - Responses <100<br>NR - MCO did not report the rate or the rate was biased<br>^ - National benchmark not available | | | | | | |

## Child CAHPS® Measures

| Child CAHPS® Survey Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Child Survey - General Population: Customer Service Composite | 90.8% | 87.8% | 86.4% | 81.3% | 86.6% | ♦ |
| Child Survey - General Population: Getting Needed Care Composite | 79.5% | 80.3% | 73.5% | 69.0% | 75.6% | ♦ |
| Child Survey - General Population: Getting Care Quickly Composite | 86.1% | 89.7% | 86.6% | 78.9% | 85.3% | ♦ |
| Child Survey - General Population: How Well Doctors Communicate Composite | 93.1% | 92.1% | 93.8% | 93.0% | 93.0% | ♦ |
| Child Survey- General Population: Shared Decision Making | 77.9% | 83.9% | 74.6% | NA | 78.8% | ♦♦ |
| Health Promotion and Education Composite | 73.6% | 80.4% | 72.2% | 69.3% | 73.9% | ♦♦ |
| Coordination of Care Composite | 80.0% | 83.8% | 79.9% | 85.0% | 82.2% | ♦ |
| Child Survey - General Population: Rating of Health Plan (8+9+10) | 88.6% | 80.1% | 87.9% | 83.9% | 85.1% | ♦ |
| Child Survey - General Population: Rating of All Health Care (8+9+10) | 89.2% | 82.9% | 89.4% | 85.9% | 86.9% | ♦♦ |
| Child Survey - General Population: Rating of Personal Doctor (8+9+10) | 91.6% | 87.2% | 91.9% | 92.6% | 90.8% | ♦♦♦ |
| Child Survey - General Population: Rating of Specialist Seen Most often (8+9+10) | 86.1% | 85.7% | 86.4% | NA | 86.1% | ♦ |

Benchmark Source: NCQA Quality Compass National Medicaid HMO
NA - Responses <100
NR - MCO did not report the rate or the rate was biased
^ - National benchmark not available

## Child CAHPS® Measures – Supplemental Dental Questions

| Child CAHPS® Survey Measures | ACDC % | HSCSN % | MFC % | THP % | MCO Average % | Comparison to Benchmarks |
|---|---|---|---|---|---|---|
| Dental: Child has a regular dentist | 89.1% | 94.5% | 83.9% | 75.3% | 85.7% | ^ |
| Dental: Child has seen regular dentist for a check-up or routine care in the last 6 months | 89.1% | 88.7% | 83.4% | 66.4% | 81.9% | ^ |
| Dental: How often child received dental appointments with regular dentist as soon as you wanted | 84.8% | 90.3% | 82.4% | 81.6% | 84.8% | ^ |
| 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 | 35.3% | 64.7% | 37.4% | 42.5% | 45.0% | ^ |
| ^ - National benchmark not available | | | | | | |

# Appendix A3

# EPSDT Performance Measure Validation

# FY 2017 MCO Aggregate Report

## Background and Purpose

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive healthcare services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that 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 that 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 that described in 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. The accuracy and reliability of the reported rates is essential to ascertaining whether the MCOs' quality improvement efforts have resulted in improved health outcomes. Further, the validation process allows DHCF to have confidence in MCO performance measure results and allows for accurate MCO comparisons.

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, 2016 through September 30, 2017 for Fiscal Year 2017 (FY 2017).

# Methodology

The purpose of conducting the PMV activity is to evaluate the accuracy and reliability of the performance 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 in determining whether each 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 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) 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)
- 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. The performance measure results are calculated using administrative data (claims, HEDIS® supplemental files, and DHCF bump reports including lead and Well-Child Visit claim reports) and supplemental medical record collection. The performance measures reflect the number of children who are provided preventive

health services and other EPSDT screenings according to the DC Medicaid HealthCheck Periodicity Schedule. The EPSDT/CMS 416 performance measures for FY 2017 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 who are 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 |
|---|---|
| **High Confidence** in MCO reported results | 90% - 100% |
| **Confidence** in MCO reported results | 80% - 89% |
| **Low Confidence** in MCO reported results | 75% - 79% |
| MCO reported results are **Not Credible** | ≤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.

It should be noted that AGP was exempt from reporting EPSDT measures for FY 2017 and its audit was limited to Data Integration and Control and applicable elements for Data and Processes Used to produce performance measures.[1]

## 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.

[1] AGP's contract to serve the DC Medicaid managed care enrollees was effective October 1, 2017.

- 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.

Three of the MCOs met all the requirements for Data and Processes Used to Produce Performance Measures. AGP met all standards that were applicable.

## 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.

The three reporting MCOs met the requirements for the Measure Validation Findings.

## Medical Record Over-Read Results

Qlarant nurse reviewers conducted a medical record audit, or over-read of 30 randomly selected medical records to confirm evidence of preventive health services occurring between October 1, 2016 through September 30, 2017. 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 Exam
- Health Education/Anticipatory Guidance
- Physical Development Surveillance and/or Screening
- Mental Development Surveillance and/or Screening

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% or 27 out of 30 records. 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 the three 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 | 27 | 90% | 92% |
| HSCSN | 30 | 26 | 87% | |
| THP | 30 | 30 | 100% | |

THP and the Qlarant nurse reviewers agreement rate was 100%. ACDC had 3 records that failed, but passed with an agreement rate of 90%. HSCSN had 4 records that failed and had an agreement rate of 87%, below the pass rate. HSCSN was required to remove the failed records from its numerator data. As a result of HSCSN not passing the medical record over-read activity, auditors conducted an additional analysis to determine the potential impact on the final EPSDT performance measure rates. The assessment, completed per EQR PMV protocol requirements, indicated minimal impact—less than 1%. The over-read results did not bias the final rates.

## EPSDT/Form CMS-416 Reporting Designations

MCO EPSDT/Form CMS-416 validation findings are summarized in Table 3. The Documentation, Denominator, and Numerator components each received a numeric score based upon findings. An overall audit score was then applied which provides DHCF with a level of confidence in reported results. 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

**Table 3. FY 2017 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% | NA | 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% | NA | 90% | 100% |
| Overall Audit Score | The overall audit score is weighted by the results for documentation, denominator, and numerator validation components. | 100% | 100% | 97% | 100% |

| 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 | NA | R | R |

NA – Due to AGP's contract effective date (October 1, 2017), the MCO was exempt from reporting EPSDT measures for FY 2017 and its audit was limited to Data Integration and Control and applicable elements for Data and Processes Used to produce performance measures.

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

**Table 4. FY 2017 MCO EPSDT/Form CMS-416 Performance Measure Results**

| Performance Measures | ACDC | HSCSN | THP |
|---|---|---|---|
| Total Individuals Eligible for EPSDT for 90 Continuous Days | 48,457 | 4,631 | 11,272 |
| Average Period of Eligibility | 0.92 | 0.94 | 0.8 |
| Expected Number of Screenings | 58,284 | 5,046 | 12,356 |
| Total Screens Received | 48,385 | 6,301 | 15,884 |
| Screening Ratio | 0.83 | 1 | 1 |
| Total Eligibles Who Should Receive at Least One Initial or Periodic Screen | 45,812 | 4,411 | 9,577 |
| Total Eligibles Receiving at Least One Initial or Periodic Screen | 34,604 | 3,660 | 7,902 |
| Participant Ratio | 0.76 | 0.83 | 0.83 |
| Total Eligibles Referred for Corrective Treatment | 14,026 | 3,480 | 1,733 |
| Total Eligibles Receiving Any Dental Service From a Dentist | 32,026 | 3,172 | 6,355 |
| Total Eligibles Receiving Preventive Dental Service From a Dentist | 29,949 | 2,992 | 5,880 |
| Total Eligibles Who Received Dental Treatment Services From a Dentist | 12,485 | 1,157 | 2,053 |

| Performance Measures | ACDC | HSCSN | THP |
|---|---|---|---|
| Total Eligibles Receiving a Sealant on a Permanent Molar Tooth | 6,565 | 333 | 885 |
| Total Eligibles Receiving Diagnostic Dental Services | 31,177 | 3,176 | 5,972 |
| Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider | 2,538 | 217 | 905 |
| Total Eligibles Receiving Any Dental or Oral Health Service | 33,167 | 3,333 | 6,355 |
| Total Number of Screening Blood Lead Tests | 5,113 | 313 | 1,365 |

Table 5 includes the MCOs' FY 2017 EPSDT/Form CMS-416 results.

**Table 5 FY 2017 MCO EPSDT/Form CMS-416 Performance Measure Ratios**

| Performance Measures | ACDC | HSCSN | THP |
|---|---|---|---|
| Screening Ratio | 0.83 | 1.00 | 1.00 |
| Participant Ratio | 0.76 | 0.83 | 0.83 |
| Preventive Dental Services Ratio | 0.65 | 0.68 | 0.61 |

- The Screening Ratios range from 0.83 (ACDC) to 1.00 (HSCSN and THP).
- The Participant Ratio ranged from 0.76 (ACDC) to 0.83 (HSCSN and THP).
- Preventive Dental Ratio ranged from 0.61 (THP) to 0.68 (HSCSN).

Table 6 compares the FY 2016 and FY 2017 EPSDT/Form CMS-416 DC MCO Averages.

**Table 6. FY 2017 and FY 2016 DC MCO Average EPSDT/Form CMS-416 Performance Measure Results**

| Performance Measures | FY 2016 DC MCO Average | FY 2017 DC MCO Average |
|---|---|---|
| Screening Ratio | 0.88 | 0.90* |
| Participant Ratio | 0.76 | 0.75* |
| Preventive Dental Services Ratio | 0.61 | 0.63* |

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

The FY 2017 DC MCO average ratios for Screening and Preventive Dental Screening improved over FY 2016 results. Each ratio increased by 0.02. The DC MCO average rate for the Participant Ratio decreased from 0.76 to 0.75 during the same time period.

# 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 2017. 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. AGP was exempt from reporting due to the timing of its contract start date. Qlarant nurse reviewers conducted medical record over-reads and study results provided a 92% average agreement rate. All MCOs reported an Overall Audit Score of 97% or higher; therefore, DHCF can have "high confidence" in the MCO reported results. Two of the FY 2017 DC MCO average ratios compared favorably to the FY 2016 average ratios.

## MCO Strengths

- The Overall Audit Score was 97% or higher for all four MCOs.
- All three reporting MCOs were able to report their rates.
- The MCOs accurately capture data from various sources.
- All MCOs work with DHCF to identify missing preventive visits and collect information needed from supplemental medical records.

## Opportunities for Improvement

- 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.

## Recommendations

- DHCF and the MCOs are encouraged to work together to develop a medical record collection training module to include examples of acceptable/not acceptable evidence of service.
- The MCOs are encouraged to formalize an inter-rater reliability (IRR) policy for EPSDT and conduct IRR on the supplemental medical records.