



Validation of Reporting Year 2014 Kentucky Medicaid Managed Care Performance Measures

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The Commonwealth of Kentucky
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BACKGROUND AND INTRODUCTION

A goal of the Medicaid program is to improve the health status of Medicaid recipients. Statewide health care outcomes, health indicators and goals have been designed by the Kentucky Department of Medicaid Services (DMS). Federal Medicaid Managed Care regulations, 438.24 (C)(1) and (C)(2) Performance Measurement, require that the Medicaid managed care organizations (MCOs) measure and report to the State its performance, using standard measures required by the State and/or submit to the State data that enables the State to measure the MCOs' performance. As a result, requirement of the Kentucky Medicaid MCO contract is the annual reporting of performance measures (PMs). These PMs, selected by DMS, include both the Healthcare Effectiveness Data and Information Set (HEDIS[®])¹ and State-specific PMs which are based upon the Healthy Kentuckians 2010 and Healthy Kentuckians 2020 goals and health care priorities identified by DMS. Together, the measures address the access to, timeliness of, and quality of care provided for children, adolescents and adults enrolled in Managed Care with a focus on preventive care, health screenings, prenatal care, as well as special populations (e.g., adults with hypertension, children with special health care needs (CSHCN)).

During calendar year (CY) 2013, under contract to the DMS, four (4) MCOs provided services to Medicaid recipients in Kentucky: CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky. The MCOs were accountable for all covered health services for their members, except long term care and waiver services. These services were carved out to Fee-for-Service (FFS) Medicaid. Kentucky Spirit Health Plan is not included in this report because it withdrew from the Kentucky Medicaid program in July 2013.

As required by Federal Medicaid external quality review (EQR) regulations and requirements, under contract with DMS as the external quality review organization (EQRO), IPRO was tasked with validating the reliability and validity of the MCOs' reported PM rates. The purpose of the validation was to:

- § Evaluate the accuracy of the Medicaid PMs reported by the MCOs; and
- § Determine the extent to which the Medicaid-specific PMs calculated by the MCOs followed the specifications established by DMS.

This report summarizes the validation activities and findings for the PM rates for the measurement year (MY) 2013 reported by the MCOs in 2014. In addition, IPRO has included recommendations for reporting year (RY) 2015 and future PM sets.

The required measures are listed in Table 1 and Table 2.

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

Table 1: Kentucky Medicaid Managed Care Performance Measures – RY 2014

HEDIS® Performance Measures
<p>HEDIS® <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>² The percentage of members 2–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, assessment/counseling for nutrition and assessment/counseling for physical activity during the measurement year.</p>
<p>HEDIS® <i>Adult BMI Assessment</i> The percentage of members 18–74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year.³</p>
<p>HEDIS® <i>Controlling High Blood Pressure</i> The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.</p>
<p>HEDIS® <i>Annual Dental Visit</i> The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.</p>
<p>HEDIS® <i>Lead Screening in Children</i> The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.</p>
<p>HEDIS® <i>Well-Child Visits in the First 15 Months of Life</i> The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.</p>
<p>HEDIS® <i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</i> The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.</p>
<p>HEDIS® <i>Adolescent Well-Care Visits</i> The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>
<p>HEDIS® <i>Children's and Adolescents' Access to Primary Care Practitioners</i> The percentage of members 12 months–19 years of age who had a visit with a primary care practitioner (PCP). The organization reports four separate numerators: § Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year. § Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.</p>

² See the related Kentucky-specific measure: Height and Weight Documented; Appropriate Weight for Height

³ See the related Kentucky-specific measures: Counseling for Nutrition and Physical Activity for Adults and Height and Weight Documented; Appropriate Weight for Height

Table 2: Kentucky-Specific Performance Measures – RY 2014

Kentucky-Specific Performance Measures ⁴
<p><i>Prenatal and Postpartum Risk Assessment and Education/Counseling</i></p> <p>The percentage of pregnant members who delivered between November 6 of the year prior to the measurement year and November 5 of the measurement year who had a prenatal/postpartum visit and received the following prenatal/postpartum services:</p> <ul style="list-style-type: none"> § Tobacco use screening, positive screening for tobacco use, intervention for positive tobacco use screening; § Alcohol use screening, positive screening for alcohol use, intervention for positive alcohol use screening; § Drug use screening, positive screening for drug use, intervention for positive drug use screening; § Assessment and/or education/counseling for OTC/prescription medication use; § Assessment and/or education/counseling for nutrition; § Screening for depression; and § Screening for domestic violence, each during the first two prenatal visits or the first two prenatal visits after enrollment in the MCO. § Screening for postpartum depression during the postpartum visit. <p>(Note these are reported as fourteen separate numerators)</p>
<p><i>Cholesterol Screening for Adults</i></p> <p>The percentage of male enrollees age > 35 years and female enrollees age > 45 years who had an outpatient office visit during the measurement year and appropriate LDL-C/cholesterol screening documented during the measurement year or the four years prior.</p>
<p><i>Height and Weight Documented; Appropriate Weight for Height for Adults</i></p> <p>The percentage of members 18–74 years of age who had an outpatient visit and who had their height and weight documented and appropriate weight for height during the measurement year or the year prior to the measurement year. (Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)</p>
<p><i>Counseling for Nutrition and Physical Activity for Adults</i></p> <p>The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for nutrition and physical activity. (Note these are reported as two separate numerators)</p>
<p><i>Height and Weight Documented and Appropriate Weight for Height for Children and Adolescents</i></p> <p>The percentage of members 2–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had height and weight documented and appropriate weight for height. (Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)</p>
<p><i>Adolescent Preventive Screening/Counseling</i></p> <p>The percentage of adolescents 12–17 years of age who had at least one well-care/preventive visit during the measurement year with a PCP or OB/GYN practitioner and received preventive screening/counseling for: tobacco use; alcohol/substance use; and sexual activity and screening/assessment for depression. (Note: these are reported as four separate numerators.)</p>
<p><i>Individuals with Special Health Care Needs' (ISHCNs) Access to Preventive Care</i></p> <p>The percentage of child and adolescent members, ages 12 months through 19 years, in the SSI and Foster categories of aid or who received services from the Commission for Children with Special Health Care Needs, who received the specified services as defined in the HEDIS® specifications.</p> <p><u>Access to Care:</u></p> <ul style="list-style-type: none"> § Children's and Adolescents' Access to Primary Care Practitioners <p><u>Preventive Care Visits:</u></p> <ul style="list-style-type: none"> § Well-Child Visits in the First 15 Months of Life § Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life § Adolescent Well-Care Visits § Annual Dental Visit (Ages 2–21)

⁴ Copies of the full specifications for each of the Kentucky-specific PMs are available by request.

METHODOLOGY

In the protocol, *Validating Performance Measures: A protocol for use in conducting Medicaid External Quality Review Activities* (updated 2012), the Centers for Medicare and Medicaid Services (CMS) specifies the activities to be undertaken by an EQRO for purposes of validating MCO-reported PMs. The activities defined in the protocol include assessment of:

- § The structure and integrity of the MCO's underlying information system (IS);
- § MCO ability to collect valid data from various internal and external sources;
- § Vendor (or subcontractor) data and processes, and the relationship of these data sources to those of the MCO;
- § MCO ability to integrate different types of information from varied data sources (e.g., member enrollment data, claims data, pharmacy data, vendor data) into a data repository or set of consolidated files for use in calculating PMs; and
- § Documentation of the MCO's processes to: collect appropriate and accurate data, manipulate the data through programmed queries, internally validate results of the operations performed on the data sets, follow specified procedures for calculating the specified PMs, and report the measures appropriately.

While the protocol provides methods of evaluation, tools and worksheets, and activities to be performed, it also specifies that other mechanisms and methods of assessment may be used, as long as they are consistent with the protocol objectives and outcomes.

Note that several of the PMs are adopted from HEDIS[®], including: *Adult BMI Assessment, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, Controlling High Blood Pressure, Annual Dental Visit, Lead Screening for Children, Well-Child Visits in the First 15 months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Adolescent Well-Care Visits, and Children's and Adolescents' Access to PCPs*. These measures were independently audited by the National Committee for Quality Assurance (NCQA)-licensed audit organizations as part of the MCOs' annual HEDIS[®] Compliance Audits^{™5}. Therefore, in accordance with the CMS EQRO provisions for non-duplication of activities, IPRO did not specifically address those measures in its validation process. Rather, the focus was on validating the State-specific measures.

⁵ HEDIS[®] Compliance Audit[™] is a registered trademark of the National Committee for Quality Assurance (NCQA).

VALIDATION ACTIVITIES

IPRO conducted validation activities consistent with the CMS protocols.

Data and Information Request

IPRO requested and received from the MCOs the following documentation related to PM calculation:

- § Data and field definitions;
- § Documentation of the steps taken to:
 - Integrate the data into the health outcome measure data set,
 - Query the data to identify denominators, generate samples, and apply the proper algorithms to the data in order to produce valid and reliable PMs, and
 - Conduct statistical testing of results;
- § Procedures used to determine the measure denominators from the HEDIS® denominator base, and how any additional criterion were applied (where applicable);
- § Documentation of the qualifications, training, and inter-rater reliability testing for medical record abstraction staff;
- § All data abstraction tools and associated materials;
- § Data entry and data verification processes;
- § List of members identified to have numerator positive findings (for sample selection for MRR and administrative validation);
- § HEDIS® Interactive Data Submission System (IDSS), Medicaid Product Line, 2014;
- § HEDIS® Compliance Audit™⁶ Final Audit Report, Medicaid Product Line, 2014;
- § Table of measures including measure/numerator name, denominator value, numerator value and rate (called "Attachment B").

IPRO reviewed the documentation and verified that prior recommendations were implemented and that other processes were methodologically sound.

Information Systems Capabilities Assessment

In accordance with standards for non-duplication of activities, CMS protocols specify that in lieu of conducting a full onsite IS assessment, the State/EQRO may review a recent assessment of the MCO's IS conducted by another party. IPRO continues to conduct encounter data validation activities annually as a part of the EQR compliance review and optional activities, including member-level data validation between MCO data and the encounter data warehouse. In addition, a full IS assessment is conducted annually as part of the MCOs' annual HEDIS® Compliance Audits. Therefore, the results of the MCOs' HEDIS® audits, as well as the ongoing encounter data validation activities, were used to provide information for this validation.

The MCOs' HEDIS® 2014 *Final Audit Report for the Medicaid Product Line* was reviewed to determine compliance with HEDIS® IS standards, including:

- § Sound coding methods for medical data: use of industry standard codes; capture of principal and secondary codes; and mapping of non-standard codes where applicable.

⁶ HEDIS® Compliance Audit is a trademark of NCQA, the National Committee for Quality Assurance.

- § Data capture, transfer and entry of medical and service data: use of standard claims submission forms; capture of fields relevant for reporting; effective and efficient data receipt and entry; electronic transmission procedures conform to industry standards; assessment of data completeness by the MCO and monitoring of vendors, where applicable.
- § Data capture, transfer, and entry of membership data: procedures for ensuring accurate, complete, and timely entry of membership data; effective, efficient, timely and accurate data entry; accurate transmission of electronic membership data; assessment of data completeness by the MCO; and monitoring of vendor performance, where applicable.
- § Data capture, transfer and entry of practitioner data: documentation of provider specialties; procedures for ensuring accurate, timely, and complete entry of practitioner data; accurate transmission of electronic practitioner data; assessment of data completeness by the MCO; and monitoring of vendor performance, where applicable.
- § Medical record review processes: forms capture fields relevant to HEDIS® reporting; abstraction from medical records is reliably and accurately performed; data entry processes are timely and accurate; sufficient edit checks are incorporated; and assessment of data completeness by the MCO.
- § Supplemental data: non-standard coding schemes are fully documented and mapped; data entry procedures are effective and electronic transmissions of data undergo checking procedures; data entry processes are timely and accurate; assessment of data completeness by the MCO; and monitoring of vendor performance, where applicable.
- § Data integration required to meet the demands of accurate reporting: accurate data transfers to reporting repository; accurate file consolidations, extracts, and derivations; suitable repository structure and formatting to enable required programming efforts; report production is managed effectively; HEDIS® reporting software is managed effectively; and physical control procedures ensure data integrity.

Denominator Validation

Some of the PM denominators are derived utilizing the HEDIS® measure specifications. Others are derived using specifications created by the EQRO, based on criteria that are the same as or similar to HEDIS®. Once the final sample of members is identified for the hybrid measures, the MCOs prepare abstraction forms for data collection from medical records.

In addition to the EQRO Validation Activities, the identification of the eligible population, sampling, and denominator selection, as well as the medical record review processes, were independently audited by an NCOA-licensed audit organization as part of the annual HEDIS® audit.

The HEDIS® 2014 *Final Audit Reports* were reviewed to determine if the MCOs were compliant with HEDIS® standards for denominator creation, including:

- § Denominator Identification: Eligible populations were properly identified by product and product line, based on use of certified software, or review of source code for measures outside of certification. Members were correctly categorized into subgroups and continuous enrollment criteria were properly applied. Medical and service events were accurately considered according to HEDIS®-eligible population specifications.
- § Sampling: Samples were drawn using a systematic sampling method as specified in the HEDIS® technical specifications either through use of certified software or review of MCO-created programs.

For some State-specific PMs, additional criteria (e.g., a PCP visit during the measurement year) are applied to identify the measure denominators. The EQRO reviewed the MCOs processes to evaluate whether the denominators were defined as prescribed by the specifications.

Data Collection Validation

A medical record review (MRR) validation is conducted to ensure that medical record abstraction performed by the MCOs meets the measure specifications and that the abstracted medical record data is accurate. In the case of HEDIS® hybrid measures, the HEDIS® compliance auditor conducted an assessment of the medical record review process and validation. IPRO's MRR validation process focused on the State-specific PMs and included review of medical record abstraction tools and instructions, as well as validation of medical record abstraction findings for a sample of records that the MCOs identified as having numerator positive events.

Medical Record Tools and Instructions and Processes Review

The medical record tools and instructions are reviewed for inclusion of general documentation, numerator requirements and exclusion criteria based on measure specifications. In addition, the reviewer qualifications and processes for training and quality monitoring as well as the monitoring results were reviewed.

Medical Record Review Validation

According to CMS protocols, as part of the PM validation, IPRO conducts an MRR validation for State-specific measures. The goal of the MRR validation is to determine whether the MCOs made any medical record abstraction errors that may have significantly biased the final reported rates. The maximum amount of bias allowed for the final rate to be considered reportable is +/- five (5) percentage points.

The MRR validation consisted of a review of a random sample of up to fifteen (15) numerator positive events for four (4) numerators from two (2) measures. The numerators selected for MRR validation included: *Adolescent Preventive Screening and Counseling: Screening for Depression* numerator; *Prenatal and Postpartum Screening and Counseling: Nutrition* numerator; and *Prenatal and Postpartum Risk Assessment and Education/Counseling: Alcohol Screening, Positive Alcohol Use, and Intervention for Alcohol Use* numerators.

The preliminary findings for each measure, with case specific results, were provided to the MCOs for review and response. The MCOs were permitted to submit additional documentation and/or clarification of the existing documentation and this was reviewed by IPRO. The final findings were tabulated and assessed for material bias.

Administrative Record Review

In addition to the medical record review validation, IPRO selected twenty (20) records for the measure *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)* for CSHCN population for administrative validation. The MCOs were asked to submit evidence for the denominator and numerator components of the measure, e.g., member name, date of birth, enrollment; category of aid; provider participation; and claim for the numerator service.

Numerator Validation

For the State-specific measures, IPRO conducted numerator validation. This was accomplished by a review of the member-level data and confirmation the MCOs followed the specifications for numerator calculation including:

- § Qualifying medical and service events are evaluated correctly in terms of time and services;
- § Claims/encounter, membership, practitioner and vendor data are analyzed properly in assessing numerator qualifications;
- § Rate calculations (member-level) are arithmetically correct and are made with acceptable levels of precision; and

§ Data and processes used to collect, calculate and report measures are completely and accurately documented.

SUMMARY OF VALIDATION FINDINGS

This section summarizes the validation findings. The MCO-specific validation findings can be found in Appendices A, B, C and D.

Information Systems Capabilities Assessment

I PRO reviewed each of the four (4) MCOs' HEDIS® 2014 Final Audit Reports (FAR) to determine compliance with IS standards. The final audit reports revealed that all four MCOs met all IS standards.

Denominator Validation

The MCOs' processes for determining the denominators for the applicable State-specific PMs were evaluated to ensure that the additional criterion of a PCP visit during the measurement year was applied, where applicable.

All four (4) MCOs defined the denominator(s) as prescribed by the specifications.

Data Collection Validation

Medical Record Tools and Instructions and Processes Review

I PRO reviewed the MCOs medical record reviewer qualifications/experience, tools, instructions and processes for each of the four (4) MCOs – CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky.

For three of the four (3 of the 4) MCOs, I PRO confirmed that the reviewer pool was well-qualified. Reviewers were comprised of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Registered Health Information Administrators (RHAs) and other medical abstraction professionals and most were experienced in medical record review for HEDIS®/performance measures. One (1) of the MCOs did not specify the type and credentials of the reviewer pool staff. However, the MCO's policy stated that clinical or non-clinical staff may be used to abstract data, as long as s/he has successfully achieved the expected thresholds.

Training materials generally consisted of introduction to HEDIS® performance measurement; measure technical specifications and the medical record abstraction tools and accompanying instructions; instructions on use of database tools/data entry; "tip sheets" and reference materials. For two of four (2 of 4) MCOs, the training materials were provided by a vendor.

The training sessions were comprised of introduction to HEDIS® /performance measurement; review of specifications ; walkthrough of abstraction tools and measure-specific instructions; discussion of sample medical records; training on tool use/data entry; practice review of medical records and testing for proficiency. For two of four (2 of 4) MCOs, the training sessions were provided by a vendor.

I PRO reviewed the processes for quality monitoring of record abstractions and the monitoring results for each of the four (4) MCOs. The standard for proficiency in abstraction was 95% for three (3) MCOs and Pass/Fail for one (1) MCO. For the three (3) MCOs that used numeric scoring, quality monitoring results ranged from 95% to 100%. For all three (3) MCOs, in instances where a reviewer scores less than 95%, the reviewer is retrained and retested. If the reviewer does not pass the re-testing, the reviewer is not assigned to abstract records for the affected measure(s) or removed from the project.

I PRO reviewed each of the four (4) MCO's medical record tools and instructions for inclusion of general documentation, numerator requirements and exclusion criteria based on measure specifications. Specific findings

across all four (4) MCOs for each of the measures appear below. It is important to note that, since all MCOs passed the medical record validation for both performance measures, the findings did not impact the validity and reliability of the abstracted data.

Adolescent Preventive Screening and Education/Counseling: All Numerators

- § The tool and training materials for two (2) MCOs did not specify that the visit must be with a primary care or OB/GYN practitioner.
- § The tool and training materials for three (3) MCOs specified that the numerator services (screening/counseling for tobacco use, alcohol use, substance use, sexual activity or screening for depression) must occur at a preventive visit, when in fact, the service may occur at any type of visit (well/preventive or sick) with a PCP or OB/GYN practitioner.

Prenatal and Postpartum Risk Assessment and Education/Counseling: All Numerators

- § For one (1) MCO, the tool/instruction did not specify the required provider type. To meet the numerator requirements, the servicing provider must be midwife, OB/GYN, Family Practitioner or PCP for the Kentucky-specific numerators. For two (2) MCOs, the tool did not include a field for the type of practitioner (PCP or OB/GYN). It is important to note, however, that in most cases, the MCO's chart retrieval process will direct reviewers to only providers relevant to the measure requirements (e.g., OB/GYN for prenatal measures).
- § The tool for one (1) MCO did not include the member's enrollment date or the first trimester dates to identify time frame for review. This is not a required field but can assist the reviewer in locating the correct timeframe for review and help the reviewer identify which are compliant service dates. It is important to note that many MCOs assess the dates for numerator compliance with a programmed edit or calculation or subsequent to abstraction.
- § The tool for one (1) MCO did not contain any data collection fields for the Kentucky-specific numerators (substance use screening, positive substance use screening, intervention for substance use; assessment/education for OTC/prescription medication use; assessment/education for nutrition; screening for depression (prenatal); and screening for domestic violence). The tool did, however, contain overall results fields for these Kentucky-specific numerators.
- § The tool for one (1) MCO omitted the *screening for tobacco use* numerator (only collected if the member was a smoker). Additionally the date of the event was not collected; therefore, it was not clear how the appropriate timeframe could be assessed.
- § The tool for one (1) MCO did not specifically address the intervention for positive tobacco use numerator. The field was labeled "*Did they receive education or counseling?*" which could apply to either advice to stop smoking or general warnings on the dangers of smoking during pregnancy for a non-smoker. Additionally the date of the event was not collected; therefore, it was not clear how the appropriate timeframe could be assessed.
- § The tool for one (1) MCO did not specifically address the intervention for positive substance abuse numerator. The field was labeled "*Did they receive education or counseling?*" which could apply to either advice to stop substance abuse or general warnings on the dangers of substance abuse during pregnancy. Additionally the date of the event was not collected; therefore, it was not clear how the appropriate timeframe could be assessed.
- § The tool for one (1) MCO did not specifically address the intervention for positive alcohol use numerator. The field was labeled "*Did they receive education or counseling?*" which could apply to either advice to stop drinking or general warnings on the dangers of alcohol use during pregnancy. Additionally the date of the event was not collected; therefore, it was not clear how the appropriate timeframe could be assessed.
- § For two (2) MCOs, in the vendor presentation slide, a positive prenatal screening for tobacco is defined as "*an assessment of being a positive smoker during the first two prenatal visits or one of the first two*

prenatal visits following enrollment.” The definition of a member positive for tobacco use should include all forms of tobacco use (i.e., cigarettes, cigars, chew, smokeless tobacco, etc.).

- § For two (2) MCOs, in the vendor presentation slide, interventions are defined as “*being for a member positively identified as a smoker during the member's first prenatal visits or one of the first two prenatal visits following enrollment.*” The interventions should be defined as for members with a positive screening for any form of tobacco use (i.e., cigarettes, cigars, chew, smokeless tobacco, etc.).
- § The vendor training materials for two (2) MCOs indicated that viewing a video or provision of written information would meet the numerator requirements for *tobacco use screening* and *tobacco use intervention*. However, this may or may not meet the numerator requirements in different circumstances. For example, video viewing or reading written materials would not meet the requirements for conducting *screening* for tobacco use. Additionally, the tool would not accommodate recording the specific date(s) and topic(s) for each member if educational materials (brochure, video, and packet) are provided. Finally, the tool listed only “smoking” when all forms of tobacco use are encompassed in this numerator.
- § The vendor training materials for two (2) MCOs indicated that viewing of video or provision of written information would meet the numerator requirements for *alcohol use screening*. This may or may not meet the numerator requirements in different circumstances. For example, video viewing or reading written materials would not meet the requirements for conducting *screening* for alcohol use. Additionally, the tool would not accommodate recording the specific date(s) and topic(s) for each member if educational materials (brochure, video, and packet) are provided.
- § The vendor training materials for two (2) MCOs indicated that viewing of video or provision of written information would meet the numerator requirements for *substance/drug use screening*. This may or may not meet the numerator requirements in different circumstances. For example, video viewing or reading written materials would not meet the requirements for conducting *screening* for substance use. Additionally, the tool would not accommodate recording the specific date(s) and topic(s) for each member if educational materials (brochure, video, and packet) are provided.
- § The vendor training materials for two (2) MCOs indicated that viewing of video or provision of written information would meet the numerator requirements for *nutrition assessment and/or education/counseling* and *OTC/prescription drug use assessment and/or education/counseling*. The tool would not accommodate recording the specific date(s) and topic(s) for each member if educational materials (brochure, video, and packet) are provided.
- § The vendor training materials for two (2) MCOs indicated that education/counseling would meet the numerator requirements for *depression screening* (prenatal and postpartum). This would not meet numerator requirements for conducting a *depression screening*.
- § The vendor training materials for two (2) MCOs indicated that education/counseling would meet the numerator requirements for *screening for domestic violence*. This would not meet numerator requirements for conducting *screening* for domestic violence.

Medical Record Review Validation

I PRO conducted a medical record validation (MRR validation) for State-specific measures. As previously stated, the purpose of the MRR validation is to determine whether the MCOs made any medical record abstraction errors that could significantly bias the final reported rates.

The MRR validation encompassed a validation review of a random sample of fifteen (15) records for members identified numerator positive events by the MCOs’ medical record abstraction.

The numerators selected for MRR validation included:

- § *Adolescent Preventive Screening and Education/Counseling: Screening for Depression*
- § *Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening and Intervention for Alcohol Use*

§ *Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening or Counseling/Education for Nutrition*

Preliminary findings were provided to the MCOs. The MCOs were given the opportunity to submit additional documentation or clarify the documentation previously submitted. IPRO reviewed the additional documentation provided and made a final validation determination for each record. The final medical record validation results for each MCO were assessed for material bias. The maximum amount of bias allowed for the final rate to be considered reportable was +/- five (5) percentage points. The combined findings for the four (4) MCOs for each of the selected numerators are described below.

Adolescent Preventive Screening and Education/Counseling: Screening for Depression

All four (4) MCOs passed the medical record validation for this measure. For one (1) MCO, all sampled records passed the validation. For three (3) MCOs, some medical records failed the validation, however it was determined that it did not significantly bias the final reported rates. Reasons that individual records failed the validation included:

- § No documentation of screening in the medical record submitted.
- § General statements regarding mental status with no specific mention of depression: cooperative, alert and oriented, affect normal, normal mood, normal judgment/insight, orientation to person/place/time, mood and affect, coordination, attention span and concentration, psychiatric/behavior (negative).
- § Medication was listed, but no associated diagnosis of depression.
- § The assessment was for mental health in general or another behavioral health condition, e.g., anxiety.
- § The screening was done by a specialist, not a PCP.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening and Intervention for Alcohol Use

All four (4) MCOs passed the medical record validation for this measure with all sampled records passing the validation.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening or Counseling/Education for Nutrition

All four (4) MCOs passed the medical record validation for this measure. For three (3) MCOs, all sampled records passed the validation. For one (1) MCO, one medical record failed the validation, however it was determined that it did not significantly bias the final reported rate. The reason the one (1) record failed the validation was that nutrition education handouts were provided to the member but the provider did not specifically document the date and that nutrition education was provided.

Administrative Record Review

IPRO conducted an administrative validation for twenty (20) records for the measure *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)* for CSHCN for members in the Foster Care category of eligibility and those who received services from the Commission for Children with Special Health Care Needs (CCSHCN). The MCOs were asked to submit evidence for the denominator and numerator components of the measure:

- § Member name and ID number,
- § Member date of birth consistent with the measure requirements for age,
- § Member enrollment during the measurement period,
- § Category of aid consistent with Foster Care OR Evidence of services provided by the CCSHCN,
- § Service provider network participation during the measurement period,
- § Claim for the numerator service with the billing code for the required service, and
- § Claim for the numerator service with a date within the measurement period.

All four (4) MCOs passed the administrative record review validation.

MEASURE RATES AND REPORTING DESIGNATIONS

Table 3 displays the PM rates for each of the four (4) MCOs and the average rate for all MCOs reporting for MY 2013 for each of the State-specific PMs. If an MCO was not able to report a measure due to the lack of eligible population, "N/A" (not applicable) appears in the table.

The average rates for the MCOs that reported were calculated by adding the MCOs' denominators, adding the MCOs' numerators, and then dividing the combined numerator by the combined denominator. If one or more MCOs were not able to report the measure (designation "N/A"), the data for the MCOs that did report were used. Rates are not generally reported if an MCO has a denominator < 30. If one (1) or more MCOs had a denominator of < 30 for a measure, the data (numerator and denominator) were included in the calculation.

It is important to note that the MCOs' performance is difficult to compare. During MY 2013, one (1) MCO had been serving the Kentucky Medicaid population for over twenty (20) years within a limited, more urban/suburban service area (Kentucky Region 3). Two (2) MCOs served the Kentucky Medicaid population for less than three years (as of June 2014) with larger, statewide service areas encompassing more rural counties. A fourth MCO entered the Kentucky Medicaid market in January 2013 and served only one predominantly urban/suburban region (Kentucky Region 3). Due to initiating enrollment in 2013, this MCO was limited in reporting due to small numbers of members who met the measures' continuous enrollment criteria. Discussion of each MCO's individual performance is presented in the Appendices.

General observations of performance at the aggregate level (average rates for all MCOs) include:

- § Performance was very good for documentation of height and weight for both children & adolescents and adults, with rates above 75% for both.
- § Only (approximately) 25% of adults and 33% of children and adolescents had a healthy weight for height reported. This measure is currently for reporting purposes only; MCOs are not held accountable for improvement.
- § The rates for the related measures, counseling for nutrition and physical activity for adults, were quite low at 31.13% for adults and 29.92% for children and adolescents.
- § The rate for cholesterol screening for adults was very good, at 82.63%.
- § Adolescent screening and counseling rates ranged from a low of 23.27% (screening for depression) to a high of 55.42% (screening/counseling for tobacco use), with screening/counseling for alcohol/substance use and sexual activity falling in between (41.03% and 33.75%, respectively).
- § For screening and counseling during the perinatal period, screening for tobacco was most often found (37.19%), followed by screening for alcohol use (35.19%) and substance use (34.30%).
 - § Of the 195 women identified as tobacco users, only 54.36% had evidence of intervention.⁷
 - § Of the 42 women identified as alcohol users, only 14.29% had evidence of intervention.
 - § Of the 55 women identified as substance users, only 27.27% had evidence of intervention.
- § Prenatal assessment/counseling for nutrition was found in 16.94% of records and counseling for use of prescription and/or over-the-counter medications was reported 29.82% of the time.
- § There is a substantial opportunity for improvement in screenings for domestic violence and depression. Rates were 14.39% for prenatal domestic violence screening, 21.69% for prenatal depression screening, and slightly higher at 34.89% for postpartum depression screening.

⁷ For purposes of the performance measure, intervention was defined as documentation of a claim code identifying cessation services or program/therapy or documentation in the medical record of in-person counseling/education or provision of cessation materials; referral for cessation counseling, quit line, or cessation program; or prescription for cessation medication (for tobacco use, alcohol use or substance use, as applicable).

- § Related to access to care for CSHCN, performance on measures of preventive services ranged from 66.50% for well-child visits for children 3–6 years of age to 42.02% for adolescent well-care visits.
- § As for access to care⁸ for CSHCN, all rates exceeded 90%. Rates were highest for those 12–24 months of age (96.25%) and lowest for those 25 months–6 years of age (90.08%) with both rates for members 7–11 and 12–19 years of age slightly above 94%.

⁸ Access to care is defined as any visit with a PCP during the measurement year for those aged 12–24 months and 25months–6 years and any PCP visit during the measurement year or year prior for those aged 7–11 years and 12–19 years.

Table 3: State-Specific Performance Measure Rates – RY 2014

Performance Measure Domain	Age Group	Admin/Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Average All MCOs
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.	89.85%	55.79%	N/A	84.72%	76.99%
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI).	23.59%	26.56%	N/A	25.53%	25.02%
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.	43.05%	21.99%	N/A	27.78%	31.13%
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.	40.40%	15.51%	N/A	33.33%	29.92%
Preventive Care	Adult	A	Cholesterol Screening	The percentage of male enrollees age ≥ 35 years and female enrollees age ≥ 45 years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.	87.79%	77.56%	76.90%	80.86%	82.63%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	92.03%	62.29%	70.23%	78.49%	75.77%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	92.11%	57.04%	68.75%	82.35%	76.09%

Performance Measure Domain	Age Group	Admin/Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Average All MCOs
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	92.05%	60.65%	69.83%	79.86%	75.87%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	59.21%	17.84%	29.28%	21.62%	34.22%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	48.57%	20.25%	32.56%	15.75%	30.56%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	55.64%	18.56%	30.19%	19.48%	33.03%
Preventive Care	Child	H	Adolescent Screening/Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for tobacco</u> .	74.85%	30.37%	58.04%	54.90%	55.42%
Preventive Care	Child	H	Adolescent Screening/Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for alcohol/substances</u> .	59.51%	17.04%	47.32%	37.91%	41.03%
Preventive Care	Child	H	Adolescent Screening/Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and had <u>screening/counseling for sexual activity</u> .	53.99%	14.07%	41.07%	24.18%	33.75%
Preventive Care	Child	H	Adolescent Screening/Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening for depression</u> documented.	28.83%	11.85%	31.25%	21.57%	23.27%

Performance Measure Domain	Age Group	Admin/ Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Average All MCOs
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	64.10%	26.48%	8.50%	40.96%	37.19%
				The percentage of pregnant members who had <u>positive screening for tobacco use.</u>	28.57%	54.26%	42.31%	36.31%	35.91%
				The percentage of pregnant members who had positive screening for tobacco use and received <u>intervention for tobacco use.</u>	60.53%	43.14%	36.36%	59.65%	54.36%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	64.10%	22.54%	4.58%	40.16%	35.19%
				The percentage of pregnant members who had <u>positive screening for alcohol use.</u>	4.14%	33.75%	0.00%	2.63%	8.20%
				The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use.</u>	36.36%	3.70%	N/A	25.00%	14.29%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	64.10%	21.97%	4.90%	36.97%	34.30%
				The percentage of pregnant members who had <u>positive screening for substance/drug use.</u>	5.64%	34.62%	0.00%	9.29%	11.02%
				The percentage of pregnant members who were found positive for substance/drug use and received <u>intervention for drug/substance use.</u>	40.00%	7.41%	N/A	53.85%	27.27%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or education/counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	30.12%	10.99%	4.90%	17.82%	16.94%

Performance Measure Domain	Age Group	Admin/Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Average All MCOs
Perinatal Care	N/A	H	Prenatal Screening/Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or education/ counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	63.86%	12.11%	3.27%	30.59%	29.82%
Perinatal Care	N/A	H	Prenatal Screening/Counseling	The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	20.72%	9.30%	4.25%	20.48%	14.39%
Perinatal Care	N/A	H	Prenatal Screening/Counseling	The percentage of pregnant members who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	39.04%	11.27%	2.61%	27.93%	21.69%
Perinatal Care	N/A	H	Prenatal Screening/Counseling	The percentage of pregnant members who had evidence of <u>screening for depression during a postpartum visit</u> .	39.02%	40.81%	14.10%	44.16%	34.89%
Children with Special Health Needs: Access to Care and Preventive Care Services									
Preventive Care	Child CSHCN Cohort	A	HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.					
				SSI Total(B, BP, D, DP, K, M)	57.02%	55.33%	40.03%	55.60%	55.34%
				SSI Blind (B, BP, K)	60.00%	40.00%	N/A	58.50%	57.58%
				SSI Disabled (D, DP, M)	57.01%	55.37%	40.20%	55.60%	55.34%
				Foster (P,S, X)	76.71%	68.98%	44.33%	74.20%	72.68%
				CCSHCN (provider type 22 and 23)	64.86%	66.67%	43.11%	70.40%	67.84%
Total ADV (2–21 years)					63.00%	63.48%	41.29%	61.81%	61.56%
Preventive Care	Child CSHCN Cohort	A	HEDIS® Well-Child Visits in the First 15 Months of Life (6+ Visits)	The percentage of members who turned 15 months old during the measurement year and who had <u>6 or more well-child visits</u> with a PCP during their first 15 months of life.					
				SSI Total(B, BP, D, DP, K, M)	37.37%	N/A	N/A	40.00%	38.55%
				SSI Blind (B, BP, K)	0.00%	N/A	N/A	100.00%	100.00%
				SSI Disabled (D, DP, M)	37.37%	N/A	N/A	39.20%	38.20%
				Foster (P, S, X)	68.75%	N/A	N/A	59.10%	62.64%
				CCSHCN (provider type 22 and 23)	0.00%	N/A	N/A	54.20%	54.24%
Total WC15mo					49.69%	N/A	N/A	52.27%	51.38%

Performance Measure Domain	Age Group	Admin/ Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Average All MCOs
Preventive Care	Child CSCHN Cohort	A	HEDIS® Well-Child Visits in the 3 rd , 4 th , 5 th & 6 th Years of Life	The percentage of members 3–6 years of age who received <u>one or more well-child visits</u> with a PCP during the measurement year.					
				SSI Total(B, BP, D, DP, K, M)	73.18%	55.25%	53.85%	58.00%	62.63%
				SSI Blind (B, BP, K)	80.00%	0.00%	N/A	60.00%	70.00%
				SSI Disabled (D, DP, M)	73.13%	55.25%	53.33%	58.00%	62.57%
				Foster (P, S, X)	78.27%	67.51%	67.74%	67.60%	70.66%
				CCSHCN (provider type 22 and 23)	0.00%	82.61%	66.67%	67.50%	69.09%
Total WC34	75.19%	65.88%	59.76%	62.77%	66.50%				
Preventive Care	Child CSCHN Cohort	A	HEDIS® Adolescent Well-Care	The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit</u> with a PCP or an OB/GYN practitioner during the measurement year.					
				SSI Total(B, BP, D, DP, K, M)	52.16%	28.28%	32.55%	31.70%	37.33%
				SSI Blind (B, BP, K)	45.45%	33.33%	N/A	25.90%	31.71%
				SSI Disabled (D, DP, M)	52.19%	28.26%	32.72%	31.70%	37.37%
				Foster (P, S, X)	62.56%	48.76%	32.41%	52.70%	53.62%
				CCSHCN (provider type 22 and 23)	56.67%	43.75%	40.68%	41.70%	42.37%
Total AWC	54.96%	38.81%	33.39%	36.97%	42.02%				
Preventive Care	Child CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12 months–19 years of age who had <u>a visit with a primary care practitioner (PCP)</u> .					
Preventive Care	Child CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.					
				SSI Total(B, BP, D, DP, K, M)	97.25%	89.74%	N/A	96.80%	95.96%
				SSI Blind (B, BP, K)	0.00%	0.00%	N/A	100.00%	100.00%
				SSI Disabled (D, DP, M)	97.25%	89.74%	N/A	96.70%	95.93%
				Foster (P, S, X)	98.82%	98.31%	N/A	95.70%	97.17%
				CCSHCN (provider type 22 and 23)	0.00%	100.00%	N/A	95.60%	96.00%
Total CAP 12–24 months	97.94%	95.76%	93.33%	95.94%	96.25%				
Preventive Care	Child CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.					
				SSI Total(B, BP, D, DP, K, M)	92.58%	27.94%	79.59%	94.50%	87.74%
				SSI Blind (B, BP, K)	80.00%	0.00%	N/A	83.30%	81.82%
				SSI Disabled (D, DP, M)	92.66%	27.94%	79.38%	94.50%	87.76%
				Foster (P, S, X)	92.15%	91.54%	77.50%	90.50%	91.00%
				CCSHCN (provider type 22 and 23)	0.00%	100.00%	91.80%	94.30%	94.76%

Performance Measure Domain	Age Group	Admin/ Hybrid	Measure Name	Measure Description	Passport Health Plan Rate	CoventryCares of Kentucky Rate	Humana-CareSource Rate	WellCare of Kentucky Rate	Average All MCOs
				Total CAP 25 months–6 years	92.40%	76.78%	82.91%	93.36%	90.08%
Preventive Care	Child CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 7–11 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.					
				SSI Total(B, BP, D, DP, K, M)	94.62%	51.14%	N/A	97.90%	93.34%
				SSI Blind (B, BP, K)	100.00%	50.00%	N/A	100.00%	87.50%
				SSI Disabled (D, DP, M)	94.60%	51.15%	N/A	97.90%	93.35%
				Foster (P, S, X)	96.05%	95.83%	N/A	94.40%	95.27%
				CCSHCN (provider type 22 and 23)	100.00%	100.00%	N/A	98.60%	98.78%
				Total CAP 7–11 years	94.90%	84.42%	N/A	97.09%	94.27%
Preventive Care	Child CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.					
				SSI Total(B, BP, D, DP, K, M)	92.38%	95.18%	N/A	95.50%	94.13%
				SSI Blind (B, BP, K)	100.00%	96.02%	N/A	100.00%	96.48%
				SSI Disabled (D, DP, M)	92.35%	94.79%	N/A	95.50%	94.04%
				Foster (P, S, X)	94.06%	94.39%	N/A	94.00%	94.15%
				CCSHCN (provider type 22 and 23)	96.43%	100.00%	N/A	97.60%	97.75%
				Total CAP 12–19 years	92.68%	94.85%	N/A	95.29%	94.30%

N/A: not applicable (plan did not have any eligible members for this rate); H: hybrid measure; A: administrative measure; RY: reporting year.

RECOMMENDATIONS

Annually, DMS and IPRO review the PM set. This task involves choosing measures to retire, refining existing measure specifications and introducing new measures related to topics of interest to DMS. The guiding principles are to develop a PM set that is:

- § Clinically and methodologically valid;
- § Consistent with accepted clinical practice guidelines; and
- § Consistent with the DMS priorities for Medicaid program health outcomes.

Other important considerations include:

- § Assuring that measures are not duplicative (not already obtained from current reporting requirements, e.g., HEDIS®, Consumer Assessment of Healthcare Providers and Systems (CAHPS®));
- § Assuring that measures provide actionable information; and
- § Developing measures that can be validly calculated using administrative data, if possible.

For RY 2014, the following changes were made to the measure set:

PMs Retired in RY 2014:

- § No measures were formally retired.
- § The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) hearing and vision screening measures remained on hold for RY 2014, since an EPSDT validation study was conducted as part of the EQRO encounter data validation activities.

PM Specifications Refined in RY 2014:

- § All measures were updated, including dates, codes and per HEDIS® specifications, where applicable.
- § Specifications were clarified, where needed, based upon findings from the prior validation results and the MCO input.

PMs Continued in RY 2014:

HEDIS® Measures

- § *Well-Child Visits in the First 15 Months of Life (6 or more visits)*
- § *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- § *Adolescent Well-Care Visits*
- § *Children's Access to PCPs – Ages 12–24 months, 25 months–6 years, 7–11 years, and 12–19 years*
- § *Annual Dental Visit*
- § *Lead Screening for Children*
- § *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents*
- § *Adult BMI*
- § *Controlling High Blood Pressure*

Kentucky-Specific Measures

- § *Height and Weight Documented and Healthy Weight for Height for Adults*
- § *Counseling for Nutrition and Physical Activity for Adults*
- § *Adult Cholesterol Screening*
- § *Height and Weight Documented and Healthy Weight for Height for Children and Adolescents*
- § *Adolescent Preventive Screening and Counseling (screening/counseling for tobacco use, alcohol/substance use, sexual activity and screening for depression)*
- § *Prenatal and Postpartum Risk Assessment and Education/Counseling (tobacco use screening/positive screening/intervention, alcohol use screening/positive screening/intervention, substance use screening/positive screening/intervention, nutrition education/counseling, OTC/prescription drug use education/counseling, screening for domestic violence, prenatal and postpartum screening for depression)*

Future Directions

For RY 2015, each of the measures was reviewed, including MCO experiences and lessons learned from calculating the measures, the results of the PM validation findings and DMS priorities.

Refinement of Current Measures for RY 2015:

- § All measures were updated, including dates, codes and per HEDIS® specifications, where applicable.
- § Specifications for all measures were clarified based upon findings from the prior validation results and MCO input.

Development of New Measures for RY 2015:

- § At DMS's direction, a PM based on the CMS-416 Form EPSDT Services – Dental Services was adopted. The following numerators will be reported:
 - § Members under age 21 who received any dental services;
 - § Members under age 21 who received preventive dental services;
 - § Members under age 21 who received dental treatment services;
 - § Members ages 6 – 9 years and 10 – 14 years who received sealant(s) on a permanent molar(s);
 - § Members under age 21 who received diagnostic dental services;
 - § Members under age 21 who received oral health services by a non-dentist provider; and
 - § Members under 21 who received any dental or oral health service.

Next Steps:

- § For future PM sets, IPRO plans to evaluate performance measures for the adult population and/or the Adult and Child CHIPRA (Children's Health Insurance Program Reauthorization Act) core measure sets and propose measures for DMS consideration.

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Appendix A – Validation Findings for CoventryCares of Kentucky

Medical Record Tools, Instructions and Processes

Key findings from the review of CoventryCares' medical record review tools and instructions revealed that:

- § All tools included general documentation requirements, i.e., review date, reviewer, member name, member plan identification number and member date of birth
- § All tools included exclusion criteria where appropriate.

It is important to note that, since CoventryCares passed the medical record validation for both performance measures, the findings below did not impact the validity and reliability of the abstracted data.

IPRO findings included:

General

- § CoventryCares should consider pre-loading administrative dates (delivery date, enrollment date) on the tools as cues for the reviewers.

Adolescent Preventive Screening/Counseling: All Numerators

- § CoventryCares should consider pre-loading the member's age as of December 31 of the measurement year on the tool as a cue for the reviewers.

Prenatal and Postpartum Risk Assessment and Education/Counseling: All Numerators

- § CoventryCares might consider adding fields to the abstraction tool for the delivery date and range of dates for review as well as a field for the reviewer to enter the abstracted delivery date for confirmation or if it differs. An automated error check in the tool could alert the reviewer when a date entered falls outside the appropriate time frame.
- § The Kentucky-specific numerators for prenatal and postpartum care were not fully addressed in the tools and instructions. For example, abstraction fields for the following numerators were not present on some of the abstraction tools despite having a positive result indicated in the tool: screening for substance use, positive substance use, intervention for substance use; assessment/counseling for nutrition; assessment/counseling for OTC/prescription medication use; prenatal screening for depression; screening for domestic violence. *Note, however, that the abstraction instructions state that the results section of the abstraction tool is populated based upon the data entered by the reviewer in the data entry section of the tool and that the reviewer cannot change the results.*
- § The abstraction tool included an option to select the provider type for the HEDIS® numerator items but; when the Kentucky-specific numerators were present, there was no option to select the provider type. Coventry Cares should ensure that the tools, instructions and training materials for this measure fully address the Kentucky-specific numerators, including the required provider type(s).

MRR Validation

The results were as follows:

Adolescent Preventive Screening/Counseling: Depression Screening – PASSED VALIDATION

13 of 15 records passed validation

The reasons two (2) records failed validation were:

- § There was no documentation of screening in the medical record submitted.
- § The record contained only general statements regarding mental status with no specific mention of depression: cooperative, alert and oriented, affect normal.
- § A medication was listed in the record, but no diagnosis of depression was documented.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening and Intervention for Alcohol Use (Prenatal) – PASSED VALIDATION

15 of 15 records passed validation.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Nutrition (Prenatal) – PASSED VALIDATION

15 of 15 records passed validation.

Performance Trends RY 2013 to RY 2014

CoventryCares performance for RYs 2013 and 2014 is presented in Table A-1, along with the change in rate (increase or decrease) from year to year.

Overall observations regarding CoventryCares' performance include:

- § Performance improved for both documentation of adult height and weight and healthy weight for height (2.99 and 0.14 percentage points, respectively). The rates, however, remain low at near 56% for documentation of height and weight and near 27% for healthy weight. Recall that the healthy weight for height measure is currently for reporting purposes only; MCOs are not held accountable for improvement.
- § The rates for the related measure, counseling for nutrition for adults, improved 4.47 percentage points but remained quite low at almost 22%. The rate for adults counseling for physical activity for adults increased slightly to 15.51%.
- § For children and adolescents 3 – 17 years of age, documentation of height and weight declined almost 7 percentage points, from 67.59% to 60.56%, while those with a healthy weight for height, while still quite low, improved over 6 percentage points to 18.56%.
- § The rate for cholesterol screening for adults was very good, at 77.56%, up from 73.89% in RY 2013.
- § Related to adolescent screening and counseling, all three (3) rates that were reportable in both RY 2013 and RY 2104 declined; for tobacco from 36.36% to 30.37%; for alcohol/substances from 28.57% to 17.04%; and for sexual activity from 18.83% to 14.07%. Screening for depression was not reportable in RY 2013; as a result no comparison can be made. The RY 2014 rate is 11.85%.
- § For screening and counseling during the perinatal period, screening for postpartum depression was most often found (40.81%) and improved from a rate of 0 in RY 2013. Rates for the other numerators in RY 2014 ranged from 26.48% (tobacco screening) to a low of 9.30% (screening for domestic violence).
- § Other observations regarding CoventryCares' performance in this area:

- § Rates for screenings for tobacco use (26.48%), alcohol use (22.54%) and substance use (21.97%) each improved, as did assessment/counseling for nutrition (10.99%). The increases ranged from 0.2 to 1.78 percentage points.
- § Comparisons could not be made for positive screenings and interventions for tobacco, alcohol and substances since these rates were found not reportable in RY 2013.
- § Rates for assessment/counseling for OTC/prescription medication (12.11%) and screenings for domestic violence (9.30%) and prenatal depression (11.27%) remained low and all declined (0.3 – 2.91 percentage points) between RY 2013 and RY 2014.
- § Regarding access to care for CSHCN, performance ranged from a high of 95.76% (for *Children’s Access to PCPs (CAP), ages 12 – 24 months*) to 38.81% (*Adolescent Well-Care Visits (AWC)*). However, both these rates declined by just over 2 percentage points from RY 2013.
- § Other observations for this set of measures include:
 - § *Well-Child Visits in the First 15 Months of Life* could not be reported in both RY 2013 and RY 2014 due to lack of eligible members.
 - § Performance could not be trended for the following since the rates were N/A in RY 2013: CAP, ages 7 – 11 years (84.42%) and CAP, 12 – 19 years (94.85%).
 - § Rates for the following two (2) measures improved from RY 2013 to RY 2014: Annual Dental Visits (60.76% to 63.48%); *Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life* (63.18% to 65.88%).
 - § Rates for the following three (3) measures declined between RY 2013 to RY 2014: AWC (41.17% to 38.81%); CAP, ages 12 – 24 months (98.26% to 95.76%) and CAP, ages 25 months to 6 years dropped substantially (18.67 percentage points), from 95.45% to 76.78%.

Table A1: CoventryCares of Kentucky – RY 2013 and 2014 Performance Measure Rates

Performance Measure Domain	Age Group	Admin/Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.	52.80%	55.79%	2.99
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI).	26.42%	26.56%	0.14
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.	17.52%	21.99%	4.47

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.	15.19%	15.51%	0.32
Preventive Care	Adult	A	Cholesterol Screening	The percentage of male enrollees age \geq 35 years and female enrollees age \geq 45 years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.	73.89%	77.56%	3.67
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	67.15%	62.29%	-4.86
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	68.39%	57.04%	-11.35
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	67.59%	60.65%	-6.94
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	10.70%	17.84%	7.14
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	15.09%	20.25%	5.16
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	12.29%	18.56%	6.27
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for tobacco</u> .	36.36%	30.37%	-5.99

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for alcohol/substances.</u>	28.57%	17.04%	-11.53
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and had <u>screening/counseling for sexual activity.</u>	18.83%	14.07%	-4.76
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening for depression</u> documented.	NR	11.85%	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	25.06%	26.48%	1.42
				The percentage of pregnant members who had a screening for tobacco use and were found <u>positive for tobacco use.</u>	NR	54.26%	N/A
				The percentage of pregnant members who were found positive for tobacco use and received <u>intervention for tobacco use.</u>	NR	43.14%	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	20.76%	22.54%	1.78
				The percentage of pregnant members who had a screening for alcohol use and were found <u>positive for alcohol use.</u>	NR	33.75%	N/A
				The percentage of pregnant members who were found positive for alcohol use and <u>received intervention for alcohol use.</u>	NR	3.70%	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	21.77%	21.97%	0.20
				The percentage of pregnant members who had a screening for substance/drug use and were found <u>positive for substance/drug use.</u>	NR	34.62%	N/A
				The percentage of pregnant members who were found positive for substance/drug use and were provided <u>intervention for drug/substance use.</u>	NR	7.41%	N/A

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	9.87%	10.99%	1.12
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	12.41%	12.11%	-0.30
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	10.13%	9.30%	-0.83
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	14.18%	11.27%	-2.91
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for depression during a postpartum visit</u> .	0.00%	40.81%	40.81
Children with Special Health Needs: Access to Care and Preventive Care Services							
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	54.32%	55.33%	1.01
				SSI Blind (B, BP, K)	66.67%	40.00%	-26.67
				SSI Disabled (D, DP, M)	54.25%	55.37%	1.12
				Foster (P,S, X)	73.10%	68.98%	-4.12
				CSCN (provider type 22 and 23)	67.27%	66.67%	-0.60
Total ADV 2–21 years)					60.76%	63.48%	2.72
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Well Child Visits in the First 15 Months of Life (6+ visits)	The percentage of members who turned 15 months old during the measurement year and who <u>6 or more well-child visits</u> with a PCP during their first 15 months of life.			
				SSI Total(B, BP, D, DP, K, M)	N/A	N/A	N/A
				SSI Blind (B, BP, K)	N/A	N/A	N/A
				SSI Disabled (D, DP, M)	N/A	N/A	N/A
				Foster (P,S, X)	N/A	N/A	N/A

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
				CCSHCN (provider type 22 and 23)	N/A	N/A	N/A
				Total WC15mo	N/A	N/A	N/A
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Well Child Visits in the 3 rd , 4 th , 5 th & 6 th Years of Life	The percentage of members 3–6 years of age who received <u>one or more well-child visits with a PCP</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	57.01%	55.25%	-1.76
				SSI Blind (B, BP, K)	N/A	0.00%	N/A
				SSI Disabled (D, DP, M)	57.10%	55.25%	-1.85
				Foster (P,S, X)	69.69%	67.51%	-2.18
				CCSHCN (provider type 22 and 23)	75.00%	82.61%	7.61
				Total WC34	63.18%	65.88%	2.70
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Adolescent Well Care Visits	The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	35.46%	28.28%	-7.18
				SSI Blind (B, BP, K)	N/A	33.33%	N/A
				SSI Disabled (D, DP, M)	35.45%	28.26%	-7.19
				Foster (P,S, X)	54.20%	48.76%	-5.44
				CCSHCN (provider type 22 and 23)	44.36%	43.75%	-0.61
				Total AWC	41.17%	38.81%	-2.36
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12 months – 19 years of age who had <u>a visit with a primary care practitioner (PCP)</u> .			
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	96.67%	89.74%	-6.93%
				SSI Blind (B, BP, K)	N/A	0.00%	N/A
				SSI Disabled (D, DP, M)	96.63%	89.74%	-6.89%
				Foster (P,S, X)	99.13%	98.31%	-0.82%
				CCSHCN (provider type 22 and 23)	100.00%	100.00%	0.00%
Total CAP 12–24 months	98.26%	95.76%	-2.50%				
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	95.60%	27.94%	-67.66%

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
				SSI Blind (B, BP, K)	N/A	0.00%	N/A
				SSI Disabled (D, DP, M)	95.58%	27.94%	-67.64%
				Foster (P,S, X)	94.28%	91.54%	-2.74%
				CCSHCN (provider type 22 and 23)	100.00%	100.00%	0.00%
				Total CAP 25 months–6 years	95.45%	76.78%	-18.67%
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 7–11 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.			
				SSI Total(B, BP, D, DP, K, M)	N/A	51.14%	N/A
				SSI Blind (B, BP, K)	N/A	50.00%	N/A
				SSI Disabled (D, DP, M)	N/A	51.15%	N/A
				Foster (P,S, X)	N/A	95.83%	N/A
				CCSHCN (provider type 22 and 23)	N/A	100.00%	N/A
				Total CAP 7 -11 years	N/A	84.42%	N/A
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.			
				SSI Total(B, BP, D, DP, K, M)	N/A	95.18%	N/A
				SSI Blind (B, BP, K)	N/A	96.02%	N/A
				SSI Disabled (D, DP, M)	N/A	94.79%	N/A
				Foster (P,S, X)	N/A	94.39%	N/A
				CCSHCN (provider type 22 and 23)	N/A	100.00%	N/A
				Total CAP 12 -19 years	N/A	94.85%	N/A

N/A: not applicable (plan did not have any eligible members for this rate); NR: not reportable (plan did not produce a valid rate); H: hybrid measure; A: administrative measure; RY: reporting year.

Appendix B – Validation Findings for Humana-CareSource

Medical Record Tools, Instructions and Processes

Key findings from the review of Humana-CareSource's medical record review tools and instructions revealed that:

All tools included general documentation requirements, i.e., review date, reviewer, member name, member plan identification number and member date of birth

- § All tools included exclusion criteria where appropriate.

Adolescent Preventive Screening/Counseling: Depression Screening

- § The type of practitioner (PCP or OB/GYN) is not specified in the abstraction tool.
- § Humana-CareSource might consider pre-loading the member's age as of December 31 of the measurement year on the tool as a cue for the reviewers. The tool currently shows the date on which the member's 16th birthday either has occurred or will occur in the future.
- § Humana's training instructions identify members who "had a well-care/preventive outpatient visit during 2013." Per the specifications, the preventive visit is a denominator criterion, any type of visit and multiple visits may be used to obtain documentation for these numerators. The specifications also state that services rendered during sick visits dated within the measurement year may be used to identify numerator positive events. Humana-CareSource should revise the language in the training materials to reflect that both well-care/preventive visits, sick visits and multiple visits can be used to abstract numerator data.

Prenatal and Postpartum Risk Assessment and Education/Counseling

- § The tools and instructions should specify "tobacco use" and not "smoking" as all types of tobacco use are included in the measure (i.e., cigarettes, cigars, chew, smokeless tobacco, etc.).
- § In the vendor presentation slide, a positive prenatal screening for tobacco is defined as a finding that the member is a positive smoker during the first two prenatal visits or one of the first two prenatal visits following enrollment. The definition of a member positive for tobacco use should be expanded to include all forms of tobacco use (i.e., cigarettes, cigars, chew, smokeless tobacco, etc.).
- § In the vendor presentation slide, interventions are defined as being for a member identified as a smoker during the member's first prenatal visits or one of the first two prenatal visits following enrollment. The specifications state that interventions are warranted members with a positive tobacco use in any form (i.e., cigarettes, cigars, chew, smokeless tobacco, etc.).
- § The vendor training materials indicate that providing an information packet or viewing a video are acceptable to meet the numerator requirements. This is only acceptable if the specific date and relevant topic(s) are documented for each member.
- § The vendor training materials indicate that education on depression/domestic violence meets the measure requirements. There must be a specific notation regarding screening for depression/domestic violence to meet numerator requirements.

MRR Validation

The results were as follows:

Adolescent Preventive Screening/Counseling: Depression Screening – PASSED VALIDATION

15 of 15 records passed validation.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening/Intervention for Alcohol Use (Prenatal) – PASSED VALIDATION

14 of 14 records passed validation.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Nutrition (Prenatal) – PASSED VALIDATION

10 of 10 records passed validation.

Performance Trends RY 2013 to RY 2014

Humana-CareSource’s performance for RY 2014 is presented in Table B-1. Since this was the first year that Humana-CareSource reported the performance measures, no discussion of rate trends is possible.

Table B1: Humana-CareSource – RY 2014 Performance Measure Rates

Performance Measure Domain	Age Group	Admin/Hybrid	Category	Measure Definition	RY 2014 Rate
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI).	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.	N/A
Preventive Care	Adult	A	Cholesterol Screening	The percentage of male enrollees age \geq 35 years and female enrollees age \geq 45 years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.	76.90%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	70.23%

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2014 Rate
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	68.75%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	69.83%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	29.28%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	32.56%
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	30.19%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for tobacco</u> .	58.04%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for alcohol/substances</u> .	47.32%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and had <u>screening/counseling for sexual activity</u> .	41.07%
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening for depression</u> documented.	31.25%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	8.50%
				The percentage of pregnant members who had <u>positive screening for tobacco use</u> .	42.31%
				The percentage of pregnant members who had positive screening for tobacco use and <u>received intervention for tobacco use</u> .	36.36%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	4.58%
				The percentage of pregnant members who had <u>positive screening for alcohol use</u> .	0.00%

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2014 Rate
				The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use.</u>	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	4.90%
				The percentage of pregnant members who had <u>positive screening for substance/drug use.</u>	0.00%
				The percentage of pregnant members who were found positive for substance/ <u>drug use and were provided intervention for drug/substance use.</u>	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or education/ counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	4.90%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or education/ counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	3.27%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	4.25%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	2.61%
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for depression</u> during a <u>postpartum visit.</u>	14.10%
Children with Special Health Care Needs					
Preventive Care	Child - CSHCN Cohort	A	HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.	
				SSI Total(B, BP, D, DP, K, M)	40.03%
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	40.20%
				Foster (P,S, X)	44.33%
				CCHCN (provider type 22 and 23)	43.11%
				Total ADV 2–21 years)	41.29%

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2014 Rate
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Well Child Visits in the First 15 Months of Life (6 or More Visits)	The percentage of members who turned 15 months old during the measurement year and who had <u>at least 6 well-child visits with a PCP during their first 15 months of life.</u>	
				SSI Total(B, BP, D, DP, K, M)	N/A
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	N/A
				Foster (P,S, X)	N/A
				CCSHCN (provider type 22 and 23)	N/A
				Total WC15mo	N/A
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Well Child Visits in the 3 rd , 4 th , 5 th & 6 th Years of Life	The percentage of members 3–6 years of age who received <u>one or more well-child visits with a PCP during the measurement year.</u>	
				SSI Total(B, BP, D, DP, K, M)	53.85%
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	53.33%
				Foster (P,S, X)	67.74%
				CCSHCN (provider type 22 and 23)	66.67%
				Total WC34	59.76%
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Adolescent Well Care Visits	The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</u>	
				SSI Total(B, BP, D, DP, K, M)	32.55%
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	32.72%
				Foster (P,S, X)	32.41%
				CCSHCN (provider type 22 and 23)	40.68%
				Total AWC	33.39%
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12 months – 19 years of age who had <u>a visit with a primary care practitioner (PCP).</u>	
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP) during the measurement year.</u>	
				SSI Total(B, BP, D, DP, K, M)	N/A
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	N/A
				Foster (P,S, X)	N/A
				CCSHCN (provider type 22 and 23)	N/A
				Total CAP 12–24 months	93.33%
Preventive Care	Child -	A	HEDIS®	The percentage of members 25 months–6 years of age who had <u>a visit with a primary care</u>	

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2014 Rate
	CSCHN Cohort		Children's Access to PCPs	<u>practitioner (PCP)</u> during the measurement year.	
				SSI Total(B, BP, D, DP, K, M)	79.59%
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	79.38%
				Foster (P,S, X)	77.50%
				CCSHCN (provider type 22 and 23)	91.80%
				Total CAP 25 months–6 years	82.91%
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 7–11 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year, or the year prior.	
				SSI Total(B, BP, D, DP, K, M)	N/A
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	N/A
				Foster (P,S, X)	N/A
				CCSHCN (provider type 22 and 23)	N/A
				Total CAP 7 -11 years	N/A
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–19 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year, or the year prior.	
				SSI Total(B, BP, D, DP, K, M)	N/A
				SSI Blind (B, BP, K)	N/A
				SSI Disabled (D, DP, M)	N/A
				Foster (P,S, X)	N/A
				CCSHCN (provider type 22 and 23)	N/A
				Total CAP 12 -19 years	N/A

N/A: not applicable (plan did not have any eligible members for this rate); NR: not reportable (plan did not produce a valid rate); H: hybrid measure; A: administrative measure; RY: reporting year.

Appendix C – Validation Findings for Passport Health Plan

Medical Record Tools, Instructions and Processes

Key findings from the review of Passport Health Plan's medical record review tools and instructions revealed that:

- § All tools included general documentation requirements, i.e., review date, reviewer, member name, member plan identification number and member date of birth
- § All tools included exclusion criteria where appropriate.

It is important to note that, since Passport Health Plan passed the medical record validation for both performance measures, the findings below did not impact the validity and reliability of the abstracted data.

IPRO findings included:

Adolescent Preventive Screening/Counseling: All Numerators

- § The abstraction tool states members “who had a well-care visit in 2013.” Per the specifications, although a preventive visit in the measurement year is a denominator criterion, any type of visit and multiple visits may be used to obtain documentation for these numerators. The specifications also state that services rendered during sick visits dated within the measurement year may be used to identify numerator positive events. Passport Health Plan should ensure that reviewers are directed that both well-care and sick visits can be used to abstract numerator data.

Prenatal and Postpartum Risk Assessment and Education/Counseling: All Numerators

- § Passport Health Plan's tool does not specify the provider type. The servicing provider should be a midwife, OB/GYN, Family Practitioner or other PCP. However, it is understood that the MCO medical record retrieval process will direct the reviewer to only provider type(s) that meet numerator requirements. In addition, the specific practitioner is listed on the tool.
- § Passport should add fields to collect the dates for all numerator services (i.e., tobacco use; alcohol use; substance use; OTC/prescription medication counseling; nutrition counseling; depression screening; and domestic violence screening).
- § In order to be consistent with the Healthy Kentuckians Performance Measure, Passport should revise the abstraction tool for the tobacco use, alcohol use, and substance use numerator sets to include fields that capture each of the following: screening/assessment, positive findings and interventions documented by the provider with the dates of service.
- § Passport should direct the reviewer to complete the intervention field only when there is a positive screening finding.
- § PHP should ensure that reviewers are instructed that screening for tobacco use includes all types of tobacco – cigarettes, cigars, chew, smokeless tobacco and e-cigarettes.
- § PHP should ensure that reviewers are instructed that intervention for positive use (tobacco, alcohol, substances) includes counseling, education, referrals and other interventions.

MRR Validation

The results were as follows:

Adolescent Preventive Screening/Counseling: Depression Screening– PASSED VALIDATION

14 of 15 records passed validation.

The reasons that one (1) record failed validation were:

- § The assessment was for mental health in general or another behavioral health condition, e.g., anxiety.
- § Screening was done by a specialist, not a PCP.
- § Documentation addressed general statements regarding mental status with no specific mention of depression: normal mood, normal judgment/insight, orientation to person/place/time, mood and affect, coordination, attention span and concentration.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Alcohol Use (Prenatal) – PASSED VALIDATION

15 of 15 records passed validation.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Nutrition (Prenatal) – PASSED VALIDATION

14 of 15 records passed validation.

The reason one (1) record failed validation was:

- § Nutrition education handouts were provided to the member but the provider did not specifically document the date and that nutrition education materials were provided.

Performance Trends RY 2013 to RY 2014

Passport Health Plan's performance for RYs 2013 and 2014 is presented in Table C-1, along with the change in rate (increase or decrease) from year to year.

Overall observations regarding Passport Health Plan's performance include:

- § Performance improved for all numerators of the adult healthy weight for height measure. Increases ranged from a low of 0.96 percentage points for healthy weight for height to a high of almost 6 percentage points for documentation of height and weight.
- § While the rate for documentation of height and weight is strong at 89.85%, the rates for the other three (3) numerators are quite low – healthy weight for height (23.59%), documentation of counseling for nutrition (43.05%) and for physical activity (40.40%). It is important to note that the healthy weight for height measure is currently for reporting purposes only; MCOs are not held accountable for improvement.
- § For children and adolescents 3 – 17 years of age, documentation of height and weight rose slightly more than 3 percentage points, to 92.05%, while those with a healthy weight for height remained stable at 55.64%.
- § The rate for cholesterol screening for adults was very good, at 87.79%, up from 84.23% in RY 2013.

- § Related to adolescent screening and counseling, all two of three (2 of 3) rates that were reportable in both RY 2013 and RY 2104 declined; for alcohol/substances from 63.70% to 59.51% and for sexual activity from 55.48% to 53.99%. Screening for tobacco use improved from 71.92% to 74.85%, an increase of almost 3 percentage points. Screening for depression was not reportable in RY 2013; as a result no comparison can be made. The RY 2014 rate is 28.83%.
- § Rates declined substantially for measures of screening and counseling during the perinatal period, by approximately 20 to 30 percentage points.
- § Screening for tobacco use, alcohol use and substance use were most often found (all three rates 64.10%) while screening for domestic violence was infrequently noted (20.72%). Rates for the other numerators in RY 2014 ranged from 63.86% (assessment/counseling for OTC/prescription medication) to a low of approximately 40%(screening for depression both prenatally and postpartum).
- § Positive screening for tobacco use was most common (28.57%) while positive alcohol and substance use were seen less frequently (4.14% and 5.64%, respectively). Intervention for positive findings occurred most often for tobacco use (60.53%) than for alcohol (36.36%) or substance use (40%).
- As noted prior, depression screening rates were quite low, prenatally (39.04%) and postpartum (39.02%).
- § Regarding access to care for CSHCN, performance ranged from a high of 97.94% (*Children's Access to PCPs (CAP), ages 12 – 24 months*) to 49.69% (*Well-Child Visits in the First 15 Months of Life (WC15)*). Rates for all measures in the Children with Special Health Care Needs (CSHCNs) domain improved from RY 2013 to RY 2014. Improvements ranged from 1.42 to 6.24 percentage points.
- § Rates for the CAP set of measures were very strong, all above 90%. While the highest rate of well-child visits was seen for the ages 3 – 6 years group, at 75.19%.

Table C1: Passport Health Plan – RY 2013 and 2014 Performance Measure Rates

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.	83.89%	89.85%	5.96
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI).	22.63%	23.59%	0.96
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.	38.85%	43.05%	4.20
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.	30.68%	40.40%	9.72

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Adult	A	Cholesterol Screening	The percentage of male enrollees age \geq 35 years and female enrollees age \geq 45 years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.	84.23%	87.79%	3.56
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	87.95%	92.03%	4.08
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	91.10%	92.11%	1.01
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	88.96%	92.05%	3.09
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	59.63%	59.21%	-0.42
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	48.12%	48.57%	0.45
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	55.83%	55.64%	-0.19
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for tobacco</u> .	71.92%	74.85%	2.93
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for alcohol/substances</u> .	63.70%	59.51%	-4.19
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and had <u>screening/counseling for sexual activity</u> .	55.48%	53.99%	-1.49

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening for depression</u> documented.	NR	28.83%	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	87.76%	64.10%	-23.66
				The percentage of pregnant members who had <u>positive screening for tobacco use</u> .	31.75%	28.57%	-3.18
				The percentage of pregnant members who had positive screening for tobacco use and received <u>intervention for tobacco use</u> .	65.42%	60.53%	-4.89
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	86.46%	64.10%	-22.36
				The percentage of pregnant members who had <u>positive screening for alcohol use</u> .	3.92%	4.14%	0.22
				The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use</u> .	< 30	36.36%	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	85.94%	64.10%	-21.84
				The percentage of pregnant members who had <u>positive screening for substance/drug use</u> .	5.76%	5.64%	-0.12
				The percentage of pregnant members who were found positive for substance/drug use and were provided <u>intervention for drug/substance use</u> .	< 30	40.00%	N/A
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	50.00%	30.12%	-19.88

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or counseling for OTC/prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	84.11%	63.86%	-20.25
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	45.05%	20.72%	-24.33
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members year who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	70.83%	39.04%	-31.79
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for depression during a postpartum visit</u> .	58.39%	39.02%	-19.37
Children with Special Health Needs: Access to Care and Preventive Care Services							
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	52.94%	57.02%	4.08
				SSI Blind (B, BP, K)	52.94%	60.00%	7.06
				SSI Disabled (D, DP, M)	52.94%	57.01%	4.07
				Foster (P,S, X)	67.60%	76.71%	9.11
				CCSHCN (provider type 22 and 23)	71.43%	64.86%	-6.57
			Total ADV 2–21 years)	56.76%	63.00%	6.24	
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Well Child Visits in the First 15 Months of Life (6+ visits)	The percentage of members who turned 15 months old during the measurement year and who had <u>at least 6 well-child visits with a PCP</u> during their first 15 months of life.			
				SSI Total(B, BP, D, DP, K, M)	35.47%	37.37%	1.90
				SSI Blind (B, BP, K)	100.00%	0.00%	-100.00
				SSI Disabled (D, DP, M)	34.32%	37.37%	3.05
				Foster (P,S, X)	61.47%	68.75%	7.28
				CCSHCN (provider type 22 and 23)	0.00%	0.00%	0.00
			Total WC15mo	45.55%	49.69%	4.14	
Preventive Care	Child - CSCHN	A	HEDIS® Well Child	The percentage of members 3–6 years of age who received <u>one or more well-child visits with a PCP</u> during the measurement year.			

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
	Cohort		Visits in the 3rd, 4th, 5th and 6th Years of Life	SSI Total(B, BP, D, DP, K, M)	70.42%	73.18%	2.76
				SSI Blind (B, BP, K)	100.00%	80.00%	-20.00
				SSI Disabled (D, DP, M)	70.35%	73.13%	2.78
				Foster (P,S, X)	77.08%	78.27%	1.19
				CCSHCN (provider type 22 and 23)	0.00%	0.00%	0.00
				Total WC34	72.61%	75.19%	2.58
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Adolescent Well Care Visits	The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</u>			
				SSI Total(B, BP, D, DP, K, M)	48.86%	52.16%	3.30
				SSI Blind (B, BP, K)	42.86%	45.45%	2.59
				SSI Disabled (D, DP, M)	48.88%	52.19%	3.31
				Foster (P,S, X)	59.34%	62.56%	3.22
				CCSHCN (provider type 22 and 23)	59.65%	56.67%	-2.98
Total AWC	51.38%	54.96%	3.58				
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12 months – 19 years of age who had <u>a visit with a primary care practitioner (PCP).</u>			
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP) during the measurement year.</u>			
				SSI Total(B, BP, D, DP, K, M)	93.49%	97.25%	3.76
				SSI Blind (B, BP, K)	100.00%	0.00%	-100.00
				SSI Disabled (D, DP, M)	93.37%	97.25%	3.88
				Foster (P,S, X)	100.00%	98.82%	-1.18
				CCSHCN (provider type 22 and 23)	0.00%	0.00%	0.00
Total CAP 12–24 months	96.19%	97.94%	1.75				
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP) during the measurement year.</u>			
				SSI Total(B, BP, D, DP, K, M)	90.95%	92.58%	1.63
				SSI Blind (B, BP, K)	100.00%	80.00%	-20.00
				SSI Disabled (D, DP, M)	90.92%	92.66%	1.74
				Foster (P,S, X)	91.03%	92.15%	1.12
				CCSHCN (provider type 22 and 23)	0.00%	0.00%	0.00
Total CAP 25 months–6 years	90.98%	92.40%	1.42				

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change from RY 2013 to RY 2014
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 7–11 years of age who had a visit with a primary care practitioner (PCP) during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	90.97%	94.62%	3.65
				SSI Blind (B, BP, K)	100.00%	100.00%	0.00
				SSI Disabled (D, DP, M)	90.95%	94.60%	3.65
				Foster (P,S, X)	89.06%	96.05%	6.99
				CCSHCN (provider type 22 and 23)	100.00%	100.00%	0.00
Total CAP 7 -11 years	90.56%	94.90%	4.34				
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) during the measurement year, or the year prior.			
				SSI Total(B, BP, D, DP, K, M)	88.76%	92.38%	3.62
				SSI Blind (B, BP, K)	83.33%	100.00%	16.67
				SSI Disabled (D, DP, M)	88.78%	92.35%	3.57
				Foster (P,S, X)	86.58%	94.06%	7.48
				CCSHCN (provider type 22 and 23)	94.44%	96.43%	1.99
Total CAP 12 -19 years	88.33%	92.68%	4.35				

N/A: not applicable (plan did not have any eligible members for this rate); NR: not reportable (plan did not produce a valid rate); H: hybrid measure; A: administrative measure; RY: reporting year.

Appendix D – Validation Findings for WellCare of Kentucky

Medical Record Tools, Instructions and Processes

Key findings from the review of WellCare’s medical record review tools and instructions revealed that:

- § All tools included general documentation requirements, i.e., review date, reviewer, member name, member plan identification number and member date of birth
- § All tools included exclusion criteria where appropriate.

It is important to note that, since WellCare passed the medical record validation for both performance measures, the findings below did not impact the validity and reliability of the abstracted data.

Adolescent Preventive Screening/Counseling: All Numerators

- § The type of practitioner (PCP or OB/GYN) is not specified in the abstraction tool.
- § WellCare should consider pre-loading the member’s age as of December 31 of the measurement year on the tool as a cue for the reviewers. The tool currently shows the date on which the member’s 16th birthday either has occurred or will occur in the future.
- § WellCare’s training instructions indicate members who “had a well-care/preventive outpatient visit during 2013.” Per the specifications, the preventive visit is a denominator criterion; any type of visit and multiple visits may be used to obtain documentation for the numerators. The specifications also state that services rendered during sick visits dated within the measurement year may be used to identify numerator positive events. WellCare should consider revising the language in the training materials to reflect that both well-care/preventive out patient, sick visits and multiple visits can be used to abstract numerator data.

Prenatal and Postpartum Risk Assessment and Education/Counseling: All Numerators

- § The tools and instructions should specify “tobacco use” and not “smoking” as all types of tobacco use are included in the measure (i.e., cigarettes, cigars, chew, smokeless tobacco, etc.).
- § In the vendor presentation slide, a positive prenatal screening for tobacco is defined as an assessment of being a positive smoker during the first two prenatal visits or one of the first two prenatal visits following enrollment. The specifications indicate that the criteria for “positive tobacco use” include all forms of tobacco (i.e., cigarettes, cigars, chew, smokeless tobacco, etc.).
- § In the vendor presentation slide, interventions are indicated for a member positively identified as a smoker during the member's first prenatal visits or one of the first two prenatal visits following enrollment. The specifications indicate that interventions are warranted for members with a positive screening for tobacco use in any form (i.e., cigarettes, cigars, chew, smokeless tobacco, etc.).
- § The vendor training materials indicate that providing an information packet or viewing a video are acceptable to meet the numerator requirements. This is only acceptable if the specific date and relevant topic(s) are documented for each member.
- § The vendor training materials indicate that education on depression/domestic violence meets the measure requirements. For these numerators, there must be a specific notation regarding screening. Education or counseling does not meet the numerator requirements.

MRR Validation

The results were as follows:

Adolescent Preventive Screening/Counseling: Depression Screening – PASSED VALIDATION

14 of 15 records passed validation.

The reasons that one (1) record failed validation were:

- § The record did not contain documentation of screening for depression.
- § The PCP documentation addressed general statements regarding mental status with no specific mention of depression, i.e., psychiatric/behavior (negative).

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening/Intervention for Alcohol Use (Prenatal) – PASSED VALIDATION

15 of 15 records passed validation.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Nutrition (Prenatal) – PASSED VALIDATION

15 of 15 records passed validation.

Performance Trends RY 2013 to RY 2014

WellCare of Kentucky's performance for RYs 2013 and 2014 is presented in Table D-1, along with the change in rate (increase or decrease) from year to year.

Overall observations regarding WellCare of Kentucky's performance include:

- § Performance could not be trended for the adult healthy weight for height numerators as WellCare did not have a sufficient sample to report this measure in RY 2013.
- § While the RY 2014 rate for documentation of height and weight was strong at 84.72%, the rates for the other three (3) numerators were lower - healthy weight for height (25.53%), documentation of counseling for nutrition (27.78%) and for physical activity (33.33%). It is important to note that the healthy weight for height measure is currently for reporting purposes only; MCOs are not held accountable for improvement.
- § For children and adolescents 3 – 17 years of age, documentation of height and weight rose over 10 percentage points, to 79.86%, while those with a healthy weight for height increased over 6 percentage points to 19.48%.
- § The rate for cholesterol screening for adults was very good, at 80.86%, up from 72.94% in RY 2013, an increase of almost 8 percentage points.
- § Related to adolescent screening and counseling, each of the four rates improved, from almost 4 percentage points for tobacco use screening/counseling to just over 7 percentage points for alcohol/substance screening/counseling. Screening/counseling for tobacco use was seen most often, at 54.90%, followed by screening/counseling for alcohol/substances (37.91%), for sexual activity (24.18%), and lastly, screening for depression (21.57%).
- § Rates for measures of screening and counseling during the perinatal period generally improved, from nearly 5 percentage points (screening for domestic violence) to over 12 percentage points (assessment/counseling for OTC/prescription medications).

- § Screening for tobacco use was most often found (40.96%) while assessment/counseling for nutrition was infrequently noted (17.82%). Rates for the other numerators in RY 2014 ranged from 40.16% (screening for alcohol use) to a low of 20.48% (screening for domestic violence).
- § Depression screening rates were 27.93% (prenatally) and 44.16% (postpartum). Prenatal screening increased by 7.10 percentage points, while postpartum screening dropped by 2.56 percentage points.
- § Positive screening for tobacco use was most common (36.31%), while positive substance and alcohol use were seen less frequently (9.29% and 2.63%, respectively). Intervention for positive findings occurred more often for tobacco use (59.65%) and substance use (53.85%) than for alcohol use (25%).
- § Regarding access to care for CSHCN, performance ranged from a high of 97.09% (Children’s Access to PCPs (CAP), ages 7 – 11 years) to 36.97% Adolescent Well-Care Visits (AWC)).
- § Rates for the CAP set of measures were very strong, all above 90%. While the highest rate of well-child visits was seen for the ages 3 – 6 years group, at 62.77%.
- § Rates for the majority of measures in the Children with Special Health Care Needs (CSHCNs) domain declined slightly from RY 2013 to RY 2014 (between 0.51 to 1.77 percentage points); however, the rate for *Well-Child Visits in the First 15 Months of Life* (WC15) improved substantially (+35.60 percentage points). Performance could not be trended for CAP, ages 7–11 and 12–19 years, since WellCare did not report these rates in RY 2013 due to lack of an eligible population.

Table D1: WellCare of Kentucky – RY 2013 and 2014 Performance Measure Rates

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change RY 2013 to RY 2014
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had their <u>height and weight</u> documented during the measurement year or the year prior to the measurement year.	< 30	84.72%	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had a <u>healthy weight for height</u> documented during the measurement year or the year prior to the measurement year (as identified by appropriate BMI).	< 30	25.53%	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> documented during the measurement year or the year prior to the measurement year.	< 30	27.78%	N/A
Preventive Care	Adult	H	BMI	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for physical activity</u> documented during the measurement year or the year prior to the measurement year.	< 30	33.33%	N/A

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change RY 2013 to RY 2014
Preventive Care	Adult	A	Cholesterol Screening	The percentage of male enrollees age \geq 35 years and female enrollees age \geq 45 years who had an outpatient visit and had <u>LDL-C/cholesterol screening</u> in the measurement year or during the four years prior.	72.94%	80.86%	7.92
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	68.42%	78.49%	10.07
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	72.11%	82.35%	10.24
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of <u>both a height and weight</u> on the same date of service during the measurement year.	69.68%	79.86%	10.18
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–11 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	10.71%	21.62%	10.91
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 12–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	17.76%	15.75%	-2.01
Preventive Care	Child	H	BMI	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of a <u>healthy weight for height</u> during the measurement year.	13.20%	19.48%	6.28
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for tobacco</u> .	51.02%	54.90%	3.88
Preventive Care	Child	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening/counseling for alcohol/substances</u> .	30.61%	37.91%	7.30

Performance Measure Domain	Age Group	Admin/Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change RY 2013 to RY 2014
Preventive Care	Child	H	Adolescent Screening/Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and had <u>screening/counseling for sexual activity</u> .	18.37%	24.18%	5.81
Preventive Care	Child	H	Adolescent Screening/Counseling	The percentage of adolescents 12–17 years of age who had a well care/preventive visit in measurement year with a PCP or OB/GYN and who had <u>screening for depression</u> documented.	15.65%	21.57%	5.92
Perinatal Care	N/A	H	Prenatal Screening/Counseling	The percentage of pregnant members who had evidence of <u>screening for tobacco use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	32.81%	40.96%	8.15
				The percentage of pregnant members who had a screening for tobacco use who were found <u>positive for tobacco use</u> .	43.65%	36.31%	-7.34
				The percentage of pregnant members who were found positive for tobacco use and received <u>intervention for tobacco use</u> .	56.36%	59.65%	3.29
Perinatal Care	N/A	H	Prenatal Screening/Counseling	The percentage of pregnant members who had evidence of <u>screening for alcohol use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	29.43%	40.16%	10.73
				The percentage of pregnant members who had a screening for alcohol use and who were found <u>positive for alcohol use</u> .	4.42%	2.63%	-1.79
				The percentage of pregnant members who were found positive for alcohol use and received <u>intervention for alcohol use</u> .	< 30	25.00%	N/A
Perinatal Care	N/A	H	Prenatal Screening/Counseling	The percentage of pregnant members who had evidence of <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	29.17%	36.97%	7.80
				The percentage of pregnant members who had <u>positive screening for substance/drug use</u> .	8.93%	9.29%	0.36
				The percentage of pregnant members who were found positive for substance/drug use and received <u>intervention for drug/substance use</u> .	< 30	53.85%	N/A
Perinatal Care	N/A	H	Prenatal Screening/Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	11.72%	17.82%	6.10

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change RY 2013 to RY 2014
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>assessment of and/or counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	18.23%	30.59%	12.36
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	15.63%	20.48%	4.85
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had evidence of <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	20.83%	27.93%	7.10
Perinatal Care	N/A	H	Prenatal Screening/ Counseling	The percentage of pregnant members who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year who had evidence of <u>screening for depression during a postpartum visit</u> .	46.72%	44.16%	-2.56
Children with Special Health Care Needs – Access to Care and Preventive Care Services							
Preventive Care	Child – CSCHN Cohort	A	HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	52.72%	55.60%	2.88
				SSI Blind (B, BP, K)	58.33%	58.50%	0.17
				SSI Disabled (D, DP, M)	52.70%	55.60%	2.90
				Foster (P,S, X)	70.85%	74.20%	3.35
				CCSHCN (provider type 22 and 23)	65.96%	70.40%	4.44
				Total ADV 2–21 years)	58.48%	61.81%	3.33
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Well Child Visits in the First 15 months of Life (6 or More Visits)	The percentage of members who turned 15 months old during the measurement year and who had <u>6 or more well-child visits with a PCP</u> during their first 15 months of life.			
				SSI Total(B, BP, D, DP, K, M)	0.09%	40.00%	39.91
				SSI Blind (B, BP, K)	0.00%	100.00%	100.00
				SSI Disabled (D, DP, M)	0.09%	39.20%	39.11
				Foster (P,S, X)	23.07%	59.10%	36.03
				CCSHCN (provider type 22 and 23)	16.66%	54.20%	37.54
				Total WC15mo	16.67%	52.27%	35.60

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change RY 2013 to RY 2014
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Well Child Visits in the 3 rd , 4 th , 5 th & 6 th Years of Life	The percentage of members 3, 4, 5, and 6 years of age who had <u>one or more well-child visits with a PCP</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	60.41%	58.00%	-2.41
				SSI Blind (B, BP, K)	50.00%	60.00%	10.00
				SSI Disabled (D, DP, M)	60.46%	58.00%	-2.46
				Foster (P,S, X)	67.07%	67.60%	0.53
				CCSHCN (provider type 22 and 23)	65.96%	67.50%	1.54
				Total WC34	63.45%	62.77%	-0.68
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Adolescent Well Care Visits	The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	32.33%	31.70%	-0.63
				SSI Blind (B, BP, K)	11.76%	25.90%	14.14
				SSI Disabled (D, DP, M)	32.43%	31.70%	-0.73
				Foster (P,S, X)	54.30%	52.70%	-1.60
				CCSHCN (provider type 22 and 23)	41.08%	41.70%	0.62
				Total AWC	37.48%	36.97%	-0.51
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP).			
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12–24 months of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year.			
				SSI Total(B, BP, D, DP, K, M)	96.15%	96.80%	0.65
				SSI Blind (B, BP, K)	100.00%	100.00%	0.00
				SSI Disabled (D, DP, M)	96.12%	96.70%	0.58
				Foster (P,S, X)	97.53%	95.70%	-1.83
				CCSHCN (provider type 22 and 23)	99.17%	95.60%	-3.57
				Total CAP 12–24 months	97.71%	95.94%	-1.77
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 25 months–6 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the reporting year.			
				SSI Total(B, BP, D, DP, K, M)	95.45%	94.50%	-0.95
				SSI Blind (B, BP, K)	75.00%	83.30%	8.30
				SSI Disabled (D, DP, M)	95.53%	94.50%	-1.03
				Foster (P,S, X)	91.39%	90.50%	-0.89

Performance Measure Domain	Age Group	Admin/ Hybrid	Category	Measure Definition	RY 2013 Rate	RY 2014 Rate	Change RY 2013 to RY 2014
				CCSHCN (provider type 22 and 23)	96.36%	94.30%	-2.06
				Total CAP 25 months-6 years	94.61%	93.36%	-1.25
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 7-11 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year, or the year prior.			
				SSI Total(B, BP, D, DP, K, M)	N/A	97.90%	N/A
				SSI Blind (B, BP, K)	N/A	100.00%	N/A
				SSI Disabled (D, DP, M)	N/A	97.90%	N/A
				Foster (P,S, X)	N/A	94.40%	N/A
				CCSHCN (provider type 22 and 23)	N/A	98.60%	N/A
				Total CAP 7 -11 years	N/A	97.09%	N/A
Preventive Care	Child - CSCHN Cohort	A	HEDIS® Children's Access to PCPs	The percentage of members 12-19 years of age who had <u>a visit with a primary care practitioner (PCP)</u> during the measurement year, or the year prior.			
				SSI Total(B, BP, D, DP, K, M)	N/A	95.50%	N/A
				SSI Blind (B, BP, K)	N/A	100.00%	N/A
				SSI Disabled (D, DP, M)	N/A	95.50%	N/A
				Foster (P,S, X)	N/A	94.00%	N/A
				CCSHCN (provider type 22 and 23)	N/A	97.60%	N/A
				Total CAP 12 -19 years	N/A	95.29%	N/A

N/A: not applicable (plan did not have any eligible members for this rate); H: hybrid measure; A: administrative measure; RY: reporting year.