



Validation of Reporting Year 2013 Kentucky Medicaid Managed Care Performance Measures

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FINAL

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The Commonwealth of Kentucky
Department for Medicaid Services
Division of Program Quality and Outcomes

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I. 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. These performance measures, selected by DMS, include both HEDIS¹ and state-specific performance measures which are based upon the *Healthy Kentuckians 2010* goals and health care priorities identified by DMS. Together, the measures address the access to, timeliness of, and quality of care provided children, adolescents 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 years 2012 and 2013, under contract to the DMS, four (4) MCOs provided services to Medicaid recipients in Kentucky. CoventryCares of Kentucky and WellCare of Kentucky served the entire state while Passport Health Plan served only the Region 3 counties. One (1) MCO, Kentucky Spirit, withdrew from the program in July 2013 and therefore, is not included in this report. The MCOs were accountable for all covered health services for their members, except long term care and waiver services. These were carved out to Fee for Service (FFS) Medicaid.

As required by Federal Medicaid External Quality Review (EQR) regulations and requirements, under contract with DMS as the External Quality Review Organization, IPRO was tasked with validating the reliability and validity of the MCOs' reported performance measure rates. The purpose of the validation is to:

- Evaluate the accuracy of the Medicaid performance measures reported by the MCOs
- Determine the extent to which the Medicaid-specific performance measures calculated by the MCOs followed the specifications established by the Department.

This report summarizes the validation activities and findings for the performance measure rates reported by the MCOs for the measurement year 2012 in reporting year 2013. In addition, IPRO has included recommendations for reporting year 2014 and future performance measure sets.

The required measures are listed on the following pages.

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

KENTUCKY MEDICAID MANAGED CARE PERFORMANCE MEASURES – RY 2013

HEDIS Performance Measures

HEDIS Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents²

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.

HEDIS Adult BMI Assessment

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 the measurement year.³

HEDIS Controlling High Blood Pressure

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.

HEDIS Annual Dental Visit

The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.

HEDIS Lead Screening in Children

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.

HEDIS Well-Child Visits in the First 15 Months of Life

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.

HEDIS Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.

HEDIS Adolescent Well-Care Visits

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.

HEDIS Children's and Adolescents' Access to Primary Care Practitioners

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.

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

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

State-Specific Performance Measures

Prenatal and Postpartum Risk Assessment and Education/Counseling

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:

- 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 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.

(Note these are reported as thirteen separate numerators)

Cholesterol Screening for Adults

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.

Height and Weight Documented; Appropriate Weight for Height for Adults

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.)

Counseling for Nutrition and Physical Activity for Adults

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)

Height and Weight Documented and Appropriate Weight for Height for Children and Adolescents

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.)

Adolescent Preventive Screening/Counseling

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 OBGYN 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)

Individuals with Special Health Care Needs (ISHCNs) Access to Care and Preventive Care

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.

Access to Care:

- Children’s and Adolescent’s Access to Primary Care Practitioners

Preventive Care Visits:

- 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

II. METHODOLOGY

The Centers for Medicare and Medicaid Services (CMS) specifies the activities to be undertaken by an EQRO for purposes of validating MCO-reported performance measures in the protocol *Validating Performance Measures: A protocol for use in conducting Medicaid External Quality Review Activities* (updated 2012). 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) into a data repository or set of consolidated files for use in constructing MCO performance measures; 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 performance measures, 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 measures are derived directly 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 an NCQA licensed audit organization as part of the MCOs' annual HEDIS Compliance Audit⁴. Therefore, in accordance with the CMS EQRO provisions for non-duplication of activities, IPRO did not address those measures in its validation process. Rather, the focus was on validating the State-specific measures.

⁴ HEDIS Compliance Audit is a registered trademark of the National Committee for Quality Assurance (NCQA)

III. 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 the performance measure 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 performance measures,
 - Conduct statistical testing of results;
- Procedures used to determine the measure denominators from the HEDIS denominator base, and how the additional criterion of a PCP visit was applied (where applicable);
- Medical record abstraction staff qualifications, training, and inter-rater reliability testing;
- 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 2013 *Interactive Data Submission System (IDSS)* report for the Medicaid product line;
- HEDIS 2013 *Final Audit Report, for the Medicaid Product Line*;
- 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 (IS) Capabilities Assessment

It is important to note that 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 information systems conducted by another party. IPRO continues to conduct encounter data validation activities annually as part of the EQR compliance review and optional activities. 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 2013 *Final Audit Report for the Medicaid Product Line* was reviewed to determine compliance with HEDIS Information Systems (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.

- 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

Many of the performance measure 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 NCQA-licensed audit organization as part of the annual HEDIS audit.

The HEDIS 2013 *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: Based on use of certified software, or direct auditor review, samples were drawn using a systematic sampling method as specified in the HEDIS technical specifications.

For some State-specific performance measures, 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 for the state-specific performance measures included review of medical record abstraction tools and instructions as well as validation of medical record abstraction findings for a sample of records.

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 performance measure validation, IPRO conducts a 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 twenty (20) numerator positive events for five (5) numerators from three (3) measures. The numerators selected for MRR validation included: *Adolescent Screening Counseling: Screening for Depression* numerator; *Prenatal and Postpartum Screening: Screening for Depression* numerator; and *Prenatal and Postpartum Screening: Tobacco Screening, Positive Tobacco Screening, and Intervention for Positive Tobacco Screening* numerators.

The preliminary findings for each measure, with case specific results, were provided to the MCOs for review and response. The MCOs submitted additional documentation which was reviewed by IPRO and 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 administrative measure *Annual Dental Visit for CSHCN* for administrative validation. The MCOs were asked to submit evidence for the denominator and numerator components of the measures, 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.

IV. SUMMARY OF VALIDATION FINDINGS⁵

Information Systems (IS) Capabilities Assessment and Denominator Validation

IPRO reviewed each of the three (3) MCOs' HEDIS 2013 *Final Audit Report for the Medicaid Product Line* (FAR) to determine compliance with Information Systems (IS) standards. The final audit reports revealed that each of the three (3) MCOs met all IS standards.

The MCOs' process for determining the denominator(s) for the applicable state-specific performance measures was evaluated to ensure that the additional criterion of a PCP visit during the measurement year was applied. Each of the three (3) MCOs defined the denominator(s) as prescribed by the specifications.

Data Collection Validation

Medical Record Tools and Instructions and Processes Review

IPRO reviewed the MCO's medical record reviewer qualifications/experience, tools, instructions and processes.

For all three (3) MCOs, the reviewer pool was well-qualified. Reviewers were Registered Nurses (RNs) or Registered Health Information Administrators (RHAs) and most were experienced in medical record review for HEDIS/performance measures. Many were returning temporary staff from prior years.

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 three (2 of 3) MCOs, the training materials were provided by a vendor. No information on the Kentucky-specific measures was found in the training materials for one (1) MCO.

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 three (2 of 3) MCOs, the training sessions were provided by a vendor. No training or testing on the Kentucky-specific measures was found in the information provided by one (1) MCO.

IPRO reviewed the processes for quality monitoring of record abstractions and the monitoring results for each of the three (3) MCOs. The standard for proficiency in abstraction was 95% for two (2) MCOs and Pass/Fail for one (1) MCO. No quality monitoring results for the Kentucky-specific measures was found in the documentation provided by one (1) MCO. For the two (2) MCOs that used numeric scoring, results ranged from 95% to 100%. For instances where the

⁵ MCO-specific validation findings can be found in Appendices A, B and C

score was less than 95%, the reviewer was retrained and retested. If the reviewer did not pass the re-testing, the reviewer was not assigned to abstract records for the affected measure(s).

I PRO reviewed each of the three (3) MCO's medical record tools and instructions for inclusion of general documentation, numerator requirements and exclusion criteria based on measure specifications. The findings were provided to each of the MCOs so that corrections could be made for the following subsequent year's performance measure abstraction. Specific findings (across all three (3) MCOs) for each of the measures appear below.

Adolescent Preventive Screening and Education/Counseling

- The tool for one (1) MCO contained incorrect parameters for the member age range.
- The tool and training materials for one (1) MCO did not specify that the visit must have been with a primary care or OBGYN practitioner.
- The tool and training materials for one (1) MCO specified the incorrect timeframe for the numerator event tobacco use screening (2013 versus 2012).
- The numerator requirement in the tool and training materials specified a general "mental health" screening, not a screening for depression specifically. The tool was based on an obsolete measure specification. This occurred for two (2) of the three (2 of 3) MCOs, One (1) MCO self-identified the error during the validation activities and re-abstracted the entire medical record sample.
- The tool and training materials for one (1) MCO 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 with a PCP or OBGYN practitioner.

Prenatal and Postpartum Risk Assessment and Education/Counseling

- The tools for two (2) MCOs did not specify the required provider types (midwife, OBGYN, family practitioner, other PCP) for the 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, the appropriate timeframe could not 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 warning on the dangers of smoking during pregnancy for a non-smoker. Additionally the date of the event was not collected; therefore, the appropriate timeframe could not be assessed.
- The tool for one (1) MCO omitted the *screening for alcohol use* numerator (only collected if the member uses alcohol). Additionally the date of the event was not collected; therefore, the appropriate timeframe could not 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 warning on the dangers of alcohol use during pregnancy. Additionally the date of the event was not collected; therefore, the appropriate timeframe could not be assessed.
- The tool for one (1) MCO omitted the *screening for substance/drug use* numerator (only collected if the member uses alcohol). Additionally the date of the event was not collected; therefore, the appropriate timeframe could not be assessed.

- The tool for one (1) MCO did not specifically address the *intervention for positive substance/drug use* numerator. The field was labeled “*Did they receive education or counseling?*” which could apply to either advice to stop using drugs or general warning on the dangers of drug use during pregnancy. Additionally the date of the event was not collected; therefore, the appropriate timeframe could not be assessed.
- The tool for one (1) MCO did not contain fields to collect the date of the numerator events *assessment/education for nutrition; assessment/education for OTC/prescription drug use; screening for depression (prenatal and postpartum); and screening for domestic violence*.
- The tool for one (1) MCO had two (2) versions of the prenatal postpartum abstraction tool. One (1) tool contained the HEDIS numerators as well as the Kentucky-specific numerators, while the second version omitted the Kentucky-specific numerators.
- The tool for one (1) MCO did not contain any data collection fields for any of the Kentucky-specific numerators (tobacco use screening, positive tobacco use, intervention for positive tobacco use; alcohol use screening, positive alcohol use, intervention for positive alcohol use; 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). This tool did contain overall results fields for several of the Kentucky-specific numerators (substance use screening, positive substance use screening, and 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 vendor training materials for one (1) MCO indicated that viewing of video or provision of written information would meet the numerator requirements for *tobacco use screening* and *tobacco use intervention*. This may or may not meet the numerator requirements in specific circumstances. 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 one (1) MCO 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 specific circumstances. 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 one (1) MCO 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 specific circumstances. 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 one (1) MCO 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 one (1) MCO indicated that education/counseling would meet the numerator requirements for *depression screening* (prenatal and postpartum). This may or may not meet the numerator requirements in specific circumstances.
- The vendor training materials for one (1) MCO indicated that education/counseling would meet the numerator requirements for *screening for domestic violence*. This may or may not meet the numerator requirements in specific circumstances. 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.

Medical Record Review Validation

I PRO conducted a 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 may have significantly biased the final reported rates.

The MRR validation encompassed a validation review of a random sample of twenty (20) numerator positive events as identified by medical record review by the MCOs.

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 for Depression*
- *Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Tobacco Use*
- *Prenatal and Postpartum Risk Assessment and Education/Counseling: Positive Tobacco Use Screening*
- *Prenatal and Postpartum Risk Assessment and Education/Counseling Intervention for Positive Tobacco Use Screening*

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 is +/- five (5) percentage points. The combined findings for the three (3) MCOs for each of the selected numerators are described below.

Adolescent Preventive Screening and Education/Counseling: Screening for Depression

Only one (1) of three (3) MCOs passed the medical record validation for this measure. Reasons that individual records failed the validation included:

- Medical record notes submitted did not contain any documentation related to depression screening.
- Documentation submitted did not contain member name and/or date.
- The field to record the assessment for depression was left blank.
- The notation in the medical record was too general and not specific to depression: “mental status exam”; “mental status – alert and oriented”; “mental health assessment”; “mental health – no concerns”; “interacts well”; “normal affect”; “normal demeanor” or “cooperative”.
- The assessment was for mental health in general or another behavioral health condition, e.g., “psychiatric exam”; ADHD assessment; anxiety or adjustment disorder.
- The assessment was conducted by a specialist, not a primary care practitioner.

- There was a notation of medication with no diagnosis of depression. The medication could be used for other than depression (e.g., anxiety).
- Copies of pamphlets on depression were submitted but were not labeled with the member name or date. There was no notation that the member had been screened and/or given educational materials on depression.
- The depression screening was identified by CPT II code 2014F, which is defined as “mental status assessed” and is not listed as a qualifying code in the measure specifications.
- The abstraction tool was marked as not compliant for the numerator, but the member’s record was included in the list of numerator positive events.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Depression

All three (3) MCOs passed the medical record validation for this measure. For one (1) MCO, all sampled records passed the validation. For two (2) MCOs, some medical records failed the validation, however it was determined that it did not significantly bias the final reported rates for either of the two (2) MCOs. Reasons that individual records failed the validation included:

- The notation on the ACOG form was listed as “Psychiatric”, not depression specifically.
- The ACOG form was not dated and there was no supporting documentation with a date that could be reliably linked to the ACOG form/assessment.
- The ACOG form was referenced but not provided for review.
- A diagnosis of depression was coded for a visit but there was no supporting documentation in the medical record provided.
- Pages of the medical record that were submitted did not contain the member name and/or date.
- Only an emergency room record and the delivery record were submitted for review.
- The medical record submitted was for a different member.
- Only the last prenatal visit note and the delivery record were submitted for review.

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

All three (3) MCOs passed the medical record validation for this measure. For those two (2) MCOs, all sampled records passed the validation. For one (1) MCO, some medical records failed the validation, however it was determined that it did not significantly bias the final reported rate. Reasons that individual records failed the validation included:

- No documentation of screening for tobacco use was contained in the medical record submitted for review.
- Only a pediatric sick visit was submitted for review.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Positive Tobacco Use Screening

Two of three (2 of 3) MCOs passed the medical record validation for this measure. For the two (2) MCOs, all sampled records passed the validation. One (1) MCO failed the medical record validation for this measure. For this MCO, some medical records failed the validation, and it was determined that it did significantly bias the final reported rate. Reasons that individual records failed the validation included:

- The member was included in the group with positive tobacco use screening but the medical record indicated that the member was a non-smoker.

- The documentation was contradictory and it was not possible to determine if the member was a tobacco user or not.
- There was no documentation of screening for tobacco use in the medical record submitted for review.
- Only a pediatric sick visit was submitted for review.

Prenatal and Postpartum Risk Assessment and Education/Counseling Intervention for Positive Tobacco Use Screening

Two of three (2 of 3) MCOs passed the medical record validation for this measure. For the two (2) MCOs, all sampled records passed the validation. For these MCOs, one or two (1 or 2) medical records failed the validation, however it was determined that it did not significantly bias the final reported rates. One (1) MCO failed the medical record validation for this measure. For this MCO, some medical records failed the validation, and it was determined that it did significantly bias the final reported rate. Reasons that individual records failed the validation included:

- There was documentation that an educational handout was provided but a notation in the medical record of intervention for tobacco use was not specifically noted.
- The member had a positive screen for tobacco use but the medical record submitted for review did not contain documentation of intervention for tobacco use.
- The documentation was contradictory and it was not possible to determine if the member was a tobacco user or not.
- The member was included in the group with positive tobacco use screening and intervention for tobacco use but the medical record indicated that the member was a non-smoker.
- Only a pediatric sick visit was submitted for review.

Administrative Record Review

I PRO conducted an administrative validation for twenty (20) records for the measure *Annual Dental Visit for CSHCN* for members in the Foster category of eligibility and those who received services from the Commission for Children with Special Health Care Needs. 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 OR Evidence of services provided by the CSHCN
- Service provider network participation during the measurement period
- Claim for the numerator service with the billing code for the required service
- Claim for the numerator service with a date within the measurement period

V. MEASURE RATES and REPORTING DESIGNATIONS

The following table provides a list the performance measure rates for each of the three (3) MCOs and a statewide rate for reporting year 2013. The statewide rate is a true rate. The rate was calculated by adding the MCOs denominators and numerators. If a measure was determined “not reportable” an “NR” appears in the rate cell. If a measure had a denominator of less than 30, it is deemed too small to report and “< 30” appears in the cell.

It is important to note that the MCOs’ performance should not be compared. One (1) MCO has a limited and more urban/suburban service area and has been in operation for over ten (10) years, while the other two (2) MCOs have served the Kentucky Medicaid population for less than two (2) years (as of June 2013) and have a larger service area with more rural areas.

Note that the statewide rates displayed are true rates. The numerators and denominators for the three (3) MCOs were added and the resulting numerator was divided by the denominator to obtain the rate. If one (1) or more MCOs was not able to report the measure due no eligible population or due to “not report” designations, then a statewide rate was not calculated. Instead “NA” appears. If one (1) or more MCOs had a denominator of < 30 for a measure, the data (numerator and denominator) were included in the statewide rate.

| Performance Measure Domain | Age Group | Baseline or Pilot Year | Admin/ Hybrid | Measure Name | Description | MCO #1 RY 2013 Rate | MCO #2 RY 2013 Rate | MCO #3 RY 2013 Rate | Statewide RY2013 Rate |
|----------------------------|-----------|------------------------|---------------|---------------------------------|--|---------------------|---------------------|---------------------|-----------------------|
| Preventive Care | Adult | Baseline RY 2013 | H | Adult Height and Weight | The percentage of members 18-74 years of age who had an outpatient visit and who had <u>height and weight documented</u> during the measurement year or the year prior to the measurement year. REPORTING ONLY. | 52.80% | 83.89% | < 30 | 68.63% |
| Preventive Care | Adult | Baseline RY 2013 | H | HEDIS ABA | The percentage of members 18-74 years of age who had an outpatient visit and who had their <u>body mass index (BMI) documented</u> during the measurement year or the year prior to the measurement year. | 50.93% | 76.38% | < 30 | 63.87% |
| Preventive Care | Adult | Baseline RY 2013 | H | Adult Healthy Weight for Height | The percentage of members 18-74 years of age who had an outpatient visit and had <u>healthy weight for height</u> during the measurement year or the year prior to the measurement year. REPORTING ONLY. | 26.42% | 22.63% | NA | 24.12% |

| Performance Measure Domain | Age Group | Baseline or Pilot Year | Admin/Hybrid | Measure Name | Description | MCO #1 RY 2013 Rate | MCO #2 RY 2013 Rate | MCO #3 RY 2013 Rate | Statewide RY2013 Rate |
|----------------------------|-----------|------------------------|--------------|--|--|---------------------|---------------------|---------------------|-----------------------|
| Preventive Care | Adult | Baseline RY 2013 | H | Adult Counseling for Nutrition | The percentage of members 18-74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> during the measurement year or the year prior to the measurement year. | 17.52% | 38.85% | < 30 | 28.43% |
| Preventive Care | Adult | Baseline RY 2013 | H | Adult Counseling for Physical Activity | The percentage of members 18-74 years of age who had an outpatient visit and who had <u>assessment/counseling for physical activity</u> during the measurement year or the year prior to the measurement year. | 15.19% | 30.68% | < 30 | 23.10% |
| Preventive Care | Adult | Baseline RY 2013 | A | Cholesterol Screening | The percentage of male enrollees age > 35 years and female enrollees age > 45 years who had an outpatient office visit and had <u>cholesterol screening</u> in the measurement year or during the four years prior. | 73.89% | 84.23% | 72.94% | 76.94% |
| Preventive Care | Child | Baseline RY 2013 | H | Child and Adolescent Height and Weight | 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 <u>both a height and weight documented</u> on the same date of service during the measurement year. REPORTING ONLY. | 67.59% | 88.96% | 69.68% | 74.91% |
| Preventive Care | Child | Baseline RY 2013 | H | HEDIS® WCC | 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 a <u>BMI percentile/BMI documented</u> during the measurement year. | 18.29% | 60.49% | 25.00% | 75.63% |
| Preventive Care | Child | Baseline RY 2013 | H | Child and Adolescent Healthy Weight for Height | The percentage of child and adolescent members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN who had <u>healthy weight for height</u> during the measurement year. REPORTING ONLY. | 12.29% | 55.83% | 13.20% | 30.13% |

| Performance Measure Domain | Age Group | Baseline or Pilot Year | Admin/Hybrid | Measure Name | Description | MCO #1 RY 2013 Rate | MCO #2 RY 2013 Rate | MCO #3 RY 2013 Rate | Statewide RY2013 Rate |
|----------------------------|-----------|------------------------|--------------|---------------------------------|---|---------------------|---------------------|---------------------|-----------------------|
| Preventive Care | Child | Baseline RY 2013 | H | HEDIS® WCC | 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 <u>assessment/counseling for nutrition</u> during the measurement year. | 30.09% | 64.02% | 31.02% | 42.07% |
| Preventive Care | Child | Baseline RY 2013 | H | HEDIS® WCC | 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 <u>assessment/counseling for physical activity</u> during the measurement year. | 24.31% | 44.37% | 29.40% | 32.88% |
| Preventive Care | Child | Baseline RY 2013 | H | Adolescent Screening/Counseling | The percentage of adolescents 12-17 years of age who had a well-care/preventive visit in measurement year and received <u>screening/counseling for tobacco use.</u> | 36.36% | 71.92% | 49.66% | 52.35% |
| Preventive Care | Child | Baseline RY 2013 | H | Adolescent Screening/Counseling | The percentage of adolescents 12-17 years of age who had a well- care/preventive visit in measurement year and received <u>screening/counseling for alcohol/substance use.</u> | 28.57% | 63.70% | 30.61% | 40.72% |
| Preventive Care | Child | Baseline RY 2013 | H | Adolescent Screening/Counseling | The percentage of adolescents 12-17 years of age who had a well- care/preventive visit in measurement year and received <u>screening/counseling for sexual activity.</u> | 18.83% | 55.48% | 18.37% | 18.37% |
| Preventive Care | Child | Baseline RY 2013 | H | Adolescent Screening/Counseling | The percentage of adolescents 12-17 years of age who had a well-care/preventive visit in measurement year and had <u>screening for depression.</u> | NR | NR | 15.65% | NR |

| Performance Measure Domain | Age Group | Baseline or Pilot Year | Admin/Hybrid | Measure Name | Description | MCO #1 RY 2013 Rate | MCO #2 RY 2013 Rate | MCO #3 RY 2013 Rate | Statewide RY2013 Rate |
|----------------------------|-----------|------------------------|--------------|-------------------------------|---|---------------------|---------------------|---------------------|-----------------------|
| Perinatal Care | NA | Baseline RY 2013 | 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 <u>screening for tobacco use</u> during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO. | 25.06% | 87.76% | 32.81% | 48.32% |
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who had a <u>positive screening for tobacco use</u> during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO. | NR | 31.75% | 43.65% | NR |
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who had <u>intervention for tobacco use</u> during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO. | NR | 65.42% | 56.36% | NR% |
| Perinatal Care | NA | Baseline RY 2013 | 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 <u>screening for alcohol use</u> during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO. | 20.76% | 86.46% | 29.43% | 45.31% |
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who had a <u>positive screening for alcohol use</u> during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO. | NR | 3.90% | 4.42% | NR |

| Performance Measure Domain | Age Group | Baseline or Pilot Year | Admin/Hybrid | Measure Name | Description | MCO #1 RY 2013 Rate | MCO #2 RY 2013 Rate | MCO #3 RY 2013 Rate | Statewide RY2013 Rate |
|----------------------------|-----------|------------------------|--------------|-------------------------------|---|---------------------|---------------------|---------------------|-----------------------|
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who had <u>intervention for alcohol use</u> during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO. | NR | < 30 | < 30 | NR |
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who had <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% | 85.94% | 29.17% | 45.40% |
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who had a <u>positive 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. | NR | 5.76% | 8.93% | NR |
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who had <u>intervention 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. | NR | < 30 | < 30 | NR |
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who <u>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. | 9.87% | 50.00% | 11.72% | 23.73% |
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who had <u>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. | 12.41% | 84.11% | 18.23% | 38.01% |

| Performance Measure Domain | Age Group | Baseline or Pilot Year | Admin/Hybrid | Measure Name | Description | MCO #1 RY 2013 Rate | MCO #2 RY 2013 Rate | MCO #3 RY 2013 Rate | Statewide RY2013 Rate |
|----------------------------|-----------|------------------------|--------------|---|---|---------------------|---------------------|---------------------|-----------------------|
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who had <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% | 45.05% | 15.63% | 23.47% |
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who had <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% | 70.83% | 20.83% | 35.08% |
| Perinatal Care | NA | Baseline RY 2013 | H | Prenatal Screening/Counseling | The percentage of pregnant members who had <u>screening for postpartum depression</u> during their postpartum visit. | 0% | 58.39% | 46.72% | 36.51% |
| Chronic Care | Adult | Baseline RY 2013 | H | HEDIS Controlling HBP | The percentage of members 18–85 years of age who had a diagnosis of hypertension and <u>whose blood pressure was adequately controlled (<140/90)</u> during the measurement year. | 49.11% | 62.97% | 58.68% | 56.92% |
| Preventive Care | Child | Baseline RY 2013 | 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. | 61.07% | 60.95% | 61.79% | 61.23% |
| Preventive Care | Child | Baseline RY 2013 | H | HEDIS Lead Screening for Children | The percentage of children 2 years of age who had one or more capillary or venous lead <u>blood tests for lead poisoning</u> by their second birthday. | 65.51% | 82.30% | 59.63% | 69.35% |
| Preventive Care | Child | Baseline RY 2013 | A | HEDIS Well-Child Visits 15 months (6+ visits) | The percentage of members who turned 15 months old during the measurement year and who <u>had six (6) or more well-child visits</u> with a PCP during their first 15 months of life. | 56.22% | 67.98% | 42.59% | 66.21% |

| Performance Measure Domain | Age Group | Baseline or Pilot Year | Admin/Hybrid | Measure Name | Description | MCO #1 RY 2013 Rate | MCO #2 RY 2013 Rate | MCO #3 RY 2013 Rate | Statewide RY2013 Rate |
|---|-----------|------------------------|--------------|--|---|---------------------|---------------------|---------------------|-----------------------|
| Preventive Care | Child | Baseline RY 2013 | A | HEDIS Well-Child Visits 3-6 years | 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. | 55.79% | 70.68% | 61.81% | 70.28% |
| Preventive Care | Child | Baseline RY 2013 | 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</u> with a PCP or an OB/GYN practitioner during the measurement year. | 45.83% | 52.46% | 38.89% | 52.20% |
| Children with Special Health Care Needs – Access to Preventive Care Measures | | | | | | | | | |
| Preventive Care | Child | Baseline RY 2013 | A | ISHCN Children’s and Adolescents’ Access to Care (CAP) | The percentage of | 97.81% | 95.20% | 97.32% | 97.66% |
| | | | | | <ul style="list-style-type: none"> Children 12–24 months who had a visit with a PCP during the MY | | | | |
| | | | | | The percentage of | 95.49% | 90.97% | 94.89% | 93.50% |
| | | | | | <ul style="list-style-type: none"> Children 25 months–6 years who had a visit with a PCP during the MY | | | | |
| | | | | | The percentage of | NA | 90.74% | NA | NA |
| | | | | | <ul style="list-style-type: none"> Children 7–11 years who had a visit with a PCP during the MY | | | | |
| | | | | | The percentage of | NA | 88.52% | NA | NA |
| | | | | | <ul style="list-style-type: none"> Adolescents 12–19 years who had a visit with a PCP during the MY or the year prior | | | | |
| Preventive Care | Child | Baseline RY 2013 | A | ISHCN Annual Dental Visit (ADV) | The percentage of members 2–21 years who had at least one dental visit during the MY. | 58.23% | 55.13% | 56.22% | 61.04% |
| Preventive Care | Child | Baseline RY 2013 | A | ISHCN Well-Child Visits 15 Months | The percentage of members who turned 15 months old during the MY and who had six (6) well-child visits with a PCP during their first 15 | NA | 41.72% | 14.89% | NA |

| Performance Measure Domain | Age Group | Baseline or Pilot Year | Admin/Hybrid | Measure Name | Description | MCO #1 RY 2013 Rate | MCO #2 RY 2013 Rate | MCO #3 RY 2013 Rate | Statewide RY2013 Rate |
|----------------------------|-----------|------------------------|--------------|--|--|---------------------|---------------------|---------------------|-----------------------|
| | | | | (6+ Visits) | months of life. | | | | |
| Preventive Care | Child | Baseline RY 2013 | A | ISHCN Well-Child Visit 3 to 6 years | The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year. | 61.05% | 71.73% | 62.43% | 91.47% |
| Preventive Care | Child | Baseline RY 2013 | A | ISHCN Adolescent Well-Care Visit (AWC) | 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. | 38.86% | 50.29% | 35.32% | 40.78% |

VI. RECOMMENDATIONS

Annually, DMS and IPRO review the performance measure set. This task involves choosing measures to retire, refining measure specifications, and introducing new measures related to topics of interest to DMS. The guiding principles of the workgroup are to develop a performance measure 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, CAHPS);
- Assuring that measures provide actionable information; and
- Developing measures that can be validly calculated using administrative data, if possible.

For RY 2013, the following changes were made to the measure set:

Performance Measure(s) Retired (2013):

- No measures were formally retired for RY 2013.
- The EPSDT hearing and vision screening measure remained on hold for RY 2013

Performance Measure(s) Specifications Refined (2013):

- All measures were updated, including dates, codes and per HEDIS specifications where applicable.
- The Prenatal Screening/Counseling. The screening/counseling indicators were be revised for RY 2013 to include three numerators related to tobacco use, alcohol use, and substance use:
 - Evidence of screening;
 - Positive findings for screening; and
 - Intervention/treatment for positive findings

Performance Measures Continued (2013):

HEDIS

- Well-Child Visits age 15 months (6 or more visits)
- Well-Child Visits ages 3 – 6 Years
- Adolescent Well-Care
- Children’s Access to PCPs – ages 12 – 24 months, 25 months – 6 years, 7 – 11 years, and 12 – 19 years
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Annual Dental Visit
- Lead Screening for Children
- Adult BMI
- Controlling High Blood Pressure

State-specific

- Counseling for Nutrition and Physical Activity for Adults
- Height and Weight Documented and Healthy Weight for Height for Adults
- Adult Cholesterol Screening

- Prenatal Risk Assessment, Counseling and Education – (tobacco use, alcohol use, substance abuse, nutrition, OTC/prescription drug use, domestic violence, prenatal and postpartum depression screening)
- Height and Weight Documented and Healthy Weight for Height for Children and Adolescents
- Adolescent Screening/Counseling – (alcohol/substances, tobacco, sexual activity, depression)
- Children with Special Health Care Needs (CSHCN) Access to Care and Preventive Care Services

Future Directions

For RY 2014, each of the measures was reviewed, including MCO experiences and lessons learned from calculating the measures, the results of the performance measure validation activities, and DMS priorities.

Refinement of Current Measures

Planned efforts toward measure refinement for the 2014 reporting year include the following:

- Clarifying specifications based on medical record review validation findings and MCO input
- All measures that are HEDIS® measures or are based on HEDIS® specifications will be updated to reflect changes in HEDIS® specifications.
- All measures will be validated and where necessary/desired either retired or refined.

Development of New Measures

- No new measures were developed for the 2014 reporting year
- Adapting measures from the Adult and/or Child CHIPRA core measure sets for MCO reporting will be considered for future reporting.

REFERENCES

Healthy Kentuckians 2010, Kentucky Cabinet for Health and Family Services, Department for Public Health, <http://chfs.ky.gov/dph/hk2010.htm>

HEDIS[®] 2013 Volume 2: Technical Specification, National Committee for Quality Assurance, 2012

HEDIS[®] 2013 Volume 5: Compliance Audit: Standards, Policies and Procedures, National Committee for Quality Assurance, 2012

Medicaid Health Care Contractor Contract Between The Commonwealth of Kentucky Department for Medicaid Services and a Health Care Contractor: University Healthcare, Inc. and Region 3 Partnership Council, Inc.; Section 5.5 Kentucky Healthcare Outcomes Measures and Performance Measures; Attachment III, Health Care Partnership Program Health Outcomes, Indicators, and Goals SFY 2012

Medicaid Managed Care Contract Coventry Health and Life Insurance Company; Section 20 Kentucky Healthcare Outcomes; Appendix O: Health Outcomes, Indicators, Goals and Performance Measures SFY 2012

Medicaid Managed Care Contract WellCare of Kentucky; Section 20 Kentucky Healthcare Outcomes; Appendix O: Health Outcomes, Indicators, Goals and Performance Measures SFY 2012

NCQA HEDIS[®] Compliance Audit: Final Audit Report for CoventryCares of Kentucky, HealthcareData.com, LLC, July 2013

NCQA HEDIS[®] Compliance Audit: Final Audit Report for Passport Health Plan, HealthcareData.com, LLC, July 2013

NCQA HEDIS[®] Compliance Audit: Final Audit Report for WellCare of Kentucky, HealthcareData.com, LLC, July 2013

Validating Performance Measures: A protocol for use in conducting Medicaid External Quality Review Activities, Department of Health and Human Services, Centers for Medicare and Medicaid Services, September 2012

Appendix A – Validation Findings for CoventryCares Kentucky

Medical Record Tools, Instructions and Processes

Key findings from the review of Coventry Care’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
- CoventryCares should consider pre-loading administrative dates of service on the tool as a cue for the reviewers.
- All tools included exclusion criteria where appropriate.

Adolescent Preventive Screening/Counseling: Depression Screening

- Coventry Cares 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

- The Kentucky-specific numerators for the prenatal and postpartum care tools and instructions were not fully addressed. For example, the following numerators were not present on some of the abstraction tools: tobacco use screening, positive tobacco use, intervention for tobacco use; screening for alcohol use, positive alcohol use, intervention for alcohol use; 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. In addition, the HEDIS numerator fields included options to select the provider-type, but the Kentucky-specific numerators were sometimes omitted completely or if present, did not contain this option. Coventry Cares should ensure that the Kentucky-specific numerators are fully addressed in the abstraction tools, instructions, and training for medical record abstraction.

MRR Validation

The results were as follows:

Adolescent Preventive Screening/Counseling: Depression Screening – FAILED VALIDATION

8 of 20 records passed validation

Below are the reasons for the record failures:

- The abstraction tool indicated the record was not numerator positive, but the member’s record was included in the numerator positive listing.
- The medical record submitted did not contain the member name and/or date.
- Screening done by a specialist, not a PCP.
- No documentation of screening in the medical record submitted.
- General statements regarding mental status: cooperative, alert and oriented, affect normal.
- Medication listed but no diagnosis of depression.
- Screening/assessment of another behavioral health condition: ADHD, anxiety.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Depression Screening (prenatal): PASSED VALIDATION

14 of 20 records passed validation.

Below are the reasons for the record failures:

- The notation on the ACOG form was listed as “Psychiatric”, not depression specifically.
- The ACOG form was referenced but not provided for review.
- Pages of the medical record that were submitted did not contain the member name and/or date.
- Only an emergency room record and the delivery record were submitted for review.
- The medical record submitted was for a different member.
- Only the last prenatal visit note and the delivery record were submitted for review.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Tobacco Use: PASSED VALIDATION

18 of 20 records passed validation.

Below are the reasons for the record failures:

- No documentation of screening for tobacco use was contained in the medical record submitted for review.
- Only a pediatric sick visit was submitted for review.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Positive Tobacco Use: FAILED VALIDATION

10 of 16 records passed validation.

Below are the reasons for the record failures:

- The member was included in the group with positive tobacco use screening but the medical record indicated that the member was a non-smoker.
- The documentation was contradictory and it was not possible to determine if the member was a tobacco user or not.
- There was no documentation of screening for tobacco use in the medical record submitted for review.
- Only a pediatric sick visit was submitted for review.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Intervention for Tobacco Use:
FAILED VALIDATION

6 of 11 records passed validation.

Below are the reasons for the record failures:

- The member had a positive screen for tobacco use but the medical record submitted for review did not contain documentation of intervention for tobacco use.
- The documentation was contradictory and it was not possible to determine if the member was a tobacco user or not.
- The member was included in the group with positive tobacco use screening and intervention for tobacco use but the medical record indicated that the member was a non-smoker.
- Only a pediatric sick visit was submitted for review.

Administrative Validation

I PRO's review of the submitted documentation revealed that all data elements for each of the twenty (20) member records were valid.

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|---------------|
| Preventive Care | State-specific | H | Height and Weight Documented for Adults | 428 | 226 | 52.80% |
| Preventive Care | HEDIS | H | Adult BMI | 428 | 218 | 50.93% |
| Preventive Care | State-specific | H | Healthy Weight for Height Adult | 246 | 65 | 26.42% |
| Preventive Care | State-specified | H | Counseling for Nutrition for Adults | 428 | 75 | 17.52% |
| Preventive Care | State-specific | H | Counseling for Physical Activity for Adults | 428 | 65 | 15.19% |
| Preventive Care | State-specific | A | Cholesterol Screening for Adults | 13506 | 9979 | 73.89% |
| | | | | | | |
| Preventive Care | State-specific | H | Height and Weight Documented for Children and Adolescents (Ages 3 - 11 Years) | 277 | 186 | 67.15% |
| Preventive Care | State-specific | H | Height and Weight Documented for Children and Adolescents (Ages 12 - 17 Years) | 155 | 106 | 68.39% |
| Preventive Care | State-specific | H | Height and Weight Documented for Children and Adolescents (Ages 3 - 17 Years) | 432 | 292 | 67.59% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Percentile/BMI (Ages 3 - 11 Years) | 277 | 42 | 15.16% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|---------------------------|------------------|--|---|---|---------------|
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Percentile/BMI (Ages 12 - 17 Years) | 155 | 37 | 23.87% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Percentile/BMI (Ages 3 - 17 Years) | 432 | 79 | 18.29% |
| Preventive Care | State-specific | H | Healthy Weight for Height (Ages 3 -11 Years) | 187 | 20 | 10.70% |
| Preventive Care | State-specific | H | Healthy Weight for Height (Ages 12 -17 Years) | 106 | 16 | 15.09% |
| Preventive Care | State-specific | H | Healthy Weight for Height (Ages 3 -17 Years) | 293 | 36 | 12.29% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Nutrition Counseling (Ages 3 - 11 Years) | 277 | 84 | 30.32% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Nutrition Counseling (Ages 12 - 17 Years) | 155 | 46 | 29.68% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|--|------------------------------------|----------------------------------|---------------|
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Nutrition Counseling (Ages 3 - 17 Years) | 432 | 130 | 30.09% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Physical Activity Counseling (Ages 12 - 17 Years) | 277 | 60 | 21.66% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Physical Activity Counseling (Ages 12 - 17 Years) | 155 | 45 | 29.03% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Physical Activity Counseling (Ages 3 - 17 Years) | 432 | 105 | 24.31% |
| | | | | | | |
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Tobacco | 154 | 56 | 36.36% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|---------------|
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Alcohol/Substances | 154 | 44 | 28.57% |
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Sexual Activity | 154 | 29 | 18.83% |
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Depression | NR | NR | NR |
| | | | | | | |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Tobacco Use | 395 | 99 | 25.06% |
| | | | Positive Screening for Tobacco Use | NR | NR | NR |
| | | | Intervention for Tobacco Use | NR | NR | NR |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Alcohol Use | 395 | 82 | 20.76% |
| | | | Positive Screening for Alcohol Use | NR | NR | NR |
| | | | Intervention for Alcohol Use | NR | NR | NR |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|--|------------------------------------|----------------------------------|---------------|
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Drug/Substance Use | 395 | 86 | 21.77% |
| | | | Positive Screening for Drug/Substance Use | NR | NR | NR |
| | | | Intervention for Drug/Substance Use | NR | NR | NR |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Assessment/Education for Nutrition | 395 | 39 | 9.87% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Assessment/Education for OTC/Prescription Medication Use | 395 | 49 | 12.41% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Domestic Violence | 395 | 40 | 10.13% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Depression (Prenatal) | 395 | 56 | 14.18% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Depression (Postpartum) | 254 | 0 | 0.00% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|---------------------------|------------------|--|---|---|---------------|
| Chronic Care | HEDIS | H | Controlling High Blood Pressure | 448 | 220 | 49.11% |
| Preventive Care | HEDIS | A | Annual Dental Visit | 96495 | 58926 | 61.07% |
| Preventive Care | HEDIS | H | Lead Screening in Children | 432 | 283 | 65.51% |
| Preventive Care | Child | A | Well-Child Visits: 15 Months (6+ Visits) | 482 | 271 | 56.22% |
| Preventive Care | Child | A | Well-Child Visits: 3rd, 4th, 5th & 6th Years of Life | 432 | 241 | 55.79% |
| Preventive Care | Child | A | Adolescent Well-Care Visits | 432 | 198 | 45.83% |
| Preventive Care | State-specific | A | Annual Dental Visit | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 6602 | 3586 | 54.32% |
| | | | SSI Blind (B, BP, K) | 30 | 20 | 66.67% |
| | | | SSI Disabled (D, DP, M) | 6572 | 3565 | 54.25% |
| | | | Foster (P,S, X) | 3212 | 2348 | 73.10% |
| | | | CCSHCN (provider type 22 and 23) | 440 | 296 | 67.27% |
| | | | Total ADV 2-21 years) | 16856 | 9815 | 58.23% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|--------|
| Preventive Care | State-specific | A | Well-Child Visits: 15 Months (6+ Visits) | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | NA | NA | NA |
| | | | SSI Blind (B, BP, K) | NA | NA | NA |
| | | | SSI Disabled (D, DP, M) | NA | NA | NA |
| | | | Foster (P,S, X) | NA | NA | NA |
| | | | CCSHCN (provider type 22 and 23) | NA | NA | NA |
| | | | Total WC15mo | NA | NA | NA |
| Preventive Care | HEDIS-modified | A | Well-Child Visits: 3rd, 4th, 5th & 6th Years of Life | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 1005 | 573 | 57.01% |
| | | | SSI Blind (B, BP, K) | NA | NA | NA |
| | | | SSI Disabled (D, DP, M) | 1000 | 571 | 57.10% |
| | | | Foster (P,S, X) | 706 | 492 | 69.69% |
| | | | CCSHCN (provider type 22 and 23) | 136 | 102 | 75.00% |
| | | | Total WC34 | 2847 | 1738 | 61.05% |
| Preventive Care | HEDIS-modified | A | Adolescent Well-Care Visits | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 3469 | 1230 | 35.46% |
| | | | SSI Blind (B, BP, K) | NA | NA | NA |
| | | | SSI Disabled (D, DP, M) | 3453 | 1224 | 35.45% |
| | | | Foster (P,S, X) | 1489 | 807 | 54.20% |
| | | | CCSHCN (provider type 22 and 23) | 133 | 59 | 44.36% |
| | | | Total AWC | 8544 | 3320 | 38.86% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|----------------|
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 12 - 24 months of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 90 | 87 | 96.67% |
| | | | SSI Blind (B, BP, K) | NA | NA | NA |
| | | | SSI Disabled (D, DP, M) | 89 | 86 | 96.63% |
| | | | Foster (P,S, X) | 115 | 114 | 99.13% |
| | | | CCSHCN (provider type 22 and 23) | 25 | 25 | < 30 |
| | | | Total CAP 12 - 24 months | 319 | 312 | 97.81% |
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 25 months - 6 years of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 1136 | 1086 | 95.60% |
| | | | SSI Blind (B, BP, K) | NA | NA | NA |
| | | | SSI Disabled (D, DP, M) | 1130 | 1080 | 95.58% |
| | | | Foster (P,S, X) | 821 | 774 | 94.28% |
| | | | CCSHCN (provider type 22 and 23) | 174 | 174 | 100.00% |
| | | | Total CAP 25 months - 6 years | 3261 | 3114 | 95.49% |
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 7 - 11 years of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | NA | NA | NA |
| | | | SSI Blind (B, BP, K) | NA | NA | NA |
| | | | SSI Disabled (D, DP, M) | NA | NA | NA |
| | | | Foster (P,S, X) | NA | NA | NA |
| | | | CCSHCN (provider type 22 and 23) | NA | NA | NA |
| | | | Total CAP 7 -11 years | NA | NA | NA |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|------|
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 12 - 19 years of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | NA | NA | NA |
| | | | SSI Blind (B, BP, K) | NA | NA | NA |
| | | | SSI Disabled (D, DP, M) | NA | NA | NA |
| | | | Foster (P,S, X) | NA | NA | NA |
| | | | CCSHCN (provider type 22 and 23) | NA | NA | NA |
| | | | Total CAP 12 -19 years | NA | NA | NA |

Appendix B – Validation Findings for Passport Health Plan

Medical Record Tools, Instructions and Processes

Key findings from the review of PHP’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.

IPRO suggestions included:

Adolescent Preventive Screening/Counseling: Depression Screening

- PHP’s tool and instruction were obsolete. The tool and instructions included mental health screening and not depression screening, per the most recent specifications. The tool and instruction need to be updated.

Prenatal and Postpartum Risk Assessment and Education/Counseling

- PHP’s tool did not specify the provider type. The servicing provider should be a midwife, OBGYN, Family Practitioner or other PCP.
- PHP should add a field to collect the tobacco use screening and the date. At present, there is only a field to indicate whether the member is a smoker.
- PHP should more clearly indicate that intervention for tobacco use is only applicable for members who are identified as tobacco users and ensure that the date of the intervention is collected.
- The recommendation above applies to the alcohol and substance use numerators as well.
- PHP should collect the date for OTC/prescription medication use counseling; nutrition counseling; depression screening; and domestic violence screening.

MRR Validation

The results were as follows:

Adolescent Preventive Screening/Counseling: Depression Screening: FAILED VALIDATION

14 of 20 records passed validation.

Below are the reasons for the record failures:

- The notation in the medical record was too general and not specific to depression: “mental status exam”; “mental status – alert and oriented”; “mental health assessment”; “mental health – no concerns”; “interacts well”; “normal affect”; “normal demeanor” or “cooperative”.
- The assessment was for mental health in general or another behavioral health condition, e.g., “psychiatric exam”; ADHD assessment; anxiety or adjustment disorder.
- The depression screening was identified by CPT II code 2014F, which is defined as “mental status assessed” and is not listed as a qualifying code in the measure specifications.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Depression Screening: PASSED VALIDATION

18 of 20 records passed validation.

Below are the reasons for the record failures:

- The notation on the ACOG form was listed as “Psychiatric”, not depression specifically.
- The ACOG form was not dated and there was no supporting documentation with a date that could be reliably linked to the ACOG form/assessment.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Tobacco Use: PASSED VALIDATION

20 of 20 records passed validation.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Positive Tobacco Use: PASSED VALIDATION

20 of 20 records Passed Validation.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Intervention for Tobacco Use: PASSED VALIDATION

18 of 20 records passed validation.

Below are the reasons for the record failures:

- There was documentation that an educational handout was provided but a notation in the medical record of intervention for tobacco use was not specifically noted.

Administrative Validation

I PRO's review of the submitted documentation revealed that all data elements for each of the twenty (20) member records were valid.

| Performance Measure Domain | HEDIS/ State- specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|-------------------------------|------------------|---|---|---|---------------|
| Preventive Care | State-specific | H | Height and Weight Documented for Adults | 453 | 380 | 83.89% |
| Preventive Care | HEDIS | H | Adult BMI | 453 | 346 | 76.38% |
| Preventive Care | State-specific | H | Healthy Weight for Height Adult | 380 | 86 | 22.63% |
| Preventive Care | State- specified | H | Counseling for Nutrition for Adults | 453 | 176 | 38.85% |
| Preventive Care | State-specific | H | Counseling for Physical Activity for Adults | 453 | 139 | 30.68% |
| Preventive Care | State-specific | A | Cholesterol Screening for Adults | 18099 | 15244 | 84.23% |
| Preventive Care | State-specific | H | Height and Weight Documented for Children and Adolescents (Ages 3 - 11 Years) | 307 | 270 | 87.95% |
| Preventive Care | State-specific | H | Height and Weight Documented for Children and Adolescents (Ages 12 - 17 Years) | 146 | 133 | 91.10% |
| Preventive Care | State-specific | H | Height and Weight Documented for Children and Adolescents (Ages 3 - 17 Years) | 453 | 403 | 88.96% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Percentile/BMI (Ages 3 - 11 Years) | 307 | 178 | 57.98% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|--|------------------------------------|----------------------------------|---------------|
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Percentile/BMI (Ages 12 - 17 Years) | 146 | 96 | 65.75% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Percentile/BMI (Ages 3 - 17 Years) | 453 | 274 | 60.49% |
| Preventive Care | State-specific | H | Healthy Weight for Height (Ages 3 -11 Years) | 270 | 161 | 59.63% |
| Preventive Care | State-specific | H | Healthy Weight for Height (Ages 12 -17 Years) | 133 | 64 | 48.12% |
| Preventive Care | State-specific | H | Healthy Weight for Height (Ages 3 -17 Years) | 403 | 225 | 55.83% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Nutrition Counseling (Ages 3 - 11 Years) | 307 | 198 | 64.50% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Nutrition Counseling (Ages 12 - 17 Years) | 146 | 92 | 63.01% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Nutrition Counseling (Ages 3 - 17 Years) | 453 | 290 | 64.02% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|--|------------------------------------|----------------------------------|---------------|
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Physical Activity Counseling (Ages 12 - 17 Years) | 307 | 107 | 34.85% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Physical Activity Counseling (Ages 12 - 17 Years) | 146 | 94 | 64.38% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Physical Activity Counseling (Ages 3 - 17 Years) | 453 | 201 | 44.37% |
| | | | | | | |
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Tobacco | 146 | 105 | 71.92% |
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Alcohol/Substances | 146 | 93 | 63.70% |
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Sexual Activity | 146 | 81 | 55.48% |
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Depression | NR | NR | NR |
| | | | | | | |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|--|------------------------------------|----------------------------------|----------------|
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Tobacco Use | 384 | 337 | 87.76% |
| | | | Positive Screening for Tobacco Use | 337 | 107 | 31.75% |
| | | | Intervention for Tobacco Use | 107 | 70 | 65.42% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Alcohol Use | 384 | 332 | 86.46% |
| | | | Positive Screening for Alcohol Use | 333 | 13 | 3.90% |
| | | | Intervention for Alcohol Use | 13 | 9 | < 30 |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Drug/Substance Use | 384 | 330 | 85.94% |
| | | | Positive Screening for Drug/Substance Use | 330 | 19 | 5.76% |
| | | | Intervention for Drug/Substance Use | 19 | 10 | < 30 |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Assessment/Education for Nutrition | 384 | 192 | 50.00% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Assessment/Education for OTC/Prescription Medication Use | 384 | 323 | 84.11% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|---------------|
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Domestic Violence | 384 | 173 | 45.05% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Depression (Prenatal) | 384 | 272 | 70.83% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Depression (Postpartum) | 310 | 181 | 58.39% |
| | | | | | | |
| Chronic Care | HEDIS | H | Controlling High Blood Pressure | 451 | 284 | 62.97% |
| Preventive Care | HEDIS | A | Annual Dental Visit | 90746 | 55310 | 60.95% |
| Preventive Care | HEDIS | H | Lead Screening in Children | 452 | 372 | 82.30% |
| Preventive Care | Child | A | Well-Child Visits: 15 Months (6+ Visits) | 6630 | 4507 | 67.98% |
| Preventive Care | Child | A | Well-Child Visits: 3rd, 4th, 5th & 6th Years of Life | 24963 | 17643 | 70.68% |
| Preventive Care | Child | A | Adolescent Well-Care Visits | 32835 | 17225 | 52.46% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|----------------|
| Preventive Care | State-specific | A | Annual Dental Visit | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 8667 | 4588 | 52.94% |
| | | | SSI Blind (B, BP, K) | 34 | 18 | 52.94% |
| | | | SSI Disabled (D, DP, M) | 8633 | 4570 | 52.94% |
| | | | Foster (P,S, X) | 2960 | 2001 | 67.60% |
| | | | CCSHCN (provider type 22 and 23) | 70 | 50 | 71.43% |
| | | | Total ADV 2-21 years) | 20364 | 11227 | 55.13% |
| Preventive Care | State-specific | A | Well-Child Visits: 15 Months (6+ Visits) | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 172 | 61 | 35.47% |
| | | | SSI Blind (B, BP, K) | 3 | 3 | < 30 |
| | | | SSI Disabled (D, DP, M) | 169 | 58 | 34.32% |
| | | | Foster (P,S, X) | 109 | 67 | 61.47% |
| | | | CCSHCN (provider type 22 and 23) | NA | NA | NA |
| Preventive Care | HEDIS-modified | A | Well-Child Visits: 3rd, 4th, 5th & 6th Years of Life | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 1298 | 914 | 70.42% |
| | | | SSI Blind (B, BP, K) | 3 | 3 | < 30 |
| | | | SSI Disabled (D, DP, M) | 1295 | 911 | 70.35% |
| | | | Foster (P,S, X) | 637 | 491 | 77.08% |
| | | | CCSHCN (provider type 22 and 23) | NA | NA | NA |
| Total WC34 | 3233 | 2319 | 71.73% | | | |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|----------------|
| Preventive Care | HEDIS-modified | A | Adolescent Well-Care Visits | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 4458 | 2178 | 48.86% |
| | | | SSI Blind (B, BP, K) | 21 | 9 | < 30 |
| | | | SSI Disabled (D, DP, M) | 4437 | 2169 | 48.88% |
| | | | Foster (P,S, X) | 1355 | 804 | 59.34% |
| | | | CCSHCN (provider type 22 and 23) | 57 | 34 | 59.65% |
| | | | Total AWC | 10328 | 5194 | 50.29% |
| Preventive Care | | | Children's and Adolescents' Access to Primary Care Practitioners | | | |
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 12 - 24 months of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 169 | 158 | 93.49% |
| | | | SSI Blind (B, BP, K) | 3 | 3 | < 30 |
| | | | SSI Disabled (D, DP, M) | 166 | 155 | 93.37% |
| | | | Foster (P,S, X) | 120 | 120 | 100.00% |
| | | | CCSHCN (provider type 22 and 23) | NA | NA | NA |
| | | | Total CAP 12 - 24 months | 458 | 436 | 95.20% |
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 25 months - 6 years of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 1492 | 1357 | 90.95% |
| | | | SSI Blind (B, BP, K) | 6 | 6 | < 30 |
| | | | SSI Disabled (D, DP, M) | 1486 | 1351 | 90.92% |
| | | | Foster (P,S, X) | 758 | 690 | 91.03% |
| | | | CCSHCN (provider type 22 and 23) | NA | NA | NA |
| | | | Total CAP 25 months - 6 years | 3742 | 3404 | 90.97% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|----------------|
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 7 - 11 years of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 2526 | 2298 | 90.97% |
| | | | SSI Blind (B, BP, K) | 6 | 6 | < 30 |
| | | | SSI Disabled (D, DP, M) | 2520 | 2292 | 90.95% |
| | | | Foster (P,S, X) | 777 | 692 | 89.06% |
| | | | CCSHCN (provider type 22 and 23) | 13 | 13 | < 30 |
| | | | Total CAP 7 -11 years | 5842 | 5301 | 90.74% |
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 12 - 19 years of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 4137 | 3672 | 88.76% |
| | | | SSI Blind (B, BP, K) | 18 | 15 | < 30 |
| | | | SSI Disabled (D, DP, M) | 4119 | 3657 | 88.78% |
| | | | Foster (P,S, X) | 1192 | 1032 | 86.58% |
| | | | CCSHCN (provider type 22 and 23) | 54 | 51 | 94.44% |
| | | | Total CAP 12 -19 years | 9520 | 8427 | 88.52% |

Appendix C – 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.

Adolescent Preventive Screening/Counseling: Depression Screening

- The type of practitioner is not specified (PCP or OBGYN).
- The vendor training materials contained some incorrect instructions.
- The vendor materials indicate that the numerator services be provided at preventive visits when in fact, the specifications allow for the services to be provided at well or sick visits and over multiple visits.
- The vendor materials indicate that the timeframe for the numerator services is 2013, not 2012.
- The vendor materials indicate that the numerator service is a “mental health assessment”. This is obsolete, the requirement is for a depression screening specifically. WellCare identified this error during the validation and re-abstracted the records.

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.
- 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 noted 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.

MRR Validation

The results were as follows:

Adolescent Preventive Screening/Counseling: Depression Screening: PASSED VALIDATION

22 of 23 records passed validation.

Below is the reason for the record failure:

- The screening was done by a specialist, not a PCP.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Depression Screening: PASSED VALIDATION

20 of 20 records Passed Validation.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Tobacco Use: PASSED VALIDATION

20 of 20 records passed validation.

Prenatal and Postpartum Risk Assessment and Education/Counseling: Positive Tobacco Use: PASSED VALIDATION

20 of 20 records Passed Validation.

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Prenatal and Postpartum Risk Assessment and Education/Counseling: Intervention for Tobacco Use: PASSED VALIDATION

19 of 20 records passed validation.

Below is the reason for the record failure:

- Prenatal education packet given without specifics regarding topic.

Administrative Validation

I PRO's review of the submitted documentation revealed that all data elements for each of the twenty (20) member records were valid.

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|--|------------------------------------|----------------------------------|--------|
| Preventive Care | State-specific | H | Height and Weight Documented for Adults | 2 | 0 | < 30 |
| Preventive Care | HEDIS | H | Adult BMI | 2 | 0 | < 30 |
| Preventive Care | State-specific | H | Healthy Weight for Height Adult | NA | NA | NA |
| Preventive Care | State-specified | H | Counseling for Nutrition for Adults | 2 | 0 | < 30 |
| Preventive Care | State-specific | H | Counseling for Physical Activity for Adults | 2 | 0 | < 30 |
| Preventive Care | State-specific | A | Cholesterol Screening for Adults | 22579 | 16468 | 72.94% |
| | | | | | | |
| Preventive Care | State-specific | H | Height and Weight Documented for Children and Adolescents (Ages 3 - 11 Years) | 285 | 195 | 68.42% |
| Preventive Care | State-specific | H | Height and Weight Documented for Children and Adolescents (Ages 12 - 17 Years) | 147 | 106 | 72.11% |
| Preventive Care | State-specific | H | Height and Weight Documented for Children and Adolescents (Ages 3 - 17 Years) | 432 | 301 | 69.68% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Percentile/BMI (Ages 3 - 11 Years) | 285 | 67 | 23.51% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Percentile/BMI (Ages 12 - 17 Years) | 147 | 41 | 27.89% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|--|------------------------------------|----------------------------------|---------------|
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Percentile/BMI (Ages 3 - 17 Years) | 432 | 108 | 25.00% |
| Preventive Care | State-specific | H | Healthy Weight for Height (Ages 3 -11 Years) | 196 | 21 | 10.71% |
| Preventive Care | State-specific | H | Healthy Weight for Height (Ages 12 -17 Years) | 107 | 19 | 17.76% |
| Preventive Care | State-specific | H | Healthy Weight for Height (Ages 3 -17 Years) | 303 | 40 | 13.20% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Nutrition Counseling (Ages 3 - 11 Years) | 285 | 88 | 30.88% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Nutrition Counseling (Ages 12 - 17 Years) | 147 | 46 | 31.29% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Nutrition Counseling (Ages 3 - 17 Years) | 432 | 134 | 31.02% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Physical Activity Counseling (Ages 12 - 17 Years) | 285 | 68 | 23.86% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Physical Activity Counseling (Ages 12 - 17 Years) | 147 | 59 | 40.14% |
| Preventive Care | HEDIS | H | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Physical Activity Counseling (Ages 3 - 17 Years) | 432 | 127 | 29.40% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|--|------------------------------------|----------------------------------|--------|
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Tobacco | 147 | 73 | 49.66% |
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Alcohol/Substances | 147 | 45 | 30.61% |
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Sexual Activity | 147 | 27 | 18.37% |
| Preventive Care | State-specific | H | Adolescent Preventive Screening and Counseling: Depression | 147 | 23 | 15.65% |
| Perinatal Care | | | | | | |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Tobacco Use | 384 | 126 | 32.81% |
| | | | Positive Screening for Tobacco Use | 126 | 55 | 43.65% |
| | | | Intervention for Tobacco Use | 55 | 31 | 56.36% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Alcohol Use | 384 | 113 | 29.43% |
| | | | Positive Screening for Alcohol Use | 113 | 5 | 4.42% |
| | | | Intervention for Alcohol Use | 5 | 1 | < 30 |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Drug/Substance Use | 384 | 112 | 29.17% |
| | | | Positive Screening for Drug/Substance Use | 112 | 10 | 8.93% |
| | | | Intervention for Drug/Substance Use | 10 | 1 | < 30 |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|--|------------------------------------|----------------------------------|---------------|
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Assessment/Education for Nutrition | 384 | 45 | 11.72% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Assessment/Education for OTC/Prescription Medication Use | 384 | 70 | 18.23% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Domestic Violence | 384 | 60 | 15.63% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Depression (Prenatal) | 384 | 80 | 20.83% |
| Perinatal Care | State-specific | H | Prenatal and Postpartum Risk Assessment and Education/Counseling: Screening for Depression (Postpartum) | 244 | 114 | 46.72% |
| | | | | | | |
| Chronic Care | HEDIS | H | Controlling High Blood Pressure | 438 | 257 | 58.68% |
| Preventive Care | HEDIS | A | Annual Dental Visit | 74286 | 45900 | 61.79% |
| Preventive Care | HEDIS | H | Lead Screening in Children | 431 | 257 | 59.63% |
| Preventive Care | Child | A | Well-Child Visits: 15 Months (6+ Visits) | 432 | 184 | 42.59% |
| Preventive Care | Child | A | Well-Child Visits: 3rd, 4th, 5th & 6th Years of Life | 432 | 267 | 61.81% |
| Preventive Care | Child | A | Adolescent Well-Care Visits | 432 | 168 | 38.89% |
| | | | | | | |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|----------------|
| Preventive Care | State-specific | A | Annual Dental Visit | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 6606 | 3483 | 52.72% |
| | | | SSI Blind (B, BP, K) | 24 | 14 | < 30 |
| | | | SSI Disabled (D, DP, M) | 6582 | 3469 | 52.70% |
| | | | Foster (P,S, X) | 2330 | 1651 | 70.86% |
| | | | CCSHCN (provider type 22 and 23) | 1231 | 812 | 65.96% |
| | | | Total ADV 2-21 years) | 16773 | 9429 | 56.22% |
| Preventive Care | State-specific | A | Well-Child Visits: 15 Months (6+ Visits) | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 11 | 1 | < 30 |
| | | | SSI Blind (B, BP, K) | NA | NA | NA |
| | | | SSI Disabled (D, DP, M) | 11 | 1 | < 30 |
| | | | Foster (P,S, X) | 13 | 3 | < 30 |
| | | | CCSHCN (provider type 22 and 23) | 12 | 2 | < 30 |
| | | | Total WC15mo | 47 | 7 | 14.89% |
| Preventive Care | HEDIS-modified | A | Well-Child Visits: 3rd, 4th, 5th & 6th Years of Life | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 902 | 545 | 60.42% |
| | | | SSI Blind (B, BP, K) | 4 | 2 | < 30 |
| | | | SSI Disabled (D, DP, M) | 898 | 543 | 60.47% |
| | | | Foster (P,S, X) | 495 | 332 | 67.07% |
| | | | CCSHCN (provider type 22 and 23) | 376 | 248 | 65.96% |
| | | | Total WC34 | 2675 | 1670 | 62.43% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|----------------|
| Preventive Care | HEDIS-modified | A | Adolescent Well-Care Visits | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 3711 | 1200 | 32.34% |
| | | | SSI Blind (B, BP, K) | 17 | 2 | < 30 |
| | | | SSI Disabled (D, DP, M) | 3694 | 1198 | 32.43% |
| | | | Foster (P,S, X) | 1059 | 575 | 54.30% |
| | | | CCSHCN (provider type 22 and 23) | 353 | 145 | 41.08% |
| | | | Total AWC | 8834 | 3120 | 35.32% |
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 12 - 24 months of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 104 | 100 | 96.15% |
| | | | SSI Blind (B, BP, K) | 1 | 1 | < 30 |
| | | | SSI Disabled (D, DP, M) | 103 | 99 | 96.12% |
| | | | Foster (P,S, X) | 81 | 79 | 97.53% |
| | | | CCSHCN (provider type 22 and 23) | 121 | 120 | 99.17% |
| | | | Total CAP 12 - 24 months | 410 | 399 | 97.32% |
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 25 months - 6 years of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | 1034 | 987 | 95.45% |
| | | | SSI Blind (B, BP, K) | 4 | 3 | < 30 |
| | | | SSI Disabled (D, DP, M) | 1030 | 984 | 95.53% |
| | | | Foster (P,S, X) | 558 | 510 | 91.40% |
| | | | CCSHCN (provider type 22 and 23) | 522 | 503 | 96.36% |
| | | | Total CAP 25 months - 6 years | 3148 | 2987 | 94.89% |

| Performance Measure Domain | HEDIS/ State-specified | Admin/ Hybrid | Measure Name | MY 2012 RY 2013 Member Denominator | MY 2012 RY 2013 Member Numerator | Rate |
|----------------------------|------------------------|---------------|---|------------------------------------|----------------------------------|------|
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 7 - 11 years of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | NA | NA | NA |
| | | | SSI Blind (B, BP, K) | NA | NA | NA |
| | | | SSI Disabled (D, DP, M) | NA | NA | NA |
| | | | Foster (P,S, X) | NA | NA | NA |
| | | | CCSHCN (provider type 22 and 23) | NA | NA | NA |
| | | | Total CAP 7 -11 years | NA | NA | NA |
| Preventive Care | HEDIS-modified | A | Children's and Adolescents' Access to Primary Care Practitioners: 12 - 19 years of age | | | |
| | | | SSI Total(B, BP, D, DP, K, M) | NA | NA | NA |
| | | | SSI Blind (B, BP, K) | NA | NA | NA |
| | | | SSI Disabled (D, DP, M) | NA | NA | NA |
| | | | Foster (P,S, X) | NA | NA | NA |
| | | | CCSHCN (provider type 22 and 23) | NA | NA | NA |
| | | | Total CAP 12 -19 years | NA | NA | NA |