



Department for Medicaid Services
Division of Program Quality and Outcomes

2020 External Quality Review Technical Report **FINAL**

Review of MCO Contract Year(s) 2017 – 2019

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Executive Summary

Purpose of Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with Medicaid managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCO. Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) sets forth the requirements for annual external quality review (EQR) of contracted MCOs. The states must further ensure that the EQR organization (EQRO) has sufficient information to carry out the EQR; that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services (CMS).

In accordance with 42 CFR 438.364, the state is responsible for ensuring that the EQRO prepare a detailed technical report for the state that contains the following information:

- a description of the way data from EQR activities are aggregated and analyzed and how conclusions are drawn as to the quality, timeliness and access to health care services that MCOs furnish to Medicaid recipients;
- methodologically appropriate and comparative information about the MCOs;
- an assessment of the strengths and weaknesses with respect to quality, timeliness and access to health care services for each MCO;
- recommendations for improving the quality of health care services provided by each MCO; and
- an assessment of the degree to which any previous recommendations were addressed by the MCOs.

To meet these federal requirements, the Kentucky Department for Medicaid Services (DMS) has contracted with Island Peer Review Organization (IPRO), an EQRO, to conduct the annual EQR of Kentucky's Medicaid managed care (MMC) MCOs.

Overall Conclusions and Recommendations

The following is a high-level summary of the conclusions drawn from the findings of the EQR activities regarding the Kentucky MMC MCOs' strengths and IPRO's recommendations with respect to quality of care and access to/timeliness of care. **Table 1–5** present these high-level summaries for Aetna Better Health of Kentucky (Aetna), Anthem Blue Cross Blue Shield (Anthem), Humana-CareSource (Humana), Passport Health Plan (Passport), and WellCare of Kentucky (WellCare). Specific findings are described in detail in the section entitled **Findings Related to Health Care Quality, Timeliness and Access**.

Table 1: Aetna – Strengths, Opportunities for Improvement and Recommendations

Aetna – Strengths, Opportunities for Improvement and Recommendations		
Quality of Care	Strengths	Opportunities for Improvement
Compliance Review	Of the seven quality-related domains reviewed, all received full or substantial overall determinations.	There was one quality-related CAP required in the Grievance System domain.
HEDIS and Healthy Kentuckians Performance Measures (HK PM) of Quality	<ul style="list-style-type: none">• Aetna had 35 HEDIS Effectiveness of Care measures with rates equal to or better than the national 50th percentile out of a total of 61 measures (57%). Four of these measures were equal to or better than the national 90th percentile.• Aetna performed better than the statewide average for the majority of the Kentucky-specific PMs displayed in Table 9, including all the Adult and Child BMI measures, all Adolescent Screening measures and all the Perinatal Screening measures.	<ul style="list-style-type: none">• Aetna's rates for 15 out of the 61 (25%) HEDIS Effectiveness of Care measures were below the national 25th percentile, including six measures in the Overuse/Appropriateness domain.

Aetna – Strengths, Opportunities for Improvement and Recommendations		
Consumer Satisfaction	Aetna showed overall above average performance in measures of Consumer Satisfaction with 4 of the 9 Adult CAHPS measures displayed in Table 14 , meeting or exceeding the national 50th percentile, and 8 of the 10 Child CAHPS measures in Table 15 , meeting or exceeding the national 50th percentile, including four measures with rates at or above the national 90th percentile.	Aetna's Rating of Health Plan was below the national 25th percentile for the Child CAHPS survey. Adults' getting an appointment with a specialist as soon as needed was another measure below the national 25th percentile.
PIP Validation	Aetna submitted one final PIP report on quality of care: "Prenatal Smoking." Tobacco use screening rates and smoking abstinence rates showed improvement.	Aetna submitted one final PIP report on quality of care: "Prenatal Smoking." Smoking cessation intervention receipt did not show improvement.
Access/Timeliness of Care	Strengths	Opportunities for Improvement
Compliance Review	Of the nine access/timeliness domain measures reviewed, eight received full or substantial overall determinations.	There was an overall Minimal determination for Enrollee Rights and Protection: Member Education and Outreach with three elements requiring a CAP. Other access/timeliness-related elements requiring CAPs included elements in: Behavioral Health Services; Enrollee Rights and Protection: Enrollee Rights; Pharmacy Benefits; QAPI: Access and QAPI: Utilization Management.
HEDIS and Healthy Kentuckians Performance Measures (HK PM) of Access/Timeliness	<ul style="list-style-type: none"> Nine (9) of the 14 measures of Access and Availability in Table 11 were equal to or greater than the national 50th percentile. Kentucky-specific PMs for CSHCN were above the statewide average for Annual Dental Visit and Access to PCPs for members' ages 25 months to 6 years, 7 - 11 years and 12 – 19 years. 	<ul style="list-style-type: none"> Two measures of access/timeliness were below the national 25th percentile: AAP for members 65 years and older and PPC: Postpartum Care Aetna did not submit audited rates for HEDIS Physician Board Certification (BCR). There are opportunities for improvement related to access in Kentucky-specific PMs for CSHCN: Well-Child Visits for members 15 months old; three to six years; and 12 to 21 years of age.
PIP Validation	Aetna submitted one final PIP report on Access to Care/Timeliness of Care: "Increasing Follow-up Care After Hospitalization for Mental Illness." The Intervention Tracking Measure (ITM) to monitor enrollment of children in foster care in case management increased from 29.36% (32/109) in Q1 2017 to 59.20% (74/125) in Q4 2017, and ranged from 80.00% (16/20) to 92.00% (23/25) during 2018. In addition, the ITM to monitor face-to-face CM visits at OLOP to assist members with discharge planning increased from 51.52% (17/33) in Q1 2018 to 73.68% (14/19) in Q4 2018. Further, case management enrollment among members discharged from a hospitalization for mental illness increased from 3.56% (24/675) in Q1 2017 to 56.61% (364/643) in Q3 2018.	Aetna submitted one final PIP report on Access to Care/Timeliness of Care: "Increasing Follow-up Care After Hospitalization for Mental Illness." There is an opportunity to improve member follow-up after hospitalization for mental illness within 7 days and within 30 days. Improved data integrity for ITMs is recommended to improve the ability to monitor progress and modify interventions to address stagnating or declining ITMs.

Aetna – Strengths, Opportunities for Improvement and Recommendations	
Recommendations	
<ul style="list-style-type: none"> Successfully implement CAPs for both quality of care and access/timeliness compliance review elements that were rated minimal or non-compliance. Focusing on the HEDIS measures which fell below the NCQA national 25th percentile and the HK PM rates below the statewide aggregate rate, Aetna should continue to identify barriers and consider interventions to improve performance, particularly for those measures that have ranked below these respective benchmarks for more than one reporting period. Regarding Aetna’s PIPs, it is recommended that the MCO: <ul style="list-style-type: none"> incorporate enhanced care coordination interventions into the annual work plan that aim to increase member receipt of smoking cessation interventions on an ongoing basis; and incorporate enhanced case management interventions into the annual work plan that aim to increase member receipt of follow-up care after hospitalization for mental illness on an ongoing basis. 	

CAP: corrective action plan; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; QAPI: Quality Assessment and Performance Improvement; MCO: managed care organization; CSHCN: Children with Special HealthCare Needs; PCP: primary care provider; PIP: Performance Improvement Project; AAP: Adults’ Access to Preventive/Ambulatory Health Services; PPC: Perinatal and Postpartum Care; CM: care management; OLOP: Our Lady of Peace; NCQA: National Committee for Quality Assurance.

Table 2: Anthem – Strengths, Opportunities for Improvement and Recommendations

Anthem – Strengths, Opportunities for Improvement and Recommendations		
Quality of Care	Strengths	Opportunities for Improvement
Compliance Review	Of the six quality-related domains reviewed, all received full or substantial overall determinations.	Two elements under Grievance System and one element in the QAPI: Structure and Operations: Credentialing domain required CAPs.
HEDIS and Healthy Kentuckians Performance Measures (HK PM) of Quality	<ul style="list-style-type: none"> With 61 measures in HEDIS Effectiveness of Care, Anthem had rates at or above the national 50th percentile for 22 measures (36%). Anthem’s rates were above the statewide average for four HK PMs related to quality. 	<ul style="list-style-type: none"> Opportunities for improvement are evident for 26 HEDIS Effectiveness of Care measures with rates between the national 25th and 50th percentiles (43%) and especially for 13 measures with rates below the national 25th percentile (21%). Included in these underperforming measures, were five measures in the Overuse/Appropriateness domain and four in Prevention and Screening. There was evidence of underperforming rates in most of the HK PM measures including Adult Preventive Care, Adolescent Screening and Perinatal Care.
Consumer Satisfaction	The MCO showed strong performance for measures of Consumer Satisfaction (Tables 14 and 15) with all nine Adult CAHPS measures and 6 of the 10 Child CAHPS measures meeting or exceeding the national 50th percentile. For adults, four measure rates were at or above the national 90th percentile. There was one Child CAHPS rate at or above the national 90th percentile.	Rating of Health Plan was below the national 25th percentile for the Child CAHPS survey and another three measures that were at or above the 25th percentile, but below the 50th.

Anthem – Strengths, Opportunities for Improvement and Recommendations		
PIP Validation	Anthem submitted one final PIP report related to quality of care.	Anthem submitted one final PIP report on quality of care: “Prenatal Smoking.” PIP validation findings do indicate that the credibility of the results is questionable, and the final score merits a CAP.
Access/Timeliness of Care	Strengths	Opportunities for Improvement
Compliance Review	Of the eight access/timeliness-related domains reviewed, seven received full or substantial overall determinations.	There was an overall non-compliant determination for the domain QAPI: Access where the two elements reviewed required CAPs. Two other access-related elements under Enrollee Rights and Protection: Enrollee Rights also required CAPs.
HEDIS and Healthy Kentuckians Performance Measures (HK PM) of Access/Timeliness	<ul style="list-style-type: none"> Anthem had 5 measures of HEDIS Access and Availability that were at or above the national 50th percentile out of the 14 measures included in Table 11. There were two measures with rates at or above the national 90th percentile. Rates for all of the six categories of board certified physician specialties were above the statewide average. 	<ul style="list-style-type: none"> Rates for two measures of access/timeliness were below the national 25th percentile: AAP: Total and Annual Dental Visit. HK PM measures of access for CSHCN and dental services for EPSDT enrollees were below the statewide average rates for all but one dental measure.
PIP Validation	Anthem submitted one final PIP report on access to care/timeliness of care: “Increase Cervical Cancer Screening.” The cervical cancer screening rate showed sustained improvement and exceeded the target rate. The HPV vaccine rate showed sustained improvement and exceeded the original goal of 12.88%.	Anthem submitted one final PIP report on access to care/timeliness of care: “Increase Cervical Cancer Screening.” The HPV vaccine rate did not meet the revised target rate, and ITM data lacked clarity. In addition, the baseline rate was miscalculated for the cervical cancer screening rate, and interventions were implemented late, with a lack of resources.
Recommendations		
<ul style="list-style-type: none"> While Anthem showed strong performance in the 2019 Compliance Review, the MCO should successfully implement CAPs for quality of care and access/timeliness elements that were rated minimal or non-compliance. Focus improvement interventions to address HEDIS measures that underperformed the NCQA national 25th percentile especially targeting those measures that have continued to underperform from the previous year. HK PM results also indicate an opportunity for improvement in the rates of adult preventive care, adolescent and perinatal screenings, access and prevention for CSHCN and dental services provided enrollees in the EPSDT program. Regarding Anthem’s PIPs, it is recommended that the MCO: <ul style="list-style-type: none"> incorporate enhanced care coordination interventions into the annual work plan that aim to increase member receipt of smoking cessation interventions on an ongoing basis; and ensure adequate staff support for the conduct of performance improvement. Conduct ongoing quality improvement by implementing robust member and provider interventions, as well as data integrity procedures to foster quality monitoring of performance indicators and ITMs, with modifications to enhance interventions made in response to stagnating or declining performance. 		

CAP: corrective action plan; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; QAPI: Quality Assessment and Performance Improvement; MCO: managed care organization; CSHCN: Children with Special HealthCare Needs; Early and Periodic Screening, Diagnostic and Treatment; PCP: primary care provider; AAP: Adults’ Access to Preventive/Ambulatory Health Services; PIP: Performance Improvement Project; HPV: human papillomavirus; ITM: intervention tracking measure; NCQA: National Committee for Quality Assurance.

Table 3: Humana – Strengths, Opportunities for Improvement and Recommendations

Humana – Strengths, Opportunities for Improvement and Recommendations		
Quality of Care	Strengths	Opportunities for Improvement
Compliance Review	Of the six quality-related domains reviewed, all received full or substantial overall determinations.	Two elements under Grievance Systems required CAPs.
HEDIS and Healthy Kentuckians Performance Measures (HK PM) of Quality	<ul style="list-style-type: none"> Humana had 20 HEDIS Effectiveness of Care measures with rates at or above the national 50th percentile out of a total of 61 measures (33%). Four measure rates were at or above the national 90th percentile. Rates for HK PMs related to quality were above the statewide average in several domains, including Adult BMI; Adult Tobacco Use; all of the Adolescent Screening measures; and four of the six Perinatal Screening measures. 	<ul style="list-style-type: none"> The MCO has opportunities for improvement in several quality of care domains, with a total of 23 HEDIS Effectiveness of Care measure rates below the national 25th percentile (38%). All HEDIS measures in the Prevention and Screening domain were below the national 50th percentile and all CDC measures were below the national 25th percentile. Six of the nine measures in the Overuse/Appropriateness domain were also below the national 25th percentile. Humana had the highest HK PM rate in the state (24.75%) for Positive Screening for Perinatal Substance/Drug Use.
Consumer Satisfaction	Rates for consumer satisfaction were above the national 50th percentile for eight of the nine adult measures in Table 14 , including three measures that were at or above the national 90th percentile. For the 10 child survey measures, 2 measures were at or above the national 50th percentile.	Rating of Health Plan was below the national 25th percentile for the Child CAHPS survey. Seven other child survey measures had rates that were at or above the national 25th percentile, but below the 50th percentile.
PIP Validation	Humana submitted one final PIP report on quality of care: “Prenatal Smoking.” The following indicators showed improvement in the final measurement: smoking status assessed, receipt of cessation intervention, and monitoring of smoking status at one or more follow-up visits.	Humana submitted one final PIP report on quality of care: “Prenatal Smoking.” There is an opportunity to improve the smoking abstinence rate through delivery.
Access/Timeliness of Care	Strengths	Opportunities for Improvement
Compliance Review	Of the eight access-related domains reviewed, seven received overall full or substantial determinations.	Humana had one minimal overall determination for Pharmacy Benefits with one CAP. CAPs were also required for two other access-related elements.
HEDIS and Healthy Kentuckians Performance Measures (HK PM) of Access/Timeliness	<ul style="list-style-type: none"> Humana had above average rates for two HEDIS measures of Access and Availability. The MCO’s rates for board certified physicians were above the statewide average for Internal Medicine, Obstetrician/Gynecologist, Pediatricians and Other Physician Specialists categories. 	<ul style="list-style-type: none"> With the exception of the IET measure, all other HEDIS access/timeliness measures in Table 11 were below the national 50th percentile, including AAP: 65+ years and PPC: Postpartum Care which were both below the national 25th percentile. There are opportunities for improvement in the proportion of board certified physicians in Family Medicine and Geriatricians.

Humana – Strengths, Opportunities for Improvement and Recommendations		
PIP Validation	Humana submitted one final PIP report on access to care/timeliness of care: “Improving Well-Child Visits in the First Six Years of Life with Combined Interventions.” One of the two indicators (HEDIS W34: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life) improved in the final measurement.	Humana submitted one final PIP report on access to care/timeliness of care: “Improving Well-Child Visits in the First Six Years of Life with Combined Interventions.” Neither the HEDIS W34 nor the HEDIS W15 measure met the target rate. Inconsistent methodologies were used year to year to calculate the HEDIS W15 measure.
Recommendations		
<ul style="list-style-type: none"> Successfully implement CAPs in the one quality-related and three access-related domains where elements were rated minimal or non-compliance in the October 2019 Compliance Review. Continue to focus improvement for the six HEDIS targeted measure areas identified in their response to the 2019 Technical Report Recommendations, and also consider including Weight Assessment and Counseling for Children and Adolescents and Overuse/Appropriateness measures in their improvement intervention strategy. Regarding Humana’s PIPs, it is recommended that the MCO: <ul style="list-style-type: none"> incorporate enhanced care coordination interventions into the annual work plan that aim to increase member receipt of smoking cessation interventions on an ongoing basis; incorporate enhanced care coordination interventions into the annual work plan that aim to increase the rate of childhood immunization on an ongoing basis; and improve PIP reliability procedures to ensure consistent measurement of performance indicators across measurement periods. 		

CAP: corrective action plan; HEDIS: Healthcare Effectiveness Data and Information Set; BMI: body mass index; CDC: Comprehensive Diabetes Care; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MCO: managed care organization; CSHCN: Children with Special HealthCare Needs; Early and Periodic Screening, Diagnostic and Treatment; PIP: Performance Improvement Project; IET: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment; AAP: Adults’ Access to Preventive/Ambulatory Health Services; PPC: Perinatal and Postpartum Care.

Table 4: Passport – Strengths, Opportunities for Improvement and Recommendations

Passport – Strengths, Opportunities for Improvement and Recommendations		
Quality of Care	Strengths	Opportunities for Improvement
Compliance Review	Of the six quality-related domains reviewed, all received full or substantial overall determinations.	Two elements required CAPs: one in QAPI: Measurement and Improvement and one in QAPI: Structure and Operations: Credentialing.
HEDIS and Healthy Kentuckians Performance Measures (HK PM) of Quality	<ul style="list-style-type: none"> 26 of the 61 (43%) e HEDIS Effectiveness of Care measures with national benchmarks were rated at or above the national 50th percentile for Passport. Within the 25 measures, seven had rates at or above the national 75th percentile, but below the 90th percentile and another three measures were rated at or above the national 90th percentile. Passport had HK PM rates above the statewide average in several domains including Adult and Child BMI (Healthy Weight for Height); Adult Tobacco Use (Received Intervention); all the Adolescent Screening measures and all the Perinatal Screening measures. 	<ul style="list-style-type: none"> Passport had 22 HEDIS Effectiveness of Care measures rated below the national 25th percentile (36%), including measures in all domains except Medication Management. HK PM Perinatal rates for Received Intervention for Tobacco Use, Alcohol Use and Substance/Drug Use were all below the respective statewide averages. The MCO also had the highest rate in the state for Positive Screening for Adult Tobacco Use (59.47%).

Passport – Strengths, Opportunities for Improvement and Recommendations		
Consumer Satisfaction	Eight (8) of the 9 Adult CAHPS survey measures and 8 of the 10 Child CAHPS survey measures were at or above the national 50th percentile. Two of the adult measures were at or above the national 90th percentile.	One of the Adult CAHPS measures and two of the Child CAHPS measures were below the respective national 50th percentiles.
PIP Validation	Passport submitted one PIP report on quality of care: “Prenatal Smoking.” The percentage of prenatal smokers who received a cessation intervention and who abstained increased and met the target rate, as did the percentage of prenatal smokers who received a cessation intervention and who had smoking status monitored at one or more follow-up prenatal visits.	Passport submitted one PIP report on quality of care: “Prenatal Smoking.” Overall, the PMs did not demonstrate an increase that was sustained from baseline to interim and to final re-measurement. For example Indicator #1 (smoking status assessment) increased from 78.51% at baseline to 91.62% at interim, and then decreased to 78.31% at final measurement. Indicator # 3 (receipt of cessation intervention) essentially remained the same from 65.00% at baseline to 65.81% at interim, and then increased to 68.13% at final re-measurement. Indicators 4 (smoking abstinence through delivery) and 5 (monitor smoking status at one or more follow-up visits) decreased from baseline to interim, then increased from baseline to final re-measurement. An additional area for improvement was the lack of ITMs to monitor progress of interventions. Further, the discussion section did not present a sufficiently clear interpretation of findings.
Access/Timeliness of Care	Strengths	Opportunities for Improvement
Compliance Review	Of the seven access/timeliness-related domains reviewed, all received full or substantial overall determination.	Recommendations were suggested by the EQRO for substantial determinations under Case Management/Care Coordination and QAPI: Access – Utilization Management.
HEDIS and Healthy Kentuckians Performance Measures (HK PM) of Access/Timeliness	<ul style="list-style-type: none"> Six (6) of the 14 HEDIS measures of Access and Availability (Table 11) met or exceeded the national 50th percentile, with 2 measure rates at or above the national 90th percentile. Passport had two HK PM rates related to access/timeliness for CSHCN that were above the statewide average: Well-Child 15 Months (6+ Visits; W15) and Children and Adolescents’ Access to Primary Care Practitioners 12 – 24 months. 	<ul style="list-style-type: none"> One HEDIS measure related to access, PPC: Timeliness of Prenatal Care, was below the national 25th percentile. Passport’s rates for physician Board Certification were all below the statewide average and were the lowest in the state for all categories. The majority of HK PMs related to access/timeliness for CSHCN and EPSDT dental services were below the statewide average.
PIP Validation	Passport submitted one PIP report on access to care/timeliness of care: “EPSDT Screening and Participation.” The EPSDT Screening Rate showed improvement and exceeded the target rate. The EPSDT Participation rate showed incremental improvement of 1 percentage point/year.	Passport submitted one PIP report on access to care/timeliness of care: “EPSDT Screening and Participation.” The EPSDT participation rate did not meet the target rate. An additional area for improvement was the lack of ITMs to monitor progress of interventions.

Passport – Strengths, Opportunities for Improvement and Recommendations	
Recommendations	
<ul style="list-style-type: none"> Passport showed overall average performance in HEDIS measures of Effectiveness of Care and Access and Availability with numerous opportunities for improvement in areas where performance rates are below the national 25th percentile. Access-related HK PMs for CSHCN and dental services for EPSDT enrollees should also be targeted for improvement interventions. The ratio of board certified physicians in Passport’s provider network continues to be significantly lower than the other MMC plans in Kentucky. The plan should consider ways to enhance current efforts to improve these rates by targeting the in-network providers who are not board certified and perhaps offer incentives to encourage more providers to achieve board certification. Regarding Passport ‘s PIPs, it is recommended that the MCO: <ul style="list-style-type: none"> incorporate enhanced care coordination interventions into the annual work plan that aim to increase member receipt of evidence-based assessment, interventions and monitoring on an ongoing basis; incorporate enhanced care coordination interventions into the annual work plan to ensure that the EPSDT benefit reaches all eligible children, across all age groups, in order to improve the EPSDT participation rate; and utilize ITMs to monitor the progress of PIP interventions, to flag stagnating or declining ITM rates, then conduct drill-down barrier analysis and use findings to inform modifications to interventions on an ongoing basis. 	

CAP: corrective action plan; HEDIS: Healthcare Effectiveness Data and Information Set; BMI: body mass index; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MCO: managed care organization; CSHCN: Children with Special HealthCare Needs; Early and Periodic Screening, Diagnostic and Treatment; PIP: Performance Improvement Project; PPC: Perinatal and Postpartum Care.

Table 5: WellCare – Strengths, Opportunities for Improvement and Recommendations

WellCare – Strengths, Opportunities for Improvement and Recommendations		
Quality of Care	Strengths	Opportunities for Improvement
Compliance Review	All of the seven quality-related domains reviewed were determined to be fully or substantially compliant.	One element under Grievance Systems required a CAP.
HEDIS and Healthy Kentuckians Performance Measures (HK PM) of Quality	<ul style="list-style-type: none"> 31 of the 61 (51%) HEDIS Effectiveness of Care measures with national benchmarks were rated at or above the national 50th percentile, including 2 measures at or greater than the national 90th percentile and another 12 measure rates at or above the national 75th percentile, but lower than the 90th percentile. WellCare’s HK PM rates related to quality exceeded the statewide average rate in seven of the eight Adult Preventive Care measures and in one Child and Adolescent Preventive Care measure. 	<ul style="list-style-type: none"> Ten HEDIS Effectiveness of Care measure rates (16%) were below the national 25th percentile, including five measures in the Overuse/Appropriateness domain. The HK PM Adolescent Screening rates and all of the six HK PM Perinatal Screening rates were below the statewide average. WellCare’s rate for Positive Screening for Tobacco Use in the perinatal population (43.58%) was the highest in the state.
Consumer Satisfaction	<ul style="list-style-type: none"> Six (6) of the 9 Adult CAHPS measure rates and all (10) of the 10 Child CAHPS measure rates were at or above the national 50th percentile. There was one adult survey rate at or above the national 90th percentile and three child survey rates at or above the national 90th percentile. 	Rates for three of WellCare’s Adult CAHPS survey measures were at or above the national 25th percentile, but below the national 50th percentile.

WellCare – Strengths, Opportunities for Improvement and Recommendations		
PIP Validation	WellCare submitted one PIP report on quality of care: “Prenatal Smoking.” Screening and smoking cessation receipt rates increased from baseline to final measurement. The final screening and cessation intervention receipt rates exceeded the target rates.	WellCare submitted one PIP report on quality of care: “Prenatal Smoking.” Baseline rates were not reported for the abstinence rate and the follow-up monitoring rates; therefore, interpretations of improvement are limited.
Access/Timeliness of Care	Strengths	Opportunities for Improvement
Compliance Review	All of the nine access-related domains reviewed were determined to be fully or substantially compliant.	Two elements involving Enrollee Rights and Protection: Enrollee Rights required CAPs.
HEDIS and Healthy Kentuckians Performance Measures (HK PM) of Access/Timeliness	<ul style="list-style-type: none"> The MCO exhibited strong performance in the HEDIS 2019 results for Access and Availability. Rates for 13 of the 14 measures were at or above the national 50th percentile. Three of these measure rates met or exceeded the national 90th percentile and five other access-related measure rates were at or above the national 75th percentile but below the 90th. HK PM rates for CSHCN measures exceeded the statewide averages for all eight measures. Seven of these measure rates were highest in the state. WellCare’s rates for EPSDT dental services exceeded the statewide averages for six of the seven measures and rates for these six measures were also the highest in the state. Rates for physician Board Certification were all above the statewide averages and three rates (Family Medicine, Internal Medicine and Geriatricians) were the highest in the state. 	<ul style="list-style-type: none"> There is an opportunity for improvement for one access-related measure, PPC: Postpartum Care, which was below the national 25th percentile.
PIP Validation	WellCare submitted one PIP report on access to care/timeliness of care, “Childhood and Adolescent Immunizations.” Final rates increased from baseline and either met or exceeded the target rate for each of the three indicators.	WellCare submitted one PIP report on access to care/timeliness of care, “Childhood and Adolescent Immunizations.” Compared to the rate of 86.86% for Immunizations for Adolescents-Combo 1, the rates for Immunizations for Adolescents-Combo 2 (31.14%) and for Childhood Immunization Status-Combo 10 (25.30%) were considerably lower.
Recommendations		
<ul style="list-style-type: none"> Opportunities for improvement in HEDIS 2019 should be a focus for WellCare’s improvement strategy particularly for measures rated below the national 25th percentile, and also measures with rates just below the national 50th percentile. Interventions for improvement are also needed for HK PMs regarding preventive screening, including adolescent and perinatal screening. The MCO should conduct barrier analyses to help craft interventions that will have the most effective impact on measurement rates. Regarding WellCare’s PIPs, it is recommended that the MCO: <ul style="list-style-type: none"> incorporate enhanced care coordination interventions into the annual work plan that aim to increase member 		

WellCare – Strengths, Opportunities for Improvement and Recommendations

- rates for smoking abstinence and follow-up monitoring on an ongoing basis; and
- incorporate enhanced case management interventions into the annual work plan that aim to identify and address disparities in EPSDT participation rates.

CAP: corrective action plan; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MCO: managed care organization; CSHCN: Children with Special HealthCare Needs; Early and Periodic Screening, Diagnostic and Treatment; PIP: Performance Improvement Project; PPC: Perinatal and Postpartum Care.

Findings Related to Health Care Quality, Timeliness and Access

Introduction

IPRO prepared the *2020 External Quality Review Technical Report* for Kentucky Medicaid Managed Care in accordance with 42 CFR §438.364. The report describes the manner in which data from activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed and how conclusions were drawn as to the quality, timeliness and access to care furnished to Kentucky's Medicaid recipients by the MCOs. Each activity was conducted in accordance with CMS protocols for determining compliance with MMC regulations. Details on how these activities were conducted are described in **Appendices A–C**, and address objectives for conducting the activity; technical methods of data collection; descriptions of data obtained; and data aggregation and analysis.

During the past year, IPRO conducted the following three mandatory EQR activities:

- **Assessment of Compliance with Medicaid Managed Care Regulations:** This review determines MCO compliance with its contract and with state and federal regulations in accordance with the requirements of 42 CFR 438 which includes Subparts D and E.
- **Validation of Performance Measures:** Each MCO is required to report annual performance measures (PMs) aligned with the Healthy Kentuckians (HK) 2020 goals. Healthy Kentuckians 2020 (HK 2020) is designed to mirror the national Healthy People 2020 initiative, align with statewide initiatives and priorities, and serve as a foundation for moving the health of Kentucky forward. Annually, the measures that are not part of the Healthcare Effectiveness Data and Information Set (HEDIS®) are validated by the EQRO. IPRO addresses the reliability and validity of the reported PM rates as required by both the MCO contract and the federal MMC regulations and requirements.
- **Validation of Performance Improvement Projects:** Performance improvement projects (PIPs) for the subject time period were reviewed for each MCO to ensure that the projects were designed, conducted and reported in a methodologically sound manner, allowing real improvements in care and services and giving confidence in the reported improvements.

This section of the report includes results for each of the five MCOs as derived from the following EQR-related data sources: compliance monitoring, validation of 2019 Healthy Kentuckians Performance Measures, aggregation and analysis of HEDIS 2019 and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 2019 as well as the validation of PIPs.

Compliance Monitoring

Review of Medicaid Managed Care Organization Compliance with Regulatory Requirements

This section of the report presents the final results of reviews by IPRO of the compliance of Aetna Better Health of Kentucky (Aetna), Anthem BCBS Medicaid (Anthem), Humana-CareSource (Humana), Passport Health Plan (Passport) and WellCare of Kentucky (WellCare) with regulatory standards and contract requirements for calendar year (CY) 2019.¹

A description of the content evaluated under each domain is as follows:

- Behavioral Health (BH) Services – The evaluation in this area included, but was not limited to, review of policies and procedures related to BH services and coordination of physical health (PH) and BH services. In addition, file review was conducted to assess coordination of PH and BH services by the MCO case management program.
- Case Management/Care Coordination (CM/CC) – The evaluation in this area included, but was not limited to, review of policies, procedures, and processes for case management and care coordination for clients of the Department of Community Based Services (DCBS) and the Department for Aging and Independent Living (DAIL); dissemination of information to members and providers; and monitoring, analysis, reporting and interventions. In addition, file review was conducted to assess service plans and care coordination for DCBS/DAIL clients and complex case management for those with chronic conditions and complex needs. The MCOs were only evaluated on attempts to obtain service plans, as service plans are the responsibility of the DCBS and DAIL. Therefore, related elements in the

¹ The 2019 Compliance Review assessed MCO performance for the time period of state fiscal year (SFY) 2019, July 1, 2018 – June 30, 2019.

file review and the review tool (e.g., MCO signature on the service plan) were scored not applicable (N/A) and were not counted in the overall compliance determination.

- Enrollee Rights (ER) and Protection: ER – The evaluation in this area included, but was not limited to, review of policies and procedures for member rights and responsibilities, primary care provider (PCP) changes and member services functions.
- ER and Protection: Member Education and Outreach – The evaluation in this area included, but was not limited to, a review of the Member and Community Outreach Plan, member informational materials, and outreach activities.
- Early Periodic Screening, Diagnostic and Treatment (EPSDT) – The evaluation in this area included, but was not limited to, a review of policies and procedures for: EPSDT services, identification of members requiring EPSDT special services, education/information program for health professionals, EPSDT provider requirements and coordination of services. The assessment also included a file review of utilization management (UM) decisions and appeals related to EPSDT services and review of the annual CMS-416 EPSDT reports.
- Grievance System – The evaluation of the Grievance System included, but was not limited to, review of policies and procedures for grievances and appeals, file review of member and provider grievances and appeals, review of MCO program reports on appeals and grievances and Quality Improvement (QI) Committee minutes.
- Health Risk Assessment (HRA) – The evaluation in this area included, but was not limited to, a review of initial health screening (IHS) and plan-initiated contact.
- Medical Records – The evaluation in this area included, but was not limited to, a review of policies and procedures related to confidentiality, access to medical records, advance medical directives, and medical record and documentation standards.
- Pharmacy Benefits – The evaluation in this area included, but was not limited to, a review of policies and procedures for pharmacy benefit requirements; structure of the pharmacy program; pharmacy claims and rebate administrations; drug utilization review; and the pharmacy lock-in program. In addition, this review included evaluation of the preferred drug list (PDL) and authorization requirements.
- Program Integrity – The evaluation in this area included, but was not limited to, review of policies and procedures, training programs, reporting and analysis; compliance with the Annual Disclosure of Ownership (ADO) and financial interest provisions; and file review of program integrity cases.
- Quality Assessment and Performance Improvement (QAPI) – Access – The evaluation of this area included, but was not limited to, review of policies and procedures for direct access services; provider access requirements; program capacity reporting; evidence of monitoring program capacity and provider compliance with hours of operation and availability.
- QAPI – Access: Utilization Management – The evaluation in this area included, but was not limited to, review of UM policies and procedures; UM committee minutes; and UM files.
- QAPI – Measurement and Improvement (MI) – The evaluation in this area included, but was not limited to, review of: QI Program Description, Annual QI Evaluation, QI Work Plan; QI Committee structure and function including meeting minutes; PIPs; PM reporting and clinical practice guidelines.
- QAPI – Health Information Systems (HIS) – The evaluation in this area included, but was not limited to, a review of policies and procedures for claims processing, claims payment and encounter data reporting, timeliness and accuracy of encounter data, timeliness of claims payments and methods for meeting Kentucky Health Information Exchange (KHIE) requirements.
- QAPI – Structure and Operations: Credentialing – The evaluation in this area included, but was not limited to, review of the policies and procedures related to the credentialing and re-credentialing of network providers and enrollment of out-of-network providers. Additionally, file review of credentialing and re-credentialing for PCPs and specialists was conducted.
- QAPI – Structure and Operations: Delegated Services – The evaluation in this area included, but was not limited to, review of subcontractor contracts and subcontractor oversight, including subcontractor reporting requirements, pre-delegation evaluations, and annual, formal evaluations.

The MCOs' responses to prior year recommendations are evaluated during the compliance review. IPRO evaluated the MCOs' progress related to the October 2018 review recommendations and corrective action plans (CAPs). Deficiencies previously identified that continue to be deficient in the current review may adversely affect the scoring of a requirement and result in possible sanctions by DMS.

In order to make an overall compliance determination for each of the domains, an average score is calculated. This is determined by assigning a point value to each element based on the designation assigned by the reviewer. Each element is scored as follows: Full Compliance (3 points), Substantial Compliance (2 points), Minimal Compliance (1 point), Non-compliance (0 points) and Not Applicable (N/A). The numerical score for each domain is then calculated by adding the points achieved for each element and dividing the total by the number of elements. The overall compliance determination is assigned as follows:

- Full Compliance – point range of 3.0;
- Substantial Compliance – point range of 2.0–2.99;
- Minimal Compliance – point range of 1.0–1.99;
- Non-compliance – point range of 0–0.99; and
- Not Applicable – N/A.

The final findings for each MCO review are sent to the MCO and to DMS’s CAP and Letter of Concern (LOC) Committee. Two DMS branches, the Managed Care Oversight Quality Branch and the Managed Care Oversight Contract Management Branch, work together to review the findings and determine if an LOC and/or CAP request is required. The CAP/LOC Committee issues the LOCs and CAP requests to the MCOs. In general, the MCOs must provide a CAP for all elements deemed in minimal compliance or non-compliance.

Table 6 displays the numerical score and associated overall compliance determination for each domain reviewed for each of the MCOs.

Table 6: Overall Compliance Determination by Review Domain – October 2019

Review Area (Tool #)	Aetna		Anthem		Humana		Passport		WellCare	
	Point Average	Deter- mination	Point Average	Deter- mination	Point Average	Deter- mination	Point Average	Deter- mination	Point Average	Deter- mination
Quality-related domains:										
Grievance System (2)	2.82	Substantial	2.74	Substantial	2.00	Substantial	3.00	Full	2.87	Substantial
Medical Records (13)	2.96	Substantial							3.00	Full
Program Integrity (6)	3.00	Full	3.00	Full	3.00	Full	2.63	Substantial	3.00	Full
QAPI: MI (1)	3.00	Full	3.00	Full	3.00	Full	2.82	Substantial	3.00	Full
QAPI: HIS (9)	3.00	Full	3.00	Full	3.00	Full	3.00	Full	3.00	Full
QAPI: Structure and Operations – Credentialing (4)	3.00	Full	2.96	Substantial	3.00	Full	2.40	Substantial	3.00	Full
QAPI: Structure and Operations – Delegated Services (8)	3.00	Full	3.00	Full	3.00	Full	3.00	Full	3.00	Full
Access/Timeliness-related domains:										
BH Services (15)	2.90	Substantial	3.00	Full	3.00	Full	3.00	Full	2.95	Substantial
CM/CC (10)	2.94	Substantial	2.88	Substantial	3.00	Full	2.88	Substantial	3.00	Full
ER and Protection: ER (12a)	2.25	Substantial	2.56	Substantial	3.00	Full	3.00	Full	2.93	Substantial
ER and Protection: Member Education and Outreach (12b)	1.50	Minimal	3.00	Full					2.86	Substantial
EPSDT (7)	2.95	Substantial			3.00	Full			2.95	Substantial
HRA (3)	3.00	Full	2.80	Substantial	2.00	Substantial	3.00	Full	3.00	Full
Pharmacy Benefits (16)	2.29	Substantial	2.83	Substantial	1.50	Minimal	3.00	Full	3.00	Full
QAPI: Access (5)	2.88	Substantial	0.50	Non-compliant	2.33	Substantial	3.00	Full	2.98	Substantial
QAPI: Access – UM (5a)	2.81	Substantial	3.00	Full	2.25	Substantial	2.80	Substantial	2.86	Substantial
Number of Elements Requiring CAP/Total Elements Reviewed (%)	10/344 (2.9%)		7/218 (3.2%)		5/71 (7.0%)		2/70 (2.9%)		3/575 (0.5%)	

Gray shading: domain was not reviewed this year; deemed based on prior year results.

QAPI: Quality Assessment and Performance Improvement; MI: Measurement and Improvement; HIS: Health Information Systems; BH: Behavioral Health; CM/CC: Care Management/Care Coordination; ER: Enrollee Rights; EPSDT: Early and Periodic Screening, Diagnostic and Treatment; HRA: Health Risk Assessment; UM: Utilization Management; CAP: corrective action plan.

Medicaid Compliance Review Findings for State Fiscal Year 2019: All MCOs

This section contains a summary of the current year findings by MCO. Elements rated minimal or non-compliant are identified by domain and review area. (Table 7)

Table 7: Medicaid Managed Care Compliance Review Findings by MCO – October 2019

MCO	Summary of Minimal and Non-compliance Review Findings
Aetna	<p>Aetna's review totaled 344 applicable elements, of which 97.1% were determined to be fully or substantially compliant. Ten elements (2.9%) in the following areas require corrective action:</p> <p>ER and Protection: ER: 131.4 Billing Enrollees for Covered Services (one non-compliant)</p> <p>ER and Protection: Member Education and Outreach: 823.4 Outreach to Homeless Persons (three minimal)</p> <p>BH Services: 34.10 Continuity of Care upon Discharge from a Psychiatric Hospital (two minimal)</p> <p>Pharmacy Benefits: 32.11 Pharmacy Drug Rebate Administration (one non-compliant)</p> <p>Grievance System: 28.1 Required Functions: C. (one non-compliant)</p> <p>QAPI: Access: 29.10 Expansion and/or Changes in the Network: In addition to expanding the service delivery network to remedy access problems, the contractor shall also make reasonable efforts to recruit additional providers based on enrollee requests. (one minimal)</p> <p>QAPI: UM: 21.3 Adverse Benefit Determination Related to Requests for Services and Coverage Denials: C. (one minimal).</p>
Anthem	<p>Anthem's review totaled 218 elements, of which 96.8% were determined to be fully or substantially compliant. Seven elements (3.2%) in the following areas required corrective action:</p> <p>ER Rights and Protection: ER: 23.2 Enrollee Handbook (one minimal); 24.6 Primary Care Provider (PCP) Changes (one minimal)</p> <p>Grievance System: 28.1 Required Functions: C. (one minimal) and Expedited Appeals File Review (one minimal)</p> <p>QAPI: Structure and Operations – Credentialing: 29.6 Termination of Network Providers: B. (one non-compliant)</p> <p>QAPI: Access: 29.7 Provider Program Capacity Demonstration: J. (one minimal) and 29.8 Additional Network Provider Requirements: A.5. Pediatric Prescribed Extended Care Providers (one non-compliant).</p>
Humana	<p>Humana's review totaled 71 applicable elements, of which 93% were determined to be fully or substantially compliant. Five elements (7%) in the following areas required corrective action:</p> <p>Grievance System: State Contract Requirements: 28.1 Required Functions: B. (one minimal) and C. (one non-compliant)</p> <p>Pharmacy Benefits: State Contract Requirements (Federal Regulation: Not Applicable): 32.6 Alignment of Clinical Criteria and Pharmacy Based Programs and Initiatives (one non-compliant)</p> <p>QAPI: Access: 33.3 Emergency Care, Urgent Care and Post Stabilization Care (one minimal)</p> <p>QAPI: UM: 21.3 Adverse Benefit Determination Related to Requests for Services and Coverage Denials: F. (one non-compliant).</p>
Passport	<p>Passport's review totaled 70 applicable elements, of which 97.1% were determined to be fully or substantially compliant. Two elements (2.9%) in the following areas required corrective action:</p> <p>QAPI: MI: 20.1 Kentucky Outcomes Measures and HEDIS Measures (one minimal)</p> <p>QAPI: Structure and Operations: Credentialing: State Contract Requirements (Federal Regulation 438.214; one non-compliant).</p>
WellCare	<p>WellCare's review totaled 575 applicable elements, of which 99.5% were determined to be fully or substantially compliant. Three elements (0.5%) in the following areas required corrective action:</p> <p>Enrollee Rights and Protection: ER: 23.2 Enrollee Handbook (one minimal) and 31.5 Referrals for Services not Covered by Contractor (one minimal)</p> <p>Grievance System: Expedited Appeals File Review (one minimal).</p>

MCO: managed care organization; ER: Enrollee Rights; BH: Behavioral Health; QAPI: Quality Assessment and Performance Improvement; UM: Utilization Management; HEDIS: Healthcare Effectiveness Data and Information Set.

Validation of Performance Measures

This section of the report describes requirements for PM reporting and results followed by HEDIS and CAHPS 2019 reporting and results.

Kentucky DMS Requirements for Performance Measure Reporting

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 DMS. Federal MMC regulations, 438.240 (C)(1) and (C)(2), Performance Measurement, require that Medicaid MCOs measure and report to the state their performance, using standard measures required by the state and/or submit to the state data that enable the state to measure the MCOs' performance. As a result, a requirement of the Kentucky Medicaid MCO contract is the annual reporting of PMs. The PMs, selected by DMS, include both HEDIS and state-specific PMs which are based on the HK 2010 and HK 2020 goals and health care priorities identified by DMS. Together, the measures address the access to, timeliness of, and quality of care provided for children, adolescents and adults enrolled in MMC with a focus on preventive care, health screening, prenatal care, as well as special populations (e.g., adults with hypertension and children with special health care needs [CSHCN]).

As required by federal Medicaid EQR regulations and requirements, DMS contracted with IPRO to validate the reliability and validity of the MCOs' reported PM rates. The purpose of the validation was to:

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

Table 8 summarizes and defines the Kentucky-specific PMs for reporting year (RY) 2019.

Table 8: Kentucky-Specific Performance Measures – RY 2019

Kentucky-Specific Performance Measures ¹
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.)
Tobacco Screening for Adults The percentage of members 18–74 years of age who had an outpatient visit and received tobacco screening, positive screening for tobacco use, and received an intervention for tobacco use.
Cholesterol Screening for Adults The percentage of male members age > 35 years and female members age > 45 years who had an outpatient office visit during the measurement year and appropriate low-density lipoproteins, LDL-C/cholesterol screening documented during the measurement year or the four years prior.
Height and Weight Documented and Appropriate Weight for Height for Children and Adolescents The percentage of members 3–17 years of age who had an outpatient visit with a PCP or an 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 outpatient visit with a PCP or an ob/gyn during the measurement year and had 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.)

Kentucky-Specific Performance Measures¹

Prenatal and Postpartum Risk Assessment/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;
- alcohol use screening, positive screening for alcohol use, intervention for positive alcohol use;
- substance/drug use screening, positive screening substance/drug use, intervention for positive substance/drug use;
- assessment/education/counseling for nutrition;
- assessment/education/counseling for OTC/prescription medication use;
- screening for domestic violence;
- screening for depression during one of their first two prenatal visits, or during one of their first two visits following enrollment in the MCO; and
- screening for postpartum depression.

(Note: these are reported as fourteen separate numerators.)

Children with Special Health Care Needs (CSHCN) Access to Preventive Care

The percentage of child and adolescent members, ages 12 months through 19 years, in the Supplemental Security Income (SSI) and foster care categories of aid or who received services from the Commission for Children with Special Health Care Needs (CCSHCN), and received the specified services as defined in the HEDIS specifications:

Access to Care: Children and Adolescents' Access to Primary Care Practitioners; and

Preventive Care Visits: 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 Annual Dental Visit (Ages 2–21).

CMS 416 EPSDT – Dental Services: This performance measure assesses the percentage of members (ages < 21 years) who received the specified dental services.

¹ Copies of the full specifications for each of the Kentucky-specific performance measures (PMs) are available by request.

RY: reporting year; LDL-C: low-density lipoprotein-cholesterol; HEDIS: Healthcare Effectiveness Data and Information Set; EPSDT: Early and Periodic Screening, Diagnostic and Treatment; PCP: primary care provider; ob/gyn: obstetrician/gynecologist; OTC: over the counter.

Table 9 shows the PM rates for each of the five MCOs and the statewide rate for RY 2019 for each of the Kentucky-specific HK PMs. The statewide rates represent weighted averages. A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average. If one or more MCOs were not able to report a rate due to lack of eligible members, the data for the remaining MCOs were used.

Rates were reported with an asterisk (*) if an MCO had a denominator < 30. Note that the denominator in these cases could vary from 1 to 29. If one or more MCOs had a denominator of < 30 for a measure, the data (numerator and denominator) were included in the calculation of the statewide average rates.

Table 9: Kentucky-Specific Performance Measure Rates – RY 2019

Kentucky-Specific Performance Measure Rates – RY 2019							
Measure	Submeasure (if any)	Aetna	Anthem	Humana	Passport	WellCare	Weighted Statewide Average
Adult Preventive Care							
Hybrid Measure(s): had an Outpatient Visit and had:							
BMI: Ages 18–74 Years	Record of Height and Weight During MY or Prior Year	93.67%	81.75%	79.81%	83.91%	86.37%	85.89%
	Healthy Weight for Height During MY or Prior Year	28.83%	24.40%	25.55%	26.71%	19.44%	21.86%
	Counseling for Nutrition	50.36%	29.68%	42.09%	39.37%	41.12%	41.00%
	Counseling for Physical Activity	43.80%	32.36%	42.34%	39.94%	41.12%	40.75%
Adult Tobacco Use: Ages 18–74 Years	Screening for Tobacco Use	88.32%	64.96%	88.81%	86.49%	89.05%	87.29%
	Positive Screening for Tobacco Use	57.85%	50.19%	58.63%	59.47%	57.38%	57.40%
	Received Intervention for Tobacco Use	70.00%	47.76%	75.23%	66.48%	66.67%	66.41%
Administrative Measure(s): Men Aged ≥ 35; Females Aged ≥ 45 who had an Outpatient Visit and had:							
Cholesterol Screening	LDL-C/Cholesterol Screening	80.39%	67.81%	76.54%	78.90%	83.06%	76.22%
Child and Adolescent Preventive Care							
Hybrid Measure(s): During Measurement Year or Prior Year, had an Outpatient Visit and:							
BMI: Ages 3–17 Years	Record of Height and Weight	91.24%	75.18%	81.75%	80.54%	84.43%	84.39%
	Healthy Weight for Height	56.27%	50.36%	45.81%	54.87%	44.38%	46.31%
Administrative Measure(s): Well-Visit or Preventive Visit with PCP or Ob/Gyn and:							
Adolescent Screening: Ages 12–17 Years	Screened for Tobacco Use	76.51%	55.10%	75.35%	84.17%	70.78%	72.15%
	Screened for Alcohol/Substance Use	62.42%	44.22%	59.15%	72.66%	53.25%	55.54%
	Screened for Sexual Activity	36.91%	23.13%	42.25%	60.43%	30.52%	33.60%
	Screened for Depression	60.40%	29.93%	47.89%	61.15%	44.81%	47.21%
Perinatal Care							
Hybrid Measure(s): Had a Live Birth Between November 6 of the Prior Year and November 5 of the Measurement Year with:							
Screening for Tobacco Use at One of First Two Prenatal Visits		81.79%	29.68%	66.04%	80.76%	60.56%	63.21%
Positive Screening for Tobacco Use at One of First Two Prenatal Visits		40.00%	31.97%	39.15%	37.11%	43.58%	41.56%
Received Intervention for Tobacco Use		71.70%	74.36%	61.45%	60.00%	72.63%	70.39%
Screening for Alcohol Use at One of First Two Prenatal Visits		75.31%	28.71%	60.12%	76.34%	51.67%	55.70%
Positive Screening for Alcohol Use at One of First Two Prenatal Visits		8.20%	5.93%	11.40%	12.81%	4.30%	6.17%
Received Intervention for Alcohol Use		50.00% *	57.14% *	31.82% *	64.52%	87.50% *	77.32%
Screening for Substance/Drug Use at One of First Two Prenatal Visits		78.40%	27.98%	62.93%	76.03%	50.00%	54.81%

Kentucky-Specific Performance Measure Rates – RY 2019

Measure	Submeasure (if any)	Aetna	Anthem	Humana	Passport	WellCare	Weighted Statewide Average
Positive Screening for Substance/Drug Use at One of First Two Prenatal Visits		18.90%	11.30%	24.75%	14.52%	15.00%	15.47%
Received Intervention for Substance/Drug Use		66.67%	84.62% *	44.00%	57.14%	59.26% *	60.18%
Assessment/Education/Counseling for Nutrition at One of First Two Prenatal Visits		50.62%	19.71%	42.68%	50.47%	38.06%	39.75%
Assessment/Education/Counseling for OTC/Prescription Medication During One of First Two Prenatal Visits		40.43%	13.87%	37.07%	47.95%	33.89%	35.24%
Screening for Domestic Violence During One of the First Two Visits		39.51%	15.57%	24.92%	39.75%	24.44%	27.04%
Screening For Depression During One of First Two Visits		64.81%	21.17%	41.74%	51.74%	39.72%	42.05%
Received Screening for Postpartum Depression		71.60%	35.04%	57.47%	72.87%	52.26%	55.62%
Children with Special Health Care Needs (CSHCN): Preventive Care and Access to Care							
CSHCN: Administrative Measure(s) – Preventive Care: Modified HEDIS Measure							
Annual Dental Visit (ADV) 2-21 Years		66.29%	51.35%	58.77%	61.79%	69.20%	64.39%
Well-Child 15 Months (6+ Visits) (W15)		41.73%	38.10% *	43.46%	62.50% *	56.36%	50.27%
Well-Child Ages 3 – 6 Years (W34)		72.58%	64.71% *	68.19%	58.97%	76.29%	73.93%
Adolescent Well Care (AWC) 12–21 Years		49.04%	52.17% ^{1*}	46.14%	46.15%	56.10%	52.72%
CSHCN: Administrative Measure(s) – Preventive Care: Modified Children and Adolescents' HEDIS Measure							
Access to PCPs (CAP)12-24 Months		97.20%	95.48%	96.51%	97.87%	99.52%	97.77%
Access to PCPs (CAP) 25 Months–6 Years		95.12%	91.98%	92.57%	93.49%	96.77%	94.60%
Access to PCPs (CAP) 7–11 Years		97.03%	94.26%	91.91%	93.77%	97.81%	95.71%
Access to PCPs (CAP) 12–19 Years		94.54%	89.55%	89.29%	91.97%	95.83%	93.73%
CMS 416 EPSDT – Dental Services: Percentage of Members (Ages < 21 Years) who Received the Specified Dental Services							
Any Dental Services		50.48%	31.63%	41.47%	46.38%	54.07%	48.69%
Preventive Dental Services		45.28%	26.93%	36.61%	41.59%	47.88%	43.30%
Dental Treatment Services		23.12%	11.95%	18.60%	20.35%	25.51%	22.13%
Sealant on a Permanent Molar Tooth		13.58%	10.51%	5.46%	5.62%	6.22%	8.02%
Diagnostic Dental Services		47.23%	26.90%	38.91%	43.94%	51.31%	45.78%
Oral Health Services Provided by a Non-dentist Provider		3.67%	2.44%	3.21%	2.06%	22.16%	9.72%
Any Dental or Oral Health Service		50.48%	31.80%	43.12%	46.37%	63.53%	52.20%

¹ Although not shown in this table, it should be noted that Anthem could not break out SSI rates for the blind and disabled separately for this measure.

* Caution should be taken when interpreting these measure rates as denominators are less than 30.

RY: reporting year; MY: measurement year; BMI: body mass index; OTC: over the counter; LDL-C: low-density lipoprotein-cholesterol; EPSDT: Early and Periodic Screening, Diagnostic and Treatment; HEDIS: Healthcare Effectiveness Data and Information Set; PCP: primary care provider.

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

Adult Preventive Care: Statewide average rates for this domain ranged from a high of 87.29% for Screening for Tobacco Use to a low rate of 21.86% for Healthy Weight for Height, both for adults ages 18 – 74 years (**Table 9**). WellCare had the highest rate in the state for Screening for Tobacco Use (89.05%) while Aetna had the highest rate for Healthy Weight for Height for adults (28.83%). Humana's rates were above the statewide average for six of the seven Adult Preventive measures. Other high performing measures included Record of Height and Weight at 85.89% and Cholesterol Screening at 76.22%. In addition to Healthy Weight for Height, opportunities for improvement are also evident for Counseling for Nutrition and Counseling for Physical Activity (**Table 9**).

Child and Adolescent Preventive Care: All MCOs performed well in reporting Record of Height and Weight, ages 3 to 17 years, for a statewide average of 84.39% with MCO rates ranging from a low of 75.18% for Anthem to a high of 91.24% for Aetna (**Table 9**). Statewide rates for Adolescent Screening, ages 12 to 17 years, ranged from 33.60% for Screening for Sexual Activity to 72.15% for Screening for Tobacco Use.

Perinatal Care: Perinatal women were most likely to have Screening for Tobacco Use, with a statewide average rate of 63.21%, followed by Screening for Alcohol Use at 55.70%, Screening for Postpartum Depression at 55.62% and Screening for Substance/Drug Use at 54.81% (**Table 9**). Screening for Depression (42.05%) and Screening for Domestic Violence (27.04%) occurred less frequently. Of women positively screened for alcohol use, 77.32% received intervention, while 70.39% received intervention for tobacco use, and 60.18% received intervention for substance/drug use. Statewide rates for Assessment/Education/Counseling for Nutrition and OTC/prescription medication were much lower at 39.75% and 35.24%, respectively (**Table 9**).

CSHCN Preventive Care Visits and Access: Well-Child Visits (W34) for CSHCN, ages 3 – 6 years had the highest statewide rate (73.93%) while the rate for W15 age group (6+ visits) was the lowest at 50.27% (**Table 9**). WellCare's rates for all four preventive care visit measures were above the statewide average, and Passport and Aetna each had one measure rate above the statewide average. CSHCN's Access to PCPs (CAP) was high for all age groups ranging from 93.73% for 12 – 19 year olds to a high of 97.77% for 12 – 24 month olds (**Table 9**).

EPSDT Dental Services: Statewide rates for dental services for the EPSDT population ranged from a low of 8.02% for Sealant on a Permanent Molar to a high of 52.20% for Any Dental or Oral Health Service (**Table 9**). WellCare exhibited rates above the statewide average for six of the seven measures, Aetna had five of seven rates above and Anthem had one rate above the statewide average (**Table 9**).

NCQA HEDIS 2019 Compliance Audit

HEDIS reporting is a contract requirement for Kentucky's Medicaid MCOs. The MCOs' HEDIS measure calculations are audited annually by a National Committee for Quality Assurance (NCQA)-licensed audit organization, in accordance with NCQA's HEDIS compliance audit specifications. Note that the MCOs were audited by an NCQA-licensed auditor individually contracted by each MCO and were not audited by IPRO.

As part of the HEDIS 2019 Compliance Audit, auditors assessed compliance with NCQA standards in the seven designated information systems (IS) categories, as follows:

- **IS 1.0:** Medical Services Data – Sound Coding Methods and Data Capture, Transfer and Entry;
- **IS 2.0:** Enrollment Data – Data Capture, Transfer and Entry;
- **IS 3.0:** Practitioner Data – Data Capture, Transfer and Entry;
- **IS 4.0:** Medical Record Review Process – Training, Sampling, Abstraction and Oversight;
- **IS 5.0:** Supplemental Data – Capture, Transfer and Entry;
- **IS 6.0:** Member Call Center Data – Capture, Transfer and Entry; and
- **IS 7.0:** Data Integration – Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity.

In addition, the following HEDIS measure determination (HD) standards were assessed:

- **HD 1.0:** Denominator Identification;
- **HD 2.0:** Sampling;
- **HD 3.0:** Numerator Identification;
- **HD 4.0:** Algorithmic Compliance; and
- **HD 5.0:** Outsourced or Delegated HEDIS Reporting Functions.

HEDIS compliance audits result in audited rates or calculations at the measure level and indicate if the measures can be publicly reported. The auditor approves the rate or report status of each measure and survey included in the audit, as follows:

- **Reportable (R)** – a rate or numeric result. The organization followed the specifications and produced a reportable rate or result for the measure.
- **Small Denominator (N/A)** – the organization followed the specifications, but the denominator was too small (< 30 members) to report a valid rate.
- **Benefit Not Offered (NB)** – the organization did not offer the health benefit required by the measure.
- **Not Reportable (NR)** – the organization calculated the measure, but the rate was materially biased, or the organization chose not to report the measure or was not required to report the measure.

For measurement year (MY) 2018, all five MCOs (Aetna, Anthem, Humana, Passport and WellCare) reported HEDIS 2019.

Table 10 and **Table 11** display the MCOs' reported rates and weighted statewide average rates.

Table 12 displays weighted statewide average rates for some measures and unweighted statewide average rates for others as indicated. **Table 13** displays MCO rates and unweighted statewide average rates only.

The MCOs' reported rates are compared to the NCQA HEDIS 2019 Quality Compass® national percentiles for Medicaid health maintenance organizations (HMOs) for all measures where the NCQA HEDIS 2019 Quality Compass national percentiles are available.

The HEDIS rates are color coded to correspond to the following national percentiles:

Color Key	How Rate Compares to the NCQA HEDIS 2019 Quality Compass National Percentiles
Red	Below the national Medicaid 25th percentile
Pink	At or above the national Medicaid 25th percentile, but below the 50th percentile
Yellow	At or above the national Medicaid 50th percentile, but below the 75th percentile
Blue	At or above the national Medicaid 75th percentile, but below the 90th percentile
Green	At or above the national Medicaid 90th percentile
White	No national benchmarks available for this measure or measure not applicable (N/A)

HEDIS 2019 Effectiveness of Care measures evaluate how well an MCO provides preventive screening and care for respiratory conditions, cardiovascular conditions, diabetes, behavioral health and musculoskeletal conditions. In addition, measures for medication management and overuse/appropriateness are included. **Table 10** presents the HEDIS 2019 Effectiveness of Care rates along with statewide averages that are weighted by MCO enrollment size, referred to as the weighted statewide average. Color coding is used to provide a comparison to the NCQA HEDIS 2019 national percentiles for Medicaid.

Table 10: HEDIS 2019 Effectiveness of Care Measures

Measure	Aetna	Anthem	Humana	Passport	WellCare	Weighted Statewide Average
Prevention and Screening						
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)						
WCC: BMI Percentile Total	88.81%	83.21%	67.15%	80.54%	82.97%	82.65%
WCC: Counseling for Nutrition Total	65.21%	64.23%	50.12%	62.29%	61.56%	61.98%
WCC: Counseling for Physical Activity Total	56.45%	61.07%	46.96%	56.69%	53.28%	54.93%
Adult BMI Assessment (ABA)	97.32%	96.35%	82.24%	83.91%	93.67%	90.29%
Childhood Immunization Status: Combination 3 (CIS)	71.78%	73.72%	69.34%	73.97%	67.64%	71.02%
Immunizations for Adolescents (IMA)						
IMA: Meningococcal	84.67%	78.35%	78.10%	85.40%	87.35%	85.04%
IMA: Tdap/Td	91.73%	83.21%	84.67%	89.78%	93.92%	91.04%
IMA: Human Papillomavirus Vaccine for Female Adolescents (HPV)	29.68%	24.09%	28.95%	38.20%	33.58%	33.01%
IMA: Combination 1	83.70%	77.86%	77.62%	83.70%	86.86%	84.11%
IMA: Combination 2	26.76%	22.87%	27.25%	34.79%	31.14%	30.32%
Lead Screening in Children (LSC)	64.23%	63.54%	65.94%	74.21%	65.69%	67.84%
Breast Cancer Screening (BCS)	47.74%	49.06%	51.61%	50.96%	54.85%	51.90%
Cervical Cancer Screening (CCS)	58.15%	57.18%	54.26%	57.91%	62.28%	58.86%
Chlamydia Screening in Women (CHL) Total	52.34%	52.86%	56.90%	59.86%	53.29%	55.21%
Respiratory Conditions						
Appropriate Testing for Children with Pharyngitis (CWP)	80.73%	82.96%	83.36%	89.96%	81.87%	83.52%
Spirometry Testing in Assessment and Diagnosis of COPD (SPR)	32.00%	29.41%	32.46%	30.48%	30.39%	30.78%
Pharmacotherapy Management of COPD Exacerbation (PCE)						
PCE: Systemic Corticosteroid	83.45%	59.33%	71.11%	52.61%	71.10%	65.87%
PCE: Bronchodilator	84.83%	70.79%	82.86%	64.72%	82.92%	76.55%
Medication Management for People with Asthma (MMA)						
MMA: Total – Medication Compliance 50% ¹	64.62%	72.15%	67.32%	60.70%	67.98%	65.84%
MMA: Total – Medication Compliance 75%	39.73%	50.78%	43.77%	37.06%	46.04%	42.34%
Asthma Medication Ratio (AMR) Total	71.07%	60.71%	61.30%	68.52%	69.92%	68.38%
Cardiovascular Conditions						
Controlling High Blood Pressure (CBP)	66.67%	63.26%	51.09%	48.18%	58.64%	56.48%
Persistence of Beta-Blocker Treatment After Heart Attack (PBH)	80.81%	69.78%	83.33%	73.70%	83.55%	79.14%
Statin Therapy for Patients With Cardiovascular Disease (SPC)						
SPC: Received Statin Therapy Total	80.16%	76.34%	77.98%	65.21%	80.14%	75.98%
SPC: Statin Adherence 80% Total	65.33%	63.29%	63.16%	60.02%	68.14%	65.03%
Diabetes						
Comprehensive Diabetes Care (CDC)						
CDC: Hemoglobin A1c (HbA1c) Testing	84.23%	87.54%	84.34%	87.96%	88.89%	87.38%
CDC: HbA1c Poor Control (> 9.0%) ²	34.54%	33.39%	55.52%	58.58%	46.98%	48.19%
CDC: HbA1c Control (< 8.0%)	52.37%	54.65%	34.16%	33.58%	43.33%	41.89%
CDC: HbA1c Control (< 7.0%)	38.93%	38.14%	27.01%	24.32%	34.06%	30.98%
CDC: Eye Exam (Retinal) Performed	51.89%	53.16%	49.11%	40.69%	56.83%	50.63%
CDC: Medical Attention for Nephropathy	90.54%	90.37%	86.83%	88.50%	91.75%	90.01%

Measure	Aetna	Anthem	Humana	Passport	WellCare	Weighted Statewide Average
CDC: Blood Pressure Control (< 140/90 mmHg)	67.82%	66.28%	52.49%	52.37%	62.70%	59.73%
Statin Therapy for Patients with Diabetes (SPD)						
SPD: Received Statin Therapy	63.65%	59.98%	65.26%	53.32%	67.19%	62.18%
SPD: Statin Adherence 80%	61.05%	61.13%	61.24%	58.05%	66.87%	62.88%
Musculoskeletal Conditions						
Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)	76.47%	72.33%	72.01%	57.89%	71.91%	69.26%
Behavioral Health						
Antidepressant Medication Management (AMM)						
AMM: Effective Acute Phase Treatment	48.35%	55.37%	52.62%	50.47%	51.85%	51.49%
AMM: Effective Continuation Phase Treatment	31.64%	39.01%	37.13%	33.45%	35.75%	35.11%
Follow-up Care for Children Prescribed ADHD Medication (ADD)						
ADD: Initiation Phase	46.02%	49.27%	61.01%	40.85%	48.00%	46.45%
ADD: Continuation and Maintenance (C&M) Phase	56.24%	60.50%	71.86%	52.12%	58.04%	57.22%
Follow-up After Hospitalization for Mental Illness (FUH)						
FUH: 30-Day Follow-up	61.44%	49.71%	53.08%	46.36%	58.57%	55.97%
FUH: 7-Day Follow-up	39.63%	30.94%	34.92%	23.92%	36.89%	35.12%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)						
FUA: 30-Day Follow-up Total	14.72%	16.10%	21.88%	35.37%	15.95%	25.00%
FUA: 7-Day Follow-up Total	9.96%	8.79%	11.56%	22.84%	10.05%	15.65%
Follow-up After Emergency Department Visit for Mental Illness (FUM)						
FUM: 30-Day Follow-up	55.92%	45.91%	45.94%	56.06%	52.38%	48.28%
FUM: 7-Day Follow-up	41.89%	32.32%	31.03%	34.79%	37.03%	31.46%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)	82.54%	83.42%	83.38%	84.69%	84.76%	84.13%
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	64.34%	68.57%	70.23%	73.14%	76.48%	72.78%
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	66.67%	80.00%	57.14%	67.27%	76.54%	71.35%
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	58.30%	60.10%	56.07%	52.88%	62.90%	58.19%
Metabolic Monitoring for Children and Adolescents on Antipsychotics – Total (APM)	28.71%	28.40%	26.17%	35.65%	29.64%	30.86%
Medication Management						
Annual Monitoring for Patients on Persistent Medications (MPM)						
MPM: ACE Inhibitors or ARBs	89.23%	88.71%	89.20%	91.03%	90.70%	90.19%
MPM: Diuretics	90.17%	89.38%	88.97%	90.85%	91.24%	90.52%
MPM: Total	89.63%	88.98%	89.11%	90.95%	90.92%	90.33%
Overuse/Appropriateness						
Non-recommended Cervical Cancer Screening Adolescent Females (NCS) ²	2.37%	0.95%	2.63%	1.89%	3.06%	2.41%
Appropriate Treatment for Children with URI (URI)	70.78%	79.27%	76.68%	87.07%	70.40%	75.35%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	19.89%	26.10%	22.14%	31.74%	19.55%	23.64%
Use of Imaging Studies for Low Back Pain (LBP)	62.24%	62.09%	61.58%	60.31%	60.12%	60.86%

Measure	Aetna	Anthem	Humana	Passport	WellCare	Weighted Statewide Average
Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total (APC) ²	1.68%	3.35%	2.09%	2.16%	2.27%	2.14%
Use of Opioids at High Dosage (UOD) ²	1.14%	1.64%	1.03%	1.17%	1.43%	1.30%
Use of Opioids from Multiple Providers (UOP) ²						
UOP: Rate per 1,000 Receiving Prescription Opioids (4 or More Prescribers) ²	16.54%	20.16%	21.87%	24.80%	15.42%	18.91%
UOP: Rate per 1,000 Receiving Prescription Opioids (4 or More Pharmacies) ²	12.18%	3.18%	15.04%	5.98%	4.70%	6.87%
UOP: Rate per 1,000 Receiving Prescription Opioids (4 or More Prescribers and Pharmacies) ²	4.88%	1.78%	5.66%	3.14%	2.35%	3.15%
Risk of Continued Opioid Use (COU) ¹						
COU: Rate ≥ 15 Days ¹	13.63%	2.38%	10.52%	11.64%	10.92%	10.57%
COU: Rate ≥ 31 Days ¹	8.69%	1.88%	5.92%	6.53%	6.49%	5.54%

¹ No national benchmarks were available for this measure.

² A lower rate reflects better performance.

BMI: body mass index; ADHD: attention deficit and hyperactivity disorder; COPD: chronic obstructive pulmonary disease; URI: upper respiratory infection.

Color key for how rate compares to the NCQA HEDIS 2019 Quality Compass national percentiles: red shading – below the national Medicaid 25th percentile; pink shading – at or above the national Medicaid 25th percentile, but below the 50th percentile; yellow shading – at or above the national Medicaid 50th percentile, but below the 75th percentile; blue shading – at or above the national Medicaid 75th percentile, but below the 90th percentile; green shading – at or above the national Medicaid 90th percentile; no shading (white) – no national benchmarks available for this measure or measure not applicable (N/A).

The rates for the HEDIS Effectiveness of Care measures for RY 2019 showed mixed results (**Table 10**).

Prevention and Screening: Rates below the NCQA national Medicaid 50th percentile were predominant. Passport performed at or above the NCQA national Medicaid 50th percentile for 9 of the 14 measures, and Aetna and WellCare had 6 and 5 measures respectively at or above the NCQA national Medicaid 50th percentile, while Anthem had 3 at or above the NCQA national Medicaid 50th percentile (**Table 10**). All of Humana's prevention and screening measures were below the national 50th percentile. The statewide average rates met or exceeded the NCQA national Medicaid 50th percentile for six measures.

Respiratory Conditions: The statewide average was at or above the national 50th percentile for four of the six measures with benchmarks (**Table 10**). WellCare and Aetna each had five of the six measures at or above the 50th percentile, while Humana and Passport each had four of the six measures at or above the national 50th percentile. Anthem had two measures at or above the national 50th percentile (**Table 10**).

Cardiovascular Conditions: Statewide average rates were at or above the NCQA national Medicaid 50th percentile for one of the four measures (**Table 10**). Aetna exceeded the national 50th percentile for all four cardiovascular measures, followed by WellCare with three of the four measures at or above the national 50th percentile. Humana had two cardiovascular measures meeting or exceeding the national 50th percentile, while Anthem had one measure. All four of Passport's cardiovascular condition measures were below the national 50th percentile (**Table 10**).

Diabetes: Statewide average rates met or exceeded the NCQA national Medicaid 50th percentile for only one measure, SPD – Statin Adherence 80% (**Table 10**). Aetna had six of the nine measures at or better than the national 50th percentile while Anthem had five, WellCare had four and Humana had one measure at or better than the national 50th percentile. All of Passport's nine diabetes measure rates were below the national 50th percentile (**Table 10**). Rates for

HbA1c Control (< 8%) and Eye Exam (Retinal) Performed continue to show poor performance with three MCOs having rates below the 25th national percentile.

Musculoskeletal Conditions: Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART) was at or above the NCQA national 50th percentile only for Aetna, resulting in a statewide average rate below the national 25th percentile (**Table 10**).

Behavioral Health: For the 15 measures in this domain, statewide rates were at or above the NCQA national Medicaid 50th percentile for 5 measures (**Table 10**). Aetna, Humana and WellCare each had 7 of the 15 measures at or above the national 50th percentile, and Passport and Anthem each had 6 measures at or above the national 50th percentile. All MCOs had rates at or above the NCQA national Medicaid 50th percentile for Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD; **Table 10**).

Medication Management: All three statewide average rates were at or above the NCQA national Medicaid 50th percentile (**Table 10**). Passport had all three rates at or above the national 75th, but below the 90th percentile, while Aetna, Humana and WellCare each had three rates at or above the national 50th percentile.

Overuse and Appropriateness: Three new measures regarding opioid use were added to this domain, with one having three subcategories and a second having two subcategories for a total of seven rates (**Table 10**). Performance was generally poor for this domain. Of the nine measure rates with benchmarks in this domain, six measures now have rates where lower reflects better performance. Of these six measures, four had statewide average rates that were better than the national 50th percentile. Statewide average rates for the other seven measures were all below the national 50th percentile (**Table 10**).

HEDIS 2019 Access and Availability measures examine the following: adults who receive preventive/ambulatory health care services, children and adolescents who access their primary care providers, annual dental visits, alcohol and other drug abuse or dependence treatment, access to prenatal and postpartum care services and use of first-line psychosocial care for children and adolescents on antipsychotics. **Table 11** presents selected HEDIS 2019 Access and Availability measure rates for MY 2018 along with the weighted statewide averages and comparison to the NCQA HEDIS 2019 national percentiles for Medicaid.

Table 11: HEDIS 2019 Access and Availability Measures

Measure	Aetna	Anthem	Humana	Passport	WellCare	Weighted Statewide Average
Adults' Access to Preventive/Ambulatory Health Services (AAP)						
AAP: 20–44 Years	78.90%	72.05%	75.83%	74.74%	81.07%	77.13%
AAP: 45–64 Years	84.81%	82.11%	84.36%	84.18%	89.33%	85.85%
AAP: 65+ Years	81.11%	89.06%	68.35%	92.33%	91.06%	90.37%
AAP: Total	80.82%	75.63%	78.87%	78.34%	84.24%	80.33%
Children and Adolescents' Access to Primary Care Practitioners (CAP)						
CAP: 12–24 Months	97.91%	94.90%	95.24%	96.64%	97.79%	96.86%
CAP: 25 Months– 6 Years	92.22%	85.63%	85.44%	87.69%	93.11%	90.09%
CAP: 7–11 Years	95.88%	89.28%	89.05%	92.13%	96.79%	94.42%
CAP: 12–19 Years	94.55%	86.90%	86.61%	90.41%	95.56%	92.94%
Annual Dental Visit (ADV)	62.17%	44.55%	51.96%	57.46%	63.97%	59.52%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (AOD) Treatment (IET)						
IET: Initiation of AOD Treatment: Total	46.00%	51.84%	48.66%	42.44%	44.93%	45.71%
IET: Engagement of AOD Treatment: Total	20.45%	23.75%	26.18%	20.68%	20.31%	21.69%
Prenatal and Postpartum Care (PPC)						

Measure	Aetna	Anthem	Humana	Passport	WellCare	Weighted Statewide Average
PPC: Timeliness of Prenatal Care	78.83%	84.91%	78.10%	77.89%	87.59%	82.09%
PPC: Postpartum Care	59.12%	62.29%	53.77%	63.39%	59.12%	60.21%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Total (APP)	61.20%	65.93%	60.00%	65.10%	67.26%	64.62%

Color key for how rate compares to the NCQA HEDIS 2019 Quality Compass national percentiles: red shading – below the national Medicaid 25th percentile; pink shading – at or above the national Medicaid 25th percentile, but below the 50th percentile; yellow shading – at or above the national Medicaid 50th percentile, but below the 75th percentile; blue shading – at or above the national Medicaid 75th percentile, but below the 90th percentile; green shading – at or above the national Medicaid 90th percentile; no shading (white) – no national benchmarks available for this measure or measure not applicable (N/A).

Statewide rates related to access and availability showed mixed results for Kentucky Medicaid MCOs (**Table 11**). The statewide average ranked at or above the Medicaid NCQA national 50th percentile for 9 of the 14 measures. Measures below the NCQA national 50th percentile included: ADV, PPC and AAP rates for all age groups 20-44, 45-64 and Total.

WellCare performed at or above the NCQA national 50th percentile for 13 of the 14 measures, 3 of which were at or above the national 90th percentile and 5 measures were at or above the national 75th, but below the 90th percentiles (**Table 11**). Aetna had 9 of 14 rates at or above the national 50th percentile, including 2 that were above the national 90th percentile and 3 that were at or above the national 75th, but below the 90th percentile. Passport had 6 of 14 measures at or above the NCQA national 50th percentile, followed by Anthem with 5 and Humana with 2 measures at or above the national 50th percentile. (**Table 11**)

Aetna and WellCare had rates above the national 50th percentile for all age categories for CAP, and WellCare also met or exceeded the national 50th percentile for all age groups in the AAP measure (**Table 11**).

All five MCOs ranked above the national 75th percentile for IET: Engagement of AOD Treatment: Total (**Table 11**). There were four MCOs ranking at or above the national 50th percentile for IET: Initiation of AOD Treatment: Total and for APP. All five MCOs were below the 50th national Medicaid percentile for PPC: Postpartum Care measure.

The HEDIS 2019 Utilization and Risk Adjusted Utilization domains contain three measures related to access including: Well-Child Visits In the First 15-Months of Life (W15); Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34); and Adolescent Well-Care Visits (AWC). They are subject to the same guidelines as the Effectiveness of Care domain for calculation, such as the inclusion of all claims, both paid and denied. They are also reported as percentages with a higher percentage indicating better performance. **Table 12** presents selected HEDIS Utilization and Risk Adjusted Utilization measure rates for MY 2018 along with the weighted statewide averages (where appropriate) and comparison to the HEDIS 2019 NCQA national percentiles for Medicaid.

Table 12: HEDIS 2019 Utilization and Risk Adjusted Utilization

Measure	Aetna	Anthem	Humana	Passport	WellCare	Weighted Statewide Average
Well-Child Visits in the First 15 Months of Life ≥ 6 Visits (W15)	60.10%	65.57%	59.61%	68.06%	60.17%	63.02%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	67.88%	66.67%	65.21%	65.67%	69.25%	67.42%
Adolescent Well-Care Visits (AWC)	48.91%	49.88%	37.23%	56.23%	57.57%	53.24%

Measure	Aetna	Anthem	Humana	Passport	WellCare	Weighted Statewide Average
Total Outpatient Visits/1,000 MM (AMBA) ¹	431.95	363.71	415.38	395.06	687.46	458.71
Total Emergency Department Visits/1,000 MM (AMBA: ED) ¹	63.42	54.23	67.67	67.57	70.68	64.71
Inpatient Utilization: General Hospital/Acute Care (IPUA) ¹						
IPUA: Total Discharges (per 1,000 MM) ¹	5.34	6.72	9.76	8.87	8.14	7.76
IPUA: Medicine Discharges (per 1,000 MM) ¹	2.16	2.88	5.10	4.30	4.02	3.69
IPUA: Surgery Discharges (per 1,000 MM) ¹	1.52	1.95	2.70	2.46	2.13	2.15
IPUA: Maternity Discharges (per 1,000 MM) ¹	2.36	2.50	2.46	2.90	2.70	2.58
Identification of Alcohol and Other Drug Services (IAD) ¹						
IAD: Total Outpatient Rate ¹	4.92%	7.75%	14.02%	6.95%	6.46%	8.02%
IAD: Total Any Rate ¹	6.54%	10.20%	16.31%	9.64%	8.42%	10.22%
IAD: Total Intensive Rate ¹	1.60%	2.40%	3.10%	2.24%	1.97%	2.26%
IAD: Total Inpatient Rate ¹	1.47%	2.37%	2.75%	2.03%	1.95%	2.11%
IAD: Total Emergency Department Visit Rate ¹	2.83%	4.15%	6.21%	3.11%	3.46%	3.95%
Mental Health Utilization (MPT) ¹						
MPT: Total Any Rate ¹	16.34%	12.34%	13.51%	14.86%	16.51%	14.71%
MPT: Total Intensive Rate ¹	7.32%	5.21%	6.42%	6.92%	7.75%	6.72%
MPT: Total Inpatient Rate ¹	1.25%	1.22%	1.19%	0.43%	1.26%	1.07%
MPT: Total Outpatient Rate ¹	15.86%	11.86%	13.08%	11.47%	16.15%	13.68%
MPT: Total Emergency Department Rate ¹	7.49%	5.05%	6.19%	0.66%	7.59%	5.40%
Antibiotic Utilization: Total (ABXA) ^{1,2}						
ABXA: Average # of Antibiotic Prescriptions PMPY ^{1,2}	1.50	1.03	1.21	1.04	1.59	1.27
ABXA: Average # Days Supplied per Antibiotic Prescription ^{1,2}	8.41	9.12	9.14	9.23	9.21	9.02
ABXA: Percent Antibiotics of Concern of all Antibiotic Prescriptions ^{1,2}	48.06%	47.25%	45.88%	41.28%	47.73%	46.04%

¹ Statewide average not weighted.

² No national benchmarks available

MM: member months; PMPY: per member per year.

Color key for how rate compares to the NCQA HEDIS 2019 Quality Compass national percentiles: red shading – below the national Medicaid 25th percentile; pink shading – at or above the national Medicaid 25th percentile, but below the 50th percentile; yellow shading – at or above the national Medicaid 50th percentile, but below the 75th percentile; blue shading – at or above the national Medicaid 75th percentile, but below the 90th percentile; green shading – at or above the national Medicaid 90th percentile; no shading (white) – no national benchmarks available for this measure or measure not applicable (N/A).

The Use of Services measures showed varied performance statewide (**Table 12**). The statewide average rate was below the NCQA national 50th percentile for the two well-child visit (W15 and W34) as well as for the adolescent well visit (AWC) measures.

It is difficult to interpret performance for the next two measures: AMBA and AMBA: ED. For AMBA, rates for all five MCOs were at or above the national Medicaid 50th percentile, with WellCare's rate above the national 90th percentile (**Table 12**). Rates for AMBA: ED for three MCOs (Humana, Passport and WellCare) were at or above the national 75th percentile, but below the national 90th percentile, and Aetna's rate was at or above the national 50th percentile, but below the 75 percentile (**Table 12**). Anthem's rate for AMBA: ED was below the national 50th percentile. Generally speaking, higher rates for emergency department (ED) visits are considered poorer performance.

Statewide rates for IPUA: Total Discharges (per 1,000 member months [MM]) were at or above the national 90th percentile, while statewide rates for IPUA: Medicine, Surgery and Maternity Discharges were below the national 25th percentile (**Table 12**). Statewide average rates for IAD measures were at or above the national 50th percentile for all five categories; Total Intensive and Total ED Visit rates were at or above the national 90th percentile. Statewide average rates for all five of the Mental Health Utilization measures were at or above the NCQA national 50th percentile, with the rates for Total Intensive and Total ED visits above the national 90th percentile (**Table 12**). Higher rates for ED visits may be considered poorer performance.

Antibiotic use measures did not have NCQA benchmarks for comparison.

HEDIS 2019 Board Certification rates illustrate the percentage of physicians in the provider network who were board certified as of the last day of the MY (ending December 31, 2018). **Table 13** presents the HEDIS Board Certification rates for MY 2018 along with the statewide average. A comparison of the MCO rates to the NCQA national percentiles was not available.

Table 13: HEDIS 2019 Health Plan Descriptive Information – Board Certification

Measure ¹	Aetna	Anthem	Humana	Passport	WellCare	Statewide Average ²
Family Medicine	N/A	66.43%	40.00%	10.20%	75.66%	48.07%
Internal Medicine	N/A	69.90%	65.08%	24.86%	79.06%	59.73%
Obstetrician/Gynecologist	N/A	82.68%	77.22%	8.70%	79.57%	62.04%
Pediatricians	N/A	75.79%	87.09%	27.51%	84.87%	68.81%
Geriatricians	N/A	61.11%	20.59%	26.32%	82.76%	47.69%
Other Physician Specialists	N/A	77.70%	60.32%	3.99%	75.70%	54.43%

¹ No national benchmarks were available for these measures.

² Statewide average is not weighted.

N/A: Not available – unaudited.

HEDIS 2019 statewide rates for all Board Certification physician categories (excluding Aetna), were lower compared to HEDIS 2018 rates (**Table 13**). WellCare had two physician categories above 80%, while Anthem and Humana each had one category with a rate above 80%. Compared to the other MCOs, Passport had the lowest Board Certification rates for all categories of physicians, which were well below the statewide averages, indicating a significant opportunity for improvement.

Consumer Satisfaction Measures – Reporting Year 2019

DMS requires that all MCOs conduct an annual assessment of member satisfaction with the quality of and access to services using the CAHPS® surveys. MCOs contract with an NCQA-certified survey vendor to conduct the member satisfaction surveys for both the adult (ages 18 and over) and child member populations (ages 17 and under) in order to assess both satisfaction with the MCO and with participating providers. Questions are grouped into categories that reflect satisfaction with service and satisfaction with care. Using the Agency for Healthcare Research and Quality's (AHRQ's) nationally recognized survey allows for uniform measurement of consumers' health care experiences and for comparison of results to national benchmarks. Through Quality Compass, NCQA releases benchmarks for both the adult satisfaction survey and the child/adolescent satisfaction survey. Findings and interventions for improvement are reported to DMS and upon request, disclosed to members.

CAHPS Adult and Child Surveys

The adult and child member satisfaction survey was sent to a random sample of members (as of December 31, 2018), who were continuously enrolled for at least five of the last six months of 2018 and were enrolled at the time the survey was completed. **Table 14** presents the HEDIS CAHPS 5.0H Adult Survey as well as HEDIS CAHPS 5.0H Child Survey rates for selected MY 2018 (RY 2019) measures for each of the MCOs along with the weighted statewide averages² and comparison to the HEDIS 2019 NCQA national percentiles for Medicaid, where possible.

The survey rates are color coded to correspond to the following national percentiles:

Color Key	How Rate Compares to the NCQA HEDIS 2019 Quality Compass National Percentiles
Red	Below the national Medicaid 25th percentile
Pink	At or above the national Medicaid 25th percentile, but below the 50th percentile
Yellow	At or above the national Medicaid 50th percentile, but below the 75th percentile
Blue	At or above the national Medicaid 75th percentile, but below the 90th percentile
Green	At or above the national Medicaid 90th percentile
White	No national benchmarks available for this measure or measure not applicable (N/A)

Table 14: CAHPS 5.0H Adult and Child Surveys – HEDIS 2019

Measure*	Aetna	Anthem	Humana	Passport	WellCare	Weighted Statewide Average
CAHPS 5.0H Adult Survey						
Rating of health plan	76.64%	84.59%	82.66%	82.45%	81.44%	81.65%
Got care as soon as needed when care was needed right away	88.46%	90.68%	87.40%	88.98%	84.90%	87.49%
Ease of getting care, tests or treatment	87.95%	90.09%	88.76%	89.52%	88.00%	88.76%
Personal doctor explained things	92.35%	95.18%	94.23%	95.71%	93.63%	94.28%
Personal doctor listened carefully	91.80%	93.37%	95.65%	91.39%	92.31%	92.55%
Personal doctor showed respect	92.86%	93.98%	97.58%	93.78%	92.63%	93.73%
Personal doctor spent enough time	90.50%	96.41%	95.17%	91.79%	90.10%	92.04%
Got appointment with specialist as soon as needed	74.59%	82.35%	80.89%	86.11%	85.00%	83.09%
Health plan forms were easy to fill out	93.66%	95.50%	94.39%	95.56%	96.40%	95.47%

² A weighted statewide rate or average is obtained by combining different numbers according to the relative importance of each. In this case, the MCOs' individual performance rates are combined according to the size of the eligible populations as a portion of the total number of eligible members across all MCOs.

Measure*	Aetna	Anthem	Humana	Passport	WellCare	Weighted Statewide Average
CAHPS 5.0H Child Survey						
Rating of health plan	83.78%	83.99%	84.00%	89.57%	88.53%	87.06%
Got care as soon as needed when care was needed right away	95.27%	95.21%	89.58%	91.16%	95.36%	93.76%
Got check-up routine appointment as soon as needed	94.98%	93.13%	88.02%	89.96%	95.00%	92.97%
Ease of getting care, tests or treatment	92.64%	89.66%	89.19%	89.46%	95.77%	91.07%
Personal doctor explained things	97.74%	95.11%	94.26%	95.59%	96.10%	96.09%
Personal doctor listened carefully	97.38%	96.67%	95.08%	97.08%	96.83%	96.86%
Personal doctor showed respect	96.63%	96.37%	96.31%	98.16%	97.16%	97.14%
Personal doctor spent enough time	93.58%	94.83%	90.16%	93.68%	94.37%	93.71%
Customer service provided information or help	N/A	81.68%	88.39%	86.11%	83.50%	84.70%
Customer service treated member with courtesy and respect	N/A	95.42%	95.61%	92.45%	95.05%	94.28%
Health plan forms were easy to fill out	97.85%	96.39%	95.31%	96.71%	96.42%	96.71%

* Measurement year 2018 and reporting year 2019. For Rating of Health Plan, Medicaid rates are based on survey ratings of 8, 9 and 10.

Color key for how rate compares to the NCQA HEDIS 2019 Quality Compass national percentiles: red shading – below the national Medicaid 25th percentile; pink shading – at or above the national Medicaid 25th percentile, but below the 50th percentile; yellow shading – at or above the national Medicaid 50th percentile, but below the 75th percentile; blue shading – at or above the national Medicaid 75th percentile, but below the 90th percentile; green shading – at or above the national Medicaid 90th percentile; no shading (white) – no national benchmarks available for this measure or measure not applicable (N/A).

Overall, Kentucky MMC MCOs showed a high level of member satisfaction in the 2019 Adult and Child CAHPS surveys. Weighted statewide average rates ranked at or above the NCQA national 50th percentile for all nine of the adult measures and for nine of the ten child survey measures with benchmarks (**Table 14**).

For the adult survey measures, Anthem had all nine measures at or above the 50th percentile, including four measures that were equal to or greater than the national 90th percentile (**Table 14**). Humana and Passport each had eight measures at or above the national 50th percentile, followed by WellCare with six measures and Aetna with four measures at or above the 50th percentile. All five MCOs had rates at or above the national 75th percentile for ease of getting care, tests or treatment and all MCOs also had adult rates at or above the national 50th percentile for having a personal doctor explain things (**Table 14**).

For the child survey measures, WellCare had 10 of 10 measures at or above the 50th percentile and Aetna and Passport each had 8 measures at or above the national 50th percentile (**Table 14**). Anthem had 6 of the 10 measures and Humana had 2 of the 10 measures at or above the national 50th percentile. All five MCOs had rates at or above the national 50th percentile for the measure health plan forms were easy to fill out. For the child survey, rating of health plan was below the national 25th percentile for three Kentucky MCOs: Aetna, Anthem and Humana (**Table 14**).

Validation of Performance Improvement Projects

This section of the report presents the results of IPRO's evaluation of the Medicaid PIPs completed or in progress during 2017–2019. Each MCO submitted the Reducing Potentially Preventable Hospitalizations and ED Visits for Ambulatory Care Sensitive Conditions (ACSCs) proposal/baseline PIP to DMS in January 2019 and two final PIPs to DMS in September 2019.

The PIP assessments were conducted using tools developed by IPRO and consistent with CMS EQR protocol for PIP validation. The EQRO reviews PIPs for compliance at interim and final re-measurement. For all final reports, the interim PIP score is re-evaluated based upon the extent to which the MCO addressed the interim PIP review comments. Additional points are earned for sustained improvement, as well as a corresponding interpretation of which goals were/were not met, lessons learned and follow-up activities.

There are three levels of compliance:

- Level 1 compliance (93–100 out of 100 points): requirements met with comments and no recommendations.
- Level 2 compliance (60–92 points): requirements met with recommendations.
- Level 3 compliance (0–59 points): requirements not met with corrective action plan required.

PIP proposal/baseline report findings are described with the following: PIP period, goals and a tabular presentation of baseline results. The final PIP report descriptions include PIP period and goals, and a tabular presentation of baseline, interim and final measurement results, interim and final compliance scores, and comments regarding improvement and validation determination (**Tables 15–29**).

During this period, there were two statewide collaborative PIP topics, which involved all MCOs:

- Prenatal Smoking, 2017–2019; and
- Reducing Potentially Preventable Hospitalizations and ED Visits for ACSCs 2019–2021.

Aetna – Performance Improvement Projects Completed or In Progress 2017–2019

Table 15: Aetna PIP: Reducing Potentially Preventable Hospitalizations and ED Visits for ACSCs

PIP Period: 2019 – 2021 Proposal/Baseline Report

Goals: By the final measurement year, Aetna aims to reduce the percentage of members with potentially preventable hospitalizations and treat-and-release ED visits for ACSCs.

Baseline Results		
Indicator ¹	MY 7/1/17-6/30/18	Goal
1a: Potentially Preventable Hospitalizations for Asthma Among Adults ≥ 40 Years of Age	0.41%	0.20%
1b: Potentially Preventable ED Visits for Asthma Among Adults ≥ 40 Years of Age	2.50%	1.50%
2a: Potentially Preventable Hospitalizations for Asthma Among Adults 18–39 Years of Age	0.15%	0.10%
2b: Potentially Preventable ED Visits for Asthma Among Adults 18–39 Years of Age	2.75%	1.75%
3a: Potentially Preventable Hospitalizations for Chronic Obstructive Pulmonary Disease (COPD)	2.07%	1.07%
3b: Potentially Preventable ED Visits for COPD	7.02%	6.02%
4a: Potentially Preventable Hospitalizations for Diabetes Short-Term Complications	0.20%	0.10%
4b: Potentially Preventable ED Visits for Diabetes Short-Term Complications	0.80%	0.40%
5a: Potentially Preventable Hospitalizations for Heart Failure	0.20%	0.10%
5b: Potentially Preventable ED Visits for Heart Failure	0.54%	0.27%

¹ A lower rate is better.

PIP: performance improvement project; ACSCs: ambulatory care sensitive conditions; ED: emergency department; MY: measurement year.

Table 16: Aetna PIP: Increasing Follow-up Care after Hospitalization for Mental Illness

PIP Period: Baseline Measurement Year 2016 - Final Measurement Year 2018 (Final Report Submitted 2019)

Goals: Increase the number of members with follow-up visits after a hospital stay due to mental health reasons within 7 and 30 days by developing and implementing outreach interventions, improving collaborative efforts within Aetna and VBS provider groups, and providing monetary incentives to members.

Final Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
Follow-up After Hospitalization for Mental Illness - 7 Days	40.31%	39.04%	39.63%	46.31%
Follow-up After Hospitalization for Mental Illness - 30 Days	60.86%	63.65%	61.44%	65.86%
Final Compliance Score	N/A	83.5	89.2	
<p>Improvement: Although the annual performance indicators did not show improvement from baseline to final measurement year, it is notable that the intervention tracking measure (ITM) to monitor enrollment of children in foster care in case management increased from 29.36% (32/109) in Q1 2017 to 59.20% (74/125) in Q4 2017, and ranged from 80.00% (16/20) to 92.00% (23/25) during 2018. However, the lower denominators during the 2018 quarters raise questions about the validity of the data from year to year. Of note, the ITM to monitor face-to-face CM visits at Our Lady of Peace (OLOP) to assist members with discharge planning increased from 51.52% (17/33) in Q1 2018 to 73.68% (14/19) in Q4 2018. In addition, CM enrollment among members discharged from a hospitalization for mental illness increased from 3.56% (24/675) in Q1 2017 to 56.61% (364/643) in Q3 2018.</p> <p>Validation Determination: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to possible data integrity issues regarding several of the Intervention Tracking Measures.</p>				

PIP: performance improvement project; VBS: Value-Based Solution; MY: measurement year; N/A: not applicable; CM: case management.

Table 17: Aetna PIP: Prenatal Smoking

PIP Period: Baseline Measurement Year 2016 - Final Measurement Year 2018 (Final Report Submitted 2019)

Goals: By conducting a robust set of member, provider, community and plan interventions, Aetna aims to improve prenatal screening for tobacco use; use of cessation interventions and increase the prenatal smoking abstinence rate.

Final Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
1. Pregnant Women Assessed for Smoking Status at First or Second Prenatal Visit	51.92%	70.35%	81.85%	75.35% ¹
2. Pregnant Women Screened for Tobacco Use with a Positive Screen ²	36.51%	39.67%	40.23%	30.51%
3. Prenatal Smokers who Received Cessation Intervention	75.36%	60.42%	71.96%	85.36%
4. Prenatal Smokers who Received Cessation Intervention and who Abstained Through Delivery	20.59%	15.00%	15.58%	26.59%
5. Prenatal Smokers who Received Cessation Intervention with Smoking Status Monitored at One or More Follow-up Visits	76.47%	87.93%	79.22%	90.93% ¹
Final Compliance Score	N/A	69.5	79.5	
<p>Improvement: Screening rates demonstrated improvement; however, smoking cessation receipt did not show improvement. Rates for smoking abstinence appear to have improved; however, the validity of this measure is questionable due to the lack of consistent follow-up visit data.</p> <p>Validation Determination: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to lack of consistent follow-up data for the smoking abstinence measure, as well as plan-reported issues with the KY Quit Line data.</p>				

¹ Goal target rate was revised during interim period. ² A lower rate is better. PIP: performance improvement project; MY: measurement year; N/A: not applicable.

Anthem – Performance Improvement Projects Completed or In Progress 2017–2019

Table 18: Anthem Statewide Collaborative PIP – Reducing Potentially Preventable Hospitalizations and ED Visits for ACSCs

PIP Period: 2019 – 2021 Proposal/Baseline Report

Goals: The overall aim is to reduce the rate of potentially avoidable ED visits and hospitalizations related to ambulatory care sensitive conditions; specifically those for asthma, CHF, COPD and short-term complications of diabetes.

Baseline Results		
Indicator	MY 7/1/17- 6/30/18	Goal
1a: Potentially Preventable Hospitalizations for Asthma Among Adults ≥ 40 Years of Age ¹	0.49%	0.48%
1b: Potentially Preventable ED Visits for Asthma Among Adults ≥ 40 Years of Age ¹	3.19%	3.16%
2a: Potentially Preventable Hospitalizations for Asthma Among Adults 18–39 Years of Age ¹	0.28%	0.27%
2b: Potentially Preventable ED Visits for Asthma Among Adults 18–39 Years of Age ¹	6.0%	5.96%
3a: Potentially Preventable Hospitalizations for Chronic Obstructive Pulmonary Disease (COPD) ¹	3.11%	3.08%
3b: Potentially Preventable ED Visits for COPD ¹	11.62%	11.50%
4a: Potentially Preventable Hospitalizations for Diabetes Short-Term Complications ¹	1.26%	1.25%
4b: Potentially Preventable ED Visits for Diabetes Short-Term Complications ¹	0.81%	0.80%
5a: Potentially Preventable Hospitalizations for Heart Failure ¹	0.44%	0.43%
5b: Potentially Preventable ED Visits for Heart Failure ¹	0.42%	0.41%

¹A lower rate is better. PIP: performance improvement project; ACSCs: ambulatory care sensitive conditions; ED: emergency department; CHF: congestive heart failure; MY: measurement year.

Table 19: Anthem PIP – Increase Cervical Cancer Screening

PIP Measurement Period: Baseline Measurement Year 2016 - Final Measurement Year 2018 (Final Report Submitted 2019)

Goals: Increase cervical cancer screening rates for female health plan members ages 21–64 by creating a robust, sustainable interventions program over the three year study period.

Final Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
Cervical Cancer Screening Rate	46.92%	50.12%	57.18%	54.33%
Female adolescents who received three doses of the HPV vaccine	7.64%	18.98%	22.70%	2017: 12.88% 2018: 23.11%
Final Compliance Score	N/A	73.9	84.5	
Improvement: The cervical cancer screening rate showed sustained improvement and exceeded the target rate. The HPV vaccine rate showed sustained improvement and exceeded the original goal of 12.88%, but did not meet the revised goal of 23.11%.				
Validation Determination: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to miscalculation of baseline rate for Cervical Cancer Screening, late implementation of interventions, lack of resources to implement interventions, and lack of clarity of ITM data.				

PIP: performance improvement project; MY: measurement year; HPV: human papillomavirus; N/A: not applicable; ITM: intervention tracking measure.

Table 20: Anthem Statewide Collaborative PIP – Prenatal Smoking

PIP Measurement Period: Baseline Measurement Year 2016 - Final Measurement Year 2018 (Final Report Submitted 2019)

Goals: Anthem aims to implement effective and long-lasting interventions in order to increase the number of pregnant women who cease and abstain from cigarette smoking, especially during pregnancy.

Final Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
1. Pregnant Women Assessed for Smoking Status at First or Second Prenatal Visit	69.30%	47.69%	60.10%	79.00%
2. Pregnant Women Screened for Tobacco Use with a Positive Screen ¹	31.40%	32.65%	30.00%	19.64%
3. Prenatal Smokers who Received Cessation Intervention	76.00%	75.00%	72.70%	95.30%
4. Prenatal Smokers who Received Cessation Intervention and who Abstained Through Delivery	N/A	0%	12.50%	10.0%
5. Prenatal Smokers who Received Cessation Intervention with Smoking Status Monitored at One or More Follow-up Visits	N/A	0%	40.00%	10.0%
Final Compliance Score	N/A	60.5	54.0	
Improvement: None of the study indicators showed improvement. Validation Determination: Prior to PIP submission, Anthem requested an individual teleconference with IPRO to discuss the plan's serious concerns regarding questionable PIP validity. IPRO and Anthem met on August 19, 2019. Consistent with the plan's expressed concerns at that meeting, PIP validation findings do indicate that the credibility of the results are questionable, and the final score merits a corrective action plan (CAP). In a document shared with Anthem, dated December 2, 2019, DMS stated that a CAP is warranted.				

¹ A lower rate is better. PIP: performance improvement project; MY: measurement year; N/A: not applicable.

Humana – Performance Improvement Projects Completed or In Progress 2017–2019

Table 21: Humana Statewide Collaborative PIP – Reducing Potentially Preventable Hospitalizations and ED Visits for ACSCs

PIP Period: 2019 – 2021 Proposal/Baseline Report

Goals: From baseline measurement period to final measurement, Humana aims to reduce the percentage of treat and release ER visits and potentially avoidable inpatient admissions for the ACSC of heart conditions, diabetes, COPD age ≥ 40, asthma age ≥ 40 and asthma age 18-39 years.

Baseline Results		
Indicator	MY 7/1/17 -6/30/18	Goal
1a: Potentially Preventable Hospitalizations for Asthma Among Adults ≥ 40 Years of Age ¹	0.48%	0.38%
1b: Potentially Preventable ED Visits for Asthma Among Adults ≥ 40 Years of Age ¹	2.67%	1.67%
2a: Potentially Preventable Hospitalizations for Asthma Among Adults 18–39 Years of Age ¹	0.33%	0.20%
2b: Potentially Preventable ED Visits for Asthma Among Adults 18–39 Years of Age ¹	5.76%	4.24%
3a: Potentially Preventable Hospitalizations for Chronic Obstructive Pulmonary Disease (COPD) ¹	3.16%	2.31%
3b: Potentially Preventable ED Visits for COPD ¹	9.30%	7.89%
4a: Potentially Preventable Hospitalizations for Diabetes Short-Term Complications ¹	1.14%	0.69%
4b: Potentially Preventable ED Visits for Diabetes Short-Term Complications ¹	0.27%	0.05%
5a: Potentially Preventable Hospitalizations for Heart Failure ¹	0.57%	0.38%
5b: Potentially Preventable ED Visits for Heart Failure ¹	0.43%	0.27%

¹ A lower rate is better. PIP: performance improvement project; ACSCs: ambulatory care sensitive conditions; ED: Emergency Department; MY: measurement year.

Table 22: Humana PIP – Improving Well-Child Visits in the First Six Years of Life with Combined Interventions
PIP Measurement Period: Baseline Measurement Year 2016 - Final Measurement Year 2018 (Final Report Submitted 2019)

Goals: Humana will improve the percentage of members' ages 0–6 years receiving recommended well-child visits by implementing combined, targeted interventions for caregivers, providers and health plan.

Final Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
HEDIS: Well-Child Visits in the First 15 Months of Life	60.34%	55.78%	59.61%	67.76%
HEDIS: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	58.88%	61.31%	65.21%	67.29%
Final Compliance Score	N/A	77.7	80.7	
Improvement: One of the two indicators (Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life) improved in the final measurement. Neither indicator met or exceeded the target goal. Validation Determination: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to use of a different method to calculate the HEDIS Interim rate.				

PIP: performance improvement project; MY: measurement year; HEDIS: Healthcare Effectiveness Data and Information Set; N/A: not applicable.

Table 23: Humana Statewide Collaborative PIP – Effectiveness of Prenatal Smoking Cessation Intervention among Humana Medicaid Members in Kentucky

PIP Measurement Period: Baseline Measurement Year 2016 - Final Measurement Year 2018 (Final Report Submitted 2019)

Goals: Humana will implement a robust set of member, provider and community/health plan interventions to increase the rate of members screened for tobacco use, improve the rate of tobacco cessation interventions, and increase tobacco abstinence rates during pregnancies.

Final Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
1. Pregnant Women Assessed for Smoking Status at First or Second Prenatal Visit	31.91%	49.04%	66.04%	84.80%
2. Pregnant Women Screened for Tobacco Use with a Positive Screen ¹	32.99%	52.94%	39.15%	14.00%
3. Prenatal Smokers who Received Cessation Intervention	59.38%	56.79%	71.08%	81.80%
4. Prenatal Smokers who Received Cessation Intervention and who Abstained Through Delivery	5.30%	21.73%	20.34%	28.90%
5. Prenatal Smokers who Received Cessation Intervention with Smoking Status Monitored at One or More Follow-up Visits	57.90%	43.50%	67.80%	62.90%
Final Compliance Score	N/A	76.4	85.0	
Improvement: While the MCO's interventions were late in starting due to delayed provider outreach materials, postponed distribution of Pregnancy Risk Assessment form pending state approval and delayed full implementation of a population health module and smoking registry, three of the five indicators showed improvement in the final measurement. Validation Determination: There were no validation findings that indicate that the credibility of the PIP results is at risk.				

¹ A lower rate is better.

PIP: performance improvement project; MY: measurement year; N/A: not applicable; MCO: managed care organization.

Passport – Performance Improvement Projects Completed or In Progress 2017–2019

Table 24: Passport Statewide Collaborative PIP – Reducing Potentially Preventable Hospitalizations and ED Visits for ACSCs

PIP Period: 2019 – 2021 Proposal/Baseline Report

Goals: The MCO aims to reduce potentially preventable hospitalization and ED visits for ACSCs through targeted provider and member interventions as well as internal process improvement within the MCO.

Baseline Results		
Indicator	MY 7/1/17 -6/30/18	Goal
1a: Potentially Preventable Hospitalizations for Asthma Among Adults ≥ 40 Years of Age ¹	0.41%	0.20%
1b: Potentially Preventable ED Visits for Asthma Among Adults ≥ 40 Years of Age ¹	3.29%	2.57%
2a: Potentially Preventable Hospitalizations for Asthma Among Adults 18–39 Years of Age ¹	3.47%	2.47%
2b: Potentially Preventable ED Visits for Asthma Among Adults 18–39 Years of Age ¹	17.05%	13.05%
3a: Potentially Preventable Hospitalizations for Chronic Obstructive Pulmonary Disease (COPD) ¹	4.85%	2.85%
3b: Potentially Preventable ED Visits for COPD ¹	9.91%	6.91%
4a: Potentially Preventable Hospitalizations for Diabetes Short-Term Complications ¹	1.96%	0.96%
4b: Potentially Preventable ED Visits for Diabetes Short-Term Complications ¹	0.46%	0.23%
5a: Potentially Preventable Hospitalizations for Heart Failure ¹	0.47%	0.24%
5b: Potentially Preventable ED Visits for Heart Failure ¹	0.23%	0.12%

¹ Lower rate is better. ACSCs: ambulatory care sensitive conditions; ED: emergency department; MY: measurement year.

Table 25: Passport PIP – EPSDT Screening and Participation

PIP Measurement Period: Baseline Measurement Year 2016 - Final Measurement Year 2018 (Final Report Submitted 2019)

Goals: The MCO aims to improve the EPSDT Screening and Participation rates by implementing targeted plan, provider, and member interventions over a period of three years. The initial focus will be on target areas outside of Region 3 and select zip codes in Jefferson County for ages 6–14 years. Expanding interventions to ages 15–20 years will be evaluated following the Plan-Do-Study-Act (PDSA) cycle on the targeted 6–14 year age group.

Final Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
EPSDT Screening Rate	82%	82%	92%	84%
EPSDT Participation Rate	59%	60%	61%	69%
Final Compliance Score	N/A	47.3	81.9	
<p>Improvement: The PIP targets susceptible subpopulations with a robust set of member and provider interventions informed by the barrier analysis. The EPSDT Screening Rate showed improvement and exceeded the target rate. The EPSDT Participation rate showed incremental improvement of 1 percentage point per year, but did not meet the target rate.</p> <p>Validation Determination: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the lack of ITM rates.</p>				

PIP: performance improvement project; EPSDT: Early and Periodic Screening, Diagnostic and Treatment; PDSA: Plan-Do-Study-Act; MY: measurement year; N/A: not applicable; ITM: intervention tracking measure.

Table 26: Passport Statewide Collaborative PIP – Prenatal Smoking

PIP Measurement Period: Baseline Measurement Year 2016 - Final Measurement Year 2018 (Final Report Submitted 2019)

Goals: The aims for this study are to implement an impactful set of member, provider, community and plan interventions to improve prenatal screening for tobacco use, decrease tobacco use rates and increase the prenatal smoking abstinence rate.

Final Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
1. Pregnant Women Assessed for Smoking Status at First or Second Prenatal Visit	78.51%	91.62%	78.31%	86.40%
2. Pregnant Women Screened for Tobacco Use with a Positive Screen ¹	26.32%	30.50%	26.54%	21.10%
3. Prenatal Smokers who Received Cessation Intervention	65.00%	65.81%	68.13%	73.54%
4. Prenatal Smokers who Received Cessation Intervention and who Abstained Through Delivery	10.26%	1.20%	22.60%	20.00%
5. Prenatal Smokers who Received Cessation Intervention with Smoking Status Monitored at One or More Follow-up Visits	37.18%	6.40%	48.40%	47.92%
Final Compliance Score	N/A	67.6	75.1	
<p>Improvement: The percentage of prenatal smokers who received a cessation intervention and who abstained increased and met the target rate, as did the percentage of prenatal smokers who received a cessation intervention and who had smoking status monitored at one or more follow-up prenatal visits. Overall, the performance measures did not demonstrate an increase that was sustained from baseline to interim and to final re-measurement. For example, indicator 1 increased from 78.51% at baseline to 91.62% at interim, and then decreased to 78.31% at final measurement. Indicator 3 essentially remained the same from 65.00% at baseline to 65.81% at interim, and then increased to 68.13% at final re-measurement. Indicators 4 and 5 decreased from baseline to interim, and then increased from baseline to final re-measurement.</p> <p>Validation Determination: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the lack of ITM data and lack of clarity in the discussion section.</p>				

¹ A lower rate is better. PIP: performance improvement project; MY: measurement year; N/A: not applicable; ITM: intervention tracking measure.

WellCare – Performance Improvement Projects Completed or In Progress 2017–2019

Table 27: WellCare Statewide Collaborative PIP – Reducing Potentially Preventable Hospitalizations and ED Visits for ACSCs

PIP Period: 2019 – 2021 Proposal/Baseline Report

Goals: By the final measurement year, WellCare aims to reduce the percentage of members with potentially preventable hospitalization(s) and ED visits to achieve the goals indicated in the Results table.

Baseline Results		
Indicator	MY 7/1/17- 6/30/18	Goal
1a: Potentially Preventable Hospitalizations for Asthma Among Adults ≥ 40 Years of Age ¹	1.20%	0.40%
1b: Potentially Preventable ED Visits for Asthma Among Adults ≥ 40 Years of Age ¹	4.55%	2.55%
2a: Potentially Preventable Hospitalizations for Asthma Among Adults 18–39 Years of Age ¹	1.02%	0.42%
2b: Potentially Preventable ED Visits for Asthma Among Adults 18–39 Years of Age ¹	6.51%	3.51%
3a: Potentially Preventable Hospitalizations for Chronic Obstructive Pulmonary Disease (COPD) ¹	7.48%	4.48%
3b: Potentially Preventable ED Visits for COPD ¹	13.40%	8.40%
4a: Potentially Preventable Hospitalizations for Diabetes Short-Term Complications ¹	1.25%	1.00%
4b: Potentially Preventable ED Visits for Diabetes Short-Term Complications ¹	1.16%	1.00%
5a: Potentially Preventable Hospitalizations for Heart Failure ¹	1.12%	1.00%
5b: Potentially Preventable ED Visits for Heart Failure ¹	0.87%	0.70%

¹ Lower rate is better.

PIP: performance improvement project; ACSCs: ambulatory care sensitive conditions; ED: emergency department; MY: measurement year.

Table 28: WellCare PIP – Childhood and Adolescent Immunizations

PIP Measurement Period: Baseline Measurement Year 2016 - Final Measurement Year 2018 (Final Report Submitted 2019)

Goals: WellCare aims to increase the percentage of childhood and adolescent members who receive all recommended immunizations by implementing a robust set of member, provider, community, and MCO interventions to improve rates over the next three (3) years.

Final Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
Childhood Immunization Status – Combo 10	21.41%	19.71%	25.30%	25.46%
Immunizations for Adolescents – Combo 1	77.86%	82.73%	86.86%	83.89%
Immunizations for Adolescents – Combo 2	10.95%	19.71%	31.14%	19.79%
Final Compliance Score	N/A	73.7	89.0	
Improvement: Final rates increased from baseline and either met or exceeded the target rate for each of the three indicators.				
Validation Determination: There were no validation findings that indicate that the credibility of the PIP results is at risk.				

PIP: performance improvement project; MCO: managed care organization; MY: measurement year; N/A: not applicable.

Table 29: WellCare Statewide Collaborative PIP – Prenatal Smoking

PIP Measurement Period: Baseline Measurement Year 2016 - Final Measurement Year 2018 (Final Report Submitted 2019)

Goals: WellCare will implement member, provider and community/health plan interventions to increase the rate of prenatal screening for tobacco use, increase the rate of current users receiving a cessation intervention and promote prenatal smoking abstinence.

Final Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
1. Pregnant Women Assessed for Smoking Status at First or Second Prenatal Visit	49.59%	45.94%	60.56%	57.83%
2. Pregnant Women Screened for Tobacco Use with a Positive Screen ¹	46.15%	42.68%	43.58%	32.35%
3. Prenatal Smokers who Received Cessation Intervention	54.76%	45.71%	72.63%	69.76% ²
4. Prenatal Smokers who Received Cessation Intervention and who Abstained Through Delivery	N/A	9.38%	10.15%	12.00%
5. Prenatal Smokers who Received Cessation Intervention with Smoking Status Monitored at One or More Follow-up Visits	N/A	96.88%	82.61%	99.00%
Final Compliance Score	N/A	68.7	74.5	
Improvement: Screening and smoking cessation receipt rates increased from baseline to final measurement. The final screening and cessation intervention receipt rates exceeded the target rates. Validation Determination: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to lack of baseline data for Indicator #s 4 and 5.				

¹ A lower rate is better.

² Although the MCO agrees with IPRO's recommendation to increase the goal for this indicator, WellCare feels a goal of 69.76% is a reasonable/attainable goal, while still adhering to the desire to obtain meaningful results.

PIP: performance improvement project; MY: measurement year; N/A: not applicable.

Additional EQR Activities in Progress

In addition to the mandatory EQR activities described in this report, IPRO conducts a number of optional EQR activities. Some were completed in CY 2019 and others are ongoing. A descriptive summary of each activity follows:

MCO Performance Annual MCO Report Card

IPRO collaborates with DMS to produce an MCO report card entitled, *Guide to Choosing a Medicaid Managed Care Organization (MCO) You Decide* (English and Spanish versions), which presents the performance for each of the MCOs on selected CAHPS measures. The guide is provided to help members compare the MCOs' performance and assist members in choosing an MCO during the open enrollment period. IPRO updates the MCO report cards annually prior to the open enrollment period.

Comprehensive Evaluation Summary

IPRO prepares an annual comprehensive evaluation summary which presents an in-depth review of DMS accountability strategy, monitoring mechanisms and compliance assessment systems. The seventh annual review (SFY 2019) was conducted with the intent of continuing evaluation using updated information, reports and interviews. The report describes recent developments in Kentucky's MMC Program including a description of program monitoring responsibilities. The methods for evaluation include interviews with key stakeholders, including MCOs and DMS program managers. Recommendations address quality of care, access and MCO performance improvement.

Validation of Patient-Level Claims

Encounter data validation (EDV) is an optional MMC EQR activity. DMS requested that IPRO conduct several encounter data activities during 2017–2019.

Monthly Management Reports

IPRO receives historical claims data from DMS capturing MCO member utilization and produces a set of monthly validation and management reports that display the trends in claims for a variety of services, including inpatient, professional and pharmacy, among others. Monthly report production is an ongoing task.

Encounter Data Validation 2019: HEDIS 2018 Benchmarking Study

Annual validity studies are carried out yearly by IPRO on behalf of DMS to assess the accuracy and reliability of the received encounter data. For the 2019 Kentucky EDV study, IPRO conducted a HEDIS Benchmarking Study which assessed if DMS data extracts can produce similar, if not the same, results as those reported by the five MCOs for HEDIS 2018.³ Three HEDIS measures were selected to assess the reliability of the Medicaid dental, access and pharmacy data IPRO receives on a monthly basis.

EPSDT Encounter Data Validation FY 2019

This validation study aimed to validate EPSDT-related visit and service codes by comparing medical record documentation and submitted encounter data for children enrolled in Kentucky MMC, and describes age-appropriate EPSDT services provided during EPSDT visits. This validation study was a retrospective medical record review (MRR) of well-child visits that occurred between January 1, 2018 and June 30, 2018.

FY 2019 Kentucky Medicaid Managed Care EPSDT Services Review of 2018

DMS contracted with IPRO to conduct a review to ensure that the MCOs' administration of EPSDT benefits is consistent with federal and state requirements and expectations. The report assessed Kentucky Medicaid MCOs' activities to ensure that eligible enrollees received education and outreach regarding EPSDT services and access to comprehensive EPSDT services. The review also includes an assessment of EPSDT provider network adequacy; provider training and monitoring; case management; physical and behavioral health coordination; quality measurement and improvement activities and member satisfaction.

³ HEDIS 2018 specifications for measures are based on claims and encounter data for measurement year 2017.

Access and Availability Surveys

Conducting access and availability surveys is an optional EQR activity conducted by IPRO.

Access and Availability: PCP Survey, June, 2019

This project assessed the ability to contact PCPs and make routine office-hour and urgent appointments as well as checking after-hours phone access using a “secret shopper” survey methodology. The surveyors use scripted scenarios with clinical indicators that were developed by IPRO and approved by DMS and attempted to obtain appointments for care within 30 days which is the contract standard for routine office visits, or within 48 hours for urgent visits.

FY 2019 Validation of Managed Care Provider Network Submissions: Audit Report

During the fiscal year, IPRO, on behalf of DMS, conducted two audits of Kentucky’s Medicaid MCOs’ provider directory data files to validate their accuracy. Data validation surveys were sent to a random sample of 100 PCPs and 100 specialists from each of the five MCOs.

FY 2019 Web-Based Provider Directory Validation Study

Completed in March 2019, this study is conducted to validate the MCOs’ web-based provider directory information. This audit is performed to ensure that enrollees are being provided accurate information regarding the providers in each of the five MCOs’ provider network.

Pharmacy Program Reviews

Pharmacy program reviews are a Kentucky-specific task included in IPRO’s contract. IPRO conducts reviews of the MCO quarterly reports related to pharmaceutical services. The focus of the reviews is non-preferred drug list medications, prior authorizations, and denials. IPRO analyzes the data in the reports for each MCO and provides written reports including MCO-specific findings and recommendations. The findings are shared with the MCOs.

Individual Case Review

Individual case review is an optional EQR activity. IPRO conducts individual case reviews when a potential quality of care concern is identified during the conduct of EQR tasks or when DMS identifies a general concern.

MCO Responses to Prior Recommendations

Federal EQR regulations for EQR results and detailed technical reports (42 CFR §438.364) require that the EQR include, in each annual report, an assessment of the degree to which each MCO has addressed the recommendations for quality improvement made in the prior EQR technical report. **Table 30** through **Table 34** provide the MCOs' responses to the recommendations issued in the Kentucky 2019 External Quality Review Technical Report, including an initial plan of action, how the plan was accomplished, outcome and monitoring and future actions/ plans. IPRO provided each MCO with the prior year recommendations and a blank form for the MCO to provide responses. The following MCO responses have been included in the report as submitted by the MCO.

Table 30: Aetna Response to RY 2019 Recommendations

IPRO Recommendation	Aetna Response
<p>Successfully implement corrective action plans (CAPs) for both quality of care and access/timeliness compliance review elements that were rated minimal or non-compliance.</p>	<p>Initial Plan of Action: Utilized results of 2018 Annual evaluation and EQRO audit results to identify deficiencies or areas of opportunity in order to continue maintaining full compliance. Implemented process improvements to address deficiencies, opportunities or process efficiencies by focusing on the HEDIS measures which fell below the NCQA national 25th percentile and the HK PM rates below statewide aggregate rate. Promoted intra-department collaboration across the health plan to identify barriers for CAHPS, PIP, HEDIS or other satisfaction surveys through the use of the Service Improvement Committee (SIC) and/or workgroups. SIC committee continues to explore the root causes for low member satisfaction with child and adult survey measures and has made some recommendations to address this. The Provider Relations division has continued to work on interventions to address access to care/timeliness of care.</p> <p>How was this accomplished? Annual evaluation data is collected annually in Q1 and outlines opportunities for improvement. The results are shared via different committees (i.e. QMUM, QMAC, SIC and QMOC) and input is sought for improvement plans. Upon receiving 2018 EQRO results, workgroups and the SIC committee were engaged to work on deficiencies and develop action plans. Service Improvement committee meets quarterly and QM items are a standing item on the agenda. QM's HEDIS workgroup met year-round to discuss issues and interventions. There is ongoing collaboration at the plan level to maintain full compliance and address deficiencies. Annual evaluation data is collected through the PATS survey (Provider Appointment Time Survey). We identified those providers who were not able to offer appointments in the allowed timeframes. These appointment times are also confirmed during onsite visits with the Network Managers. Once the providers are identified we made outreach via telephone and provided education. A follow up letter was then mailed to the providers to reinforce the allowed times. Those providers were resurveyed.</p> <p>Outcome and Monitoring Service Improvement committee meets quarterly and QM items are a standing item on the agenda. In 2019, QM, HEDIS and SIC met year-round to discuss issues and there is an ongoing collaboration among all teams. Monitoring is evaluated by the QM work plan updates that occur quarterly with the Quality Management Oversight Committee.</p> <p>Future Actions/Plans Service Improvement committee meets quarterly and is where interdepartmental collaboration happens. Issues are discussed, intervention plans are set in place and action plans are established. QM items are a standing item on the agenda. In 2019, QM, HEDIS and CAHPS workgroups and /or SIC will meet year-round to discuss issues and will continue ongoing collaboration. There is</p>

IPRO Recommendation	Aetna Response
<p>Aetna Better Health of Kentucky made numerous improvements in HEDIS and HK PMs, which should allow the MCO to further focus on areas of continuing low rates and/or decreasing rates. Focusing on the HEDIS measures which fell below the NCQA national 25th percentile and the HK PM rates below the statewide aggregate rate, Aetna Better Health of Kentucky should continue to identify barriers and consider interventions to improve performance, particularly for those measures that have ranked below these respective benchmarks for more than one reporting period.</p>	<p>also quarterly review of QM work plan at the QMOC committee meetings.</p> <p>Initial Plan of Action:</p> <ul style="list-style-type: none"> • Provider Education regarding HEDIS and Healthy Kentuckian measures, including monthly webinars and tip sheets • Member Education regarding HEDIS and Healthy Kentuckian measures • Identify Barriers and Non-Compliant Members • Internal Plan Staff Education regarding HEDIS and Healthy Kentuckian measures • Monitor HEDIS rates monthly to compare rates from month over month, and monthly rates year over year <p>How was this accomplished?</p> <ul style="list-style-type: none"> • Provider Education—Ongoing: HEDIS staff developed HEDIS Provider Tip sheets which are posted on the provider website. Provided free monthly provider HEDIS training webinar series with the webinars posted on the provider website. Distributed care gap reports to provider offices identifying members on their panel who were non-compliant in an effort to get members in for screenings/visits. Providers have the opportunity to provide medical record proof of documentation that a visit or screening occurred and this data was entered as supplemental data. Providers had the opportunity to participate in the Pay for Performance program or the Value Based Services program. HEDIS Registered Nurse conducted onsite visits at provider offices to provide education. • Member Education—Ongoing: Conducted outreach calls to members for appropriate screenings. Implemented automated telephonic/electronic educational outreach (calls, texts, IVR). Provided education to internal departments regarding HEDIS (Case Management, Member Outreach, Member Services, and Provider Relations). To Promote Health and Wellness, internal HEDIS® staff contact members identified as qualifying for one of the member incentives (PPC, LSC, DRE, SPR, and FUH 7 day follow up) to ensure accurate member demographics so that the gift cards were distributed to the appropriate address. Conducted telephonic outreach to members identified as pregnant to encourage early and regular prenatal care and postpartum care via the Cribs Program. • Distributed educational materials via the EPSDT program. • Identify Barriers— Member’s lack of knowledge regarding the importance of health screenings and outreach difficulties due to the Kentucky Medicaid membership’s mobility • Internal Plan Staff Education— Ongoing: HEDIS staff educated internal departments regarding HEDIS (Case Management, Member Outreach, Member Services, Prior Authorization, Grievance and Appeals, and Provider Relations). <p>Outcome and Monitoring - Of 127 measures, HEDIS 2019 rates trended positive with 74% of rates having increases of 0.01 percentage points or greater when compared to HEDIS 2018:</p> <ul style="list-style-type: none"> • Positive point difference: 38% of measures have exceed last year’s rate by 4 or more points • Positive point difference: 5% of measures have exceed last year’s rate by 3 to 4 points • Positive point difference: 10% of measures have exceed last year’s rate by 2 to 3 points • Positive point difference: 20% of measures have exceed last year’s rate by 1 to 2 points • Positive point difference: 27% of measures have exceed last year’s rate by 0.01 to 1 points

IPRO Recommendation	Aetna Response
	<p>Future Actions/Plans</p> <p>Aetna works proactively with IPRO, DMS, Aetna National Quality Improvement staff, and internal staff to identify and implement interventions to positively impact outcomes and increase the health and quality of life of our members. Monitoring of HEDIS rates will be conducted monthly throughout the year and more frequently during the HEDIS project timeframe (weekly, daily, and hourly monitoring while the project is underway until the May NCQA HEDIS deadline). Member education will be conducted telephonically, face to face, and via educational materials (reminder postcards, member newsletters, etc.). Promote the free monthly HEDIS educational webinars. Provide additional automated telephonic/electronic educational outreach. Active promotion of the provider programs and the member incentive programs to ensure specific HEDIS rate improvement. Update the HEDIS toolkit and other provider toolkits (Value Based Services Program) and post on the provider website. Ongoing education is to be provided to all internal staff. Continue collaboration with the Outreach Department and the Wellness Program Coordinator to identify opportunities to outreach to members regarding the importance of health screenings by participating in community events, health fairs, back to school events, and community baby showers. Utilize full time HEDIS Registered Nurse to create positive relationships with providers and to educate provider offices regarding HEDIS. Utilize the access to the Kentucky Immunization Registry to improve immunization rates.</p>
<p>While Aetna Better Health of Kentucky's provider network improved in terms of the Board Certification measures, the MCO should continue to explore the root causes for low member satisfaction with Child and Adult Consumer Satisfaction survey measures.</p>	<p>Initial Plan of Action: In 2019 much of the efforts to improve member satisfaction continued and the provider dissatisfaction issues regarding their payments that influenced our members' satisfaction continued to be addressed. Assessing gaps and strategizing improvement and intervention plans for member and provider satisfaction was the focus of the quality team. The Provider Relations division new leadership worked hard to address the provider claim issues. Additionally, QMAC and SIC committees were provided an overview of the CAHPS survey results and their input on improving member satisfaction was sought.</p> <p>How was this accomplished?</p> <p>The improvement plan for CAHPS was ongoing and the Quality team took the lead on these efforts. Opportunities for improvement include ease of getting care, how well doctors communicate with members, customer service, and the overall rating of the health plan. The Health Plan identified barriers and interventions for measures below the QC national average and identified areas for improvement.</p> <p>Outcome and Monitoring – Barriers and interventions are outlined below:</p> <p><u>Barriers</u></p> <ul style="list-style-type: none"> ➤ Poor health literacy by the member ➤ Member does not understand all the options available to them by the healthcare professional ➤ Medical professional not taking the time to explain all treatment options to the member ➤ Lack of effective communication between healthcare professionals and members ➤ Auto assignment of a PCP ➤ Specialist appointment time availability is not as accessible as needed <p><u>Interventions</u></p> <ul style="list-style-type: none"> ➤ Continue to educate the Member Services department regarding programs available to the member such as the Kentucky Quitline, HEDIS incentive programs, and health coaches via Wellpass text message campaigns. ➤ Provider contract audits and realignments have been completed along the entirety of the ABHKY network. This will lead to a

IPRO Recommendation	Aetna Response
	<p>steady increase in claims reimbursed appropriately.</p> <ul style="list-style-type: none"> ➤ ABHKY is working with providers in the VBS program to get members to change the auto assigned PCP to the actual provider they visit. ➤ Prevention & Wellness efforts continue to focus around diabetes, tobacco cessation, oral health, weight management, and substance use. <ul style="list-style-type: none"> • Substance Use: Follow up with members who have a recent discharge from a Behavioral Health Admission with a substance abuse diagnosis or with members who have been discharged from a residential substance abuse program. This outreach focuses on assisting the member with follow up treatment/ recommendations in order to decrease readmission / relapse. Members are to follow up with PCP or BH provider within 7 days of discharge. The CM will outreach to member to complete discharge survey (housed in Dynamo) and attempt to problem solve with member. • Diabetes Education: Targeted reminder letters sent to diabetic members who have not received an eye exam in the previous rolling 12 months. Letter also includes educational information on other diabetes-related screenings. Beginning in the 4th quarter, the target population shifts from those not receiving an exam in the past 12 months to everyone who has not received an exam year to date in the calendar year • Diabetes Education: O2C2, a collaborative initiative with the dental vendor that educates members on the value of getting eye/dental exams through mail materials such as a postcard or brochure. Outreach calls (live or IVR) are performed to assist with scheduling appointments with nearby providers. Provider outreach involves providing a list of diabetic members who have visited that provider in the past but has not visited in the last year. Providers are assisted with making the appointments for the members. The PCP is provided documentation informing them of a suspected diabetic patient. • Prevention & Wellness coordinator provides presentations on diabetes education and other chronic diseases management to member outreach team members. Outreach team and prevention and Wellness coordinator present at different health fairs and community events. Prevention & Wellness coordinator serves on community coalitions that promote member health. • Oral Health: Provide oral health education including provision of Brushing Schedules handout for children in community events. ➤ In efforts to increase member engagement, Aetna Better Health of Kentucky has partnered with a vendor that utilizes multi-channel communication, to educate and incentivize for completion of covered services. Using various outreach methods such as text, direct mail and email, this vendor is specifically helping ABHKY's Diabetic members through innovative interventions and targeted outreach. Though accessible via a Kiosk located in Wal-Mart stores, they focus most of their initial efforts for Dilated Retinal Eye Exams on ABHKY members that reside in Pikeville, Lexington, and London. ➤ ABHKY Outreach Team focus on health literacy by implementing patient centered interventions to the communities. Those patients centered intervention include but are not limited to Slow Cooking Nutrition, Diabetes Nutrition, Diabetes Prevention Program, Metamorphosis, Hand Washing, Chronic Disease Self-Management Program, and Getting on T.R.A.C.K ➤ Care Management teams were educated on Asthma/COPD management and diabetes management along with ACE, Trauma informed care and social determinants of health, and use the acquired knowledge in their care management work ➤ All ABHKY members continue to be given the option of enrolling in targeted health and wellness text campaigns that provide education and support for various diseases (smoking, asthma, diabetes, etc.) ➤ At the beginning of Q3 in 2018 with the re-launch of Wellpass, made their text message campaigns and educational support

IPRO Recommendation	Aetna Response
	<p>programs available to all ABHKY members, rather than limiting this benefit solely to members enrolled in the Lifeline program</p> <ul style="list-style-type: none"> ➤ The Service Improvement Committee is an ongoing meeting which allows for interdepartmental collaboration in reconciling appeals and grievances data with member calls/inquiries and satisfaction survey results ➤ The Quality and Member Access Committees (QMAC) has increased activity to promote member and advocacy participation allowing for their feedback in the design and development of the Quality program to impact health plan satisfaction. An example of this includes the QMAC offering the meetings virtually for our members and member advocates. ➤ Aetna Better Health of Kentucky is hosting provider webinars in 2019. Health plan goals and initiatives will be discussed as well as provider orientation and education on claims, integrated care management, Quality initiatives, HEDIS, and Medically Frail attestation. ➤ Member Newsletters include articles on promoting the health of KY Medicaid children (EPSDT services), Smoking Cessation, Women's and Men's Health Screening Recommendations, Mental Health, ER Utilization, Vaccination recommendations, and other pertinent health topics. Provider Newsletters include articles on Prior Authorizations, Pharmacy Updates, HEDIS Webinars, Seasonal Clinical updates and other articles designed to inform our providers of new processes. Targeted articles for both audiences will provide more information on how to access care, shared decision making on care and compliance with medications and understanding medications prescribed. ➤ Aetna Better Health of Kentucky has many ongoing Performance Improvement Projects (PIPs) that not only work to promote the health of our members, but also encourage collaboration among the health plan, the providers and the members for several conditions. The following PIPs are currently underway: <ul style="list-style-type: none"> • Attention Deficit/Hyperactivity Disease (ADHD) – Final report was submitted in 2017, outreach efforts will continue as a focus study • Improving Comprehensive Diabetes Care Testing – Final report was submitted in 2017, outreach efforts will continue as a focus study • Measuring the Appropriate Use and Management of Antipsychotics for Children and Adolescents– Final report was submitted in 2017, outreach efforts will continue as a focus study • Improving Postpartum Care – Final report was submitted in 2018, outreach efforts will continue as a focus study • Follow-up Care After Hospitalization for Mental Illness • Prenatal Smoking • Ambulatory Care Sensitive Conditions (Collaborative PIP began in 2018) ➤ Annually, a Provider Accessibility Telephonic Survey (PATS), formerly Secret Shopper, is administered to a random selection of providers. The 2018 PATS survey sample size consisted of 447 providers. 179 providers responded. The response rate for 2018 was 40%. Those not meeting the standards for accessibility receive education. Additional follow up is provided after education to ensure required processes have been implemented. If the provider is still not meeting standards, contracting division will reach out to the provider for a response. This survey is delivered in the fourth quarter each year. ➤ Weekly webinars providing education to the providers on a range of topics such as provider orientation, ABKHKY Medicaid portal training, eligibility training, and targeted training for completion of the health services documentation from the document library found on ABHKY website. ➤ Improve the availability and access to care for members by continuing to increase the number of providers and urgent care

IPRO Recommendation	Aetna Response
	<p>centers and reaching out to non-participating providers to join the health plan</p> <ul style="list-style-type: none"> ➤ Member education is provided through the following portals and/or materials: <ul style="list-style-type: none"> • Member Handbook • KRAMES on demand-tailored education for members with specific conditions • Care managers offer transition of care as well as continuity and coordination of care services for medical and behavioral health • Pediatric case management • NICU Program • Assistance with acute needs of Foster Care children • Provide parents with reminder letters for immunizations • Disease Management • Our Member website assists and refers to: <ul style="list-style-type: none"> ▪ Women, Infant and Children (WIC program) ▪ How to access case and disease management services ▪ Member portal that provides specific information on the utilization of services ▪ How to locate a provider with the online provider look-up ▪ Information on Depression/Behavioral Health ▪ Ability to take a personal health risk assessment ▪ Focus on Kids Health: Lead Screenings, Immunizations, EPSDT ➤ Our clinical Information Health line is available 24 hours a day, 7 days a week for medical and behavioral member needs. ➤ Additional training and education continue to be provided to staff to assist members in their care, and to get the right care <p>Future Actions/Plans – Member satisfaction with health care is a critical element that contributes to the assessment of overall quality of care provided by our health plan. Seeking and responding to member feedback is an integral component of our quality management program and will be used to improve the quality of care and services that we provide. We will continue to assess and evaluate the data from our CAHPS survey results and work on implementing strategies to improve member satisfaction. In 2019, Quality team continued to take the lead on working with all divisions to come up with strategies to improve our member satisfaction. This was accomplished via the Service Improvement Committee (SIC), whose participants represent a cross-section of functional areas within the plan and evaluated member experience in order to determine key drivers of member satisfaction. We will continue to get feedback from the QMAC members during the quarterly meetings. Member complaints/grievances and appeals will continue to be analyzed and additional feedback obtained from both SIC and QMAC committees to gain insight into specific areas of dissatisfaction that may or may not be captured from the CAHPS survey. Provider and Member Newsletters continue to be used for educational purposes to provide any key updates or information to both providers and members. Tip Tuesday campaign was initiated in 2019, providing weekly tips and information for our providers. This provider educational tool will continue in 2020. Major accomplishments have been made on system improvements leading to the resolution of provider claims issues, accuracy and timeliness of claims processing.</p>

Table 31: Anthem Response to RY 2019 Recommendations

IPRO Recommendation	Anthem Response
<p>Although Anthem BCBS Medicaid showed strong performance in the 2018 Compliance Review, the MCO should successfully implement CAPs for quality of care and access/timeliness elements that were rated minimal or non-compliance.</p>	<p>How was this accomplished? Anthem conducted additional training with associates handling provider grievances to ensure contract requirements and policies are strictly followed.</p> <p>Outcome and Monitoring – Through routine monitoring of the process and timeliness of responses, it has been confirmed there have been no further incidents of untimely responses.</p>
<p>Develop and implement quality improvement interventions to address HEDIS measures that underperformed the NCQA national 25th percentile with a particular focus on those measures that have continued to underperform from the previous year. HK PM results also indicate an opportunity for improvement in the rates of adolescent and perinatal screenings. Continue to evaluate barriers to screening and develop interventions for improvement.</p>	<p>How was this accomplished? Anthem established data feeds and obtained remote access to key hospital/provider systems: Baptist Health, Norton and St. Elizabeth’s. In addition, we have hired 3 Patient Centered Care Consultants (PCCC) and will be hiring several more. The PCCCs meet with providers and deliver gaps-in-care reports, review coding and documentation required to close HEDIS gaps, and educate providers on HEDIS measures. Anthem has also contracted with a vendor, HealthCrowd, to send text messages to members to encourage engagement with their PCP to close care gaps and we’ve initiated an incentive program that awards members for receiving routine care and preventive screenings.</p> <p>Outcome and Monitoring - See Table below for HEDIS measures of concern and improvement in rates.</p>
<p>Target topics of member satisfaction for improvement by seeking to better understand the root causes for measures with rates of performance below the national 25th percentile.</p>	<p>Initial Plan of Action – CAHPS measures that scored at or below the 25th percentile include:</p> <ul style="list-style-type: none"> • Rating of Health Plan • Rating of Specialist • Customer Service – CS provided needed information or help • Shared Decision Making – Doctor asked what you thought was best <p>How was this accomplished? The CAHPS Committee has pulled together best practices across the enterprise and working with all departments to improve scores. Customer Service department has expanded and undergone additional training to better meet the needs of the member. Patient Centered Care Consultants are promoting a webinar “What Matters Most” to the providers. This webinar offers guidance to providers on what matters to the member – such as being treated with respect and being asked what they think is best for them.</p>
<p>Continue to evaluate interventions to improve the availability of board certified providers, particularly in family medicine and geriatrics.</p>	<p>How was this accomplished? Anthem closely monitors network adequacy and compliance with access standards through quarterly Geo Access reports. We also review and respond to the monthly DMS network adequacy analysis. In addition, network access issues are tracked from member disenrollment requests and member/provider grievances. If a circumstance arises where a participating provider cannot be located, Anthem will negotiate a single case agreement with a non-participating provider to ensure access to care.</p> <p>If services are needed from a provider who is in the credentialing/contracting process, a single case agreement may be completed as an interim step.</p>

Anthem Preventive Care								
Measure	HEDIS Hybrid	MY 2017		MY 2018	Difference from MY 2017 to MY 2018	HEDIS 2019 (MY 2018) Final NCQA Percentile	MY 2019 (claims through 11/30/19)	Diff from 11/2018 % pts
WCC-Nutrition	Yes	51.82%	10th	64.23%	12.41%	25th	24.76%	↑5.65
WCC-PhysAct	Yes	49.88%	25th	60.54%	10.66%	33rd	22.81%	↑6.93
IMA-Meng	Yes	71.53%		78.35%	6.82%	25th	78.47%	↑7.93
IMA-Tdap	Yes	75.91%		83.21%	7.30%	10th	81.91%	↑7.48
IMA-Combo1	Yes	71.05%		77.86%	6.81%	33rd	76.52%	↑7.60
IMA-Combo2	Yes	18.00%		22.87%	4.87%	5th	27.11%	↑9.81
IMA-HPV	Yes	18.98%		24.09%	5.11%	<5th	29.64%	↑15.02
LSC	Yes	60.58%	25th	63.54%	2.96%	25th	63.38%	↑4.98
BCS	No	49.76%	10th	49.06%	-0.70%	10th	48.72%	↑1.57
CCS	Yes	50.12%	10th	57.18%	7.06%	33rd	46.03%	↑2.68
CDC-Eye	Yes	49.45%	25th	53.16%	3.71%	25th	43.18%	↑4.42
FUH-30Day	No	50.19%	10th	49.71%	-0.48%	33rd	57.02%	↑9.33
APM	No	24.84%	10th	28.40%	3.56%	25th	32.63%	↑5.98
FUM-30Day	No	30.53%	25th	45.91%	15.38%	25th	44.89%	not available
URI	No	75.50%	5th	79.27%	3.77%	5th	82.47%	not available
AAB	No	25.16%	25th	26.10%	0.94%	5th	42.57%	↑11.86
LBP	No	62.19%	10th	62.09%	-0.10%	<5th	66.26%	↑2.97
Anthem BCBS Medicaid Access & Availability								
AAP-20-44 yrs	No	71.14%		72.05%	0.91%	25th	68.85%	↓1.04
AAP-Total	No	75.10%		75.63%	0.53%	10th	64.69%	↓9.06
CAP-12-24 mo	No	93.38%		94.90%	1.52%	33rd	96.64%	↑2.40
CAP-12-19 yrs	No	84.53%		86.90%	2.37%	33rd	87.41%	↑1.46
ADV	No	43.28%	10th	44.55%	1.27%	10th	44.76%	↑4.72
IET-Initiation*	No	45.68%	90th	51.84%	6.16%	90th	26.31%	↑4.99
PPC-Post	Yes	62.53%	25th	62.29%	-0.24%	33rd	56.89%	↑6.59

HEDIS Hybrid - a random sample of 411 members will be chosen from the entire eligible population; chart pursuit will occur for those members that are numerator non-compliant and medical record abstraction will occur for data elements that make the member numerator compliant.

Current claims run-out through November 30, 2019 include the entire eligible population.

Table 32: Humana Response to RY 2019 Recommendations

IPRO Recommendation	Humana Response
<p>While Humana-CareSource showed strong overall performance in the 2018 Compliance Review, the MCO should successfully implement CAPs for the six access/timeliness elements that were rated minimal.</p>	<p>Initial Plan of Action – Corrective Action Plans (CAP) were implemented for all six access/timeliness elements rated as minimal. All CAPs were issued internally between April and May of 2019. As of October 2019, all CAPs issued for the minimal findings were remediated and closed. Where monitoring is applicable, Compliance staff works with internal business partners to gather relevant evidence and reporting to ensure remediation, prior to CAP closure. Per review of HCS compliance with NCQA Quality Standards relating to Care Coordination, opportunity for improvement was indicated for:</p> <ul style="list-style-type: none"> • Transitions of care between hospital and primary care practitioner • Early identification of maternity care • Coordination of behavioral health and substance use disorder (SUD) <p>How was this accomplished? Care management queues were established based on prior authorization reporting that identifies members for transition and maternity care to prioritize follow-up by case managers. Members within the transitions of care or maternity queues are outreached to ensure they have scheduled follow-up care with their PCP or maternity care practitioner. To address coordination of behavioral health and Substance Use Disorder (SUD): HCS annually completes analysis for monitoring member movement across settings. Member movement across settings usually occurs as the need arises to cross settings to facilitate their care with another provider or specialty type. A project was conducted relating to Primary Care Providers (PCPs) completing add-on SBIRT (Screen Brief Intervention Referral Treatment) assessment during their general evaluation and the rates of Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET). HCS applied the SBIRT screening as a reference point of PCP assessment and referral to a specialized substance use treatment.</p> <p>Outcome and Monitoring – Through annual project assessment. Also, monitoring of IET, prenatal and post-partum care HEDIS® measure outcomes.</p> <p>Future Actions/Plans – Humana will monitor the impact of implemented interventions for Transitions of Care between hospital and PCP, Early Identification of maternity care, and Coordination of behavioral health and SUD. The care management teams receive daily discharge reports for all types of discharges and are implementing follow-up calls to those members. Additionally, we attempt to engage all pregnant members identified via Medicaid eligibility codes. Finally, we’re developing reports to identify pregnant members based on pregnancy ICD-10 codes that include trimester and high-risk pregnancy diagnosis.</p> <p>Humana trains PCPs on SBIRT during their orientation to become a participating provider. When a member admits to an inpatient or residential level of care, we attempt to engage the member through case management to ensure we can coordinate and collaborate with providers for follow-up care appropriate to their SUD treatment.</p>
<p>HEDIS 2018 Effectiveness of Care and Access and</p>	<p>Initial Plan of Action – Per assessment of the 19 HCS under-performing opportunity measures indicated in 2019 EQR Technical Report, 15 improved per</p>

IPRO Recommendation	Humana Response
<p>Availability measures continue to present opportunities for improvement particularly for measures ranking below the NCQA national 25th percentile and especially those measures that were rated below the national 25th percentile in the prior year. It is suggested that the MCO continue to conduct barrier analyses to help identify root causes for HEDIS 2018 measures that were below the NCQA national 25th percentile and HK measures below the statewide average. Improvement efforts that will have the greatest impact on performance should be emphasized.</p>	<p>2019 HEDIS® results. Based on 2018 HEDIS results a strategic plan was developed to focus on the top underperforming measures.</p> <p>How was this accomplished? The strategic plan included input from clinical care gap analysis, resource evaluation and opportunity assessment through Quality Committee and strategic workgroup engagement. Interventions were developed to improve measure outcomes through targeted member and provider outreach.</p> <p>Targeted focus measures for 2019 intervention:</p> <ul style="list-style-type: none"> • Child & Adolescent Immunizations • Breast & Cervical Cancer Screenings • Comprehensive Diabetes Care • Prenatal and Postpartum • Well Child Visits • Smoking Cessation for Pregnant Members <p>Outcome and Monitoring – Interventions were implemented by HCS to improve measure outcomes. Select interventions included:</p> <ul style="list-style-type: none"> • Member education via targeted member outreach, Member Newsletters, Disease Management • Provider education via provider education forums, provider orientation, provider newsletters, provider notifications • Clinical Practice Registry for providers to identify members with care gaps • Telephonic outreach to members with care gaps to coordinate/assist with appt. • PIPs • HEDIS Quarterly dashboard to monitor progress of gap in care compliance & non-compliance <p>Future Actions/Plans – Humana will continue to monitor the progress towards goals. If performance targets are not met, the plan will perform root cause analysis to identify barriers and adjust interventions to drive results.</p> <p>Future interventions include possibility increasing the availability of supplemental data to support HEDIS measures and potential use of Value Based Contracts.</p>
<p>Humana-CareSource should continue to improve the availability of board certified providers in family medicine, internal medicine, geriatrics and other physician specialists.</p>	<p>Initial Plan of Action – Implemented strategic design provider engagement representative visits, updated new provider welcome kit and after-hours services education.</p> <p>How was this accomplished? Provider outreach education included guidelines for when to see patients and options for alternative service for patients when primary care office is unavailable. Provider notification also included HCS member support service information for 24-hour nurse-line care and mental health.</p>

IPRO Recommendation	Humana Response
	<p>Outcome and Monitoring – Member service call categories are reviewed quarterly to determine if there are issues with availability of board certified providers.</p> <p>Future Actions/Plans – In addition to the above interventions, Humana will continue to frequently monitor our provider network adequacy to help ensure access standards are met.</p> <p>The plan will also monitor member complaints call volume for increases related to availability.</p>

Table 33: Passport Response to RY 2019 Recommendations

IPRO Recommendation	Passport Response
<p>Passport Health Plan demonstrated strong overall performance in the 2018 Compliance Review; however, the MCO should successfully implement CAPs in the three domains where elements were rated minimal or non-compliance.</p>	<p>Initial Plan of Action – Passport conducted a thorough review of the areas that received a minimal or non-compliance rating; Section 37.1(18) and Appendix N, II(h), Section 4.3 (A)(5) and Section 23.2.</p> <p>How was this accomplished? For Section 37.1 and Appendix N, Passport interviewed and hired a Lead Program Integrity Investigator on September 1, 2019. This associate meets the requirements stated in the Contract. For Section 4.3, Passport reviewed the current language in the Subcontractor Addendum template. For Section 23.2, Passport reviewed our Policy MACE 12.1 Member Handbook for New Enrollees.</p> <p>Outcome and Monitoring – For Section 37.1 and Appendix N, Passport will continue to monitor, review and track the experience and certifications of the investigators in working toward receiving a Full for this measurement.</p> <p>For Section 4.3, Passport updated the Subcontractor Addendum template to include language giving the Plan the right to audit records for ten (10) years following the later of Passport’s Contract period with the Department or from the date of completion of any audit. Passport includes this addendum with any newly contracted subcontractor and will include this language in any amended subcontract that does not already include it.</p> <p>For Section 23.2, Passport updated its Policy MACE 12.1 Member Handbook for New Enrollees to include the Contract requirements.</p> <p>Future Actions/Plans – For Section 37.1 and Appendix N, as referenced in our response to the CAP, PP2020IPRO-1, in November 2020, Passport will have two full time investigators who meet the Contract requirements.</p>

IPRO Recommendation	Passport Response
	<p>For Section 4.3, Passport will continue to monitor and review any changes or updates in our Contract with the Department and be sure that they are addressed accordingly.</p> <p>For section 23.2, Passport will continue to review the Member Handbook annually and submit to the Department for review and approval. Passport will continue to notify our members of any changes in writing at least thirty (30) days before any change takes effect.</p>
<p>Although Passport Health Plan showed overall strong performance in HEDIS measures of Effectiveness of Care and Access and Availability, the MCO should be addressing areas of care where performance has fallen below the national Medicaid 25th percentile, including weight assessment and counseling for children and adolescents, diabetes care and measures of overuse/appropriateness. Access-related HK PMs focused on CSHCN needs also present opportunities for improvement.</p>	<p>Initial Plan of Action - Passport Health Plan (PHP) conducts ongoing analysis of rates and interventions to evaluate the effectiveness of current interventions and whether alternative strategies should be implemented; with particular focus on measures that have rates at or below the national Medicaid 25th percentile. PHP develops a strategy, including but not limited to informal PIPs, for the next measurement year based on the NCQA QC rates and other factors. Interventions are aimed at both members and providers.</p> <p>During this plan year, several measures were identified. First, access and timeliness to care, particularly for Children with Special Health Care Needs (CSHCN) were the focus of well care measures for children and adolescents (W34, AWC). Second, PHP remains committed to improving childhood obesity rates through its work in Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) interventions. Third, Comprehensive Diabetes Care (CDC) improvement and our commitment to our members with diabetes is top priority. Lastly, measures that reflect appropriate utilization and overuse are trended and monitored at a provider level.</p> <p>How was this accomplished?</p> <p>Outbound auto-dial calls, newsletters, mailings, on hold messages, member incentives, live outreach calls, provider outreach to members, and communication with Commission for Children with Special Health Care Needs case management helped to address Access to Care and Timeliness measures. PHP engaged with the community, schools and its providers around childhood obesity including programs such as “GoNoodle” physical activity breaks, in order to expand traditional nutrition and physical activity education and counseling. Additionally, provider education, focusing on in-person EPSDT requirements which emphasize the well care visit requirements, includes the WCC measure.</p> <p>Passport performed direct outreach to members with open care gaps for Diabetes during the 4th Quarter of 2019. HEDIS education materials for providers and provider quality committee recommendations and feedback are also utilized. PHP’s value-based provider program, Health Plus was leveraged to move these measures along by addressing preventive measures and CAHPS scores. Health Plus covers about one-third of PHP’s members in both adult and pediatric practices. Providers participating in the HealthPlus value-based payment program with Passport are provided data and reports to understand their quality performance and proactively engage members who may have a gap in care. These gaps include, but are not limited to, child and adolescent well visits and diabetic HbA1c testing. The Passport Population Health Managers work with HealthPlus providers to identify areas of improvement and design campaigns, with the providers, to encourage members to close any open care gaps. The data and reports shared with these providers allows both a retrospective performance view as well as a prospective look into upcoming opportunities to target and outreach members for appointment scheduling.</p>

IPRO Recommendation	Passport Response
	<p>Outcome and Monitoring – PHP utilizes reporting that follows NCQA HEDIS specifications matching HEDIS rule criteria to report on administrative and hybrid measures. Reports are based on claims and encounter data. In 2019, WCC nutrition and physical activity increased from 10th to 25th percentile, CIS Combo 2 increased from 10th to 75th percentile and BMI (3-11) and total increased from 33.33rd to 50th. Other improvements were in CDC- eye exam, B/P control, HgbA1C testing, HgbA1C poor control and control < 7. AWC, CAP, and IMA also demonstrated improvement. In 2019 CAHPS, PHP experienced a seven percentage point increase in adult getting needed care and an increase of over two percentage points in the same child CAHPS measure.</p> <p>Future Actions/Plans – We continue to evaluate the effectiveness of interventions and revise as needed to improve HEDIS rates to at a minimum the QC 50th with critical focus on those that are at or below the 25th percentile. This will be accomplished through PHP’s 2020 quality strategy focused on fourteen key HEDIS measures aimed at improving the overall 2020 HEDIS score. Continued monitoring of the fourteen measures will include demographic data for each measure and analysis, including rates, to inform areas of opportunity based on pertinent demographic categories as available. Findings will be monitored quarterly for barriers and will be used to complete analysis for strategies and interventions in the annual evaluation. This includes Health Plus and non-Health Plus access and timeliness of care opportunities. It also focuses on access to care issues including CAHPS getting care needed measures for adults and children. PHP is committed to improving of the health of all of its members, particularly those who are Children with Special Healthcare Needs and those who stratify into our clinical care programs. Social determinants of health are an area of future focus especially as it relates to low performing HEDIS measures at or below the 25th percentile.</p>
<p>Review and implement the EQRO recommendations for the “Prenatal Smoking” collaborative PIP, and consider increasing target goals for indicators that have already met their goals in the interim measurement.</p>	<p>Initial Plan of Action – In the final submission, there were three performance indicators that met the target goals in the final measurement year of the Prenatal Smoking PIP (PI#2, PI#4 & PI#5), the other two performance indicators fell below goal (#1 and #3). The results of the PIP were relayed to the PIP workgroup as well as presented to the QMMC for further discussion and recommendations. The initial plan of action is to continue discussion on interventions and improvement for those prenatal smoking members captured through the PIP. As indicated under the limitations section of the PIP, one of the aspects of this PIP was data challenges. The PIP workgroup plans on reevaluating the data pieces that this PIP is comprised of and drilling down further for a better perspective of performance indicator and ITM trending. If the data analysis shows that the three target goals were met, the initial goals will be recalculated and set. The PDSA cycle will be used to evaluate effectiveness of the existing interventions and the ability to improve performance towards the increased targets.</p> <p>How was this accomplished? The data utilized from 2017 and 2018 provided a barrier for true trending and outcomes of this PIP. The PIP workgroup plans on re-running the data from that time period and evaluating the results compared to the PIP submission, then readjusting target goals as needed. There will also be a drill down on the impact the interventions had on outcomes based on the re-run data. Discussion on how to best move forward and then action through interventions will take place.</p> <p>Outcome and Monitoring – The prenatal smoking cessation performance indicators are embedded measures within the maternity program and therefore monitored regularly through quarterly work plan meetings as well as PIP workgroup meetings. Some of the PIP-specific measures have been added to the maternity program on the Quality Improvement Work Plan and are</p>

IPRO Recommendation	Passport Response
	<p>discussed during quarterly meetings with the PIP workgroup.</p> <p>Future Actions/Plans - Ongoing monthly, and at a minimum quarterly, team meetings with the QI team and PIP stakeholders to review current intervention impact, barriers, intervention implementation & status. All PIP annual reports and proposals are to be reviewed and validated by QI management, Quality Committee for oversight allowing feedback, recommendation and revision as needed.</p>
<p>The “EPSDT Screening and Participation” interim report submitted by Passport Health Plan did not include interim results. Rates for these indicators need to be provided in the final report.</p>	<p>Initial Plan of Action – The missing EPSDT Screening and Participation rates were updated in the final submission in August 2019 where Baseline, Interim and Final rates for EPSDT Screening and Participation rates were included.</p> <p>How was this accomplished? The EPSDT PIP submission was updated with the interim rates and completed for the Final submission in August 2019.</p> <p>Outcome and Monitoring – We continue to track the EPSDT screening and participation rates through the Quality Improvement work plan on a quarterly basis and through monthly, and at a minimum quarterly, PIP work group meetings.</p> <p>Future Actions/Plans – We will continue to track through interventions & activities, barriers and to evaluate and discuss the EPSDT screening and participation rates through the monthly EPSDT work group and quarterly QI Work Plan discussions.</p>
<p>The ratio of board certified physicians in Passport Health Plan’s provider network continues to be significantly lower than the other MMC plans in Kentucky. Based on Passport Health Plan’s response to this issue from the prior year’s technical report recommendations (Table 38), the MCO should continue to target the providers in network that are not board certified and to perform outreach to attempt to get these providers to become board certified. In addition, when recruiting new providers to join the Passport Health Plan network, the MCO needs to</p>	<p>Initial Plan of Action – This action is still current and continued for 2019. Data pulled using HEDIS provider historical data to measure the trend. The goal is to continue to target the providers in network that are not Board Certified to perform outreach to attempt to get the providers to become Board Certified.</p> <p>How will this be accomplished? A SharePoint grid will be created specifically to monitor and track how many providers are board certified on an annual basis. Once the provider reps know which of their providers are not board certified they can perform outreach to those providers and update the grid that outreach was performed. Also, when recruiting new providers to join the PHP network the provider rep will encourage the provider to become Board Certified if they are not already. Provider Relations included this topic starting in 2019 in our orientations and new rep training.</p> <p>Outcome and Monitoring – A new report will be pulled on an annual basis to track the ratio of Board-Certified providers and monitor the progress that the plan of action has had.</p> <p>Future Actions/Plans – Continue the initial plan of action until all providers in the provider network have been outreached to and attempted to become Board Certified. A new report tracking this will be pulled on an annual basis to continue to monitor the progress. Collaboration between Quality and Provider Relations will identify recommendations for interventions to improve board certifications with input from the existing providers on various Passport committees. Additional reporting will identify providers with previous Board Certification and those who have never been board certified. Education and reporting will be tailored, and outreach performed for each category. Additionally, quality performance data analysis will be compared for Board Certified vs. non-certified providers to identify any correlation between health outcomes and certification. A letter will be</p>

IPRO Recommendation	Passport Response
be diligent in recruiting providers who are already board certified or soon to become certified.	developed to send to providers to encourage completion. Passport will continue to evaluate options which would prioritize contracting Board Certified providers.

Table 34: WellCare Response to RY 2019 Recommendations

IPRO Recommendation	WellCare Response
<p>WellCare of Kentucky demonstrated strong performance in their October 2018 Compliance Review related to quality and access/timeliness of care. The MCO needs to successfully implement CAPs in the two domains where elements had non-compliance ratings: Program Integrity and QAPI Access: Utilization Management.</p>	<p>Initial Plan of Action - WellCare continues to have multiple ongoing interventions aimed at improving performance on all HEDIS® measures, including those related to the access/timeliness of services, especially in the area of behavioral health. WellCare has identified this area as an opportunity for improvement. These targeted-interventions include one-on-one case management and disease management, distribution of provider Care Gap Reports by Quality Practice Advisors (QPAs), Care Management member-targeted phone calls and mailings to members identified as needing BH recommended screenings, and provider visits as well as for those members identified as needing recommended medical screenings. In addition to continue to improve the health and well-being of our members, WellCare has transitioned to a population health approach to member care.</p> <p>WellCare's Population Health Management (PHM) program is an evidenced-based, proactive approach centered on larger, socially grouped medical and behavioral needs and prevention efforts. The PHM has six clinical focus areas, or domains, each led by a clinical advisory board to review effectiveness, explore opportunities and innovations, and develop new programs and initiatives. These focus areas include:</p> <ul style="list-style-type: none"> • Behavioral Health and Substance Use Disorder (SUD) • Maternal and Child Health • High Acuity and Transitions • Medical Conditions • Advanced Illness • Prevention and Wellness <p>Each focus area improves health outcomes through prevention and promoting healthy behaviors, early identification, and preventing deterioration or complexities. WellCare's population health focus areas align with the Department's population health condition priorities. All programs emphasize empowering individuals to improve their health and engage in their healthcare. The PHM program employs a person-centered approach that addresses medical and non-medical drivers of health while reducing inappropriate utilization and costs. The Team works with members and providers to help them navigate the healthcare system, transition from one care setting or level of care to another, and receive the care/services they need.</p> <p>In addition, to also help improve access/timeliness of care for members, WellCare's Quality Improvement Department includes 16 Quality Practice Advisors (QPAs) and three QI Managers covering the East, West and Central areas of the Commonwealth. The QPAs' primary responsibility is to help members receive recommended screenings through: facilitating the closure of HEDIS® and Healthy Kentuckians gaps in care and increasing the number of WellCare members receiving recommended preventive care</p>

IPRO Recommendation	WellCare Response
	<p>including BH; face-to-face educating of providers; and serving as a liaison and point of contact between WellCare and providers. Joint visits between QPAs and Provider Relations made for all-inclusive provider education and problem resolution.</p> <p>The WellCare Quality Team has a manager with Behavioral Health experience who collaborates with the BH Care Management Team and BH providers with the goal of increasing the percentage of members with a BH diagnosis receiving recommended screenings and testing and improving members' transition from one care setting/level to another.</p> <p>Annually, at the completion of each HEDIS[®] and Healthy Kentuckian audit, the QI Team analyzes the HEDIS[®] and Healthy Kentuckians outcomes, performing a root cause analysis to: identify barriers, identify areas of opportunity and develop/revise interventions for implementation to improve those measures with lower rates and to maintain/increase other measures that have attained or are close to the established NCQA benchmarks.</p> <p>WellCare's QI Team works in conjunction with the Case Management, Disease Management and BH Clinical Teams, Provider Relations and Network Management to improve access/timeliness to care. One way the Plan assesses and monitors member access/timeliness of care is through conducting "secret shopper" calls to providers to assess if the provider is meeting the access/availability standards. Results of these calls are presented to the QI Committees quarterly and reviewed annually for feedback and recommendations. Provider Relations sends letters and makes follow up visits to ensure providers have made the necessary changes to be in compliance with required standards.</p> <p>WellCare's Network Management Team continually monitors network adequacy to ensure members have access to care and continually recruits providers into our provider network and that the Plan continues to maintain network adequacy standards. Access/availability is also reported quarterly to the QI Committees for feedback and recommendations.</p> <p>In addition, WellCare's Utilization Management Department identified an opportunity for improvement in letters sent to enrollees. Some letters generated did not contain the Block 1557 language. The issue was resolved and the Plan's UM letters now contain the required language.</p> <p>How was this accomplished?</p> <p>Throughout 2019, QPAs continued to make face-to-face visits to individual provider offices facilitating a collaborative partnership and providing education to providers and staff in regards to recommended preventive screenings/testing, HEDIS[®] and Healthy Kentuckian requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate HEDIS[®] compliance, and claims coding for services rendered during member visits using HEDIS[®]-accepted codes. QPAs distributed HEDIS[®] toolkits to providers during onsite provider visits providing providers quick references for HEDIS[®] and Healthy Kentuckians measure specifications including those related to both medical and behavioral health, for adult, adolescent and child populations.</p> <p>The Plan conducted "Secret Shopper" calls to providers to assess access/availability standards. Results were presented to the QI Committees quarterly for ongoing monitoring, feedback and recommendations. WellCare's Network Management Team continued to monitor network adequacy to ensure members have access to care and continued to actively recruit providers into</p>

IPRO Recommendation	WellCare Response
	<p>our provider network. Access/availability was also reported quarterly to the QI Committees for ongoing, monitoring, feedback and recommendations.</p> <p>The Plan also monitors and facilitates, through QPA and Provider Relations visits, the exchange of information between behavioral health and medical providers. This is monitored through the Provider Satisfaction Survey and by QPA onsite medical record reviews. The Plan monitors the Member Satisfaction Surveys to identify issues and initiate and/or revision interventions as needed.</p> <p>To improve access/timeliness for our members, WellCare initiated/continued the following interventions:</p> <ul style="list-style-type: none"> • Distributed HEDIS® and Behavioral Health Resource toolkits to providers during face-to-face provider visits by the Quality Practice Advisors (QPAs) facilitate a collaborative partnership and provide education to providers and staff in regards to recommended preventive screenings/testing, HEDIS® and Healthy Kentuckian requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate HEDIS® compliance, and claims coding for services rendered during member visits using HEDIS®-accepted codes. • Educated providers via the Provider Newsletters, Provider workshops/summits, and via face-to-face joint visits between providers, Provider Representatives and Quality Practice Advisors (QPAs), on appointment standards and the importance of following the recommended guidelines. • Provider Representatives educated new providers and providers who failed the access and availability survey of the appointment standards via letters and face-to-face visits. • Network Management continued to actively recruit new providers (e.g., Urgent Care Centers, primary care physicians (PCPs), behavioral health providers, dermatologists). • Conducted “Secret Shopper” calls to providers and provider audits to assess access and availability. • Reviewed data continually to track and trend areas of deficiencies, identify barriers and implement/revise interventions as needed. • Conducted joint provider meetings between Quality Practice Advisors (QPAs) and Provider Relations (PR) to collaborate on region-specific, all-inclusive activities. • Collaborated with Community Mental Health Centers (CMHCs) to develop process to appropriately refer members who are in need of crisis management and for appropriate follow up when transitioning from one care setting/level to the next. • Continued discussions with providers in regards to the development of medical/behavioral health homes. • Added collaborative Behavioral Health and Quality Team outreach initiatives to the Quality program. • Continued distribution of data/information to high volume providers showing members gaps in care. • Initiated targeted outreach calls to members including 3-way calling to providers while the member is on the phone, to assist with the scheduling of members with care gaps and to identify barriers to access care and referrals to community resources for assistance as needs are identified. • Continued the process by which Case Managers are notified of discharges by Utilization Management, speeding up the timeframe for member outreach by Case Management for assistance with post-hospital follow-ups to assist members with access when transitioning from one level of care to another.

IPRO Recommendation	WellCare Response																																								
	<ul style="list-style-type: none">Continued monitoring the Provider Satisfaction Survey and results of the medical record reviews to facilitate communication between medical and behavioral health providers.Monitored the Member Satisfaction Surveys (Adult, Child and KCHIP) to identify issues and initiate and/or revision interventions as needed. <p>For the UM enrollee letters:</p> <ul style="list-style-type: none">UM has a process in place to audit the letter generation system to ensure all required language is included in the enrollee letters. <p>Outcomes and Monitoring - In addition to the annual analysis performed post-HEDIS[®] and Healthy Kentuckian audits, WellCare monitors HEDIS[®] rates monthly to identify areas in need of revised or initiated interventions. WellCare anticipates HEDIS[®] 2020 rates will show a continued improvement over HEDIS[®] 2019 outcomes in measures related to access/timeliness. The monthly monitoring of HEDIS[®] rates for WellCare and for individual providers enable areas of concern to be identified quickly with interventions implemented/revised accordingly.</p> <p>In July 2019, following the receipt of final HEDIS[®] and in September following the completion of the Healthy Kentuckian audit, WellCare performed a detailed analysis of the NCQA accreditation and Kentucky measures falling below or just meeting the 50th percentile to identify barriers and potential interventions targeted at specific measures. This included a review of the access/timeliness related measures: <i>Adults’ Access/Availability to Preventive/Ambulatory Health Services</i> (AAP) and <i>Children and Adolescents’ Access to Primary Care Practitioners</i> (CAP). Adults’ Access/Availability to Preventive/Ambulatory Health Services (AAP) experienced a decrease in the 65+ years and the total segments of 2.48% and 0.86%, respectively. Children and Adolescents’ Access to Primary Care Practitioners experienced a 0.3% decrease. Although these decreases were slight, it was enough to fall to a lower benchmark. Results for 2019 and 2018 are displayed in the tables below.</p> <p>2019 Adults’ Access/Availability to Preventive/Ambulatory Health Services (AAP)</p> <table><tr><th>Data Element</th><th>20-44 Years</th><th>45-64 Years</th><th>65+ Years</th><th>Total</th></tr><tr><td>Eligible Population</td><td>106,355</td><td>64,939</td><td>984</td><td>172,278</td></tr><tr><td>Numerator</td><td>86,217</td><td>58,013</td><td>896</td><td>145,126</td></tr><tr><td>Rate</td><td>↓81.07% 50th Percentile</td><td>↓89.13% 75th Percentile</td><td>↓91.06% 50th Percentile</td><td>↓84.24% 50th Percentile</td></tr></table> <p>2019 Children and Adolescents’ Access to Primary Care Practitioners (CAP)</p> <table><tr><th>Data Element</th><th>12-24 Months</th><th>25 Months-6 Years</th><th>7-11 Years</th><th>12-19 Years</th></tr><tr><td>Eligible Population</td><td>9,510</td><td>46,114</td><td>42,170</td><td>57,747</td></tr><tr><td>Numerator</td><td>9,300</td><td>42,936</td><td>40,817</td><td>55,182</td></tr><tr><td>Rate</td><td>↓97.79% 75th Percentile</td><td>↑93.11% 90th Percentile</td><td>↓93.79% 75th Percentile</td><td>↑95.56% 90th Percentile</td></tr></table>	Data Element	20-44 Years	45-64 Years	65+ Years	Total	Eligible Population	106,355	64,939	984	172,278	Numerator	86,217	58,013	896	145,126	Rate	↓81.07% 50 th Percentile	↓89.13% 75 th Percentile	↓91.06% 50 th Percentile	↓84.24% 50 th Percentile	Data Element	12-24 Months	25 Months-6 Years	7-11 Years	12-19 Years	Eligible Population	9,510	46,114	42,170	57,747	Numerator	9,300	42,936	40,817	55,182	Rate	↓97.79% 75 th Percentile	↑93.11% 90 th Percentile	↓93.79% 75 th Percentile	↑95.56% 90 th Percentile
Data Element	20-44 Years	45-64 Years	65+ Years	Total																																					
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IPRO Recommendation	WellCare Response																								
	2018 Adults' Access/Availability to Preventive/Ambulatory Health Services (AAP)																								
	Data Element	20-44 Years	45-64 Years	65+ Years	Total																				
	Eligible Population	105,807	64,279	820	170,936																				
	Numerator	86,578	58,090	767	145,435																				
	Rate	81.83% 50 th Percentile	90.37% 75 th Percentile	93.54% 75 th Percentile	↑85.10% 75 th Percentile																				
	2018 Children and Adolescents' Access to Primary Care Practitioners (CAP)																								
	Data Element	12-24 Months	25 Months-6 Years	7-11 Years	12-19 Years																				
	Eligible Population	9,803	46,345	41,141	54,941																				
	Numerator	9,616	43,046	39,619	52,082																				
	Rate	98.09% 90 th Percentile	92.88% 90 th Percentile	96.60% 75 th Percentile	94.80% 90 th Percentile																				
<p>Providers are also distributed their individual HEDIS[®] rates and Care Gap Reports monthly so they can track their progress and identify opportunities. Quality Practice Advisors (QPAs) provide face-to-face education to providers in addition to the Plan's provider summits and trainings.</p> <p>As indicated above, the Plan conducts "Secret Shopper" calls to providers and audits providers to assess and monitor access/availability. Results are presented to the QI Committees quarterly for feedback and recommendations. WellCare's Network Management Team continually monitors network adequacy to ensure members have access to care and continually recruits providers into our provider network. WellCare Access/availability is also reported quarterly to the QI Committees for feedback and recommendations. This enables changes to and/or initiation of interventions to be done throughout the year as needed. 2019 access/availability audit results indicated: WellCare meets 100% of network adequacy. Additional access/availability audit outcomes for 2019 include:</p> <p>2019 Access/Availability Audits</p> <table><tr><td></td><td>PCPs #Audited</td><td>Pediatricians #Audited</td><td>Specialists #Audited</td><td>BH</td><td>Vision #Audited</td><td>Dental #Audited</td></tr><tr><td>Routine</td><td>98.4% 1,839</td><td>97.7% 1,839</td><td>95.9% 942</td><td>93.3%</td><td>88.3% 1,575</td><td>96.3% 3,687</td></tr><tr><td>Urgent</td><td>97.7% 1,839</td><td>99.5% 1,839</td><td>90.0% 942</td><td>87.1%</td><td>87.3% 1,575</td><td>92.3% 3,687</td></tr></table> <p>WellCare monitors member grievances to identify issues members may be having in regards to access and timeliness of care. Grievances are tracked and trended to identify areas of concern and are reported to the QI Committees quarterly for feedback and recommendations. This enables changes to and/or initiation of interventions to be done throughout the year as needed. During 2019, the Plan had 19 member grievances related to benefits/access to care, of which all were resolved.</p>						PCPs #Audited	Pediatricians #Audited	Specialists #Audited	BH	Vision #Audited	Dental #Audited	Routine	98.4% 1,839	97.7% 1,839	95.9% 942	93.3%	88.3% 1,575	96.3% 3,687	Urgent	97.7% 1,839	99.5% 1,839	90.0% 942	87.1%	87.3% 1,575	92.3% 3,687
	PCPs #Audited	Pediatricians #Audited	Specialists #Audited	BH	Vision #Audited	Dental #Audited																			
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IPRO Recommendation	WellCare Response
	<p>In order to facilitate follow-up care for members post-discharge and to assist members with overcoming barriers to accessing and attending appointments, the Plan continued the implemented processes to outreach to members within one (1) day following discharge from hospitalization speeding up the timeframe for member outreach by Case Management for assistance with post-hospital follow-ups to assist members with access when transitioning from one level of care to another and monitors this activity.</p> <p>Additionally, the QPAs and Provider Representatives are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS[®] measure performance are included in the QI Work Plan for monitoring, which is updated quarterly, reported to the QI Committees for recommendations and feedback, and submitted to the State. Member and provider interventions are also reported to the Plan's quality committees quarterly for feedback and recommendations.</p> <p>The Plan monitors the Provider Satisfaction Survey and the results of the medical record reviews to facilitate communication between medical and behavioral health providers. The audit indicated 100% compliance with having information in the member's medical record when a behavioral health consultation was ordered. In addition, 95% of respondents to the Provider Satisfaction Survey indicated they receive information timely for behavioral health consultations requested, and 79.7% of the behavioral health respondents indicated they send reports timely to PCPs. This was an increase of 5 percentage points.</p> <p>The Plan also monitors the Members Satisfaction Surveys (Adult, Child and KCHIP) to identify member issues with interventions initiated as needed.</p> <p>UM continues to monitor the letter generation system to ensure all required language is included in the enrollee letters.</p> <p>Future Actions/Plans - Following receipt of final HEDIS[®] 2020 rates, WellCare will conduct an analysis of HEDIS[®] 2019 data to identify barriers, potential/revised interventions, and opportunities for improvement. Based on this analysis, WellCare will continue/revise interventions already in place and/or develop new member and provider interventions as needed. WellCare will continue to work individually with providers to improve HEDIS[®] rates in regards to access/availability in addition to continuing the collaborative activities previously mentioned between Quality, Provider Relations, Medical and BH Case Management, and Network Management to continue to improve access to providers and compliance with post-hospitalization visits.</p> <p>Care Gap Coordinators, whose responsibilities include direct telephonic outreaching to members with care gaps to provide education and assistance with making appointments as needed, will also continue in 2020. New in 2020, the Quality Department of WellCare will enhance member outreach by having Medicaid Health Coaches who will have assigned members to telephonically outreach to, provide education to and will assist members as needed in getting their recommended screenings/testing. They will also refer members to CM/DM programs and connect members with community resources as needed. These positions are located in the Kentucky market. The goal is for the Plan to have a personal ongoing connection with its members.</p>

IPRO Recommendation	WellCare Response
	<p>In addition, the Plan will continue to promote the coordination of care activities and facilitate communication between BH practitioners and PCPs. Secret Shopper calls will also continue with results reported to the QI committees. Providers failing will receive a letter outlining the findings and requirements and a face-to-face visit from their PR Representative. Failing providers will be re-audited following these activities to ensure changes have been implemented.</p> <p>UM will continue to monitor the letter generation system to ensure all required language is included in the enrollee letters.</p> <p>CAPS Related to Program Integrity Reporting :</p> <p>With regards to the minimal findings pertaining to Program Integrity Reporting, WellCare submitted a corrective action plan (CAP) to DMS on September 27, 2019. As a part of the 2018 Annual EQRO Review of WellCare's Program Integrity function, an analysis was conducted of MCO Reports #76 and #77. IPRO found that the reports did not include several data elements contained within Appendix N of the Managed Care Contract. WellCare responded that the data elements in question were not included on the report templates that were issued by the Department's Division of Program Integrity on October 4, 2017 for a November 2017 implementation date. The report templates supplied by the Department have historically provided MCO's with reporting specifications for all of our regulatory reporting, therefore we believed we were meeting the requirements for reports #76 and #77.</p> <p>As a result of IPRO's recommendation to update the reporting template, WellCare outreached to the Department on April 3, 2019, to notify of the finding and request an updated template to satisfy IPRO's recommendation. MCO's received notification from the Department on April 12, 2019 with updated reporting specifications. WellCare implemented the updated reporting templates for both reports #76 and #77 as requested with the quarter ending April 2019.</p>
<p>With overall solid performance in HEDIS 2018, WellCare of Kentucky should focus improvement efforts not only on Effectiveness of Care and Access and Availability measures rated below the national 25th percentile, but also target measures with rates falling between the national 25th and 50th percentiles. Interventions for improvement are also needed for HK PMs regarding preventive screening, including adolescent and</p>	<p>Initial Plan of Action - As mentioned previously, WellCare continues to have multiple ongoing interventions aimed at improving performance on all HEDIS® measures. These targeted-interventions include one-on-one case management and disease management, distribution of provider Care Gap Reports by Quality Practice Advisors (QPAs), Care Management member-targeted phone calls and mailings to members identified as needing recommended screenings and/or provider. In addition to continue to improve the health and well-being of our members, WellCare has transitioned to a population health approach to member care.</p> <p>WellCare's Population Health Management (PHM) program is an evidenced-based, proactive approach centered on larger, socially grouped medical and behavioral needs and prevention efforts. The PHM has six clinical focus areas, or domains, each led by a clinical advisory board to review effectiveness, explore opportunities and innovations, and develop new programs and initiatives. These focus areas include:</p> <ul style="list-style-type: none"> • Behavioral Health and Substance Use Disorder (SUD) • Maternal and Child Health • High Acuity and Transitions • Medical Conditions • Advanced Illness • Prevention and Wellness <p>Each focus area improves health outcomes through prevention and promoting healthy behaviors, early identification, and</p>

IPRO Recommendation	WellCare Response
<p>perinatal screening. The MCO should conduct barrier analyses to help craft interventions that will have the most effective impact on measurement rates.</p>	<p>preventing deterioration or complexities. WellCare’s population health focus areas align with the Department’s population health condition priorities. All programs emphasize empowering individuals to improve their health and engage in their healthcare. The PHM program employs a person-centered approach that addresses medical and non-medical drivers of health while reducing inappropriate utilization and costs. The Team works with members and providers to help them navigate the healthcare system, transition from one care setting or level of care to another, and receive the care/services they need. During 2019, to focus improvement efforts on rates for HEDIS® measures that performed at or below the NCQA national 25th percentile, WellCare identified opportunities for improvement in the following measures: 1. Well Child Visits in the First 15 Months of Life (); 2. Well Child visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34); 3. Adolescent Well Visits (AWC); 4. Childhood Immunizations (CIS, Combo 10); 5. Adolescent Immunizations (IMA, Combo 2); 6. Prenatal and Postpartum Care (PPC); 7. Breast Cancer Screening (BCS); 8. Chlamydia Screening in Women (CHL); and 9. Well Child Visits (WCC) (BMI Percentile, Nutrition and Physical Activity).</p> <p>In addition, to also help improve the number of members receiving recommended screenings and care, WellCare’s Quality Improvement Department has 16 Quality Practice Advisor (QPA) and three QI Managers. Dividing the Commonwealth into three regions running north/south, the QI Managers cover the East, West and Central areas of the Commonwealth. The QPAs’ primary responsibility is improving the care members receive as they work individually with providers to improve care through HEDIS® and Healthy Kentuckian recommendation education. Throughout 2019, QPAs continued to make face-to-face visits to individual provider offices facilitating a collaborative partnership and providing education to providers and staff in regards to recommended preventive screenings/testing, HEDIS® and Healthy Kentuckian requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate HEDIS® compliance, and claims coding for services rendered during member visits using HEDIS®-accepted codes. QPAs distributed HEDIS® toolkits to providers during onsite provider visits providing providers quick references for HEDIS® and Healthy Kentuckians measure specifications including those related to both medical and behavioral health, for adult, adolescent and child populations. QPAs serve as a liaison and point of contact between WellCare and providers. Joint visits between QPAs and Provider Relations made for all-inclusive provider education and problem resolution.</p> <p>Annually, at the completion of each HEDIS® and Healthy Kentuckian audit, the QI Team analyzes the HEDIS® and Healthy Kentuckians outcomes, performing a root cause analysis to: identify barriers, identify areas of opportunity and develop/revise interventions for implementation to improve those measures with lower rates and to maintain/increase other measures that have attained or are close to the established NCQA benchmarks.</p> <p>WellCare’s QI Team works in conjunction with the Case Management, Disease Management and BH Clinical Teams, Provider Relations and Network Management to improve the member’s experience within the healthcare system.</p> <p>WellCare continued the provider Pay-for-Performance Program and member “Healthy Rewards,” which targeted the , W34, AWC, PPC; distribution of provider Care Gap Reports by Quality Practice Advisors (QPAs) via face-to-face visits for provider-targeted education; targeted mailings to members identified as needing preventive services and/or screenings and provider visits; educational information conveyed via member and provider newsletters, and member-specific targeted outreach calls to members by the Care Gap Coordinators.</p> <p>The Quality Department also worked with WellCare’s Member Education and Community Outreach Team developing member educational materials for distribution during community events.</p>

IPRO Recommendation	WellCare Response
	<p>The Quality Team also has a QI Coordinator who made outreach calls to member's who had recently delivered, talking with them about the importance of having a postpartum visit and taking their infants to their PCP for infant visits and immunizations. Quality Department Care Gap Coordinators also made targeted outreach calls to members, including 3-way calling to providers while the member is on the phone, to assist with the scheduling of members with care gaps and to identify barriers to the access to care and referring to community resources for assistance as needs are identified.</p> <p>WellCare also completed the Children and Adolescent Immunization PIP whose objectives included:</p> <ul style="list-style-type: none"> Increasing the HEDIS[®] rate of Childhood Immunization Status (CIS): Combo 10 over the next three (3) year period to the Medicaid QC 25th percentile. The goal was the 25th percentile (27.74%) with the final rate 25.30%, an increase of 3.89 percentage points from the baseline rate of 21.41%. Increasing the HEDIS[®] rate of Immunizations for Adolescents (IMA): Combo 1 over the next three (3) year period to the Medicaid QC 75th percentile. The goal was the 75th percentile (85.64%) meeting the goal with a final rate of 86.86%. Establishing and increasing the HEDIS[®] rate of Immunizations for Adolescents (IMA): Combo 2 over the next three (3) year period to the Medicaid QC 50th percentile. The goal was the 50th percentile (31.87%) with a final rate of 31.14%, an increase of 20.19 percentage points over from the baseline rate of 10.95%. <p>2018 was the final year for this PIP and results were submitted to DMS Sept. 1, 2019. Interventions initiated during this PIP are being continued by the Plan.</p> <p>How was this accomplished?</p> <p>Throughout 2019, QPAs worked with targeted provider offices to educate providers and office staff about HEDIS[®] requirements, appropriate medical record documentation and the use of Electronic Medical Record (EMR) systems to capture all data needed to demonstrate compliance, and claims coding for services rendered during member visits using HEDIS[®]-accepted codes. QPAs distributed HEDIS[®] toolkits to providers during onsite provider visits to educate providers on HEDIS[®] and Healthy Kentuckians measure specifications and distributed Care Gap Reports identifying members in need of recommended screenings and assessments. The penetration of the outreach was increased with the hiring and training of additional staff. In July 2019, following the receipt of final HEDIS[®] results for measurement year 2018, WellCare performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 25th percentile to identify barriers and developed potential/revised interventions targeted at specific measures identified as areas of opportunity and implemented in 2019.</p> <p>In addition to continuing the interventions discussed above, WellCare implemented the following active interventions:</p> <ul style="list-style-type: none"> Distributed a provider generational differences educational flyer to educate providers on preferred communication differences between the generations and the importance of considering these differences when speaking with members. Mailed and distributed via WellCare's member outreach team at events member educational materials to include: member age-specific immunization reminder postcards to send to targeted members when they reach a certain age milestone (e.g., 1, 2, 6, 9, 12, 15, 18 months, 2 years); flat file transfer process, flu vaccination reminders for Moms and Babies, important health tips for women, postpartum check-up reminders, quit smoking for pregnant Moms, and tips for teens. Increased the number of targeted outreach calls, by Care Gap Coordinators, to remind members/parents of scheduling

IPRO Recommendation	WellCare Response
	<p>an appointment with their physician for their preventive screenings and well visits. Initiated 3-way calls between the Plan, members and providers to schedule appointments while the member was on the telephone.</p> <ul style="list-style-type: none"> Continued the collaborative partnership with the Kentucky Cancer Prevention Coalition's mobile mammography bus outreaching to WellCare members and scheduled for a mammography if the bus was going to be in their area. Continued the program where a QI Coordinator made outreach calls to members who had recently delivered, talking with them about the importance of having a postpartum visit and taking their infants to their PCP for visits and immunizations. This was a part of the new women's health project initiated during 2019. Worked with WellCare's Member Education and Community Outreach Team to develop member educational materials for distribution during community events. Continued to develop and distribute provider workbooks for large providers and IPAs to identify care gaps. Increased the number of providers who send secure EMR flat files to the Plan. Continued to use the revised annual medical record review report cards to differentiate between demographic documentation and clinical to specifically target any deficits found. QPAs made face-to-face visits with providers who failed the audit to provide documentation-specific education and performed the medical record review audits in the provider offices. Continued monitoring the Provider Satisfaction Survey and the results of the medical record reviews to facilitate communication between healthcare providers. Monitored the Members Satisfaction Surveys (Adult, Child and KCHIP) to identify issues and initiate/revise interventions as needed. Reviewed data continually to track and trend areas of deficiencies, identify barriers and implement/revise interventions as needed. Conducted joint provider meetings between Quality Practice Advisors (QPAs) and Provider Relations (PR) to collaborate on region-specific, all-inclusive activities. Continued program in Region 8 where a provider gets chlamydia test kits from the local hospital to perform the test while the member is there as opposed to sending the member from the provider's office to the hospital to have the test performed. Initiated collaborative project with health departments to improve the exchange of information, facilitate member receipt of preventive screenings, and share resources to improve member opportunities for obtaining recommended screenings/testing. Developed a new EPSDT Resource for providers available on the Plan's website. <p>Outcome and Monitoring - In addition to the annual analysis performed post-HEDIS[®] and Healthy Kentuckian audits, WellCare monitors HEDIS[®] rates monthly to identify areas in need of revised or initiated interventions. WellCare anticipates HEDIS[®] 2020 rates will show a continued improvement over HEDIS[®] 2019 outcomes in measures related to access/timeliness. The monthly monitoring of HEDIS[®] rates for WellCare and for individual providers enable areas of concern to be identified quickly with interventions implemented/revise accordingly.</p> <p>In July 2019, following the receipt of final HEDIS[®] and in September following the completion of the Healthy Kentuckian audit,</p>

IPRO Recommendation	WellCare Response																																																		
	<p>WellCare performed a detailed analysis of the NCQA accreditation and Kentucky measures falling below or just meeting the 50th percentile to identify barriers and potential interventions targeted at specific measures.</p> <p>During 2019 to focus improvement efforts on rates for HEDIS[®] measures that performed at or below the NCQA national 25th percentile, WellCare identified opportunities for improvement in the following measures: 1. Well Child Visits in the First 15 Months of Life (); 2. Well Child visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34); 3. Adolescent Well Visits (AWC); 4. Childhood Immunizations (CIS, Combo 10); 5. Adolescent Immunizations (IMA, Combo 2); 6. Prenatal and Postpartum Care (PPC); 7. Breast Cancer Screening (BCS); 8. Chlamydia Screening in Women (CHL); and 9. Well Child Visits (WCC) (BMI Percentile, Nutrition and Physical Activity). The table below shows the changes in HEDIS[®] rates from 2017 to 2019.</p> <table><tr><th>MEASURE</th><th>2017</th><th>2018</th><th>2019 - Percentile</th><th>CHANGE 2018 to 2019</th></tr><tr><td>6 or More Visits</td><td>60.99%</td><td>69.37%</td><td>60.17% - 25th</td><td>↓9.2</td></tr><tr><td>W34</td><td>63.14%</td><td>72.66%</td><td>69.25% - 25th</td><td>↓3.41</td></tr><tr><td>AWC</td><td>45.01%</td><td>57.91%</td><td>57.57% - 50th</td><td>↓0.34</td></tr><tr><td>CIS-COMBO 10</td><td>27.41%</td><td>19.71%</td><td>25.30% - 10th</td><td>↑5.59</td></tr><tr><td>IMA-Combo 2</td><td>21.41%</td><td>19.71%</td><td>31.14% - 25th</td><td>↑11.43</td></tr><tr><td>PPC –Postpartum Care</td><td>55.39%</td><td>55.96%</td><td>59.12% - 10th</td><td>↑3.16</td></tr><tr><td>BCS</td><td>54.75%</td><td>55.52%</td><td>54.85% - 25th</td><td>↓0.67</td></tr><tr><td>CHL</td><td>50.55%</td><td>52.04%</td><td>53.29% - 25th</td><td>↑1.25</td></tr><tr><td>WCC BMI/Nutrition/Physical Activity</td><td>55.39%/56.34%/49.74%</td><td>73.97%/60.1%/56.69%</td><td>82.97%/61.56%/53.28%</td><td>↑9.0/↑1.46/↓3.41</td></tr></table> <p>Although improvement was noted in four of the nine measures, including significant improvement in three measures (CIS-Combo 10, IMA-Combo 2 and PPC-postpartum), there was a significant decrease noted in -six visits. There remains opportunities for continued improvement. Upon completion of a root cause analysis, WellCare began the implementation of an active approach (discussed below) in addition to continuing previously initiated interventions.</p> <p>Providers are distributed their individual HEDIS[®] rates and Care Gap Reports monthly so they can track/monitor their progress and identify open opportunities. Quality Practice Advisors (QPAs) provide face-to-face education to providers in addition to the Plan’s provider summits and trainings.</p> <p>Additionally, the monitoring of QPAs occurs against performance goals for their work and outcomes with individual provider groups throughout the State. Member and provider interventions aimed at improving HEDIS[®] and Healthy Kentuckian measure performance are included in the QI Work Plan, which is updated quarterly and presented to the QI committees. The Plan’s quality committees provide feedback and recommendations in regards to member and provider interventions and the QI work plan. This enables changes to and/or initiation of interventions to be done throughout the year as needed.</p>	MEASURE	2017	2018	2019 - Percentile	CHANGE 2018 to 2019	6 or More Visits	60.99%	69.37%	60.17% - 25th	↓9.2	W34	63.14%	72.66%	69.25% - 25th	↓3.41	AWC	45.01%	57.91%	57.57% - 50th	↓0.34	CIS-COMBO 10	27.41%	19.71%	25.30% - 10th	↑5.59	IMA-Combo 2	21.41%	19.71%	31.14% - 25th	↑11.43	PPC –Postpartum Care	55.39%	55.96%	59.12% - 10th	↑3.16	BCS	54.75%	55.52%	54.85% - 25th	↓0.67	CHL	50.55%	52.04%	53.29% - 25th	↑1.25	WCC BMI/Nutrition/Physical Activity	55.39%/56.34%/49.74%	73.97%/60.1%/56.69%	82.97%/61.56%/53.28%	↑9.0/↑1.46/↓3.41
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IPRO Recommendation	WellCare Response
	<p>The Plan monitors the Provider Satisfaction Survey and the results of the medical record reviews (including EPSDT) to facilitate communication between PCP and specialists. Results indicated 100% compliance with having information in the member's medical record when a behavioral health consultation was ordered. In addition, 95% of respondents to the Provider Satisfaction Survey indicated they receive information timely for consultations requested. The Plan also monitors the Members Satisfaction Surveys (Child and KCHIP) to identify member issues with interventions initiated/revised as needed.</p> <p>Future Actions/Plans - Following receipt of final HEDIS® 2020 rates, WellCare will conduct an analysis of HEDIS® 2019 data to identify barriers, and revise the QI work plan as needed. Based on this analysis, WellCare will continue/revise interventions already in place and/or develop new member and provider interventions as needed.</p> <p>WellCare will continue to work individually with providers to improve HEDIS® and Healthy Kentuckian rates through education and the subsequent closure of care gaps. Additionally, in 2020, WellCare will continue its Care Gap Coordinator (CGC) program. The CGCs will focus on member outreach to members in need of preventive health services (including immunizations and preventative women's health screenings) to educate on the need for services and encourage a visit with their PCP.</p> <p>The Plan will also continue having a QI Coordinator telephonically outreach to providers, with a smaller number of WellCare members, to alert them of members in need of recommended preventive care and/or screenings. Additionally, WellCare will continue the member incentive program, the Healthy Rewards Program, which provides a reloadable debit card and incentives ranging from \$10 to \$60 in value for the completion of the certain preventive visits and screenings, including Well Child Visits 0-15 Months, Well Child Visits 3-6 Years, and Adolescent Well Care Visit. This program will continue in 2020.</p> <p>Also in 2020, the WellCare Quality Team will continue the Health Department Project to improve partnership and collaboration between the Plan and the local health departments and the Women's Health Project focusing on those preventive screenings important for women.</p> <p>New in 2020, the Quality Department of WellCare will enhance member outreach by having Medicaid Health Coaches who will have assigned members to telephonically outreach to, provide education to and will assist members as needed in getting their recommended screenings/testing. They will also refer members to CM/DM programs and connect members with community resources as needed. These positions are located in the Kentucky market. The goal is for the Plan to have a personal ongoing connection with its members. In addition, the Plan will continue to promote the coordination of care activities and facilitate communication between PCPs and specialists.</p> <p>Working in partnership and collaboration with our providers, WellCare will continue to analyze barriers members have in regards to getting preventive screenings and testing and work toward reducing or eliminating those barriers to care especially those members who have not been to see their PCP.</p>

Appendix A – Medicaid Managed Care Compliance Monitoring

Objectives

Each annual detailed technical report must contain data collected from all mandatory EQR activities. Federal regulations (42 CFR 438.358(b)(iii)) delineate that a review of an MCO's compliance with standards established by the state to comply with the requirements of §438, which includes Subparts D and E, is a mandatory EQR activity. Further, for MCOs that were in operation prior to the current review, the evaluation must be conducted within the previous three-year period by the state, its agent or the EQRO. Compliance monitoring was reviewed according to the CMS protocol described in the protocol document, *Assessment of Compliance with Medicaid Managed Care Regulations*.⁴

DMS annually evaluates the MCOs' performance against contract requirements and state and federal regulatory standards through its EQRO contractor. In an effort to prevent duplicative review, federal regulations allow for use of the accreditation findings, where determined equivalent to regulatory requirements. In October 2019, all five MCOs participated in a Compliance Review.

The annual compliance review for CY 2019 addressed contract requirements and regulations within the following domains:

- Behavioral Health Services,
- Case Management/Care Coordination,
- Enrollee Rights and Protection: Enrollee Rights,
- Enrollee Rights and Protection: Member Education and Outreach,
- EPSDT,
- Grievance System,
- Health Risk Assessment,
- Medical Records,
- Pharmacy Benefits,
- Program Integrity,
- QAPI: Access,
- QAPI: Access – Utilization Management,
- QAPI: Measurement and Improvement,
- QAPI: Health Information Systems,
- QAPI: Structure and Operations – Credentialing, and
- QAPI: Structure and Operations – Delegated Services.

Data collected from the MCOs, either submitted pre-onsite, during the onsite visit or in follow-up, were considered in determining the extent to which the MCO was in compliance with the standards. Further descriptive information regarding the specific types of data and documentation reviewed is provided in the section, **Description of Data Obtained**, listed below and in the **Compliance Monitoring** section.

Technical Methods of Data Collection

In developing its review protocols, IPRO followed a detailed and defined process, consistent with the CMS EQRO protocols for monitoring regulatory compliance of MCOs. For each set of standards reviewed, IPRO prepared standard-specific tools with standard-specific elements (i.e., sub-standards). The tools include the following:

- statement of state, federal and MCO contract requirements and applicable state regulations,
- prior results and follow-up,
- reviewer compliance determination,
- descriptive reviewer findings and recommendations related to the findings,
- overall compliance determinations and scoring grid, and
- suggested evidence.

⁴ Since conducting this validation, CMS has recently updated individual protocol documents and compiled them into one document, available on the CMS website: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>

In addition, where applicable (e.g., Grievance System), file review worksheets were created to facilitate complete and consistent file review. Reviewer findings on the tools formed the basis for assigning preliminary and final designations. The standard designations used are shown in **Table 35**.

Table 35: Kentucky Medicaid Managed Care Compliance Monitoring Standard Designations

Standard Designations	
Full Compliance	MCO has met or exceeded requirements.
Substantial Compliance	MCO has met most requirements, but may be deficient in a small number of areas.
Minimal Compliance	MCO has met some requirements, but has significant deficiencies requiring corrective action.
Non-compliance	MCO has not met the requirements.
Not Applicable (N/A)	Statement does not require a review decision; for reviewer information purposes.

Pre-Onsite Activities – Prior to the onsite visit, the review was initiated with an introduction letter, documentation request, and request for eligible populations for all file reviews.

The documentation request is a listing of pertinent documents for the period of review, such as policies and procedures, sample contracts, program descriptions, work plans and various program reports.

The eligible population request requires the MCOs to submit case listings for file reviews. For example, for member grievances, a listing of grievances for a selected quarter of the year; or, for care coordination, a listing of members enrolled in care management during a selected period of the year. From these listings, IPRO selects a random sample of files for review onsite.

IPRO began its “desk review,” or offsite review, when the pre-onsite documentation was received from the MCO.

Prior to the review, a notice was sent to the MCOs including a confirmation of the onsite dates, an introduction to the review team members, onsite review agenda and list of files selected for review.

Onsite Activities – The onsite review commenced with an opening conference where staff was introduced and an overview of the purpose and process for the review and onsite agenda were provided. Following this, IPRO conducted a review of the additional documentation provided onsite, as well as the file reviews. Staff interviews were conducted to clarify and confirm findings. When appropriate, walkthroughs or demonstrations of work processes were conducted. The onsite review concluded with a closing conference, during which IPRO provided feedback regarding the preliminary findings, follow-up items needed and the next steps in the review process.

Description of Data Obtained

As noted in the **Pre-Onsite Activities**, in advance of the review, IPRO requested documents relevant to each standard under review, to support the MCO’s compliance with federal and state regulations and contract requirements. This included items such as: policies and procedures; sample contracts; annual QI program description, work plan, and annual evaluation; member and provider handbooks; access reports; committee descriptions and minutes; case files; program monitoring reports; and evidence of monitoring, evaluation, analysis and follow-up. Additionally, as reported under **Onsite Activities**, staff interviews, demonstrations, and walkthroughs were conducted during the onsite visit. Supplemental documentation was also requested for areas where IPRO deemed it necessary to support compliance. Further detail regarding specific documentation reviewed for each standard for the 2019 review is contained in the **Compliance Monitoring** section of this report and in the full compliance reports for each MCO.

Data Aggregation and Analysis

Post-Onsite Activities – As noted earlier, each standard reviewed was assigned a level of compliance ranging from full compliance to non-compliance. The review determination was based on IPRO’s assessment and analysis of the evidence presented by the MCO. For standards where the MCO was less than fully compliant, IPRO provided a narrative description of the evidence reviewed, and reason for non-compliance. The MCO was provided preliminary findings and 20 business days to submit a response and clarification of information for consideration. No new documentation was accepted with the response. The MCOs could only clarify documentation that had been submitted previously, pre-onsite or during the onsite review. IPRO reviewed the MCO responses and prepared the final compliance determinations. In accordance with the DMS/MCO contract, DMS issued a CAP request and/or Letter of Concern (LOC), where applicable, and the MCOs are required to submit written CAPs to address any findings rated “minimal” or “non-compliant.”

Appendix B – Validation of Performance Improvement Projects

Objectives

Medicaid MCOs implement PIPs to assess and improve processes of care and, as a result, improve outcomes of care. The goal of the PIP is to achieve significant and sustainable improvement in clinical and non-clinical areas. A mandatory activity of the EQRO under the BBA is to review the PIP for methodological soundness of design, conduct and report to ensure real improvement in care and confidence in the reported improvements.

PIPs were reviewed according to the CMS protocol described in the protocol document, *Validating Performance Improvement Projects: a Protocol for Use in Conducting Medicaid External Quality Review Activities*.⁵ The first process outlined in this protocol is assessing the methodology for conducting the PIP. This process involves the following:

- review the selected study topic(s) for relevance of focus and to the MCO's enrollment;
- review the PIP Aim Statement for clarity of statement;
- review the identified study population to ensure it is representative of the MCO enrollment and generalizable to the MCO's total population;
- review the sampling methods (if sampling was used) for validity and proper technique;
- review selected study indicator(s), should be objective, clear, unambiguous and meaningful to PIP focus;
- review the data collection procedures to ensure complete and accurate data were collected;
- review the data analysis and interpretation of study results;
- assess the improvement strategies for appropriateness; and
- assess the likelihood that significant and sustained improvement occurred.

Following the review of the listed elements, the review findings are considered to determine whether or not the PIP findings should be accepted as valid and reliable. In addition to validating and scoring the PIPs, IPRO provided ongoing technical assistance to the MCOs as part of its EQR tasks.

Technical Methods of Data Collection

A reporting template was designed by IPRO in order to collect the information and data necessary to review the projects. An assessment of each project in progress was conducted using tools developed by IPRO, approved by DMS, and consistent with the CMS EQR protocol for PIP validation. Each PIP submitted by the MCOs was reviewed using this methodology, and each of the protocol elements was considered.

Description of Data Obtained

Each PIP was validated using the MCOs' PIP project reports. Additional detail on the projects and technical assistance was provided during conference calls and onsite interviews of MCO staff during the compliance reviews in October 2019.

Data Aggregation and Analysis

At the proposal and baseline report phases, a narrative summary review was produced, detailing project strengths and opportunities for improvement for each element applicable to the project at the time of the review. Overall credibility of results was assessed at the baseline report phase. Baseline review elements were assessed using a scale of "addressed," "partially addressed," and "not addressed." At interim and final re-measurement phases of the project, a scored review and validation was conducted to assess overall credibility of results. Interim and final review elements were assessed using a scale of "met," "partially met," and "not met." Each element was weighted and assigned a point value, adding to a total of 90 points for the interim phase and 100 points for the final phase. Additional state-specific review elements to address contract requirements, such as methods to maintain member confidentiality; member involvement in the project; and dissemination of findings were included in the review tool. A summary report of the findings, strengths and opportunities for improvement for each PIP in progress during the period of report is documented in this technical report.

⁵ Since conducting this validation, CMS has recently updated individual protocol documents and compiled them into one document, available on the CMS website: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>

Appendix C – Validation of Performance Measures

Objectives

Medicaid MCOs calculate PMs to monitor and improve processes of care. As per the CMS regulations, validation of PMs is one of the mandatory EQR activities. The methodology for validation of PMs was based on CMS's protocol document entitled, *CMS's Validating Performance Measures: A Protocol for Use in Conducting Medicaid External Quality Review Activities* (updated 2012).⁶ This protocol was derived from protocols and tools commonly used in the public and private sectors for auditing PMs.

The primary objectives of the PM validation process are to assess the following:

- structure and integrity of the MCO's underlying Information Systems (IS);
- the MCO's ability to collect valid data from various internal and external sources;
- the vendor (or subcontractor) data and processes, and the relationship of these data sources to those of the MCO;
- the MCO's 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 PMs; and
- documentation of the MCO's processes to: collect appropriate and accurate data, manipulate the data through programmed queries, internally validate results of the operations performed on the data sets, follow specified procedures for calculating the specified PMs, and report the measures appropriately.

Technical Methods of Data Collection

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

- data and field definitions;
- documentation of the steps taken to:
 - integrate the data into the health outcome measure data set, and
 - query the data to identify denominators, generate samples, and apply the proper algorithms to the data in order to produce valid and reliable PMs;
- conduct statistical testing of results;
- procedures used to determine the measure denominators from the HEDIS denominator base, and how additional criteria were 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 medical record review and administrative validation);
- HEDIS 2019 *Interactive Data Submission System (IDSS) Report* for the Medicaid product line;
- HEDIS 2019 *Final Audit Report* for the Medicaid product line; and
- table of measures including measure/numerator name, denominator value, numerator value and rate.

IPRO's methodology for PM validation included the following:

- Information Systems Capabilities – an assessment of data capture, transfer and entry methods, ongoing encounter data validation, and review of the IS assessment from the MCOs' annual HEDIS compliance audits.
- Denominator Validation – an assessment of sampling guidelines and methods.
- Data Collection Validation – an assessment of the MCOs' MRR process, sampling and data abstraction.
- Numerator Validation – a review of member-level data for adherence to established specifications.

⁶ Since conducting this validation, CMS has recently updated individual protocol documents and compiled them into one document, available on the CMS website: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>

Several of the PMs are derived directly from HEDIS, including: Adult BMI Assessment, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, Annual Dental Visit, 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 and Adolescents' Access to PCPs. These measures were independently audited by an NCQA-licensed audit organization as part of each MCO's annual HEDIS compliance audits. 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 validating the state-specific measures.

Description of Data Obtained

As described in the **Technical Methods of Data Collection** section, IPRO requested documentation related to programming and queries, medical record data collection, and data entry and verification.

An MRR validation was conducted to ensure that the medical record abstraction performed by the MCOs met the measure specifications and that the abstracted medical record data were accurate. IPRO's MRR validation process included review of medical record abstraction tools and instructions as well as validation of medical record abstraction findings for a sample of records that the MCOs identified as having numerator positive events via medical record documentation.

In addition to the MRR validation, an administrative validation was conducted to ensure that data analysis performed by the MCOs met the measure specifications and that the claims/encounter data were accurate. IPRO selected a sample of members identified by the MCOs as having numerator positive events via claims/encounter data for administrative validation. IPRO's administrative validation process included a review of evidence for the denominator and numerator components of the measure, e.g., member name, date of birth, enrollment, category of aid, provider participation, and claim for the numerator service.

Data Aggregation and Analysis

The findings from the validation activities were tabulated to determine whether the MCOs made any errors that may have significantly biased the final reported rates. The maximum amount of bias allowed for the final rates to be considered reportable is +/- five percentage points. If the results indicated that a reported rate for a particular measure was materially biased, the measure was designated "not reportable" or "NR." If the data collection and measure calculation processes were found to be unbiased, the measure was designated "reportable" or "R." If an MCO was not able to report a measure due to the lack of eligible population or a denominator less than 30, the measure was designated "not applicable" or "N/A."