



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

## 2018 External Quality Review Technical Report **Final**

**Review of MCO Contract Year(s) 2015–2017**  
**Report Date: April 2018**



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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. CFR 438.350 requires states to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. The states must further ensure that the 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). Quality, as it pertains to EQR, is defined in 42 CFR 438.320 as “the degree to which an MCO increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge.”

These same federal regulations require that the annual EQR be summarized in a detailed technical report that aggregates, analyzes and evaluates information on the quality, timeliness and access to health care services that MCOs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the plans regarding health care quality, timeliness and access, and make recommendations for improvement. Finally, the report must assess the degree to which any previous recommendations were addressed by the MCOs.

To meet these federal requirements, the 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) plans.

## Scope of EQR Activities Conducted

This EQR technical report focuses on the three federally mandated EQR activities that were conducted. As set forth in 42 CFR 438.358, these activities were:

### Compliance Review

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. Like Healthy People 2020, HK provides a framework for health promotion and disease prevention by including science-based goals and objectives, baseline data and targets based on established benchmarks to measure progress. HK 2020’s goals and objectives are intended to guide efforts to improve the health and safety of people in Kentucky through prevention, promotion, and protection, and focuses on state-level goals for promoting health, preventing disease and disability, eliminating disparities, and improving health-related quality of life.

Annually, the measures that are not one 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 health plan 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.

The results of these three EQR activities performed by IPRO are detailed in the **Findings, Strengths and Recommendations** section of the report.

## 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 health plans' strengths and IPRO's recommendations with respect to quality of care and access to/timeliness of care. Specific findings, strengths and recommendations are described in detail in the **Findings, Strengths and Recommendations** section of this report. For the purposes of this section, the domains of quality and access/timeliness domains are listed in **Table 1**.

Table 1: Domains of Quality and Access/Timeliness

Quality	Access/Timeliness
<b>Compliance</b>	
QAPI: Measurement and Improvement	Health Risk Assessment (HRA)
Grievance System	QAPI: Access
QAPI: Structure and Operations – Credentialing	QAPI: Access – Utilization Management (UM)
Program Integrity	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
QAPI: Structure and Operations – Delegated Services	Case Management/Care Coordination
Medical Records	Enrollee Rights and Protection: Enrollee Rights
QAPI: Health Information Systems	Enrollee Rights and Protection: Member Education and Outreach
	Behavioral Health Services
	Pharmacy Services
<b>HEDIS</b>	
Effectiveness of Care Measures	Access and Availability
	Use of Services
<b>Healthy Kentuckians Performance Measures (PMs)</b>	
Preventive Care	Children with Special Health Care Needs (CSHCN)
Perinatal Care	Access to Care

QAPI: Quality Assessment and Performance Improvement.

## Aetna Better Health – Strengths, Opportunities for Improvement and Recommendations

### Aetna Better Health – Strengths

#### *Quality of Care:*

- Aetna Better Health continues to demonstrate strong performance in their October 2017 Compliance Review. The MCO received a partial review totaling 4 applicable elements, of which 100% were determined to be fully compliant. The following domains related to quality of care received overall full compliance (a score of 3.0 points): Grievance System and Program Integrity.
- Effectiveness of Care measures ranking above the NCQA national Medicaid 50th percentile included (\* indicates the measure was also above the 50th percentile in the previous year):
  - Prevention and Screening: Adult Body Mass Index (BMI) Assessment\*(ABA) and Immunizations for Adolescents\*(IMA) – Tdap/Td and Combination #1.
  - Respiratory Conditions: Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation (PCE) – Systemic Corticosteroid\*; Medication Management for People with Asthma\*(MMA) – Total Compliance 50% and 75% and Asthma Medication Ratio\*(AMR).
  - Cardiovascular Conditions: Persistence of Beta Blocker Treatment After a Heart Attack (PBH); Statin Therapy for Patients With Cardiovascular Disease (SPC) – Received Statin Therapy and Statin Adherence 80%.
  - Diabetes (CDC): HbA1c Control (< 8% and < 7%)\*; Medical Attention to Nephropathy; Blood Pressure Control (< 140/90 mmHg)\* and Statin Therapy for Patients with Diabetes (SPD) – Received Statin Therapy and Statin Adherence 80%.
  - For one Diabetes (CDC) measure where a lower rate means better performance; Aetna Better Health's rate for HbA1c Poor Control (>9.0%) was lower than the national 25th percentile.
  - Behavioral Health: Antidepressant Medication Management\* (AMM) – Effective Acute and Continuation Phase Treatment, Follow-up Care for Children Prescribed Attention Deficit and Hyperactivity Disorder (ADHD) Medication\*(ADD) – Initiation and Continuation and Maintenance; Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD), Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA), Follow-up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Dependence (FUA) – 7- and 30-day follow-up, and Follow-up After ED Visit for Mental Illness (FUM) – 7- and 30-day follow-up.
  - Medication Management: Annual Monitoring for Patients on Persistent Medications (MPM) – Diuretics\* and Total\*.
  - Overuse/Appropriateness: Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total\* (APC); a measure where a lower rate reflects better performance, was ranked below the NCQA national Medicaid 25th percentile.
- Consumer Satisfaction measures ranking above the NCQA national Medicaid 50th percentile included:
  - Adult: Rating of Personal Doctor, and
  - Child: Customer Service.
- For HK PMs, Adult Preventive Care measures saw improvement in three rates in reporting year (RY) 2017, Healthy Weight for Height (18–74 years) rate increased from 24.06% to 28.45%; Received Intervention for Tobacco Use rate increased from 62.14% in RY 2016 to 71.70% in RY 2017; and Low-Density Lipoprotein (LDL) Cholesterol Screening rate increased from 71.56% to 78.23%.
- HK Child and Adolescent Preventive Care measures saw increases in Healthy Weight for Height ages 3–11 years (40.98%) and ages 3–17 years (38.41%) and in Screened for Alcohol/Substance Use (42.14%).
- Perinatal Care measures for RY 2017 showed several significant increases across various measures:
  - There were significant increases in the following Perinatal Care measures: Proportion of Perinatal Smokers Receiving Intervention for Tobacco use (75.36%), Proportion of Alcohol Users Receiving Intervention for Alcohol Use (60.0%), Screening for Substance/Drug Use (46.70%), Assessment/Education/Counseling for Nutrition (34.62%), Assessment/Education/Counseling for Over-the-counter (OTC)/Prescription Medication (39.29%), and Received Screening for Postpartum Depression (39.53%).
  - Improvements were also seen in Screening for Tobacco Use (51.92%), Screening for Alcohol Use (45.05%), Screening for Substance/Drug Use (46.70%) and Screening for Depression (33.52%). There were also lower rates of Positive Screening for Tobacco Use (36.51%), Alcohol Use (6.10%), and Substance/Drug Use (13.53%).

- Aetna Better Health of Kentucky's reported HK rates exceeded the statewide aggregate rate for the following quality measures:
  - Adult Preventive Care: BMI – Record of Height and Weight 18–74 years, Counseling for Physical Activity, Screening for Tobacco Use, Received an Intervention for Tobacco Use and LDL-C/Cholesterol Screening;
  - Child and Adolescent Preventive Care: Healthy Weight for Height 3–11 years, 12–17 years and 3–17 years;
  - Adolescent Screening: Screened for Depression;
  - Perinatal Care: Screening for Tobacco Use, Received Intervention for Tobacco Use, Screening for Alcohol Use, Screening for Substance/Drug Use, Counseling for Nutrition and OTC/Prescription Medication, Screening for Domestic Violence and Screening for Depression;
- Aetna Better Health submitted two final PIP reports on quality of care:
  - "Use of Antipsychotics in Children and Adolescents" (Statewide Collaborative PIP – Final Compliance Score – 78.3). Aetna Better Health improved rates for 2 of the 3 study measures, but did not meet the stated goals. The plan noted that 2 of the 3 measures did meet the NCQA 50th percentile for the 2016 Quality Compass®.
  - "Increasing Comprehensive Diabetes Testing and Screening" (Final Compliance Score – 77.4). The rate for conducting diabetes eye exams increased from 40.51% at baseline (measurement year [MY] 2014) to 46.64% at the final re-measurement period, thus exceeding the goal of 46.51%.
  - Strengths of both reports included: strong rationales supported by data, clearly defined indicators derived from HEDIS and robust intervention strategies that include gap reports, provider and member outreach, collaboration with community, member and provider resource packets, tracking systems for providers and member outreach and education.
- Aetna Better Health submitted one baseline PIP report focusing on quality of care, a statewide collaborative PIP entitled "Prenatal Smoking." The MCO identified barriers and planned interventions related to members, providers, and the plan.

#### *Access to Care/Timeliness of Care:*

- The one compliance domain related to access that was reviewed in October 2017 was QAPI: Access, which achieved full compliance (3.0 of 3.0 total points).
- Access and Availability measures ranking above the NCQA national Medicaid 50th percentile included (\* indicates the measure was also above the 50th percentile in the previous year):
  - Children and Adolescents Access to Primary Care Practitioners (PCPs)\* (CAP), all age groups;
  - Initiation and Engagement of AOD Treatment: Total\* (IET);
  - Timeliness of Prenatal Care (PPC);
  - Use of First-Line Psychosocial Care for Children and Adolescents – Total (APP); and
  - Frequency of Ongoing Prenatal Care: 81%+ Expected Visits (FPC).
- While HEDIS 2017 rates for access to well-care services for children and adolescents (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]) were not above the 50th percentile in HEDIS 2017, they were all at or above the weighted state average.
- Consumer Satisfaction Survey measures ranking above the NCQA national Medicaid 50th percentile included:
  - Child survey measures: Getting Needed Care and Getting Care Quickly, and
  - Adult survey measures: Getting Needed Care and Getting Care Quickly.
- Aetna Better Health improved rates for Board Certification of Providers above the NCQA national Medicaid 50th percentile in all selected categories including Family Medicine, Internal Medicine, Obstetrician/Gynecologists, Pediatricians, Geriatricians and Other Physician Specialists.
- Many measures for CSHCN had small sample sizes, but of those with sufficient sample sizes, modified HEDIS Well-Child 15 Months (6+ Visits) performed above the statewide average.
- For HK Access to Care measures for CSHCN, rates for annual visits to a PCP exceeded 90% for all age groups, with the 12–24-month age group having the highest rate at 96.53%. HK Modified Annual Dental Visit measure for CSHCN for ages 2 to 21 years improved slightly from RY 2016 to a rate of 62.66% in RY 2017.
- The CMS 416 Dental Services for EPSDT-eligible children saw a significant increase of 20.78 percentage points for those continuously enrolled for 90 days and receiving any dental or oral health service (78.05%). The rate of those receiving a preventive service increased from 43.92% (RY 2016) to 74.16% (RY 2017).
- Aetna Better Health submitted one final PIP report related to access and availability:

- “Follow-up Care for Children Prescribed ADHD Medication” (Final Compliance Score – 89.7). Rates for both study indicators increased significantly over the study period with both indicators exceeding their goals. Region 3 initially showed the lowest level of compliance rates, but by the final re-measurement, rates of compliance in this region had improved substantially. Overall, the direct member, provider and community outreach efforts appear to have contributed substantively to improving the proportion of members who received follow-up provider visits.
- Aetna Better Health submitted two interim PIP reports and one baseline report focused on access to and timeliness of care.
  - Strengths of the interim PIP study entitled, “Improving Prenatal and Postpartum Care,” included: focus on physical health (postpartum visits) and mental health (postpartum depression screening), and use of HEDIS PMs as PIP indicators. All performance indicators showed improvement from baseline results. Target goals for prenatal and postpartum visits, and postpartum depression screening were revised to encourage more robust improvement.
  - For the other interim PIP report, a statewide collaborative PIP entitled, “Preventive Care for Members with Serious Mental Illness (SMI),” improvement was shown in five (5) of the nine (9) indicators, including a decrease in the rate of positive screens for tobacco use. One study indicator exceeded the final study goal.
- The MCO also submitted a baseline PIP report related to access entitled, “Increasing Follow-up Care After Hospitalization for Mental Illness,” as measured by the HEDIS measures for follow-up visits after a hospital stay due to mental health reasons within 7 and 30 days of discharge. Outreach interventions, member incentives and plan collaboration with provider groups contracted by the plan’s mental health vendor are planned.

#### Aetna Better Health – Opportunities for Improvement

##### *Quality of Care:*

- HEDIS measures ranking below the NCQA national Medicaid 25th percentile included (\* indicates measure ranked below the 25th percentile in the previous year also):
  - Prevention and Screening: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents\* (WCC) – all 3 rates; Immunizations for Adolescents (IMA) – Combination 2; and HPV Vaccine for Female Adolescents\* (HPV); and Breast Cancer Screening\* (BCS).
  - Respiratory Conditions: Use of Spirometry Testing in the Assessment of COPD\* (SPR).
  - Comprehensive Diabetes Care: HbA1c Testing and Eye Exam Performed\*.
  - Behavioral Health: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC) and Metabolic Monitoring for Children and Adolescents on Antipsychotics – Total\* (APM).
  - Annual Monitoring for Patients on Persistent Medications (MPM) – Digoxin.
  - Overuse/Appropriateness: Appropriate Treatment for Children with Upper Respiratory Infection (URI)\*, Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis\* (AAB), and Use of Imaging Studies for Low Back Pain (LBP).
  - In a measure where a lower rate reflects better performance, Non-recommended Cervical Cancer Screening in Adolescent Females (NCS), Aetna Better Health’s rate was above the NCQA national 90th percentile.
- RY 2017 Child Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H metrics for member satisfaction with network providers were below the national 25th percentile for Rating of All Health Care, Rating of Personal Doctor, and Rating of Health Plan.
- For HK Adult Preventive Care measures, there were decreases in rates for Documentation of Height and Weight (66.67%), Counseling for Nutrition (24.54%) and Physical Activity (23.84%) and Screening for Tobacco Use (65.07%). Child and Adolescent Preventive Care measures saw decreases across most measures:
  - Documentation of Height and Weight decreased for all age groups with an overall lower rate for ages 3–17 (73.61%).
  - The adolescent age group 12–17 experienced decreased rates of Healthy Weight for Height (34.15%). Adolescent Screening for Tobacco Use (61.01%), Sexual Activity (26.42%) and Depression (34.59%) were down in RY 2017.
- Two HK Perinatal Screening measures saw decreases in rates: Received Intervention for Substance/Drug Use (43.48%) and Screening for Domestic Violence (25.82%).

#### *Access to Care/Timeliness of Care*

- Despite a fairly strong performance on the HEDIS measure for Initiation and Engagement AOD Treatment: Total, Engagement of AOD Treatment: Total ranked below the NCQA national Medicaid 25th percentile. Postpartum Care, which ranked below the NCQA national Medicaid 25th percentile in HEDIS 2016, improved to a rate above the 25th percentile in HEDIS 2017.
- Regarding HK well-child visits for CSHCN, the rate of children ages 3–6 years who had visits with a PCP fell from 70.84% in RY 2016 to 57.12% in RY 2017.
- For the interim PIP report, a statewide collaborative PIP entitled, “Preventive Care for Members with Serious Mental Illness (SMI),” three (3) of the nine (9) indicators did not show improvement between baseline and interim measurement. Only one (1) of the nine (9) indicators met the final study goal.

#### Recommendations for Aetna Better Health

##### *Quality of Care:*

- Maintain the full compliance that was achieved in the October 2017 review.
- Aetna Better Health made numerous improvements in HEDIS and HK PMs which should allow the plan 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 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.
- While Aetna Better Health’s provider network improved in terms of the Board Certification measures, the plan should continue to explore the root causes for low member satisfaction with child and adult survey measures.

##### *Access to Care/Timeliness of Care:*

- Maintain the full compliance that was achieved in the October 2017 review.
- Along with measures of quality, Aetna Better Health should continue to implement interventions to improve the rates for HEDIS measures of access which are below the NCQA national 25th percentile and HK PM rates below the statewide aggregate rate.

### **Anthem Blue Cross and Blue Shield Medicaid – Strengths, Opportunities for Improvement and Recommendations**

#### Anthem Blue Cross and Blue Shield (BCBS) Medicaid – Strengths

##### *Quality of Care:*

- Anthem BCBS Medicaid had a total of six elements reviewed in three domains related to quality of care in the October 2017 Compliance Review. The MCO received full compliance for all three domains: Grievance System, Program Integrity, and QAPI: Measurement and Improvement.
- HK Adult Preventive Care measures saw increases in Healthy Weight for Height ages 18–74 (17.31%) and Screening for Tobacco Use ages 18–74 years (51.39%) in RY 2017.
- Trends in HK Child and Adolescent Preventive Care measures showed large increases for most measures. Documentation of Height and Weight increased for every age grouping with an overall rate in RY 2017 of 79.35% for ages 3–17 years. The rate for Healthy Weight for Height increased for all age groups with an overall rate for ages 3–17 of 51.26% in RY 2017. Adolescent screening for members of 12–17 years of age increased for Tobacco Use (64.79%), Alcohol/Substance Use (46.48%), Sexual Activity (26.76%) and Depression (23.24%). HK Perinatal measures reported for RY 2017 showed much improvement over rates in RY 2016.
- Performance was above the NCQA 50th percentile for the following HEDIS 2017 metrics (\* indicates the measure was also above the national 50th percentile in the previous year):
  - Prevention and Screening: Adult BMI Assessment\* (ABA).
  - Respiratory Conditions: Use of Spirometry Testing in Assessment and Diagnosis of COPD (SPR) and Medication Management for People with Asthma\*(MMA): 50% and 75% compliance.

- Cardiovascular Conditions: Statin Therapy for Patients with Cardiovascular Disease (SPC) – Received Statin Therapy and Statin Adherence 80%.
- Diabetes: Medical Attention for Nephropathy, Blood Pressure Control (<140/90 mmHg) and Statin Therapy for Patients with Diabetes (SPD) – Statin Adherence 80%.
- Behavioral Health: Antidepressant Medication Management\* (both for Acute and Continuation Phase, Follow-up Care for Children Prescribed ADHD Medication (ADD) – Initiation and Continuation and Maintenance Phases, Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA), Follow-up After ED Visit for AOD Dependence (FUA) – 7 and 30 day follow-up and Follow-up After ED Visit for Mental Illness (FUM) – 7 and 30 day follow-up.
- Medication Management: Annual Monitoring for Patients on Persistent Medications (MPM) – all rates.
- Overuse/Appropriateness: Non-recommended Cervical Cancer Screening Adolescent Females (NCS), a measure where a lower rate reflects better performance, was ranked below the NCQA national Medicaid 25th percentile.
- Consumer Satisfaction measures related to quality that ranked above the NCQA national Medicaid 50th percentile included:
  - Adult: How Well Doctors Communicate, Customer Service and Rating of All Health Care; and
  - Child: How Well Doctors Communicate, Customer Service and Rating of Specialist Seen Most Often.
- Anthem BCBS Medicaid submitted two final PIP reports focused on quality of care:
  - “Use of Antipsychotics in Children and Adolescents” (Statewide Collaborative PIP: Final Compliance Score – 73). Strengths of the PIP included a rationale supported with national statistics and inclusion of process measures to track the interventions. Provider interventions focused on direct outreach to providers prescribing antipsychotics, but not compliant with metabolic testing, along with outreach calls to parents/guardians regarding the need for first-line psychosocial care. Although target rates were not met for any of this study’s performance indicators, the use of first-line psychosocial care did increase from 43% during the interim period to 57% in the final re-measurement. The follow-up visit rate also showed some improvement between interim and final re-measurement.
  - “Reducing Potentially Avoidable Emergency Department (ED) Utilization” (Final Compliance Score – 80.2). All study indicators, with one exception, showed improvement from baseline to final re-measurement and met target goals. Strengths included a strong rationale supported by data and national statistics, and inclusion of process measures to track the interventions that were robust. High-frequency ED utilizers were targeted for case management and high-volume PCPs received ED utilization data generated by the health plan.
- Two baseline PIP reports also focused on quality of care: “Increasing Cervical Cancer Screening” and the statewide collaborative PIP on “Prenatal Smoking.” Both studies include interventions for providers, members and health plan.

#### *Access to Care/Timeliness of Care:*

- Anthem BCBS Medicaid had three elements reviewed in one domain related to access and timeliness of care in the October 2017 Compliance Review. The MCO received full compliance for this domain: Case Management/Care Coordination.
- HEDIS measures for Access/Availability that ranked above the NCQA national 50th percentile included: Adults’ Access to Preventive/Ambulatory Health Services (AAP) – 65+ years; Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment: Total; and Frequency of Ongoing Prenatal Care: 81%+ Expected Visits (FPC).
- Consumer satisfaction measures related to access/timeliness that ranked above the NCQA national 50th percentile for adults were Getting Care Quickly, while the Child CAHPS measures for Getting Needed Care and Getting Care Quickly were rated above the NCQA national 50th percentile.
- Board Certification of Providers ranking above the NCQA national Medicaid 50th percentile included internal medicine, obstetrician/gynecologists, and geriatricians.
- HK CSHCN who had an annual dental visit increased from 19.8% to 46.32%.
- CMS 416 dental services measures improved across the various dental service measures.
- Modified HEDIS Well-Child measures were all small sample sizes.
- The MCO submitted two interim PIP reports focusing on access:
  - “Preventive Care for Members with Serious Mental Illness (SMI)” is a statewide collaborative PIP which aims to improve receipt of screening and interventions for physical and behavioral health among members with SMI, i.e., schizophrenia or bipolar disorder. This PIP targets a susceptible population with a robust set of member and

provider interventions. The study sets bold, yet feasible goals for most measures. Interim measurement showed improvement in five (5) of the eight (8) study indicators.

- Another interim PIP report related to access entitled, “Increasing Annual Dental Visits in the EPSDT Population,” includes a robust set of interventions, such as onsite visits to public health departments, member telephone reminders, and health plan collaboration with school-based dental programs. Interim measurement showed improvement over baseline, but no measures met or exceeded the target goal.

#### Anthem BCBS Medicaid – Opportunities for Improvement

##### *Quality of Care:*

- There were large decreases in the HK Adult Preventive Care Measures for Documentation of Height and Weight (56.25%), Counseling for Nutrition (13.89%), Counseling for Physical Activity (13.89%) and Adult Smokers Receiving Intervention for Tobacco Use (40.87%). Adolescent Screening for Sexual Activity and Depression were below the weighted state average.
- MCO performance was below the NCQA national 25th percentile for the following HEDIS metrics (\* indicates that this measure was also below the national 25th percentile in the previous year):
  - Prevention and Screening: Weight Assessment and Counseling (WCC) – Counseling for Nutrition\*; Childhood Immunization Status: Combo 3\* (CIS); Immunizations for Adolescents\* – all four rates; HPV for Female Adolescents\* (HPV); Lead Screening in Children\* (LSC); Breast Cancer Screening (BCS), Cervical Cancer Screening\*(CCS); and Chlamydia Screening in Women (CHL).
  - Respiratory: Asthma Medication Ratio\* (AMR).
  - Cardiovascular: Persistence of Beta-Blocker Treatment After a Heart Attack\* (PBH).
  - Diabetes: HbA1c Control (< 7%\* and < 8%)), Eye Exam Performed,\* and Statin Therapy for Patients with Diabetes (SPD) – Received Statin Therapy\*.
  - Behavioral Health: Follow-up After Hospitalization for Mental Illness\* (FUH) – 7- and 30-days; Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC); and Metabolic Monitoring for Children and Adolescents on Antipsychotics – Total\* (APM).
  - Overuse/Appropriateness: Appropriate Treatment for Children with URI\* (URI); Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis\* (AAB); and Use of Imaging Studies for Low Back Pain (LBP).
  - Diabetes: HbA1c Poor Control (> 9.0%), and Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total (APC). These are measures where a lower rate reflects better performance; the MCO had rates above the NCQA national Medicaid 90th percentile.
- Measures of satisfaction below the national 25th percentile for quality included:
  - Adult: Rating of Specialist Seen Most Often, and
  - Child: Rating of Personal Doctor and Rating of Health Plan.

##### *Access to Care/Timeliness of Care:*

- Opportunities for improvement exist for the following HEDIS Access and Availability measures (\* indicates that this measure was also below the national 25th percentile in the previous year):
  - Adults’ Access to Preventive/Ambulatory Health Services (AAP) – 20–44 years, 45–64 years and Total\*;
  - Children and Adolescents’ Access to PCPs (CAP) – 12–24 months\*, 25 months–6 years\*, and 7–11 years;
  - Annual Dental Visit\* (ADV);
  - Engagement of AOD Treatment Total\*; and
  - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life\* (W34).
- Anthem BCBS Medicaid underperformed for all the HK Access to Care measures that could be reported for CSHCN. Less than half of CSHCN had an annual dental visit (46.32%) compared to 64.90% for all MCOs. Well-Child Visit rates for CHCSN were below the weighted state average for all age groups.
- Getting Needed Care was the one measure of satisfaction that was below the national 50th percentile for adults.
- There is an opportunity for improvement for provider groups with Board Certification rates below the national 50th percentile, which includes Family Medicine, Pediatricians and Other Physician Specialists.
- As part of the HK PMS, CMS 416 dental services measures improved across the various dental service measures, but only about 23% of children had any dental or oral health services, which is considerably less than the aggregate state

rate of 52.63%. The rate of children receiving preventive dental services was 19.08%, which also was considerably lower than the state aggregate rate (42.27%). Only 2.91% of children received a sealant on a permanent molar.

- Regarding Anthem's interim PIP on "Preventive Care for Members with Serious Mental Illness (SMI)," study indicators for two measures declined from baseline to interim measurement, while the rate of a third measure did not change between baseline and interim measurement. None of the study goals have yet been met.

#### Recommendations for Anthem BCBS Medicaid

##### *Quality of Care:*

- Maintain the full compliance that was achieved in the October 2017 review.
- 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.
- 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.

##### *Access to Care/Timeliness of Care:*

- Maintain the full compliance that was achieved in the October 2017 review.
- Develop and implement quality improvement interventions to address HEDIS measures that underperformed the NCQA national 25th percentile benchmark and HK PMs falling below the weighted state average.
- Consider implementing interventions to improve the availability of board certified providers, particularly in family medicine and pediatrics, which may also help improve adult and child access to preventive/ambulatory care services and increase the level of member satisfaction in how they rate their providers and the health plan.

#### **Humana-CareSource – Strengths, Opportunities for Improvement and Recommendations**

##### Humana-CareSource – Strengths

##### *Quality of Care:*

- Humana-CareSource demonstrated strong performance in their October 2017 Compliance Review related to Quality of Care. With only one element to be reviewed regarding their Grievance System, the MCO received a full compliance score.
- Humana-CareSource improved their HEDIS performance in RY 2017 with the following measures ranking at or above the NCQA national Medicaid 50th percentile (\* indicates the measure was also above the national 50th percentile in the previous year):
  - Respiratory Conditions: Appropriate Testing for Children with Pharyngitis\* (CWP); Use of Spirometry Testing in Assessment and Diagnosis of COPD (SPR); Pharmacotherapy Management of COPD Exacerbation (PCE) – Systemic Corticosteroid; and Medication Management for People with Asthma\* (MMA) – 50% and 75% Compliance.
  - Cardiovascular Conditions: Statin Therapy for Patients with Cardiovascular Disease (SPC) – Received Statin Therapy.
  - Diabetes CDC: HbA1c Testing\*; Medical Attention for Nephropathy\*; Blood Pressure Control (< 140/90 mmHg); and Statin Therapy for Patients with Diabetes (SPD) – Received Statin Therapy and Statin Adherence 80%.
  - Musculoskeletal Conditions: Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART).
  - Behavioral Health: Antidepressant Medication Management\* (AMM) – acute and continuation phases; Follow-up Care for Children Prescribed ADHD Medication\* (ADD) – initiation and continuation/maintenance phases; Diabetes Screening for People with Schizophrenia or Bipolar Disorder on Antipsychotic Medications\* (SSD); Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC); Follow-up After ED Visit for AOD Dependence (FUA) – 7 and 30 day follow-up; and Follow-up After ED Visit for Mental Illness (FUM).
  - Annual Monitoring for Patients on Persistent Medications\* (MPM) – all numerators.
  - Overuse/Appropriateness: Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total\* (APC), a measure where a lower rate reflects better performance, was ranked below the NCQA national Medicaid 25th percentile.

- Humana-CareSource maintained good performance in member satisfaction for adult members with providers as reflected in the Adult CAHPS 5.0H results for How Well Doctors Communicate\*, Rating of All Health Care\*, Rating of Personal Doctor\*, Rating of Specialist Seen Most Often\*, and Rating of Health Plan\*, all of which ranked above the national Medicaid 50th percentile (\* indicates the measure was also above the national 50th percentile in the previous year). How Well Doctors Communicate ranked above the NCQA national 50th percentile for the Child CAHPS 5.0H survey.
- For the HK PMs, Adult preventive measures above the weighted state average included Healthy Weight for Height (18–74 years), Screening for Tobacco Use (63.50%), and Received an Intervention for Tobacco Use (66.86%). Children ages 3–17 years saw a large improvement in Documentation of Height and Weight (72.75%). Adolescent Screening for Tobacco Use (60.14%), Alcohol/Substance Use (47.55%), Sexual Activity (29.37%) and Depression (23.24%) increased in RY 2017. For the perinatal population, Screening for Tobacco Use (31.91%), Alcohol Use (26.97%), and Substance/Drug Use (25.99%) all increased from RY 2016 to RY 2017.
- Humana-CareSource submitted one final PIP report focused on quality of care: “Safe and Judicious Antipsychotic Use for Children and Adolescents” (Statewide Collaborative PIP: Final Compliance Score – 70.7). This statewide collaborative PIP was based on a well-developed rationale supported by data and clinical practice guidelines. Humana-CareSource achieved improved rates for four (4) out of the six (6) performance indicators. Rates improved from baseline to final measurement for Follow-up Visits for Children/Adolescents on Antipsychotics, and Metabolic Screening for Children/Adolescents Newly on Antipsychotics. The final rates for two measures, where a lower rate reflects better performance, Use of Higher-Than-Recommended Doses of Antipsychotics in Children/Adolescents, and Use of Multiple Concurrent Antipsychotics in Children/Adolescents (APC), both declined and were below targeted rates.
- Humana-CareSource submitted one interim PIP report focused on quality of care entitled, “HbA1c Control.” This PIP seeks to improve Humana-CareSource’s rates for HEDIS measures of HbA1c testing and lower the incidence of poor control (HbA1c > 9%). The plan took an important first step by pilot testing an enhanced provider outreach care management (CM) intervention and reported results in a plan-do-study-act (PDSA) table. Interim rates for HbA1c testing improved slightly in the interim measurement.
- Humana-CareSource submitted one baseline PIP report related to quality entitled, “The Effectiveness of Prenatal Smoking Cessation Intervention.” This statewide collaborative PIP is intended to increase the rate of prenatal screening for tobacco use and prenatal smoking abstinence through a robust set of interventions.

#### *Access to Care/Timeliness of Care:*

- The following HEDIS 2017 measures related to access and availability were ranked at or above the NCQA national Medicaid 50th percentile (\* indicates the measure was also above the national 50th percentile in the previous year):
  - Children and Adolescents’ Access to PCPs (CAP) – 12 – 24 Months, and
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment: Total\*.
- Adult and Child CAHPS 5.0H results revealed strong member satisfaction with Getting Needed Care and Getting Care Quickly.
- Regarding HK PMs for the CHSHCN population, over half of members 2–21 years of age had an annual dental visit (54.77%). A gradual improvement in rates can be seen from the prior years’ reported rates.
- Access to care increased for the CSHCN population for all age groups: 12–24 months (97.55%), 25 months–6 years (93.06%), 7–11 years (88.57%), and 12–19 years (86.78%). Well-child visits for CSHCN 15 months of age increased to 23.72% in RY 2017. Humana-CareSource also saw improvement in all CMS 416 rates for EPSDT dental services between RY 2016 and RY 2017. Any Dental Services rate increased to 40.45%, Preventive Services increased to 33.46% and Dental Treatment Services increased to 18.33%.
- Humana-CareSource submitted one final PIP report focused on access to/timeliness of care entitled, “Increasing Postpartum Care Visits” (Final Compliance Score – 71.5). Humana-CareSource did not meet or exceed the goal set for any of the three performance indicators. The rate of postpartum visits increased from baseline to interim, but then declined on final re-measurement. The final rate for Family Planning Screening also declined in the final re-measurement, while the Depression Screening rate remained the same through the three MYs. However, the reviewers commented that the plan identified a strong set of system-level changes that should continue to be followed.
- One interim PIP report related to access was submitted for the statewide collaborative entitled, “Effectiveness of Coordinated Care Management on Physical Health Risk Screening in the Seriously Mentally Ill.” Three (3)

performance indicators showed improvement from baseline to interim measurement: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD), Tobacco Counseling for Tobacco Positive People with SMI, and Tobacco Medication for Tobacco Counseled People with SMI.

- The MCO submitted one baseline PIP related to access to care entitled, “Improving Well-Child Visits in the First Six Years of Life.” During the baseline MY, the plan reported a test of change in a PDSA table and indicated plans to roll out an enhanced care coordination process.

#### Humana-CareSource – Opportunities for Improvement

##### *Quality of Care:*

- Performance on HEDIS 2017 Effectiveness of Care measures continues to present opportunities for improvement particularly for measures ranking below the NCQA national 25th percentile (\* indicates that this measure was also below the national 25th percentile in the previous year):
  - Prevention and Screening: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents\*(WCC) – all rates; Childhood Immunization Status (CIS): Combo 3\*; Immunizations for Adolescents\* (IMA) – all 4 rates; HPV for Female Adolescents\* (HPV); Breast Cancer Screening (BCS); and Cervical Cancer Screening\* (CCS).
  - Diabetes: HbA1c Control (< 8% and < 7%)\*, and Eye Exam Performed\*.
  - Behavioral Health: Follow-up After Hospitalization for Mental Illness\* (FUH) – 7- and 30-day follow-up.
  - Overuse/Appropriateness: Appropriate Treatment for Children with URI\* (URI); Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis\* (AAB); and Use of Imaging Studies for Low Back Pain\* (LBP).
  - Non-recommended Cervical Cancer Screening Adolescent Females (NCS) and Diabetes: HbA1c Poor Control (> 9.0%) are both measures where a lower rate reflects better performance. For Humana-CareSource, the rates for these two measures were above the NCQA national Medicaid 90th percentile.
- Substantial opportunity for improvement exists among the quality-related HK PMs. Adult Healthy Weight for Height (ages 18–74) rate decreased slightly from 22.96% in RY 2016 to 21.39% in RY 2017 and LDL Screening saw a small decline in rate from 67.59% in RY 2016 to 67.35% in RY 2017. For children ages 3–17 years, the rate for Healthy Weight for Height decreased to 37.46% in RY 2017.
- Perinatal Screening measures for Assessment and Counseling for Nutrition decreased to 15.13% and the rate for Assessment and Counseling for OTC/Prescription Medication decreased to 7.89%. Screening for Domestic Violence decreased to 10.53%. There was an increase in the rate of positive screens for substance/drug use (18.99%) among the perinatal population.
- Despite strong performance related to member satisfaction with providers and the MCO on the Adult CAHPS 5.0H survey, results for the Child CAHPS 5.0H showed room for improvement in Rating of Health Plan.
- Humana-CareSource submitted one interim PIP report focused on quality of care entitled, “HbA1c Control.” This PIP seeks to improve Humana-CareSource’s rates for HEDIS measures of HbA1c testing and lower the incidence of poor control (HbA1c > 9%). While rates for HbA1c Testing improved slightly in the interim measurement, the rate for Poor Control (HbA1c > 9%) did not improve.
- For the statewide collaborative pip on “Prenatal Smoking,” the plan had not implemented any interventions and has delayed start dates due to delayed provider outreach materials, postponed distribution of the Pregnancy Risk Assessment form pending state approval, and delayed full implementation of the population health module and the smoking registry.

#### *Access to Care/Timeliness of Care:*

- Improvement for the following HEDIS 2017 Access and Availability measures is indicated by rates falling below the NCQA 25th percentile (\* indicates that this measure was also below the national 25th percentile in the previous year):
  - Adults' Access to Preventive/Ambulatory Health Services (AAP) – 65+ years,
  - Engagement of AOD Treatment: Total\*,
  - Prenatal and Postpartum Care\* (PPC), and
  - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life\* (WC34) and Adolescent Well-Care Visits\* (AWC).
- HK rates for Well-Child Visits for CSHCN 15 months of age increased to 23.72%, which is still well below the weighted statewide average of 46.81%. Other well-child visit rates for children 3–6 years fell to 64.64% and rates for adolescent well-care visits decreased slightly to 41.24%, both below their respective weighted statewide average.
- For CMS 416 EPSDT dental measures, any dental or oral health service increased to 40.45%, but the rate still remains lower than the weighted statewide average of 52.63%.
- Regarding Board Certification of Network Providers (BCR), rates for the following specialties fell below the national 25th percentile including: Family Medicine, Internal Medicine, Obstetrician/Gynecologists, Geriatricians and Other Physician Specialists.
- For the interim PIP report related to access entitled, “Effectiveness of Coordinated Care Management on Physical Health Risk Screening in the Seriously Mentally Ill,” five (5) of the eight (8) performance indicators did not show improvement from baseline to interim measurement.

#### Recommendations for Humana-CareSource

##### *Quality of Care:*

- Maintain the current level of performance for compliance domains that achieved full compliance in October 2017.
- Conduct barrier analyses to help identify root causes for HEDIS 2017 measures that were below the NCQA national 25th percentile and HK measures below the statewide average. Seek to prioritize improvement efforts that will have the greatest impact on performance.
- For the statewide collaborative PIP, Prenatal Smoking, seek to implement all planned interventions including the population health module, the smoking registry, distribution of provider outreach materials and the Pregnancy Risk Assessment form.

#### *Access to Care/Timeliness of Care:*

- Conduct barrier analyses to help identify root causes for HEDIS and HK measures that were below the NCQA national 25th percentile or statewide average respectively.
- Consider implementing interventions to improve the availability of board certified providers in family medicine, internal medicine, obstetrics/gynecology, geriatrics and for other physician specialists.
- For the statewide collaborative PIP, “Effectiveness of Coordinated Care Management on Physical Health Risk Screening in the Seriously Mentally Ill,” focus current and new interventions, if necessary, on study indicators that are not improving.

### **Passport Health Plan – Strengths, Opportunities for Improvement and Recommendations**

#### Passport Health Plan – Strengths

##### *Quality of Care:*

- The plan performed strongly with respect to the HEDIS 2017 Effectiveness of Care measures with 34 out of 56 measures (61%) at or above the NCQA national Medicaid 50th percentile. By domain, Passport Health Plan's rates were above the national average for 10 out of 14 Prevention and Screening measures; 4 out of 7 Respiratory Conditions measures; 1 of 4 Cardiovascular Conditions measures; 4 of 8 Diabetes measures; 11 of 15 Behavioral Health measures; and 4 of 4 Medication Management measures.

- The Diabetes measure, HbA1c Poor Control rate, and the Overuse/Appropriateness and Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total (APC) rates, where lower rates reflect better performance, were ranked below the NCQA national 25th percentile.
- Consumer satisfaction rates for Passport Health Plan continue to show high levels of satisfaction above the NCQA national 50th percentile for measures of quality in these rates:
  - Adult survey: How Well Doctors Communicate, Customer Service, Rating of Personal Doctor and Rating of Health Plan; and
  - Child survey: Customer Service, Rating of Specialist Seen Most Often and Rating of Health Plan.
  - Of special note, the Adult Health Plan and Customer Service rates were at or above the NCQA national 90th percentile, and these same rates on the Child survey ranked above the 75th percentile.
- For HK PMs, of the adult population, 77.78% had a height and weight documented at an outpatient visit. The rate for Screening for Tobacco Use increased to 78.70% in RY 2017 with over half of the identified smokers receiving an intervention for tobacco use. The RY 2017 LDL Screening rate increased to 77.52%, which surpassed the weighted statewide average of 77.12%.
- For children 3–17 years of age, Passport Health Plan had the highest HK rates for Documentation of Height and Weight and Healthy Weight for Height amongst the Kentucky MCOs. Passport Health Plan's rates for adolescent screening were all above the weighted statewide average. Passport Health Plan continued to have the highest rates for HK Perinatal Screening measures for Tobacco Use, Alcohol Use, Substance/Drug Use, Domestic Violence, Depression and Postpartum Depression compared to the weighted statewide averages. Education and Counseling for Nutrition (48.19%) and OTC/Prescription Use (30.54%) for perinatal members increased from RY 2016, and both were above their respective weighted statewide averages.
- Passport Health Plan submitted three final PIP reports related to quality:
  - “You Can Control Your Asthma!” (Final Compliance Score – 70.7). This PIP aimed to achieve behavioral change with the use of an asthma action plan, self-care management to improve health outcomes, reducing inappropriate utilization, and proactively identifying members using predictive modeling tools and risk stratification. Rates for the two HEDIS measures decreased from baseline to final re-measurement and did not reach their target goals. The therapy indicator for suboptimal control improved slightly over the study period, but the absence of controller therapy did not improve.
  - “Antipsychotic Monitoring for Children and Adolescents” (Statewide Collaborative PIP: Final Compliance Score – 81.5). The aim for this PIP was to improve the prescribing and management practices for children and adolescents on antipsychotic medications through a unified and coordinated approach. For Use of Concurrent Antipsychotics and Use of Higher-Than-Recommended Dosages of Antipsychotics, a lower rate was achieved by the final re-measurement, but none were as low as the targeted goals. Rates for Metabolic Monitoring for Children/Adolescents on Antipsychotics and Follow-up Visits for Children/Adolescents Newly on Antipsychotics increased from baseline to final re-measurement, but did not meet the target goals.
  - “Reducing Readmission Rates of Postpartum Members” aimed to reduce post-delivery readmissions to the hospital within 30 days of postpartum discharge, as well as increase the rates of postpartum evaluation between 21–56 days of live birth. (Final Compliance Score – 80.7).
- Passport Health Plan submitted one baseline PIP related to quality entitled, “Prenatal Smoking.” This statewide collaborative PIP aims 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. The MCO submitted a strong baseline report with a robust set of member and provider interventions.

#### *Access to Care/Timeliness of Care*

- The plan exceeded the NCQA national 50th percentile for nine (9) of eighteen (18) HEDIS Access and Availability measures, including Children and Adolescents' Access to PCPs (all age groups); Initiation of AOD Treatment: Total; Postpartum Care; Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Total (APP); and Frequency of Ongoing Prenatal Care:  $\geq 81\%$  Expected Visits.
- The plan exceeded the NCQA national 50th percentile for both the CAHPS 5.0 Adult survey and the Child survey for Getting Needed Care and Getting Care Quickly.
- Passport Health Plan's rates for the HK PMs related to access to care for CSHCNs exceeded the statewide aggregate rate for modified HEDIS Annual Dental Visit, Modified HEDIS Well-Child Visits ages 3–6 years, and Modified HEDIS

Adolescent Well-Care Visits. Access to PCP measures for CSHCN continued to exceed a rate of 90% for all age groups in RY 2017, including for children 12–24-months (98.34%), 25 months–6 years (91.96%), 7–11 years (94.44%), and 12–19 years old (92.95%).

- For CSHCN, Modified Annual Dental Visits for children 2–21 years of age increased significantly from 45.42% in RY 2016 to 74.36% in RY 2017.
- Passport Health Plan submitted two interim PIP reports related to access to care:
  - “Integrated Health Care: The Collaboration of Behavioral Health and Primary Care.” This statewide collaborative PIP aims to improve the primary care services for members with SMI through improved care coordination and integrated care approaches between primary care and behavioral health providers. Rates for seven (7) of the nine (9) study indicators improved from baseline to interim re-measurement, with one measure already exceeding the target goal: Current Tobacco Users who received a Tobacco Cessation Intervention.
  - “Promoting Healthy Smiles Through Increased Utilization of Preventive Dental Care” aims to increase the number of members that take advantage of preventive dental services and reduce the incidence of non-traumatic dental ED visits (NTDVs). Rates for six (6) of the eight (8) study indicators have improved from baseline to interim re-measurement.
- Passport Health Plan submitted one access related baseline report entitled, “EPSDT Screening and Participation,” which aims to improve the EPSDT Screening and Participation rates by implementing targeted plan, provider, and member interventions over a period of three years. The PIP targets susceptible subpopulations with a robust set of member and provider interventions informed by a barrier analysis.

#### Passport Health Plan – Opportunities for Improvement

##### *Quality of Care:*

- There were relatively few HEDIS measures that ranked below the NCQA national 25th percentile. These metrics indicate opportunities for improvement and include the following measures:
  - Persistence of Beta-Blocker Treatment After a Heart Attack (PBH);
  - Statin Therapy for Patients with Cardiovascular Disease (SPC) – Statin Adherence 80%;
  - Diabetes CDC: Eye Exam Performed, and Statin Therapy for Patients with Diabetes (SPD) – Statin Adherence 80%;
  - Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD);
  - Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA);
  - Appropriate Treatment for Children with URI (URI); and
  - Use of Imaging Studies for Low Back Pain (LBP).
- In a measure where a lower rate reflects better performance, Non-recommended Cervical Cancer Screening in Adolescent Females (NCS), Passport Health Plan’s rate was above the NCQA national 90th percentile.
- Opportunities for improvement were indicated for Child CAHPS 5.0H consumer satisfaction measure ranking below the NCQA national 25th percentile: Rating of Personal Doctor, and for Adult CAHPS 5.0H survey measure: Rating of Specialist Seen Most Often.
- Opportunities for improvement on HK measures include Perinatal Screening (Positive Screening for Alcohol Use, Received Intervention for Alcohol Use, and Positive Screening for Substance/Drug Use).

##### *Access to Care/Timeliness of Care*

- Only two HEDIS measure rates related to access were at or below the national 25th percentile: Adults’ Access to Preventive/Ambulatory Health Services (AAP) – 65+ years group, and Engagement of AOD Treatment: Total.
- The CMS 416 EPSDT Dental Services for all subcategories continues to be below the weighted statewide average.
- As in the previous year, Passport Health Plan performed below the NCQA national 25th percentile for HEDIS Board Certification across all specialties, including Family Medicine, Internal Medicine, Obstetricians/Gynecologists, Pediatricians, Geriatricians and Other Physician Specialists.
- There are opportunities for improvement in Passport Health Plan’s interim PIPs related to access:
  - “Integrated Health Care: The Collaboration of Behavioral Health and Primary Care” PIP: In this statewide collaborative PIP, rates for two (2) of the nine (9) study indicators decreased from baseline to interim re-measurement.

- “Promoting Healthy Smiles Through Increased Utilization of Preventive Dental Care” PIP has interim measurement showing some improvement, but the interim rates for Fluoride Services Provided to Children Ages 0–20 Years, At Least Once (1.9%) and Two or More Times (0.3%) are exceptionally low. The study has set a goal for fluoride services for children ages 0–20 years at least once at 80% and twice or more at 50%.

### Recommendations for Passport Health Plan

#### *Quality of Care:*

- Continue strong performance in HEDIS measures of Effectiveness of Care and HK PMs. Target improvement efforts on HEDIS measures with rates below the NCQA national 50th percentile.
- In collaboration with other Kentucky MCOs, continue to seek ways to improve the ratio of board certified physicians in Passport Health Plan’s provider network.

#### *Access to/Timeliness of Care:*

- Continue strong performance in HEDIS measures of Access and Availability. Target improvement efforts on HEDIS measures with rates below the NCQA national 50th percentile.
- Review and implement the EQRO recommendations for the interim PIP related to preventive dental care and use barrier analysis results to determine interventions that will achieve the study’s goals, particularly those related to fluoride services treatment.

## **WellCare of Kentucky – Strengths, Opportunities for Improvement and Recommendations**

### WellCare of Kentucky – Strengths

#### *Quality of Care:*

- WellCare of Kentucky performed strongly with respect to the HEDIS 2017 Effectiveness of Care measures by increasing the number of measures rated above the NCQA Medicaid National 50th percentile from 19 in RY 2016 to 33 in RY 2017 (\* indicates the measure was also above the national 50th percentile in the previous year):
  - Prevention and Screening: Adult BMI Assessment (ABA)\*; Immunizations for Adolescents (IMA) – Tdap/Td and Combo #1.
  - Respiratory Conditions: Use of Spirometry Testing in the Assessment and Diagnosis of COPD\*(SPR); Pharmacotherapy Management of COPD Exacerbation\*(PCE) – Systemic Corticosteroid and Bronchodilator; Medication Management for People with Asthma\* (MMA) – 50% and 75% Compliance; and Asthma Medication Ratio\* (AMR).
  - Cardiovascular Conditions: Persistence of Beta-Blocker Treatment After a Heart Attack\* (PBH); and Statin Therapy for Patients with Cardiovascular Disease (SPC) – Received Statin Therapy and Statin Adherence 80%.
  - Diabetes (CDC): HbA1c Testing\*; HbA1c Control (< 7.0%\* and < 8%); Medical Attention to Nephropathy\*; Blood Pressure Control; and Statin Therapy for Patients with Diabetes (SPD) – Received Statin Therapy and Statin Adherence 80%.
  - Behavioral Health: Antidepressant Medication Management\* (AMM) – Acute and Continuation Phases; Follow-up Care for Children Prescribed ADHD Medication\* (ADD) – initiation and continuation/maintenance phases; Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication\* (SSD); Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC); Adherence to Antipsychotic Medications for Individuals with Schizophrenia\* (SAA); Follow-up After ED Visit for AOD Dependence (FUA) – 7 and 30 day follow-up; and Follow-up After ED Visit for Mental Illness (FUM) – 7 and 30 day follow-up.
  - Medication Management: Annual Monitoring for Patients on Persistent Medications (MPM) – ACE Inhibitors or ARBs\*, Diuretics\* and Total\*.
  - For two measures where a lower rate reflects better performance, WellCare of Kentucky scored lower than the national 25th percentile for Diabetes – HbA1c Poor Control (> 9.0%)\*, and Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total.

- The plan continued to perform well in regard to consumer satisfaction with providers and the MCO, as demonstrated by rates above the NCQA national 50th percentile for the following(\* indicates the measure was also above the national 50th percentile in the previous year) :
  - Adult CAHPS 5.0H survey: How Well Doctors Communicate\*, Customer Service\*, Rating of Personal Doctor\*, and Rating of Health Plan.
  - Child CAHPS 5.0H survey: How Well Doctors Communicate\*, Customer Service, Rating of all Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, and Rating of Health Plan.
- HK measures above the weighted statewide average included:
  - Adult Preventive Care: BMI Record of Height and Weight (18–74 years\*), Counseling for Nutrition, and LCL-C/Cholesterol Screening; and
  - Perinatal Screening: Postpartum Depression.
- WellCare of Kentucky reported one final PIP report related to quality:
  - “Use of Antipsychotics in Children and Adolescents” (Statewide Collaborative: Final Compliance Score – 90.5) This PIP aimed to improve safe and judicious antipsychotic use in children and adolescents by implementing a robust set of provider and member interventions with application of quality improvement processes that allowed the plan to make adjustments throughout the course of the PIP. While the rate for Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents decreased significantly in the final re-measurement, it was the only indicator that met its goal. Performance did, however, move in the desired direction for one other indicator.
- WellCare of Kentucky submitted two baseline PIP reports related to quality:
  - “Prenatal Smoking” PIP: This statewide collaborative PIP 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.
  - “Childhood and Adolescent Immunizations” PIP 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 plan interventions to improve rates over the next three years.

#### *Access to Care/Timeliness of Care:*

- The MCO exceeded the NCQA national 50th percentile for 12 of the 14 HEDIS Access and Availability of Care measures. Annual Dental Visit (ADV) and Children and Adolescents’ Access to PCPs (CAP) had rates above the national 75th percentile for all age groups, and Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) – Total was above the national 90th percentile.
- The MCO demonstrated strong performance in regard to prenatal care as demonstrated by rates above the NCQA national 75th percentile for Timeliness of Prenatal Care, while the rate for Frequency of Ongoing Prenatal Care: 81% + Expected Visits was above the national 90th percentile.
- WellCare of Kentucky exceeded the NCQA 90th percentile for both the Adult and Child CAHPS 5.0 access measures: Getting Needed Care and Getting Care Quickly.
- WellCare of Kentucky also showed strong performance in HK CSHCN measures of Access with the following modified HEDIS measures above the weighted statewide average: Annual Dental Visit (2–21 years) and Well-Child Visits (3–6 years).
- HK CSHCN rates for Modified HEDIS Children and Adolescents’ Access to PCPs – all age groups were above the weighted statewide average.
- Rates for the CMS 416 EPSDT – Dental Services, including Any Dental Services (50.59%), Preventive Dental Services (44.73%), Diagnostic Dental Services (48.18%), Oral Health Services Provided by a Non-dentist Provider (23.51%) and Any Dental or Oral Health Service (62.27%), were above the statewide averages.
- WellCare of Kentucky submitted one final PIP report related to access entitled “Postpartum Care” (Final Compliance Score – 72.9). This PIP sought to increase the percentage of deliveries with a postpartum visit between 21 and 56 days after delivery, as well as increase the percentage of women who had depression screening during the postpartum visit. Additionally, the plan wanted to decrease 30-day and 60-day readmission rates for women post-delivery. Target rates were not met for any of the indicators, but the HEDIS Postpartum Care rate did show some improvement by increasing from 51.41% at baseline to 56.93% in the final re-measurement, though it did not meet the goal.
- There were two interim PIP reports related to access:

- “Coordination of Care for Members with Serious Mental Illness (SMI)” PIP: This statewide collaborative PIP aims to improve preventive physical health care, including access to preventive/ambulatory health services and screening for metabolic and cardiovascular risks, in the SMI population. With a robust set of member and provider interventions, performance indicators and intervention tracking measures for this PIP showed some improvement in the interim measurement period.
- “Improving Pediatric Oral Care” PIP aims to improve pediatric oral health in Kentucky by increasing the number of members receiving an annual dental visit and preventive oral health care. This PIP implements a robust set of member and provider interventions. Interim results suggest the potential for improvement with all study indicators showing increased rates from baseline to interim measurement.

## WellCare of Kentucky – Opportunities for Improvement

### *Quality of Care:*

- HK PMs related to quality of care continue to present an opportunity for improvement. Rates that fell below the statewide average included:
  - Adult Preventive Care: Healthy Weight for Height (18–74 years), Counseling for Physical Activity, and Screening for Tobacco Use. Although the rate for Receiving Intervention for Tobacco Use (58.48%) saw a large increase, and does reflect over half of the members screened positive for tobacco use, it was slightly less than the weighted state average.
  - All Child and Adolescent Screening measures and all Perinatal Screening measures with the exception of Screening for Postpartum Depression. It should further be noted that the rate for Positive Screening for Tobacco Use, Alcohol Use and Substance/Drug Use all increased for the perinatal population in RY 2017.
- Opportunities for improvement exist for HEDIS Effectiveness of Care measures ranked below the NCQA national 25th percentile including (\*indicates that this measure was also below the national 25th percentile in the previous year):
  - Prevention and Screening: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents\* (WCC) – all rates; Immunizations for Adolescents (IMA) – HPV for Female Adolescents\* (HPV) and Combination #2.
  - Cardiovascular Conditions: Controlling High Blood Pressure (CBP).
  - Diabetes (CDC): Eye Exam Performed.
  - Musculoskeletal Conditions: Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis\* (ART).
  - Overuse/Appropriateness: Appropriate Treatment for Children with URI\* (URI); Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis\* (AAB); and Use of Imaging Studies for Low Back Pain\* (LBP).
  - In a measure where a lower rate reflects better performance, Non-recommended Cervical Cancer Screening in Adolescent Females\* (NCS) was ranked above the NCQA national 90th percentile for WellCare of Kentucky.
- There is an opportunity for improvement for two Adult CAHPS 5.0H satisfaction measures that were below the 50th percentile in RY 2017: Rating of All Health Care and Rating of Specialist Seen Most Often.

### *Access to Care/Timeliness of Care:*

- There are opportunities for improvement in all measures of Access below the NCQA national 25th percentile including (\*indicates that this measure was also below the national 25th percentile in the previous year):
  - Engagement of AOD Treatment: Total\*,
  - Postpartum Care\*, and
  - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life\* (W34).
- As in previous years, the MCO continues to report low rates for HEDIS Board Certification. In RY 2016, the proportion of geriatricians that were board certified was above the 25th percentile (but below the 50th percentile), while all other specialties were below the national 25th percentile. In RY 2017, the rate of board certification among all reported specialties was below the NCQA national 25th percentile including Family Medicine, Internal Medicine, Obstetricians/Gynecologists, Pediatricians, Geriatricians and Other Physician Specialists.
- While the baseline PIP entitled “Prenatal Smoking” seeks to improve quality of care through increased screening for prenatal smoking, there are also opportunities for improvement in terms of access related to receiving interventions for tobacco use and access to the Kentucky Smokers Quit Line.
- There are opportunities for improvement for WellCare of Kentucky’s PIPs related to access to/timeliness of care:

- In the final PIP report for “Postpartum Care,” target rates were not met for any of the indicators, although the HEDIS Postpartum Care rate did show some improvement by increasing from 51.41% at baseline to 56.93% in the final re-measurement.
- In the interim PIP entitled “Coordination of Care for Members with Serious Mental Illness (SMI),” rates for seven (7) of the study indicators decreased from baseline to interim re-measurement, while five (5) other rates showed improvement. None of the study goals have yet been met.
- For the interim PIP entitled “Improving Pediatric Oral Care,” the measure for Dental Sealant Treatment has surpassed its goal in the interim measurement. While the rates for the other indicators are increasing, they have not yet met their goals. These Interim results suggest the potential for improvement.

#### Recommendations for WellCare of Kentucky:

##### *Quality of Care:*

- Focus improvement efforts on rates for HEDIS measures that performed below the NCQA national 25th percentile and HK measures below the weighted state average.
- As recommended in previous years, consider collaborating with DMS and the other MCOs to examine the reasons for low rates for physician board certification.

##### *Access to/Timeliness of Care:*

- Continue to work to improve HEDIS measure rates which fall below the NCQA national 25th percentile related to access/timeliness.

## Background

### Kentucky Medicaid Managed Care Program

#### History of Kentucky Medicaid Managed Care Program

In December 1995, the Commonwealth of Kentucky was granted approval for an amendment to the Medicaid Access and Cost Containment Demonstration Project. The approved amendment permitted the establishment of eight regional managed care networks consisting of public and private providers to deliver health care services to Medicaid beneficiaries. Each region would have one managed care entity or Partnership, subject to state-specified guidelines. Medicaid beneficiaries would be enrolled into the Partnership designated for their area. The Partnership demonstration was implemented on November 1, 1997. Two (2) partnerships were developed and implemented in Region 3 (Louisville/Jefferson County and 15 surrounding counties) and Region 5 (Lexington/Fayette County and 20 surrounding counties). In 1999, the Region 5 Partnership notified DMS that it could no longer maintain its provider community. In 1999 and 2000, CMS approved amendments to the Commonwealth's waiver program that allowed for a move from a statewide to a sub-state model in order to continue to operate the one remaining partnership plan.

From July 2000 to December 2012, the Commonwealth operated a partnership plan, known as Passport Health Plan only in Region 3 (Louisville/Jefferson County and the 15 surrounding counties). The partnership functioned as a provider-controlled managed care network and contracted with a private health maintenance organization (HMO) to provide the necessary administrative structure (i.e., enrollment, beneficiary education, claims processing, etc.).

In 2011, as a result of an increased demand for cost-effective health care, the Kentucky Cabinet for Health and Family Services (CHFS) and DMS initiated an expansion of the MMC program in order to offer quality health care statewide. In September 2011, CHFS received approval from CMS to operate a Medicaid MCO waiver program for the period of October 1, 2011 through September 30, 2013. The waiver allowed Kentucky to implement a mandatory managed care program statewide. In November 2011, three MCOs, CoventryCares of Kentucky, Kentucky Spirit Health Plan and WellCare of Kentucky, joined Passport Health Plan in offering Medicaid services including those related to behavioral health. With this expansion, Medicaid services in Kentucky were made available statewide, allowing all eligible Kentuckians to enroll in a managed care plan. For RY 2012, Kentucky MCOs operated regionally, as follows: CoventryCares of Kentucky in all regions; Kentucky Spirit Health Plan in all regions, except Region 3; Passport Health Plan in Region 3; and WellCare of Kentucky in all regions. As of July 2013, Kentucky Spirit Health Plan withdrew from the Kentucky MMC program and in January 2013, Humana-CareSource began serving beneficiaries in Region 3 and in 2014, began serving beneficiaries statewide. Also in 2014, Passport Health Plan expanded its service area from Region 3 only to statewide. Anthem BCBS Medicaid joined the program and began enrolling members in January 2014. Anthem BCBS Medicaid served beneficiaries statewide except for Region 3. On May 7, 2013, Aetna acquired Coventry Health Care Inc. resulting in the transition of CoventryCares of Kentucky to Aetna Better Health by February 1, 2016. Since July 1, 2015, each of the five (5) MCOs operates statewide.

In calendar year (CY) 2017, the Kentucky MMC program was comprised of the following MCOs with enrollment as of April 2017 listed in **Table 2**.

Table 2: Kentucky Medicaid MCOs – CY 2017

MCO Name	Enrollment as of April 2017
Aetna Better Health	249,501
Anthem BCBS Medicaid	117,133
Humana-CareSource	139,259
Passport Health Plan	303,146
WellCare of Kentucky	441,187
<b>Total</b>	<b>1,250,226</b>

## Kentucky Managed Care Quality Strategy

In September 2012, DMS issued the *Commonwealth of Kentucky Strategy for Assessing and Improving the Quality of Managed Care Services* (the *Quality Strategy*) to outline the goals, objectives and expectations of the expanded Managed Care program.

As part of this *Quality Strategy*, DMS, in collaboration with the Departments for Public Health (DPH) and Behavioral Health, Developmental and Intellectual Disabilities (BHDID), established a set of Medicaid Managed Care Performance Measures which the Medicaid plans would be required to report. The measure set was originally designed to align with the *Healthy Kentuckians 2010 Goals* and demonstrate the state's commitment to the national initiative, *Healthy People 2010*. At that time, HK included ten leading health indicators with related goals and objectives. Other measures, derived from HEDIS were included in the PM data set to allow for comparison to national benchmarks. Together, these PMs address quality, timeliness and access to care provided to individuals enrolled in managed care.

The primary goals of the Kentucky MMC program are to improve the health status of Medicaid enrollees and lower morbidity among enrollees with serious mental illness. DMS has established the following objectives in order to effectively accomplish this goal:

1. Improve access and coordination of care,
2. Provide health care at the local level through the managed care system using public and private providers,
3. Redirect the focus of health care toward primary care and prevention of illness,
4. Monitor and improve the quality of the health care delivery system,
5. Increase health promotion efforts, psychotropic medication management and suicide prevention, and
6. Implement effective and responsive cost management strategies in the health care delivery system designed to stabilize growth in Medicaid costs.

In an effort to improve overall health care, especially as it relates to those conditions listed above, DMS set the following goals and objectives:

1. Improve preventive care for adults by increasing the performance of the state aggregate HEDIS Colorectal Cancer Screening, HEDIS Breast Cancer Screening and HEDIS Cervical Cancer Screening measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent;
2. Improve care for chronic illness by increasing the performance of the state aggregate HEDIS Comprehensive Diabetes Care and HEDIS Cholesterol Management for Patients with Cardiovascular Conditions measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent;
3. Improve behavioral health care for adults and children by increasing the performance of the state aggregate HEDIS Antidepressant Medication Management and HEDIS Follow-up After Hospitalization for Mental Illness measures to meet/exceed the 2012 Medicaid 50th percentile and 75th percentile, respectively, or to exceed each baseline performance rate by at least 10 percent; and
4. Improve access to medical homes by increasing the performance of the state aggregate HEDIS Adults Access to Preventive/Ambulatory Health Services and HEDIS Children and Adolescents Access to PCPs measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent. In addition, DMS aims to increase the HEDIS Ambulatory Care-Outpatient Visit rate to the Medicaid 50th percentile or by 10 percent and decrease HEDIS Ambulatory Care-ED Utilization rate by 10 percent.

## External Quality Review Activities

### Annual EQR Technical Report

Kentucky DMS contracted IPRO to conduct the EQR of the health plans participating in the Medicaid Program during 2015–2017 as set forth in 42 CFR §438.356(a)(1). After completing the EQR process, IPRO prepared this *2018 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* of the care furnished to Kentucky's Medicaid recipients by the MCOs.

During the past year, IPRO conducted compliance monitoring site visits, validation of PMs and validation of PIPs for Kentucky MCOs. Each activity was conducted in accordance with CMS protocols for determining compliance with MMC regulations. Details of 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.

This Annual EQR Technical Report provides a description of the mandatory EQR activities conducted:

- Monitoring compliance with standards,
- Validation of PMs, and
- Validation of PIPs.

Findings are reported for all health plans participating in Kentucky's MMC program during CY 2017: Aetna Better Health, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan and WellCare of Kentucky. Conclusions drawn from the data and recommendations related to *access*, *timeliness* and *quality* are presented in the **Executive Summary** of this report.

# Findings, Strengths and Recommendations Related to Health Care Quality, Timeliness and Access

## Introduction

This section of the report addresses the findings from the assessment of the Medicaid MCOs' strengths and areas for improvement related to *quality*, *timeliness* and *access*. The findings are detailed in each subpart of this section (i.e., Compliance Monitoring, Validation of PMs and Validation of PIPs).

This report includes results for each of the five health plans. The results include the MCOs' responses to the recommendations in the previous technical report.

## 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, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan and WellCare of Kentucky with regulatory standards and contract requirements for CY 2017.<sup>1</sup>

A review, within the previous three-year period, to determine the MCOs' compliance with federal MMC regulations, state regulations and state contract requirements is a mandatory EQR activity as established in the federal regulations at 42 CFR §438.358(b)(3).

Requirements contained within 42 CFR Subparts C: Enrollee Rights, D: Quality Assessment and Performance Improvement, F: Grievance System and H: Certifications and Program Integrity were reviewed.

For the compliance review process, one of two types of review is conducted for each plan:

1. a "full review," which consists of an evaluation under all available domains and file review types, or
2. a "partial review," which evaluates only those domains for which the plan previously lacked full compliance.

For CYs 2015 and 2016, the compliance reviews were conducted in January of the following year in order to publish findings in the Annual Technical Report which is due to CMS on April 30th. After the compliance review conducted in January 2017, the compliance review schedule was changed to a state fiscal year (FY) review instead of a calendar year review. In order to phase in this timing change, there was an audit in October 2017 that focused only on the non-compliant and minimal elements of the CY 2016 review. In October 2018, all MCOs will return to a regular schedule of full and partial reviews.

In CY 2016, Passport Health Plan and WellCare of Kentucky did not receive any minimal or non-compliant findings, thus they were considered deemed for the compliance review conducted in October 2017. Aetna Better Health, Anthem BCBS Medicaid and Humana-CareSource received partial reviews in October 2017, based on the findings of the non-compliant and minimal elements of the CY 2016 review.

**Table 3** displays the domains and number of elements reviewed for each plan for the October 2017 Compliance Review.

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<sup>1</sup> The 2017 Compliance Review assessed MCO performance for the time period of CY 2017.

Table 3: Compliance Review Conducted in October 2017 – Domains Reviewed by Plan

Topic/Tool <sup>1</sup>	Aetna Better Health	Anthem BCBS Medicaid	Humana- CareSource	Passport Health Plan	WellCare of Kentucky
Behavioral Health Services					
Case Management/Care Coordination		3			
Enrollee Rights and Protection: Enrollee Rights					
Enrollee Rights and Protection: Member Education and Outreach					
EPSDT					
Grievance System	1	1	1		
Health Risk Assessment					
Medical Records					
Pharmacy Benefits					
Program Integrity	2	3			
QAPI: Access	1				
QAPI: Access – Utilization Management					
QAPI: Measurement and Improvement		2			
QAPI: Health Information Systems					
QAPI: Structure and Operations – Credentialing					
QAPI: Structure and Operations – Delegated Services					
Total Elements Reviewed	4	9	1		

<sup>1</sup>Shaded cell indicates the domain was not reviewed.

BCBS: Blue Cross and Blue Shield; EPSDT: Early and Periodic Screening, Diagnostic and Treatment; QAPI: Quality Assurance and Performance Improvement

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

- Behavioral Health Services – The evaluation in this area included, but was not limited to, review of policies and procedures related to behavioral health services and coordination of physical and behavioral health services. In addition, file review was conducted to assess coordination of behavioral health and physical health services by the MCO case management program.
- Case Management/Care Coordination – 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. It is important to note that, as was done in 2015, for the 2016 review, DMS determined that the MCOs would not be held responsible for the certain contract requirements related to service plans since the service plans are the responsibility of the DCBS and DAIL. The MCOs were only evaluated on attempts to obtain service plans. Therefore, related elements in the 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: Enrollee Rights and Protection – The evaluation in this area included, but was not limited to, review of policies and procedures for member rights and responsibilities, PCP changes and member services functions.
- Enrollee Rights: 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 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 and plan-initiated contact.
- Health Information Systems – 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.
- 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 records 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 pharmacy program; pharmacy claims and rebate administrations; drug utilization review; and pharmacy lock-in program. In addition, this review included evaluation of the Preferred Drug List and authorization requirements.
- Program Integrity – The evaluation in this area included, but was not limited to, review of MCOs' policies and procedures, training programs, reporting and analysis; compliance with 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 – 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 – 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 recredentialing of network providers and enrollment of out-of-network providers. Additionally, file review of credentialing and recredentialing 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 and conduct of pre-delegation evaluations and annual, formal evaluations.
- QAPI – Access: Utilization Management (UM) – The evaluation in this area included, but was not limited to, review of UM policies and procedures; UM committee minutes; and UM files.

The MCOs' responses to prior year recommendations are evaluated during the compliance review. IPRO evaluated the MCOs' progress related to the January 2017 review recommendations and corrective action plans (CAPs).

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.

It is important to note that, at the time of the (prior) three (3) compliance reviews (2014, 2015 and 2016), the MCOs were advised that failure to correct prior areas of non-compliance could have a negative impact on the findings. In 2014, 2015 and 2016, each tool contained the following notice: *“As part of the review IPRO assessed the MCO’s implementation of any actions proposed by the MCO in response to last year’s findings. It should be noted that 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.”* Additionally, beginning with the 2016 compliance review, DMS directed that any elements that were found less than compliant in the prior year and the current review should be scored “Minimal Compliance” and any elements that were found less than compliant for the two prior years and the current review should be scored “Non-compliant.”

The final findings for each MCO’s review are sent to the MCOs and also to DMS’s CAP and Letter of Concern (LOC) Committee. Two DMS divisions, the Managed Care Oversight Quality Branch and the Managed Care Oversight Contract Management Branch, work together to review the findings and determine if a LOC and/or CAP request are 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 Minimal Compliance or Non-compliance.

**Table 4** displays the numerical score and associated overall compliance determination for each domain reviewed for each of the MCOs.

#### **October 2017 Medicaid Compliance Review Findings: All MCOs**

All of the elements reviewed in the October 2017 Compliance Review were determined to be fully compliant. No further action is required.

Table 4: Overall Compliance Determination by Review Domain – Reviews Conducted in October 2017

Review Area (Tool#) <sup>1,2</sup>	Aetna Better Health		Anthem BCBS Medicaid		Humana-CareSource		Passport Health Plan		WellCare of Kentucky	
	Point Ave.	Deter- mination	Point Ave.	Deter- mination	Point Ave.	Deter- mination	Point Ave.	Deter- mination	Point Ave.	Deter- mination
Behavioral Health Services (15)										
Case Management/Care Coordination (10)			3.0	Full						
Enrollee Rights and Protection: Enrollee Rights (12a)										
Enrollee Rights and Protection: Member Education and Outreach (12b)										
EPSDT (7)										
Grievance System (2)	3.0	Full	3.0	Full	3.0	Full				
Health Risk Assessment (3)										
Medical Records (13)										
Pharmacy Benefits (16)										
Program Integrity (6)	3.0	Full	3.0	Full						
QAPI: Access (5)	3.0	Full								
QAPI: Access – Utilization Management (5a)										
QAPI: Measurement and Improvement (1)			3.0	Full						
QAPI: Health Information Systems (9)										
QAPI: Structure and Operations – Credentialing (4)										
QAPI: Structure and Operations – Delegated Services (8)										

<sup>1</sup> Shaded cell indicates the domain was not reviewed.

<sup>2</sup> Detailed results for each review domain for all MCOs are available in the final compliance review tools, available on the DMS Managed Care Oversight Quality Branch Reports web page at: <http://chfs.ky.gov/dms/pqomcoqbreports.htm> .  
BCBS: Blue Cross and Blue Shield; QAPI: Quality Assessment and Performance Improvement.

## Validation of Performance Measures

This section of the report summarizes the Medicaid MCOs' reporting of select PMs followed by results of the HEDIS 2015 audit.

### 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 Medicaid MMC, 330(c)(2)(ii) require that the Medicaid MCOs measure and report to the state its performance, using standard measures required by the state and/or submit to the state data that enables the state to measure the MCOs' performance. As a result, a requirement of the Kentucky Medicaid MCO contract is the annual reporting of PMs. These PMs, selected by DMS, include both the HEDIS and state-specific PMs which are based upon 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 managed care with a focus on preventive care, health screening, prenatal care, as well as special populations (e.g., adults with hypertension and CSHCN).

During CY 2016, under contract to the DMS, five MCOs provided services to Medicaid recipients in Kentucky: Aetna Better Health of Kentucky, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky. The MCOs were accountable for all covered health services for their members, except long term care and waiver services. These services were carved out to Fee-for-Service (FFS) Medicaid.

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

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

This report summarizes the findings for the PM rates for MY 2016 reported by the MCOs in 2017. The HEDIS measures included in the HK data set are described in **Table 5** and the data results for these measures can be found in **Table 8** and **Table 9**. The state-specific PMs are described in **Table 6** and the data results follow in **Table 7**.

Table 5: Kentucky Medicaid Managed Care Performance Measures – RY 2017

<b>HEDIS Performance Measures</b>
<p><b>HEDIS Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents<sup>1</sup></b></p> <p>The percentage of members 3–17 years of age who had an outpatient visit with a primary care practitioner (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.</p>
<p><b>HEDIS Adult BMI Assessment</b></p> <p>The percentage of members 18–74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year.<sup>2</sup></p>
<p><b>HEDIS Controlling High Blood Pressure</b></p> <p>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year (ages 18–59 years: &lt; 140/90; ages 60–85 years without diabetes: &lt; 140/90; ages 60–85 years with diabetes &lt; 150/90).</p>
<p><b>HEDIS Annual Dental Visit</b></p> <p>The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.</p>
<p><b>HEDIS Lead Screening in Children</b></p> <p>The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.</p>
<p><b>HEDIS Well-Child Visits in the First 15 Months of Life</b></p> <p>The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.</p>
<p><b>HEDIS Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</b></p> <p>The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.</p>
<p><b>HEDIS Adolescent Well-Care Visits</b></p> <p>The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>
<p><b>HEDIS Children and Adolescents' Access to Primary Care Practitioners</b></p> <p>The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages:</p> <ul style="list-style-type: none"> <li>• Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.</li> <li>• Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.</li> </ul>

<sup>1</sup> See the related Kentucky-specific measure: Height and Weight Documented; Appropriate Weight for Height.

<sup>2</sup> See the related Kentucky-specific measures: Counseling for Nutrition and Physical Activity for Adults, and Height and Weight Documented; Appropriate Weight for Height.

Table 6: Kentucky-Specific Performance Measures – RY 2017

Kentucky-Specific Performance Measures <sup>1</sup>
<p><b>Prenatal and Postpartum Risk Assessment/Education/Counseling</b></p> <p>The percentage of pregnant members who delivered between November 6 of the year prior to the measurement year and November 5 of the measurement year who had a prenatal/postpartum visit and received the following prenatal/postpartum services:</p> <ul style="list-style-type: none"> <li>• Tobacco use screening, positive screening for tobacco use, intervention for positive tobacco use screening;</li> <li>• Alcohol use screening, positive screening for alcohol use, intervention for positive alcohol use screening;</li> <li>• Drug use screening, positive screening for drug use, intervention for positive drug use screening;</li> <li>• Education/counseling for OTC/prescription medication use;</li> <li>• Education/counseling for nutrition;</li> <li>• Screening for depression; and</li> <li>• Screening for domestic violence</li> </ul> <p>During the first two prenatal visits or the first two prenatal visits after enrollment in the MCO.</p> <ul style="list-style-type: none"> <li>• Screening for postpartum depression during the postpartum visit.</li> </ul> <p>(Note: these are reported as fourteen separate numerators)</p>
<p><b>Cholesterol Screening for Adults</b></p> <p>The percentage of male members age &gt; 35 years and female members age &gt; 45 years who had an outpatient office visit during the measurement year and appropriate LDL-C/cholesterol screening documented during the measurement year or the four years prior.</p>
<p><b>Height and Weight Documented; Appropriate Weight for Height for Adults</b></p> <p>The percentage of members 18–74 years of age who had an outpatient visit and who had their height and weight documented and appropriate weight for height during the measurement year or the year prior to the measurement year.</p> <p>(Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)</p>
<p><b>Tobacco Screening for Adults</b></p> <p>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.</p>
<p><b>Counseling for Nutrition and Physical Activity for Adults</b></p> <p>The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for nutrition and physical activity.</p> <p>(Note: these are reported as two separate numerators)</p>
<p><b>Height and Weight Documented and Appropriate Weight for Height for Children and Adolescents</b></p> <p>The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had height and weight documented and appropriate weight for height.</p> <p>(Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)</p>
<p><b>Adolescent Preventive Screening/Counseling</b></p> <p>The percentage of adolescents 12–17 years of age who had at least one outpatient visit with a PCP or 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.</p> <p>(Note: these are reported as four separate numerators.)</p>
<p><b>Individuals with Special Health Care Needs (ISHCN) Access to Preventive Care</b></p> <p>The percentage of child and adolescent members, ages 12 months through 19 years, in the SSI and Foster categories of aid or who received services from the Commission for Children with Special Health Care Needs, who received the specified services as defined in the HEDIS specifications.</p> <p><b>Access to Care:</b></p> <ul style="list-style-type: none"> <li>• Children and Adolescents' Access to Primary Care Practitioners</li> </ul> <p><b>Preventive Care Visits:</b></p> <ul style="list-style-type: none"> <li>• Well-Child Visits in the First 15 Months of Life</li> </ul>

### Kentucky-Specific Performance Measures<sup>1</sup>

- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- Adolescent Well-Care Visits
- Annual Dental Visit (Ages 2–21)

<sup>1</sup>Copies of the full specifications for each of the Kentucky-specific PMs are available by request.

**Table 7** shows the rates for each of the five MCOs and the statewide rate for RY 2017 for each of the Kentucky-specific HK PMs. If a measure was determined “not reportable” an “NR” appears in the rate cell. If a measure was not reported because the denominator was less than 30 or because the MCO had no eligible members, “N/A” appears in the cell. The statewide rates represent weighted averages.<sup>1</sup> 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. If only one MCO reported a rate, no statewide rate was calculated.

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<sup>1</sup> 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.

Table 7: Kentucky-Specific Performance Measure Rates – RY 2017

Kentucky-Specific Performance Measure Rates – RY 2017								
Adult Preventive Care								
Hybrid Measure(s)								
Ages	Measure	Submeasures: Had an Outpatient Visit and Had	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana- CareSource	Passport Health Plan	WellCare Of Kentucky	Weighted Rate of All MCOs
18 to 74	BMI	Record of Height and Weight During Measurement Year or Prior Year	66.67%	56.25%	48.77%	77.78%	78.59%	73.18%
18 to 74	BMI	Healthy Weight for Height During Measurement Year or Prior Year	28.45%	17.31%	21.39%	28.27%	18.73%	20.90%
18 to 74	BMI	Counseling for Nutrition	24.54%	13.89%	16.42%	37.27%	27.25%	26.27%
18 to 74	BMI	Counseling for Physical Activity	23.84%	13.89%	18.14%	36.81%	20.92%	22.24%
18 to 74	Adult Tobacco Use	Screening for Tobacco Use	65.07%	51.39%	63.50%	78.70%	43.55%	51.78%
18 to 74	Adult Tobacco Use	Positive Screening for Tobacco Use	58.46%	51.80%	65.90%	57.35%	95.53%	82.75%
18 to 74	Adult Tobacco Use	Received Intervention for Tobacco Use	71.70%	40.87%	66.86%	54.87%	58.48%	59.48%
Administrative Measure(s)								
Ages	Measure	Submeasures: Had an Outpatient Visit and had	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana- CareSource	Passport Health Plan	WellCare Of Kentucky	Weighted Rate of All MCOs
Men aged ≥ 35; Females aged ≥ 45	Cholesterol Screening	LDL-C/Cholesterol Screening	78.23%	N/A <sup>1</sup>	67.35%	77.52%	80.79%	77.12%

# Kentucky-Specific Performance Measure Rates – RY 2017

## Child and Adolescent Preventive Care

### Hybrid Measure(s)

Ages	Measure	Submeasures: During Measurement Year or Prior Year, Had an Outpatient Visit and Had	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana- CareSource	Passport Health Plan	WellCare Of Kentucky	Weighted Rate of All MCOs
3 to 11	BMI	Record of Height and Weight	72.53%	80.28%	76.12%	81.91%	76.30%	76.54%
12 to 17	BMI	Record of Height and Weight	75.47%	77.46%	66.43%	89.31%	74.47%	77.42%
3 to 17	BMI	Record of Height and Weight	73.61%	79.35%	72.75%	84.51%	75.67%	76.90%
3 to 11	BMI	Healthy Weight for Height	40.98%	54.36%	38.16%	55.42%	22.73%	37.19%
12 to 17	BMI	Healthy Weight for Height	34.15%	44.83%	36.00%	56.34%	20.00%	33.34%
3 to 17	BMI	Healthy Weight for Height	38.41%	51.26%	37.46%	55.76%	21.82%	35.84%

### Administrative Measure(s)

Ages	Measure	Submeasures: Well-Visit or Preventive Visit with PCP/OB-GYN and	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana- CareSource	Passport Health Plan	WellCare Of Kentucky	Weighted Rate of All MCOs
12 to 17	Adolescent Screening	Screened for Tobacco Use	61.01%	64.79%	60.14%	78.62%	55.41%	62.36%
12 to 17	Adolescent Screening	Screened for Alcohol/Substance Use	42.14%	46.48%	47.55%	60.38%	41.22%	45.88%
12 to 17	Adolescent Screening	Screened for Sexual Activity	26.42%	26.76%	29.37%	44.03%	28.38%	30.93%
12 to 17	Adolescent Screening	Screened for Depression	34.59%	23.24%	25.17%	40.88%	29.05%	32.66%

**Kentucky-Specific Performance Measure Rates – RY 2017**

**Perinatal Care**

**Hybrid Measure(s)**

<b>Submeasures: Perinatal Screening Had a Live Birth Between November 6 of the Prior Year and November 5 of the Measurement Year with:</b>	<b>Aetna Better Health of Kentucky</b>	<b>Anthem BCBS Medicaid</b>	<b>Humana- CareSource</b>	<b>Passport Health Plan</b>	<b>WellCare Of Kentucky</b>	<b>Weighted Rate of All MCOs</b>
Screening for Tobacco Use at one of first two prenatal visits	51.92%	69.28%	31.91%	79.19%	49.59%	50.87%
Positive Screening for Tobacco Use at one of first two prenatal visits	36.51%	30.96%	32.99%	33.71%	46.15%	38.76%
Received Intervention for Tobacco Use	75.36%	75.68%	59.38%	64.71%	54.76%	65.06%
Screening for Alcohol Use at one of first two prenatal visits	45.05%	60.29%	26.97%	76.70%	41.42%	43.44%
Positive Screening for Alcohol Use at one of first two prenatal visits	6.10%	9.62%	4.88%	8.55%	9.21%	7.70%
Received Intervention for Alcohol Use	60.00% *	20.00% *	25.00% *	27.59% *	50.00% *	44.16%
Screening for Substance/Drug Use at one of first two prenatal visits	46.70%	57.10%	25.99%	75.34%	41.14%	43.14%
Positive Screening for Substance/Drug Use at one of first two prenatal visits	13.53%	7.11%	18.99%	13.81%	13.91%	13.44%
Received Intervention for Substance/Drug Use	43.48% *	78.57% *	46.67% *	52.17%	28.57% *	44.08%
Assessment/Education/Counseling for Nutrition at One of First Two Prenatal Visits	34.62%	45.51%	15.13%	48.19%	19.07%	27.49%
Assessment/education/counseling for OTC/prescription Medication During One of First Two Prenatal Visits	39.29%	34.78%	7.89%	30.54%	16.08%	24.83%
Screening for Domestic Violence During One of the First Two Visits	25.82%	37.39%	10.53%	47.06%	17.98%	22.41%
Had Screening For Depression During One of First Two Visits	33.52%	48.99%	19.41%	55.43%	29.16%	32.27%
Received Screening for Postpartum Depression	39.53%	64.53%	21.46%	67.25%	47.23%	43.91%

# Kentucky-Specific Performance Measure Rates – RY 2017

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

### CSHCN: Administrative Measure(s) – Preventive Care

Measure	Measure Description	Aid Category	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare Of Kentucky	Weighted Rate of All MCOs
Modified HEDIS Annual Dental Visit (ADV)	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.	SSI Total (B, BP, D, DP, K, M)	54.74%	36.76%	51.67%	63.59%	59.07%	56.29%
		SSI Blind (B, BP, K)	56.00% *	N/A <sup>2</sup>	40.00% *	N/A	55.26%	54.41%
		SSI Disabled (D, DP, M)	54.73%	N/A <sup>2</sup>	51.73%	63.59%	59.08%	57.13%
		Foster (P,S, X)	75.74%	68.93%	65.06%	74.91%	78.33%	75.92%
		CCSHCN (provider type 22 and 23)	57.89%	51.52%	40.00%	75.59%	70.31%	68.07%
		Total ADV (2–21 years)	62.66%	46.32%	54.77%	74.36%	66.40%	64.90%
Modified HEDIS Well-Child 15 Months (6+ Visits) (WC15)	The percentage of members who turned 15 months old during the measurement year and had 6+ well-child visits with a PCP during their first 15 months of life.	SSI Total (B, BP, D, DP, K, M)	25.71%	60.00% *	10.34%	50.00% *	22.43%	21.86%
		SSI Blind (B, BP, K)	N/A	N/A <sup>2</sup>	N/A	N/A	0.00% *	0.00%
		SSI Disabled (D, DP, M)	25.71%	N/A <sup>2</sup>	10.34%	50.00% *	22.64%	21.05%
		Foster (P,S, X)	57.14%	85.71% *	24.14%	65.00%	50.61%	47.33%
		CCSHCN (provider type 22 and 23)	33.33% *	N/A	32.50%	55.56% *	49.32%	43.75%
		Total WC15	46.96%	75.00% *	23.72%	63.52%	42.96%	41.10%
Modified HEDIS Well-Child Ages 3 – 6 (WC34)	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the	SSI Total (B, BP, D, DP, K, M)	55.25%	64.29% *	59.86%	78.57%	67.63%	63.72%
		SSI Blind (B, BP, K)	0.00% *	N/A <sup>2</sup>	100.00% *	N/A	50.00% *	57.14%
		SSI Disabled (D, DP, M)	55.35%	N/A <sup>2</sup>	59.31%	78.57%	67.69%	63.75%
		Foster (P,S, X)	75.00% *	87.50% *	68.70%	79.84%	76.33%	77.04%

**Kentucky-Specific Performance Measure Rates – RY 2017**

	measurement year.	CCSHCN (provider type 22 and 23)	72.22%	100.00% *	67.16%	75.00%	76.01%	74.82%
		Total WC34	57.12%	73.91% *	64.64%	79.34%	72.46%	70.79%
Modified HEDIS Adolescent Well Care (AWC)	The percentage of members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during measurement year.	SSI Total (B, BP, D, DP, K, M)	32.81%	55.56% *	37.39%	58.00%	37.16%	35.81%
		SSI Blind (B, BP, K)	41.18% *	N/A <sup>2</sup>	0.00% *	N/A	28.57% *	31.25%
		SSI Disabled (D, DP, M)	32.76%	N/A <sup>2</sup>	37.59%	58.00%	37.20%	35.79%
		Foster (P,S, X)	55.41%	33.33% *	48.70%	63.15%	57.69%	57.85%
		CCSHCN (provider type 22 and 23)	47.31%	100.00% *	40.00%	59.55%	51.94%	51.32%
		Total AWC	40.63%	54.55% *	41.24%	62.77%	43.87%	44.52%

**CSHCN: Access to Care**

Measure	Measure Description	Aid Category	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare Of Kentucky	Weighted Rate of All MCOs
Modified HEDIS Children and Adolescents' Access to PCPs (CAP)	The percentage of members 12–24 months of age who had a visit with a primary care practitioner (PCP) in reporting year.	SSI Total (B, BP, D, DP, K, M)	96.88%	87.10%	94.59%	100.00% *	98.50%	96.37%
		SSI Blind (B, BP, K)	100.00% *	N/A <sup>2</sup>	N/A	N/A	100.00% *	100.00%
		SSI Disabled (D, DP, M)	96.83%	N/A <sup>2</sup>	94.59%	100.00% *	98.47%	97.51%
		Foster (P,S, X)	96.10%	93.02%	97.62%	98.14%	97.78%	97.25%
		CCSHCN (provider type 22 and 23)	100.00% *	100.00% *	100.00%	100.00% *	100.00%	100.00%
		Total CAP 12–24 months	96.53%	90.91%	97.55%	98.34%	98.73%	97.59%
Modified HEDIS Children and Adolescents' Access to PCPs (CAP)	The percentage of members 25 months–6 years of age who had a visit with a primary care practitioner (PCP) in	SSI Total (B, BP, D, DP, K, M)	93.94%	83.93%	92.40%	95.38%	97.50%	95.42%
		SSI Blind (B, BP, K)	75.00% *	N/A <sup>2</sup>	100.00% *	N/A	100.00% *	90.91%
		SSI Disabled (D, DP, M)	94.05%	N/A <sup>2</sup>	92.31%	95.38%	97.49%	96.01%
		Foster (P,S, X)	95.12%	93.75%	91.41%	91.00%	97.50%	94.80%

**Kentucky-Specific Performance Measure Rates – RY 2017**

	reporting year.	CCSHCN (provider type 22 and 23)	100.00%	100.00% *	97.62%	98.68%	98.39%	98.47%
		Total CAP 25 months–6 years	94.76%	88.73%	93.06%	91.96%	97.70%	95.61%
Modified HEDIS Children and Adolescents’ Access to PCPs (CAP)	The percentage of members 7–11 years of age who had a visit with a primary care practitioner (PCP) in reporting year, or year prior.	SSI Total (B, BP, D, DP, K, M)	95.92%	88.41%	87.84%	94.74%	97.14%	96.07%
		SSI Blind (B, BP, K)	100.00% *	N/A <sup>2</sup>	N/A	N/A	100.00% *	100.00%
		SSI Disabled (D, DP, M)	95.91%	N/A <sup>2</sup>	87.84%	94.74%	97.13%	96.19%
		Foster (P,S, X)	96.24%	100.00% *	88.16%	93.85%	96.93%	95.80%
		CCSHCN (provider type 22 and 23)	98.53%	33.33% *	100.00% *	100.00%	99.57%	99.21%
		Total CAP 7–11 years	96.13%	89.69%	88.57%	94.44%	97.34%	96.20%
Modified HEDIS Children and Adolescents’ Access to PCPs (CAP)	The percentage of members 12–19 years of age who had a visit with a primary care practitioner (PCP) in reporting year, or year prior.	SSI Total (B, BP, D, DP, K, M)	93.51%	83.91%	87.31%	90.24%	94.37%	93.56%
		SSI Blind (B, BP, K)	92.86% *	N/A <sup>2</sup>	100.00% *	N/A	88.24% *	90.91%
		SSI Disabled (D, DP, M)	93.51%	N/A <sup>2</sup>	87.24%	90.24%	94.39%	93.68%
		Foster (P,S, X)	94.79%	93.65%	84.42%	92.61%	94.94%	93.85%
		CCSHCN (provider type 22 and 23)	100.00%	N/A	95.12%	100.00%	97.78%	98.11%
		Total CAP 12–19 years	94.09%	88.00%	86.78%	92.95%	94.80%	93.92%
CMS 416								
Measure	Measure Description	Category	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana- CareSource	Passport Health Plan	WellCare Of Kentucky	Weighted Rate of All MCOs
CMS 416 EPSDT – Dental Services	This performance measure assesses the percentage of members (ages < 21 years) who received the specified dental	Any Dental Services	78.05%	22.94%	40.45%	24.19%	50.59%	47.53%
		Preventive Dental Services	74.16%	19.08%	33.46%	18.83%	44.73%	42.27%
		Dental Treatment Services	53.27%	8.83%	18.33%	8.78%	22.81%	24.84%

### Kentucky-Specific Performance Measure Rates – RY 2017

	services.	Sealant on a Permanent Molar Tooth	19.52%	2.91%	5.80%	2.25%	5.85%	7.80%
		Diagnostic Dental Services	77.18%	18.75%	35.23%	19.66%	48.18%	44.60%
		Oral Health Services Provided by a Non-Dentist Provider	3.96%	2.07%	11.99%	2.88%	23.51%	11.71%
		Any Dental or Oral Health Service	78.05%	23.07%	40.45%	26.54%	62.27%	52.63%

<sup>1</sup> N/A was reported for Anthem's Cholesterol Screening measure, because the measure requires data from the measurement year and prior four years. Given that Anthem BCBS Medicaid's contract began in January 2014, their rate for this measure cannot be comparable to all other MCOs that have larger historical data available to build a comprehensive rate for the measure.

<sup>2</sup> N/A was reported for the SSI blind and disabled population rates for select Children with Special Health Care Needs measures. It was noted that Anthem BCBS Medicaid could not break out SSI rates for the blind and disabled separately. However the SSI total captures the reportable rates for the SSI population.

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

BCBS: Blue Cross and Blue Shield; MCO: managed care organization; SSI: supplemental security income; N/A: not applicable; plan did not have any eligible members for this rate; CSHCN: Children with Special Health Care Needs; CSHCN: Commission for Children with Special Health Care Needs.

## Healthy Kentuckians Performance Measures – Plan Trends RY 2016 – RY 2017

This section summarizes the trends in HK PMs by plan over the past two years, RY 2016–2017. Trend data by plan for RY 2016 is presented in the validation report prepared by IPRO, entitled “Validation of Reporting Year 2016 Kentucky Medicaid Managed Care Performance Measures, March 2017” and is available on the DMS website, Managed Care Oversight – Quality Branch Reports page at: <http://www.chfs.ky.gov/dms/pqomcoqbreports.htm>.

### Aetna Better Health – Performance Trends RY 2016 to RY 2017

- Adult Preventive Care Measures saw improvement in two rates in RY 2017, Healthy Weight for Height increased from 24.06% to 28.45% and LDL Cholesterol Screening increased from 71.56% to 78.23%. There were decreases in rates for Documentation of Height and Weight (66.67%), Counseling for Nutrition (24.54%) and Physical Activity (23.84%).
- Performance trends for Adult Tobacco Use showed mixed results with an increase in the Proportion of Smokers Receiving Interventions for Tobacco Use (71.70%) and a decrease in Screening for Tobacco Use (65.07%). Over half (58.46%) of those screened for tobacco use had a positive result.
- Child and Adolescent Preventive Care Measures saw decreases across most rates.
  - Documentation of Height and Weight decreased for all age groups with an overall lower rate for ages 3–17 years (73.61%).
  - Healthy Weight for Height increased in the 3–11-year age group (40.98%) and overall for 3–17 years of age (38.41%), while the adolescent age group (12–17 years) experienced decreased rates of Healthy Weight for Height (34.15%).
  - Adolescent screening measures also had mixed results, Screening for Alcohol/Substance Use increased (42.14%), while Screening for Tobacco Use (61.01%), Sexual Activity (26.42%) and Depression (34.59%) were down in RY 2017.
- Perinatal Care Measures for RY 2017 showed several significant increases across various measures.
  - There were significant increases in the following perinatal measures: Proportion of Perinatal Smokers Receiving Intervention for Tobacco Use (75.36%), Proportion of Alcohol Users Receiving Intervention for Alcohol Use (60.0%), Assessment/Education/Counseling for Nutrition at One of First 2 Prenatal Visits (34.62%), Assessment/Education/Counseling for OTC/Prescription Medication During One of First 2 Prenatal Visits (39.29%) and Received Screening for Postpartum Depression (39.53%).
  - Improvements were also seen in Screening for Tobacco Use (51.92%), Screening for Alcohol Use (45.05%), Screening for Substance/Drug Use (46.70%) and Screening for Depression (33.52%). There were also lower rates of positive screening for tobacco use (36.51%), alcohol use (6.10%), and substance/drug use (13.53%).
  - Only two perinatal screening measures saw decreases in rates: Received Intervention for Substance/Drug Use (43.48%) and Screenings for Domestic Violence (25.82%).
- Modified Annual Dental Visit Measure for CSHCN ages 2 to 21 years improved slightly from RY 2016 for a rate of 62.66% in RY 2017. This reported rate was less than the CMS 416 reported Dental Services Measure for children less than 21 years of age receiving any dental or oral health services (78.05%).
- Regarding well-child visits for CSHCN, the rate for children ages 3–6 years who had visits with a PCP fell from 70.84% in RY 2016 to 57.12% in RY 2017, whereas the rate for children who turned 15 months during the MY and had a well-child visit with a PCP increased from 41.67% in RY 2016 to 46.96% in RY 2017. The rate of adolescent well-care visits, on the other hand, decreased from 43.60% in RY 2016 to 40.63% in RY 2017.
- For Access to Care measures for CSHCN, rates for annual visits to a PCP exceeded 90% for all other age groups, with those ages 12–24 months having the highest rate at 96.53%.
- The CMS 416 measure on Dental Services for EPSDT-eligible children saw a significant increase of 20.78 percentage points for those continuously enrolled for 90 days and receiving any dental or oral health service (78.05%). The rate of those receiving a preventive service increased from 43.92% (RY 2016) to 74.16% (RY 2017).

## **Anthem BCBS Medicaid – Performance Trends RY 2016 to RY 2017**

Many measures reported in RY 2016 had denominators less than or equal to 30, thus trending of RY 2016 rates to rates in RY 2017 is not valid for some measures, including child and adolescent preventive care, perinatal care and CSHCN preventive care services.

- Rates for Adult Preventive Care measures saw mixed results in RY 2017. Increases in Healthy Weight for Height for ages 18–74 years (17.31%) and Screening for Tobacco Use for ages 18–74 years (51.39%) were positive, but the proportion of positive screening for tobacco use also increased in RY 2017 to over half of those screened (51.80%).
- There were large decreases in the Adult Preventive Care measures for Documentation of Height and Weight (56.25%), Counseling for Nutrition (13.89%), Counseling for Physical Activity (13.89%) and Adult Smokers Receiving Intervention for Tobacco Use (40.87%).
- Since Anthem BCBS Medicaid started services in 2014, the MCO does not have four or more years' worth of claims to help tabulate the LDL screening measure; therefore, it was reported as N/A again in MY 2016 (RY 2017).
- Trends in Child and Adolescent Preventive Care measures showed large increases for all measures. Documentation of Height and Weight increased for every age grouping with an overall rate in RY 2017 of 79.35% for ages 3–17 years. The rate for Healthy Weight for Height increased for all age groupings with an overall rate for ages 3–17 years of 51.26% in RY 2017.
- Adolescent screening for members 12–17 years of age increased for tobacco use (64.79%), alcohol/substance use (46.48%), sexual activity (26.76%) and depression (23.24%).
- Perinatal Measures reported for RY 2017 show much improvement over rates in RY 2016.
  - Screening for Tobacco Use increased considerably to 69.28% and positive screens decreased to 30.96%.
  - Alcohol Screening rate increased to 60.29%; the proportion of positive screens for alcohol use also increased to 9.62%.
  - Substance/Drug Use Screening showed a large increase to 57.10%; the proportion of positive screens for substance/drug use also increased to 7.11%.
  - Education and Counseling for Nutrition and OTC/Prescription Medication rates increased to 45.51% and 34.78%, respectively.
  - Domestic Violence Screening increased from 4.12% to 37.39%, Depression Screening from 3.82% to 48.99%, and Postpartum Depression Screening increased from 18.07% to 64.53%.
- CSHCN who had an annual dental visit increased from 19.8% in RY 2016 to 46.32% in RY 2017.
- Well-child visit rates and rates of access to PCPs for CSHCN all showed improvements, but due to denominators that were less than 30 members, it was difficult to interpret these results.
- CMS 416 dental services rates improved across the various dental services. Approximately 23% of children had any dental services or oral health services. This, however, was considerably less than the aggregate state rate of 52.63%. Those receiving preventive dental services were reported only at a rate of 19.08%, which was considerably below the state aggregate rate (42.27%). The rate of children receiving dental treatment services (8.83%) was an improvement over 6.07% in RY 2016. Only 2.91% of children received a sealant on a permanent molar.

## **Humana-CareSource – Performance Trends RY 2016 to RY 2017**

Between RY 2016 to RY 2017, the MCO saw mixed results in Kentucky PMs.

- For Adult Preventive Care measures, Documentation of Height and Weight (48.77%), Counseling for Nutrition (16.42%) and Physical Activity (18.14%) increased in comparison to RY 2016 rates.
  - Healthy Weight for Height decreased slightly from 22.96% in RY 2016 to 21.39% in RY 2017.
  - LDL Screening rate slightly declined from 67.59% in RY 2016 to 67.35% in RY 2017.
  - Screening for Tobacco Use increased to 63.50%. Although still high, the rate of positive screens for tobacco use decreased from 71.67% in RY 2016 to 65.90% in RY 2017 and the proportion of smokers receiving an intervention for tobacco use decreased to 66.86% in RY 2017.
- Children 3–17 years of age saw a large improvement in Documentation of Height and Weight (72.75%), but the Documentation of Healthy Weight for Height rate for this age group decreased to 37.46% from 49.03% in RY 2016.
- Adolescent Screening for Tobacco Use (60.14%), Alcohol/Substance Use (47.55%) and Sexual Activity (29.37%) rates increased in RY 2017, while Screening for Depression rate (25.17%) decreased slightly.

- For the perinatal population, Screening for Tobacco Use (31.91%), Alcohol Use (26.97%) and Substance/Drug Use (25.99%) rates all increased from RY 2016 to RY 2017. On the other hand, there were also increases in the rate of positive screens for alcohol use (4.88%) and substance/drug use (18.99%) among the perinatal population. The rate of positive screens for tobacco use decreased from 35.63% in RY 2016 to 32.99% in RY 2017.
- Perinatal screening rates for Assessment and Counseling for Nutrition decreased to 15.13% and for Assessment and Counseling for OTC/Prescription Medication decreased to 7.89%. The Screening for Domestic Violence rate decreased to 10.53%, while Screening for Depression and Postpartum Depression increased to 19.41% and 21.46%, respectively.
- For the CSHCN population, over half of those 2–21 years of age had an annual dental visit (54.77%). A gradual improvement in rates can be seen from the prior years' reported rates.
- Well-child visits for CSHCN 15 months of age increased to 23.72%, while well-child visit rates for children 3–6 years of age fell to 64.64%, and rates for adolescent well-care visits decreased slightly to 41.24%.
- Access to care increased for the CSHCN population for all age groupings: 12 – 24 months (97.55%), 25 months – 6 years (93.06%), 7 – 11 years (88.57%) and 12 – 19 years (86.78%).
- Humana-CareSource saw improvement in all CMS 416 rates for dental services between RY 2016 and RY 2017. Any Dental Services rate increased to 40.45%, Preventive Services rate increased to 33.46% and the Dental Treatment Services rate increased to 18.33%. Overall, Any Dental or Oral Health Service rate increased to 40.45%, which still remains lower than the weighted statewide average of 52.63%.

#### Passport Health Plan – Performance Trends RY 2016 to RY 2017

- Of the adult population, 77.78% had height and weight documented at an outpatient visit, with 28.27% of that population having a healthy weight for height.
- Adult Preventive Care Measure rates for Counseling for Nutrition (37.27%) increased, while Counseling for Physical Activity (36.81%) slightly decreased from RY 2016.
- The rate for Screening for Tobacco Use increased to 78.70% in RY 2017. The rate of Positive Screens for Tobacco Use decreased to 57.35%, a concern since this is well over half of those screened. The rate for Adult Smokers Receiving an Intervention for Tobacco Use also decreased to 54.87%.
- RY 2017 LDL Screening rate increased to 77.52%, which surpasses the weighted statewide average of 77.12%.
- Rates for children 3–17 years old with documentation of height and weight decreased from 91.17% in RY 2016 to 84.51% in RY 2017, and their rates for healthy weight for height also declined from 62.02% in RY 2016 to 55.76% in RY 2017. For children 3–17 years old, Passport Health Plan had the highest rates for Documentation of Height and Weight and Healthy Weight for Height amongst the Kentucky MCOs.
- Adolescent Screening for Tobacco Use and Depression rates increased to 78.62% and 40.88%, respectively, while screening rates for alcohol/substance use and sexual activity declined. Passport Health Plan's rates for adolescent screening were all above the weighted statewide average.
- Perinatal Care measures had mixed results with moderate decreases across all screening rates including the Tobacco Use, Alcohol Use and Substance/Drug Use rates. In spite of these declines, Passport Health Plan continued to have the highest rates for each of these screening rates compared to the weighted statewide averages.
- The proportion of positive screens increased for all three screening rates: tobacco use (33.71%), alcohol use (8.55%) and substance/drug use (13.81%).
- Although identification of positive screened members has not improved significantly for the three screening measures, a small improvement was seen for intervention rates for tobacco use (64.71%).
- There was improvement in the Screening for Domestic Violence rate (47.06%), but screening rates for depression and postpartum depression decreased to 55.43% and 67.25% respectively.
- Education And Counseling for Nutrition (48.19%) and OTC/Prescription Medication Use (30.54%) for perinatal members increased from RY 2016 and both were above their respective weighted statewide average.
- For CSHCN, modified annual dental visits for children 2–21 years of age increased significantly from 45.42% in RY 2016 to 74.36% in RY 2017. In contrast, CMS 416 dental services measures did not reflect this HEDIS rate increase, but rather showed percentage decreases for all rates, with the exception of Oral Health Services Provided by a Non-Dentist Provider. Of particular concern are decreases in the Any Dental Services rate from 44.67% in RY 2016 to 24.19% in RY 2017; a decrease in the Preventive Dental Services rate from 40.25% to 18.83% in RY 2017; and a

decrease in the Dental Treatment Services rate from 17.90% to 8.78% in RY 2017. The overall Any Dental or Oral Health Service rate decreased from 46.31% in RY 2016 to 26.54% in RY 2017, a drop of nearly 20 percentage points.

- Access to PCP measures for CSHCN continued to exceed 90% for all age groups in RY 2017, including children 12–24 months old (98.34%), 25 months–6 years (91.96%), 7–11 years (94.44%), and children 12–19 years old (92.95%).

### WellCare of Kentucky – Performance Trends RY 2016 to RY 2017

- Adult Preventive Care Measure rates were down slightly in RY 2017; 78.59% of adults had height and weight documented, with 18.73% of those having a healthy weight for height. Rates for Counseling for Nutrition (27.25%) and Counseling for Physical Activity (20.92%) were both lower in RY 2017 compared to the previous year.
- There was a large drop in the screening rate for adult tobacco use from 60.87% in RY 2016 to 43.55% in RY 2017. Of the adult population who were screened for tobacco use, WellCare of Kentucky reported that 95.53% were identified as tobacco users. Of those tobacco users, 58.48% received an intervention.
- The LDL Screening rate increased 6.13 percentage points from 74.66% in RY 2016 to 80.79% in RY 2017, surpassing the weighted statewide average of 77.12%.
- Child and adolescent preventive care measures had mixed results in RY 2017. The Documented Height and Weight rate for children 3–17 years old increased to 75.67% in RY 2017, but the proportion of children in this age group with a healthy weight for height decreased to a low 21.82%, 14 percentage points below the statewide average.
- For adolescents, Screening for Alcohol/Substance Use (41.22%) and Sexual Activity (28.38%) rates increased, while there were slight decreases in the screening rates for tobacco use (55.41%) and depression (29.05%).
- Perinatal Care measures showed mixed results for RY 2017:
  - There were slight decreases in screening rates for tobacco use (49.59%), alcohol use (41.42%), and substance/drug use (41.14%). Of concern was that for all three, the rates of those screened positive increased: tobacco use (46.15%), alcohol use (9.21%), and substance/drug use (13.91%). An encouraging sign is that over half of those screened positive for tobacco, received interventions for their tobacco use (54.76%).
  - Other measures such as assessments (nutrition, OTC/prescription medication use) and screening (domestic violence, depression and postpartum depression) all decreased in rates for RY 2017 compared to RY 2016.
- There was improvement in the modified rate for Annual Dental Visit for CSHCN to 66.40% in RY 2017, which exceeded the weighted statewide average.
- Well-child visits for the CSHCN population declined for those who turned 15 months (42.96%), but increased for the other age groups: 3–6 years (72.46%) and 12–21 years (43.87%).
- As seen with most MCOs, rates for children’s access to PCPs, all age groups increased and exceeded 90%: ages 12–24 months (98.73%), 25 months–6 years (97.70%), 7–11 years (97.34%) and ages 12–19 years (94.80%). Rates for all four age groups were the highest among Kentucky MCOs.
- CMS 416 Dental Services measures all saw small increases in RY 2017. The Any Dental Services (50.59%), Preventive Dental Services (44.73%), Diagnostic Dental Services (48.18%), Oral Health Services Provided by a Non-Dentist Provider (23.51%) and Any Dental or Oral Health Services (62.27%) rates were all above the weighted statewide average.

### NCQA HEDIS 2017 Compliance Audit

HEDIS reporting is a contract requirement for Kentucky’s Medicaid plans. In addition, the plans’ HEDIS measure calculations are audited annually by an NCQA-licensed audit organization, in accordance with NCQA’s HEDIS Compliance Audit specifications. Note that the MCOs were audited by NCQA licensed auditor individually contracted by each MCO and were not audited by IPRO.

As part of the HEDIS 2017 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 categories 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 2017 Measures**

For RY 2017, five (5) MCOs were able to report HEDIS 2017: Aetna Better Health, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky. The measures required for reporting are listed by domain. MCO rates for all measures are presented in this section.

### **Effectiveness of Care: Prevention and Screening**

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)
- Adult BMI Assessment (ABA)
- Childhood Immunization Status (CIS)
- Immunization for Adolescents (IMA)
- HPV Vaccine for Female Adolescents (HPV)
- Lead Screening in Children (LSC)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Chlamydia Screening in Women (CHL)

### **Effectiveness of Care: Respiratory Conditions**

- Appropriate Testing for Children with Pharyngitis (CWP)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Medication Management for People With Asthma (MMA)
- Asthma Medication Ratio (AMR)

### **Effectiveness of Care: Cardiovascular Conditions**

- Controlling High Blood Pressure (CBP)
- Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)
- Statin Therapy for Patients With Cardiovascular Disease (SPC)

### **Effectiveness of Care: Diabetes**

- Comprehensive Diabetes Care (CDC)
- Statin Therapy for Patients with Diabetes (SPD)

### **Effectiveness of Care: Musculoskeletal**

- Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)

### **Effectiveness of Care: Behavioral Health**

- Antidepressant Medication Management (AMM)
- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Follow-up After Hospitalization for Mental Illness (FUH)
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)

- Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
- Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Follow-up After Emergency Department Visit for AOD Dependence (FUA)
- Follow-up After Emergency Department Visit for Mental Illness (FUM)

#### **Effectiveness of Care: Medication Management**

- Annual Monitoring for Patients on Persistent Medications (MPM)

#### **Effectiveness of Care: Overuse/Appropriateness**

- Non-recommended Cervical Cancer Screening in Adolescent Females (NCS)
- Appropriate Treatment for Children with URI (URI)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
- Use of Imaging Studies for Low Back Pain (LBP)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

#### **Access /Availability of Care**

- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Children and Adolescents' Access to PCPs (CAP)
- Annual Dental Visit (ADV)
- Initiation and Engagement of AOD Dependence Treatment (IET)
- Prenatal and Postpartum Care (PPC)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

#### **Utilization and Risk-Adjusted Utilization**

- Frequency of Ongoing Prenatal Care (FPC)
- 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)
- Adolescent Well-Care Visit (AWC)
- Ambulatory Care: Outpatient Visits (AMBA)
- Ambulatory Care: Emergency Department Visits (AMBA:ER)
- Inpatient Utilization: General Hospital/Acute Care (IPU)
- Identification of AOD Services (IAD)
- Mental Health Utilization (MPT)
- Antibiotic Utilization: Total (ABXA)

## Health Plan Descriptive Information

- Board Certification (BCR)

In **Table 8** through **Table 13**, the MCOs' reported rates and the weighted statewide rate are provided when available. Where possible, the MCOs' reported rates are compared to the NCQA HEDIS 2017 Quality Compass national percentiles for Medicaid HMOs. The number to the right of the MCO rate is how the rate compares to the national percentiles:

- < 25th – Below the national Medicaid 25th percentile.
- > 25th – At or above the national Medicaid 25th percentile but below the 50th percentile.
- > 50th – At or above the national Medicaid 50th percentile but below the 75th percentile.
- > 75th – At or above the national Medicaid 75th percentile but below the 90th percentile.
- > 90th – At or above the national Medicaid 90th percentile.

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 shown below:

- 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) 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.

HEDIS 2017 Effectiveness of Care measures evaluate how well a health plan provides preventive screening and care for members with acute and chronic illnesses, including: respiratory illnesses, cardiovascular illnesses, diabetes, behavioral health conditions and musculoskeletal conditions. In addition, medication management measures are included. **Table 8** presents the HEDIS Effectiveness of Care rates for HEDIS 2017 along with the weighted statewide averages and comparison to the NCQA HEDIS 2017 national percentiles for Medicaid.

Table 8: HEDIS 2017 Effectiveness of Care Measures

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana- CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide (WSA)	WSA vs. NCQA Average
Prevention and Screening												
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)												
BMI Percentile	56.48%	<25th	63.81%	>25th	58.15%	<25th	83.41%	>75th	49.39%	<25th	59.68%	<25th
Counseling for Nutrition	45.83%	<25th	58.47%	<25th	45.50%	<25th	68.36%	>50th	51.34%	<25th	53.24%	<25th
Counseling for Physical Activity	42.13%	<25th	52.20%	>25th	41.61%	<25th	62.17%	>90th	45.74%	<25th	48.15%	<25th
Adult BMI Assessment (ABA)	79.17%	>25th	86.34%	>50th	81.75%	>25th	85.42%	>25th	86.86%	>50th	84.32%	>25th
Childhood Immunization Status: Combo 3 (CIS)	70.14%	>25th	56.28%	<25th	57.91%	<25th	75.93%	>75th	65.94%	>25th	68.50%	>25th
Immunizations for Adolescents (IMA)												
Meningococcal	78.65%	>25th	58.10%	<25th	66.42%	<25th	86.31%	>75th	79.32%	>25th	79.24%	>25th
Tdap/Td	87.94%	>50th	63.66%	<25th	69.83%	<25th	91.42%	>75th	87.83%	>50th	86.88%	>50th
Combination #1	77.73%	>50th	57.64%	<25th	64.72%	<25th	85.15%	>75th	77.86%	>50th	78.02%	>50th
Combination #2	12.06%	<25th	6.71%	<25th	13.14%	<25th	19.03%	>25th	10.95%	<25th	13.02%	<25th
Human Papillomavirus Vaccine for Female Adolescents (HPV)	13.92%	<25th	7.64%	<25th	13.63%	<25th	20.65%	>25th	14.11%	<25th	15.23%	<25th
Lead Screening in Children (LSC)	64.12%	>25th	57.67%	<25th	60.10%	>25th	81.94%	>75th	62.29%	>25th	67.11%	>25th
Breast Cancer Screening (BCS)	48.61%	<25th	50.41%	<25th	52.10%	<25th	57.20%	>25th	54.75%	>25th	53.18%	>25th
Cervical Cancer Screening (CCS)	56.21%	>25th	46.92%	<25th	47.93%	<25th	63.66%	>50th	58.39%	>25th	56.53%	>25th
Chlamydia Screening in Women (CHL)	50.39%	>25th	49.08%	<25th	54.35%	>25th	61.75%	>50th	50.55%	>25th	53.33%	>25th
Respiratory Conditions												
Appropriate Testing for Children with Pharyngitis (CWP)	72.65%	>25th	71.43%	>25th	78.24%	>50th	86.12%	>75th	73.48%	>25th	75.55%	>50th
Use of Spirometry Testing in Assessment and Diagnosis of COPD (SPR)	25.21%	<25th	38.60%	>75th	36.60%	>75th	40.74%	>75th	33.27%	>50th	32.54%	>50th
Pharmacotherapy Management of COPD Exacerbation (PCE)												
Systemic Corticosteroid	69.74%	>50th	66.80%	>25th	69.28%	>50th	67.39%	>25th	71.03%	>50th	69.83%	>50th
Bronchodilator	81.70%	>25th	80.22%	>25th	82.21%	>25th	78.49%	>25th	83.77%	>50th	82.32%	>25th
Medication Management for People with Asthma (MMA)												
Total – Medication Compliance 50%	72.88%	>90th	64.60%	>90th	65.35%	>90th	56.12%	>90th	64.96%	>90th	65.30%	>90th

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana- CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide (WSA)	WSA vs. NCQA Average
Total – Medication Compliance 75%	51.27%	>90th	41.86%	>75th	43.22%	>75th	29.13%	>25th	41.07%	>75th	41.55%	>75th
Asthma Medication Ratio (AMR)	70.18%	>75th	53.16%	<25th	61.38%	>25th	71.38%	>75th	66.88%	>50th	67.74%	>75th
<b>Cardiovascular Conditions</b>												
Controlling High Blood Pressure (CBP)	51.78%	>25th	51.16%	>25th	52.07%	>25th	59.95%	>50th	42.58%	<25th	49.07%	>25th
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	86.60%	>75th	73.48%	<25th	79.61%	>25th	69.41%	<25th	87.92%	>75th	81.59%	>50th
Statin Therapy for Patients With Cardiovascular Disease (SPC)												
Received Statin Therapy	77.40%	>50th	76.36%	>50th	79.15%	>50th	75.32%	>25th	76.46%	>50th	76.82%	>50th
Statin Adherence 80%	66.09%	>50th	62.32%	>50th	59.92%	>25th	47.15%	<25th	66.36%	>50th	63.36%	>50th
<b>Diabetes</b>												
Comprehensive Diabetes Care (CDC)												
Hemoglobin A1c (HbA1c) Testing	83.19%	<25th	85.76%	>25th	87.77%	>50th	86.73%	>25th	87.93%	>50th	86.68%	>25th
HbA1c Poor Control (> 9.0%) <sup>1</sup>	36.99%	<25th	49.65%	>90th	63.31%	>90th	37.15%	<25th	40.00%	<25th	42.82%	<25th
HbA1c Control (< 8.0%)	50.73%	>50th	39.76%	<25th	36.51%	<25th	50.91%	>50th	49.15%	>50th	47.26%	>25th
HbA1c Control (< 7.0%)	38.17%	>50th	25.82%	<25th	26.03%	<25th	38.70%	>50th	36.47%	>50th	34.71%	>25th
Eye Exam (Retinal) Performed	46.64%	<25th	41.15%	<25th	45.86%	<25th	42.62%	<25th	45.85%	<25th	45.03%	<25th
Medical Attention for Nephropathy	90.50%	>90th	89.76%	>90th	87.05%	>90th	90.05%	>90th	91.71%	>90th	90.46%	>90th
Blood Pressure Control (< 140/90 mmHg)	53.80%	>90th	57.81%	>90th	45.86%	>90th	65.01%	>90th	55.61%	>90th	55.79%	>90th
Statin Therapy for Patients with Diabetes (SPD)												
Received Statin Therapy	62.93%	>50th	57.64%	<25th	63.43%	>50th	59.76%	>25th	64.72%	>50th	62.98%	>50th
Statin Adherence 80%	64.54%	>50th	61.90%	>50th	63.88%	>50th	46.46%	<25th	67.37%	>75th	63.20%	>50th
<b>Musculoskeletal Conditions</b>												
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)	72.05%	>25th	69.68%	>25th	74.29%	>50th	69.66%	>25th	65.85%	<25th	68.75%	>25th
<b>Behavioral Health</b>												
Antidepressant Medication Management (AMM)												
Effective Acute Phase Treatment	58.82%	>75th	53.87%	>50th	54.40%	>50th	50.10%	>25th	54.04%	>50th	54.25%	>50th
Effective Continuation Phase Treatment	43.90%	>75th	39.71%	>50th	38.28%	>50th	33.72%	>25th	38.76%	>50th	38.83%	>50th
Follow-up Care for Children Prescribed ADHD Medication (ADD)												

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana- CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide (WSA)	WSA vs. NCQA Average
Initiation Phase	58.77%	>90th	46.77%	>50th	58.09%	>90th	56.86%	>75th	65.29%	>90th	60.44%	>90th
Continuation and Maintenance (C&M) Phase	70.63%	>90th	62.30%	>50th	61.82%	>50th	67.51%	>75th	74.67%	>90th	71.04%	>90th
Follow-up After Hospitalization for Mental Illness (FUH)												
7-Day Follow-up	40.31%	>25th	32.07%	<25th	30.48%	<25th	66.79%	>90th	36.88%	>25th	37.96%	>25th
30-Day Follow-up	60.86%	>25th	54.75%	<25th	50.26%	<25th	77.01%	>75th	60.00%	>25th	59.26%	>25th
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)	78.64%	>25th	79.46%	>25th	81.83%	>50th	84.17%	>75th	82.74%	>50th	81.84%	>50th
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	70.66%	>50th	69.74%	>25th	66.27%	>25th	63.46%	<25th	69.46%	>25th	69.04%	>25th
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	56.25%	<25th	50.00%	<25th	83.33%	>50th	100.00%	>90th	78.43%	>50th	74.32%	>25th
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	66.80%	>75th	66.03%	>75th	58.21%	>25th	35.45%	<25th	66.54%	>75th	62.36%	>50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics – Total (APM)	23.26%	<25th	23.53%	<25th	26.52%	>25th	38.73%	>50th	25.86%	>25th	27.58%	>25th
Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)												
7-Day Follow-up Total	9.37%	>90th	9.02%	>90th	7.94%	>90th	17.03%	>90th	7.77%	>90th	11.10%	>90th
30-Day Follow-up Total	13.68%	>90th	14.39%	>90th	13.72%	>90th	23.29%	>90th	12.58%	>90th	16.50%	>90th
Follow-up After Emergency Department Visit for Mental Illness (FUM)												
7-Day Follow-up	36.07%	>90th	28.46%	>90th	30.76%	>90th	39.44%	>90th	34.79%	>90th	35.69%	>90th
30-Day Follow-up	53.49%	>90th	44.76%	>90th	47.72%	>90th	56.99%	>90th	51.04%	>90th	52.67%	>90th
Medication Management												
Annual Monitoring for Patients on Persistent Medications (MPM)												
ACE Inhibitors or ARBs	87.32%	>25th	88.21%	>50th	88.72%	>50th	89.22%	>50th	90.56%	>75th	89.31%	>50th
Digoxin	44.37%	<25th	56.10%	>50th	54.10%	>50th	65.31%	>75th	49.48%	>25th	50.42%	>25th
Diuretics	88.16%	>50th	88.88%	>50th	89.35%	>50th	90.02%	>50th	91.31%	>75th	90.06%	>50th
Total	87.33%	>90th	88.35%	>90th	88.83%	>90th	89.48%	>90th	90.62%	>90th	89.40%	>90th
Overuse/Appropriateness												

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana- CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide (WSA)	WSA vs. NCQA Average
Non-recommended Cervical Cancer Screening Adolescent Females (NCS) <sup>1</sup>	4.56%	>90th	2.63%	<25th	4.16%	>90th	3.50%	>90th	4.45%	>90th	4.15%	>90th
Appropriate Treatment for Children with URI (URI)	67.43%	<25th	74.13%	<25th	74.85%	<25th	83.35%	<25th	65.43%	<25th	70.04%	<25th
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	17.32%	<25th	21.64%	<25th	18.89%	<25th	26.76%	>25th	17.82%	<25th	19.81%	<25th
Use of Imaging Studies for Low Back Pain (LBP)	62.56%	<25th	62.09%	<25th	57.92%	<25th	61.14%	<25th	60.81%	<25th	60.99%	<25th
Use of Multiple Concurrent Antipsychotics in Children and Adolescents – Total (APC) <sup>1</sup>	1.90%	<25th	3.85%	>90th	1.14%	<25th	1.80%	<25th	2.10%	<25th	1.98%	<25th

<sup>1</sup> A lower rate reflects better performance.

BCBS: Blue Cross and Blue Shield; NCQA: National Committee for Quality Assurance; BMI: body mass index; ADHD: attention deficit and hyperactivity disorder; COPD: chronic obstructive pulmonary disease; URI: upper respiratory illness.

The rates for the HEDIS Effectiveness of Care measures for MY 2017 showed mixed results (**Table 8**).

In the Prevention and Screening domain, Passport Health Plan performed above the NCQA national Medicaid 50th percentile for 10 of the 14 measures as compared to the remaining four plans, which did not perform as well. The statewide average rates exceeded the NCQA national Medicaid 50th percentile for just two measures, Immunizations for Adolescents: Tdap/Td and Combination #1.

In the Respiratory Conditions domain, Kentucky's statewide average was above the national 50th percentile for 6 of the 7 measures, showing significant improvement over previous years. WellCare of Kentucky had 6 of the 7 measures above the 50th percentile and Humana-CareSource had 5 of the 7 measures above the 50th percentile. Aetna Better Health and Passport Health Plan both performed above the NCQA national Medicaid 50th percentile for 4 of the 7 measures and Anthem BCBS Medicaid had 3 measures above the 50th percentile. All plans were above the 90th NCQA Medicaid percentile for Medication Management for People with Asthma (MMA): 50% Medication Compliance.

For the Cardiovascular Conditions domain, statewide average rates were above the NCQA national Medicaid 50th percentile for 3 of the 4 measures. Passport Health Plan was the only plan to exceed the national 50th percentile for Controlling High Blood Pressure, while Aetna Better Health, Anthem BCBS Medicaid and WellCare of Kentucky all exceeded the national 50th percentile for both measures under Statin Therapy for Patients with Cardiovascular Disease (SPC). Humana-CareSource exceeded the national 50th percentile for Received Statin Therapy.

For the Diabetes domain, statewide average rates exceeded the NCQA national Medicaid 50th percentile for 4 measures, with WellCare of Kentucky having 7 measures above the national 50th percentile followed by Aetna Better Health with 6 measures and Humana-CareSource with 5 measures above the national 50th percentile. Passport Health Plan had 4 measures above the national 50th percentile and Anthem BCBS had 3 measures above the 50th percentile. All plan rates exceeded the national 90th percentile for Medical Attention for Nephropathy and Blood Pressure Control (< 140/90 mmHg). Rates for Eye Exam Performed continue to show poor performance with all MCOs' rates below the 25th national percentile. In the Diabetes domain, a lower rate reflects better performance for one measure: HbA1c Poor Control (>9.0%); Aetna Better Health, Passport Health Plan, and WellCare of Kentucky all had rates below the 25th percentile for this measure.

The Musculoskeletal Conditions measure for Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis fell below the benchmark as compared to NCQA national Medicaid 50th percentile for all plans with the exception of Humana-CareSource, which performed at a rate above the national 50th percentile.

Results in the Behavioral Health domain were mixed. For the 15 measures in this domain, statewide rates were above the NCQA national Medicaid 50th percentile for 10 measures: Effective Acute Phase and Effective Continuation Phase Treatment for AMM, Initiation Phase and Continuation Phase for Follow-up Care for Children Prescribed ADHD Medication (ADD), Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD), Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA), 7-Day and 30-Day Follow-up After Emergency Department Visit for AOD Dependence (FUA), and 7-Day and 30-Day Follow-up After Emergency Department Visit for Mental Illness (FUM). The remaining measures in this domain were above the national 25th percentile but below the national Medicaid 50th percentile. WellCare of Kentucky and Passport Health Plan had 11 of the 15 measures above the national 50th percentile, followed by Aetna Better Health and Humana-CareSource with 10 and Anthem BCBS with 9 measures exceeding the national 50th percentile. All plans had rates for the 7-Day and 30-Day Follow-up After Emergency Department Visit for Mental Illness (FUA) and the 7-Day and 30-Day Follow-up After Emergency Department Visit for Mental Illness (FUM) exceeding the national 90th percentile.

For the Medication Management domain, statewide average rates for Annual Monitoring for Patients on Persistent Medications (MPM) exceeded the NCQA national Medicaid 50th percentile for 3 of the 4 measures. Rates for all five plans were above the national 50th percentile for Diuretics (with WellCare of Kentucky above the 75th percentile) and all five plans performed above the national 90th percentile for Total MPM. Anthem BCBS Medicaid, Humana-CareSource and Passport Health Plan had all 4 measures above the national 50th percentile. Conversely, Aetna Better Health had rates of MPM lower than the NCQA national 50th percentile for ACE Inhibitors or ARBs and Digoxin.

In the Overuse and Appropriateness domain, the statewide rates for 3 measures showed poor performance below the NCQA national 25th percentile. In this domain, a lower rate reflects better performance for two measures: Non-recommended Cervical Cancer Screening in Adolescent Females (NCS) and Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC). Statewide performance was poor (above the 90th percentile) for Non-recommended Cervical Cancer Screening Adolescent Females with the exception of Anthem BCBS Medicaid, whose rate was below the 25th percentile. Conversely, statewide performance was better (lower than the 25th percentile) for Use of Multiple Concurrent Antipsychotics in Children and Adolescents with the exception of Anthem BCBS Medicaid, whose rate was above the 90th percentile.

HEDIS Access/Availability of Care measure domain examines the following (**Table 9**): adults who receive ambulatory health care services, children and adolescents who access their PCP for preventive services, annual dental visits, AOD dependence treatment, access to prenatal and postpartum services for the Medicaid product line and use of first-line psychosocial care for children and adolescents on antipsychotics. **Table 9** presents selected HEDIS 2017 Access and Availability measure rates for MY 2016 along with the weighted statewide averages and comparison to the NCQA HEDIS 2017 national percentiles for Medicaid.

Table 9: HEDIS 2017 Access and Availability Measures

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana- CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide Average	Weighted NCQA Average
Adults’ Access to Preventive/Ambulatory Health Services (AAP)												
20–44 Years	78.81%	>25th	70.71%	<25th	74.91%	>25th	76.84%	>25th	81.88%	>50th	77.96%	>25th
45–64 Years	85.54%	>25th	82.30%	<25th	84.43%	>25th	84.41%	>25th	90.07%	>75th	86.56%	>25th
65+ Years	86.27%	>25th	90.22%	>50th	70.83%	<25th	75.00%	<25th	93.51%	>75th	88.25%	>50th
Total	80.98%	>25th	74.82%	<25th	78.44%	>25th	79.08%	>25th	85.02%	>50th	80.97%	>25th
Children and Adolescents’ Access to Primary Care Practitioners (CAP)												
12–24 Months	97.19%	>75th	93.14%	<25th	96.09%	>50th	97.45%	>75th	97.87%	>75th	97.00%	>50th
25 Months– 6 Years	91.37%	>75th	82.47%	<25th	85.59%	>25th	88.17%	>50th	93.11%	>75th	90.51%	>50th
7–11 Years	95.05%	>75th	87.26%	<25th	88.48%	>25th	90.91%	>50th	96.02%	>75th	94.11%	>75th
12–19 Years	93.93%	>75th	85.89%	>25th	86.83%	>25th	89.85%	>50th	94.67%	>75th	92.90%	>75th
Annual Dental Visit (ADV)	60.43%	>50th	39.05%	<25th	50.77%	>25th	60.60%	>50th	63.94%	>75th	60.25%	>50th
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)												
Initiation of AOD Treatment: Total	42.14%	>90th	37.54%	>90th	38.60%	>90th	32.64%	>90th	39.45%	>90th	38.13%	>90th
Engagement of AOD Treatment: Total	15.48%	<25th	15.79%	<25th	17.50%	<25th	14.32%	<25th	14.11%	<25th	15.08%	<25th
Prenatal and Postpartum Care (PPC)												
Timeliness of Prenatal Care	84.65%	>50th	79.86%	>25th	73.97%	<25th	81.00%	>25th	88.81%	>75th	83.44%	>25th
Postpartum Care	60.00%	>25th	61.34%	>25th	53.28%	<25th	64.93%	>50th	56.93%	<25th	59.69%	>25th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Total (APP)	64.99%	>50th	57.14%	>25th	61.14%	>25th	67.65%	>50th	66.17%	>50th	65.47%	>50th

BCBS: Blue Cross and Blue Shield; NCQA: National Committee for Quality Assurance.

Statewide rates related to access and availability continue to be areas of strength for Kentucky Medicaid MCOs (**Table 9**). The statewide average ranked above the Medicaid NCQA national 50th percentile for 8 of the 14 measures. Measures below the NCQA national 50th included: AAP 20–44 Years, 45–64 Years and Total, Engagement of AOD Treatment: Total, Timeliness of Prenatal Care and Postpartum Care. WellCare of Kentucky performed above the NCQA national 50th percentile for 12 of 14 measures; Passport Health Plan and Aetna Better Health each had 8 of 14 measures above the national 50th percentile. Anthem BCBS Medicaid and Humana-CareSource each with only two measure rates above the national 50th percentile have opportunities for improvement related to access and availability measures.

Additionally, Aetna Better Health, Passport Health Plan and WellCare of Kentucky had rates above the national 50th percentile for all ages of Children and Adolescents' Access to PCPs (CAP) and WellCare of Kentucky also exceeded the national 50th percentile for all age groups in the Adults' Access to Preventive/Ambulatory Health Services (AAP).

All five MCOs ranked above the national 90th percentile for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment: Total.

HEDIS Utilization and Risk Adjusted Utilization domain (**Table 10**) contains four measures that have the same structure as the Effectiveness of Care measures: Frequency of Ongoing Prenatal Care: 81%+ Expected Visits; Well-Child Visits in the First 15-Months of Life (6+ Visits); Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; and Adolescent Well-Care Visits. They are subject to the same guidelines as the Effectiveness of Care domain for calculation, including the inclusion of all claims. They are also reported as percentages with a higher percentage indicating better performance. **Table 10** presents selected HEDIS Utilization and Risk Adjusted Utilization Measure rates for MY 2016 along with the weighted statewide averages (where appropriate) and comparison to the HEDIS 2017 NCQA national percentiles for Medicaid. Emergency Department Utilization and Inpatient Hospital Utilization are risk adjusted and are calculated using O/E ratios. The O/E Ratio is the observed-to-expected ratio: The ratio of the plan's observed rate to its expected rate. For Emergency Department Utilization, this represents the risk-adjusted ratio of observed to expected emergency department visits. For Inpatient Hospital Utilization, this represents the risk-adjusted ratio of observed to expected acute inpatient discharges.

Table 10: HEDIS 2017 Utilization and Risk Adjusted Utilization

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana- CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide Average	Weighted vs. NCQA Average
Frequency of Ongoing Prenatal Care: 81%+ Expected Visits (FPC)	76.98%	>75th	72.69%	>75th	56.93%	>25th	69.46%	>50th	80.54%	>90th	73.67%	>75th
Well-Child Visits in the First 15 Months of Life: 6+ Visits (W15)	59.95%	>25th	57.41%	>25th	60.34%	>25th	59.25%	>25th	60.99%	>25th	59.95%	>25th
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	66.44%	>25th	58.56%	<25th	58.88%	<25th	70.00%	>25th	63.14%	<25th	65.23%	<25th
Adolescent Well-Care Visits (AWC)	48.38%	>25th	43.75%	>25th	36.98%	<25th	44.46%	>25th	45.01%	>25th	45.26%	>25th
Total Outpatient Visits/1,000 MM (AMBA)	445.12	>75th	370.98	>50th	430.25	>75th	386.26	>50th	667.73	>90th	503.26	>90th
Total Emergency Department Visits <sup>1</sup> /1,000 MM	72.11	>50th	65.25	>50th	76.79	>75th	78.79	>75th	81.02	>75th	76.62	>75th
Inpatient Utilization: General Hospital/Acute Care (IPU per 1,000 MM) <sup>2</sup>												
Total Discharges	5.93	>25th	7.04	>50th	8.63	>75th	8.08	>75th	8.80	>75th	7.70	>50th
Medicine Discharges	2.48	>25th	2.81	>25th	4.59	>75th	3.48	>50th	4.30	>75th	3.53	>50th
Surgery Discharges	1.63	>50th	2.13	>75th	2.09	>75th	2.22	>75th	2.52	>75th	2.12	>75th
Maternity Discharges	2.67	>25th	2.54	>25th	2.34	>25th	3.33	>50th	2.72	>25th	2.72	>25th
Identification of Alcohol and Other Drug Services (IAD)												
Any Total Percent	4.78%	>25th	7.38%	>50th	11.88%	>75th	5.15%	>25th	7.25%	>50th	6.76%	>50th
Inpatient Total Percent	1.23%	>25th	1.77%	>50th	2.33%	>75th	1.29%	>25th	1.88%	>50th	1.65%	>50th
Intensive Total Percent	0.27%	>50th	0.49%	>75th	2.51%	>90th	0.00%	<25th	0.35%	>50th	0.50%	>75th
Outpatient Total Percent	4.15%	>25th	6.36%	>50th	10.78%	>75th	4.90%	>25th	6.88%	>50th	6.22%	>50th
Mental Health Utilization (MPT)												
Any Total Percent	11.18%	>25th	7.85%	<25th	11.65%	>25th	0.81%	<25th	11.76%	>25th	8.65%	>25th
Inpatient Total Percent	0.97%	>25th	1.05%	>50th	1.08%	>50th	0.03%	<25th	1.18%	>50th	0.86%	>25th
Intensive Total Percent	0.41%	>50th	0.38%	>50th	6.41%	>90th	0.00%	<25th	0.46%	>75th	1.53%	>75th
Outpatient Total Percent	10.80%	>25th	7.25%	<25th	11.20%	>25th	0.79%	<25th	11.37%	>25th	8.28%	>25th
Antibiotic Utilization: Total (ABXA) <sup>2</sup>												
Average # of Antibiotic Prescriptions PMPY	1.89	>90th	1.12	>75th	1.28	>75th	1.22	>75th	1.71	>90th	1.44	>90th
Average # Days Supplied per Antibiotic Prescription	9.20	>25th	9.16	>25th	9.08	>25th	9.04	<25th	9.13	>25th	9.12	>25th
Percent Antibiotics of Concern of all Antibiotic Prescriptions	48.36%	>90th	49.26%	>90th	48.44%	>90th	42.94%	>50th	49.48%	>90th	47.69%	>75th

<sup>1</sup> A lower rate is better performance. <sup>2</sup> Statewide averages for these rates were not weighted. BCBS: Blue Cross and Blue Shield; MM: member months; PMPY: per member per year.

The Use of Services measures showed varied performance statewide (**Table 10**). The statewide average rate exceeded the NCQA national 75th percentile for Frequency of Ongoing Prenatal Care ( $\geq 81\%$ +) with 4 of the 5 MCOs performing better than the NCQA national 50th percentile for Frequency of Ongoing Prenatal Care: 81%+ Expected Visits. Well-child and adolescent well-care visit measures, including Well-Child Visits in the First 15 Months of Life: 6 Visits; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life and Adolescent Well-Care Visits were all around the national NCQA 25th percentile and thus show potential for improvement.

It is difficult to interpret performance for the next two measures: Ambulatory Care: Outpatient Visits, and Ambulatory Care: Emergency Department Visits (**Table 10**). For Outpatient Visits, rates for all five MCOs were above the national Medicaid 50th percentile, with WellCare of Kentucky and statewide average rates above the national 90th percentile. Without more detailed information, it cannot be determined, however, whether this reflects appropriate utilization of services. Rates for Emergency Department Visits/1,000 MM for three MCOs (Humana-CareSource, Passport Health Plan and WellCare of Kentucky) were above the national 75th percentile, while the remaining two MCOs (Aetna Better Health and Anthem BCBS Medicaid) had rates above the national 50th percentile. Generally speaking, higher rates for ED visits are considered poorer performance.

The next four Use of Services measures also showed mixed performance (**Table 10**). Statewide rates for Total Discharges and Medicine Discharges (per 1,000 MM) were above the national 50th percentile and Surgery Discharges (per 1,000 MM) were above the national 75th percentile. Results for Identification of Alcohol and Other Drug Services (per 1,000 MM) showed 3 of the 4 statewide measures above the national 50th percentile and one, Total Intensive (per 1,000 MM), was above the national 75th percentile. Conversely, 3 of the 4 Mental Health Utilization measures: Total Any, Inpatient and Outpatient (per 1,000 MM) showed rates above the NCQA national 25th percentile (but below the 50th) statewide. Antibiotic use measures showed mixed results. Statewide rates for average number of antibiotic prescriptions were above the national 90th percentile and the percent of antibiotic prescriptions that were of concern was above the national NCQA 75th percentile while the statewide average number of days supplied per antibiotic prescription was less than the national 50th percentile. There is an opportunity for improvement for all Kentucky MCOs in terms of appropriate antibiotic use, especially for antibiotics of concern.

HEDIS Board Certification rates illustrate the percentage of physicians in the provider network that were board certified as of the last day of the MY (December 31, 2016). **Table 11** presents the HEDIS Board Certification rates for MY 2016 along with the statewide average and a comparison of the MCO rates to the NCQA national percentiles.

Table 11: HEDIS 2017 Health Plan Descriptive Information – Board Certification

Measure	Aetna Better Health		Anthem BCBS Medicaid		Humana- CareSource		Passport Health Plan		WellCare of Kentucky		Statewide Average <sup>1</sup>	Statewide vs. NCQA Average
Family Medicine	80.73%	>50th	69.39%	>25th	34.40%	<25th	17.35%	<25th	52.03%	<25th	50.78%	<25th
Internal Medicine	94.39%	>90th	80.25%	>50th	57.28%	<25th	32.55%	<25th	51.14%	<25th	63.12%	<25th
Obstetricians/Gynecologists	98.32%	>90th	80.54%	>50th	53.05%	<25th	14.11%	<25th	49.45%	<25th	59.09%	<25th
Pediatricians	96.11%	>90th	80.59%	>25th	75.78%	>25th	34.57%	<25th	31.59%	<25th	63.73%	<25th
Geriatricians	92.31%	>75th	72.73%	>50th	21.43%	<25th	29.41%	<25th	53.57%	<25th	53.89%	<25th
Other Physician Specialists	95.14%	>90th	77.91%	>25th	56.91%	<25th	10.37%	<25th	39.43%	<25th	55.95%	<25th

<sup>1</sup> Statewide average was not weighted.

BCBS: Blue Cross and Blue Shield; NCQA: National Committee for Quality Assurance.

Statewide, all of the Board Certification rates were below the NCQA national 25th percentile, and thus represent an opportunity for improvement (**Table 11**). Aetna Better Health was above the NCQA national 90th percentile for 4 of the 6 categories including Internal Medicine, Obstetrician/Gynecologists, Pediatricians and Other Physician Specialists, and Anthem BCBS Medicaid ranked above the national 50th percentile for 3 measures: Internal Medicine, Obstetrician/Gynecologists and Geriatricians. This HEDIS 2017 domain shows opportunity for improvement particularly for Humana CareSource, Passport Health Plan and WellCare of Kentucky.

## Consumer Satisfaction Measures – Reporting Year 2017

DMS requires that all plans 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 field these member satisfaction surveys for both the adult and child member populations to assess both satisfaction with the MCO and with participating providers. Questions are grouped into categories that reflect satisfaction with service and 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 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 5.0H Adult and Child Surveys

The adult and child member satisfaction survey was sent to a random sample of members as of December 31, 2016, and who were continuously enrolled for at least five of the last six months of 2015 and are enrolled at the time the survey is completed. **Table 12** presents the HEDIS CAHPS 5.0H Adult Version rates for selected MY 2016<sup>2</sup> (RY 2017) measures for each of the MCOs along with the weighted statewide averages<sup>3</sup> and comparison to the HEDIS 2017 NCQA national percentiles for Medicaid, where possible. **Table 13** presents the HEDIS CAHPS 5.0H Child Version rates for selected MY 2016 (RY 2017) measures for each of the MCOs along with the weighted statewide averages and comparison to the HEDIS 2017 NCQA national percentiles for Medicaid, where possible. The number to the right of the MCO rate is how the rate compares to the national percentiles:

- < 25th – Below the national Medicaid 25th percentile.
- > 25th – At or above the national Medicaid 25th percentile but below the 50th percentile.
- > 50th – At or above the national Medicaid 50th percentile but below the 75th percentile.
- > 75th – At or above the national Medicaid 75th percentile but below the 90th percentile.
- > 90th – At or above the national Medicaid 90th percentile.

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<sup>2</sup> The full reports of CAHPS data for each of the MCOs are available on the DMS Managed Care Oversight – Quality Branch Reports web page at: <http://chfs.ky.gov/dms/pqomcoqbreports.htm>.

<sup>3</sup> A weighted 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.

Table 12: CAHPS 5.0H Adult Survey HEDIS 2017

Measure <sup>1</sup>	Aetna Better Health		Anthem BCBS Medicaid		Humana- CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide Average	Weighted NCQA Average
Getting Needed Care <sup>2</sup>	83.17%	>50th	80.69%	>25th	86.36%	>75th	83.73%	>50th	88.38%	>90th	85.32%	>75th
Getting Care Quickly <sup>2</sup>	84.63%	>75th	84.78%	>75th	85.57%	>75th	82.99%	>50th	88.78%	>90th	85.97%	>75th
How Well Doctors Communicate <sup>2</sup>	91.04%	>25th	91.91%	>50th	92.12%	>50th	92.02%	>50th	92.63%	>50th	92.06%	>50th
Customer Service <sup>2</sup>	N/A	N/A	88.45%	>50th	N/A	N/A	92.07%	>90th	88.56%	>50th	89.56%	>50th
Rating of All Health Care	73.06%	>25th	75.16%	>50th	78.81%	>75th	73.47%	>25th	74.45%	>25th	74.66%	>50th
Rating of Personal Doctor	82.13%	>50th	80.30%	>25th	83.40%	>50th	82.51%	>50th	82.22%	>50th	82.19%	>50th
Rating of Specialist Seen Most Often	80.92%	>25th	71.60%	<25th	82.17%	>50th	75.64%	<25th	81.52%	>25th	79.17%	<25th
Rating of Health Plan	73.56%	>25th	74.88%	>25th	80.67%	>75th	81.60%	>90th	83.54%	>90th	79.91%	>75th

<sup>1</sup> RY 2017. For “Rating of” measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with “Always,” “Usually,” “Sometimes” or “Never,” the Medicaid rate is based on responses of “Always” and “Usually.”

<sup>2</sup> These indicators are composite measures.

BCBS: Blue Cross and Blue Shield; NCQA: National Committee for Quality Assurance; N/A not applicable.

Table 13: CAHPS 5.0H Child Survey HEDIS 2017

Measure <sup>1</sup>	Aetna Better Health		Anthem BCBS Medicaid		Humana- CareSource		Passport Health Plan		WellCare of Kentucky		Weighted Statewide Average	Weighted NCQA Average
Getting Needed Care <sup>2</sup>	86.52%	>50th	89.44%	>75th	88.81%	>75th	88.17%	>50th	90.62%	>90th	89.36%	>75th
Getting Care Quickly <sup>2</sup>	92.15%	>75th	91.39%	>50th	92.59%	>75th	91.59%	>50th	96.16%	>90th	93.27%	>75th
How Well Doctors Communicate <sup>2</sup>	93.31%	>25th	94.87%	>50th	94.48%	>50th	92.50%	>25th	96.89%	>90th	94.93%	>50th
Customer Service <sup>2</sup>	89.32%	>50th	90.74%	>75th	N/A	N/A	89.72%	>75th	91.79%	>90th	90.81%	>75th
Rating of All Health Care	84.89%	<25th	86.34%	>25th	86.22%	>25th	85.82%	>25th	88.04%	>50th	86.74%	>25th
Rating of Personal Doctor	87.26%	<25th	86.34%	<25th	89.29%	>25th	87.66%	<25th	91.64%	>75th	88.80%	>25th
Rating of Specialist Seen Most Often	86.51%	>25th	89.38%	>50th	N/A	N/A	89.68%	>50th	88.76%	>50th	89.04%	>50th
Rating of Health Plan	82.88%	<25th	81.17%	<25th	83.80%	<25th	89.76%	>75th	88.63%	>50th	86.11%	>50th

<sup>1</sup> RY 2017. For “Rating of” measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with “Always,” “Usually,” “Sometimes” or “Never” the Medicaid rate is based on responses of “Always” and “Usually.”

<sup>2</sup> These indicators are composite measures.

BCBS: Blue Cross and Blue Shield; NCQA: National Committee for Quality Assurance; N/A not applicable.

Overall, Kentucky MMC plans showed favorable results for adult consumer satisfaction. The statewide average rate ranked above the NCQA national 50th percentile rate for 7 of the 8 measures, all except Rating of Specialist Seen Most Often (**Table 12**). Rates that met or exceeded the 50th percentile included: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Rating of All Health Care, Rating of Personal Doctor and Rating of Health Plan.

MCOs' individual performance showed mixed results among the eight selected measures. Humana CareSource had 7 of the 8 measures above the national 50th percentile, and Passport Health Plan and WellCare of Kentucky each had 6 measures above the national 50th percentile. Aetna Better Health and Anthem BCBS Medicaid had 3 and 4 measures above the national 50th percentile, respectively, with both showing opportunity for improvement in Rating of Specialist Seen Most Often and Rating of Health Plan.

The statewide average rate for the child survey measures improved over the previous year with now 6 out of 8 measures ranked above the NCQA national 50th percentile (**Table 13**). The measures with most opportunity for improvement statewide were Rating of Personal Doctor and Rating of All Health Care.

WellCare of Kentucky ranked above the national 50th percentile for all 8 measures, followed by Passport Health Plan and Anthem BCBS Medicaid with 5 measures each above the national 50th and Humana-CareSource and Aetna Better Health with 3 measures each above the national 50th percentile.

## Validation of Performance Improvement Projects

This section of the report presents the results of IPRO's evaluation of the Medicaid PIPs in completed or in progress during 2016–2017 and submitted to DMS in September 2017.

The PIP assessments were conducted using tools developed by IPRO and consistent with CMS EQR protocols for PIP validation. Each PIP is presented in a two-part table: the first part describes each PIP's goals and interventions and the second part summarizes results submitted by the MCO for baseline, interim and final measurement, as appropriate. (**Tables 14–45**) The Interim PIP report receives an Interim Score and corresponding review comments in order to provide guidance to the MCOs for targeting specific PIP components for improvement. For all final reports, the PIP is re-scored based upon the extent to which the plan 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.

During this period, there were three statewide collaborative PIP topics, which involved all plans:

- Safe and Judicious Antipsychotic Use in Children and Adolescents, 2015–2017
- Effectiveness of Coordinated Care Management on Physical Health Risk Screening in the Seriously Mentally Ill (SMI) Population, 2016–2018
- Prenatal Smoking, 2017–2019

Table 14: Aetna Better Health PIP – Follow-up Care for Children Prescribed ADHD Medication

Goals and Interventions				
<b>PIP Period: 2015–2017 Final Report</b>				
<b>Goals</b>				
Increase compliance with the HEDIS measure, Initiation and Continuation and Maintenance Phases of Follow-up Care for Children Prescribed ADHD Medication (ADD).				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>When members 6–12 years of age are identified as newly prescribed medications for ADHD by the Coventry Pharmacy System monthly report, an outreach will be completed to the provider followed in 2 weeks by outreach to the member’s parents encouraging therapy services and providing educational resources regarding ADHD.</li> <li>Provider packets include a copy of what was sent to the member.</li> <li>Quarterly mailings to providers including educational materials and resources as well as gaps in care report for their non-compliant members.</li> <li>ADHD “provider tip sheet” focused on HEDIS was created and sent via faxblast to providers.</li> <li>Initiated Value Based Services (VBS) contracts with 3 of the largest provider groups which cover approximately 70,000 of our members. Provider groups are rewarded for exceptional quality in certain HEDIS measures.</li> <li>A measure compliance scorecard which breaks down how the provider group is faring overall in both ADD HEDIS measures is provided quarterly.</li> <li>Hosting a series of provider events called the Aetna Road Show in all 8 Regions of Kentucky, a daylong event that will include information and education on our PIPs, including ADHD.</li> <li>Provider website enhancements as well as sent a fax blast to all non-psychiatric medical providers that have prescribed ADHD medications about the behavioral health guidelines for ADHD and how to access on-line.</li> <li>Hired a Prevention and Wellness Coordinator to develop a P&amp;W program and assist in provider outreach events.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Identified members newly prescribed ADHD medications – mailed educational letters and packets to parents/guardians to encourage receipt of therapy services and provided ADHD education.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>The development of the process and tracking systems for detecting newly prescribed members with ADHD.</li> <li>New Health Risk Questionnaire (HRQ) to help in identifying at risk membership.</li> <li>Conducted an educational outreach program targeting elementary schools in counties with highest number of MCO members with ADHD prescriptions.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS ADHD Measure: Initiation Phase	44.59%	44.97%	58.77%	50.59%
HEDIS ADHD Measure: Continuation and Maintenance Phase	52.35%	51.93%	70.63%	58.35%
<b>Final Compliance Score</b>	N/A	60.75	89.70	
<b>Improvement:</b> With DMS approval, the MCO reported HEDIS 2015 (MY 2014) data as their baseline rates, a revision from the initial project proposal. Rates for both indicators increased significantly over the study period with both indicators exceeding their goals. Region 3 initially showed the lowest level of compliance rates, but by the final re-measurement, rates of compliance in this region had improved substantially. Overall, the direct member, provider and community outreach efforts appear to have contributed substantively to improving the proportion of members who received follow-up provider visits.				

ADHD: attention deficit and hyperactivity disorder; MY: measurement year; N/A: not applicable.

Table 15: Aetna Better Health Statewide Collaborative PIP – Use of Antipsychotics in Children and Adolescents

Goals and Interventions				
<b>PIP Period: 2015–2017 Final Report</b>				
<b>Goals</b>				
The main objective and aim for this PIP was to increase the number of members compliant in their antipsychotic medication by developing and implementing outreach interventions and education for members and providers in collaboration with case management.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Develop, in collaboration with the Clinical Pharmacy Department, BH, and Health Services Department an educational resource packet disseminated by mail, at provider forums, and internal committee meetings.</li> <li>The Behavioral Health HEDIS Tip Sheet was created and sent to providers via fax blast.</li> <li>Provider website enhancements and guidelines updates.</li> <li>Develop a provider education resource packet, including: clinical practice guidelines; a list of network behavioral health providers and distributed via mail, at provider forums, at internal committee meetings, via fax and at provider outreach events.</li> <li>Develop a Pediatric Antipsychotic Look-up Tool to identify members on antipsychotic medications and assign a risk score.</li> <li>Prioritize education for physicians who prescribed antipsychotic medications and whose members have an assigned risk score <math>\geq 6</math>.</li> <li>Develop a tracking system to identify physicians who inappropriately prescribe antipsychotics (higher-than-recommended doses, multiple concurrent prescriptions, for non-psychotic indications).</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Develop, in collaboration with the Clinical Pharmacy Department, BH and Quality Management a member educational resource packet disseminated by mail including a list of behavioral health providers; how to obtain assistance with transportation, how to locate participating behavioral health specialists, how to make appointments for behavioral health services.</li> <li>Members on Antipsychotic medications will be identified by the “Pediatric Antipsychotic Lookup Tool.” All members with a “risk score” of 6+ will receive outreach materials.</li> <li>Conduct outreach calls to members’ parents 3–5 days after the educational packets were mailed.</li> <li>Member website enhancement to include behavioral health resources and links to the member web page.</li> <li>Published a member newsletter article on antipsychotic use in children and adolescents.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Case Management created a Health Risk Questionnaire (HRQ) for incoming referral calls.</li> <li>Develop a tracking system to identify members who are prescribed antipsychotics inappropriately.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Use of Concurrent Antipsychotics in Children and Adolescents <sup>1</sup>	1.13%	1.66%	1.90%	0.00%
HEDIS Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	59.60%	57.94%	64.99%	65.60%
HEDIS Metabolic Monitoring for Children and Adolescents on Antipsychotics	20.69%	20.11%	23.26%	26.69%
<b>Final Compliance Score</b>	N/A	48.50	78.30	
<b>Improvement:</b> The three rates adopted by NCQA for HEDIS were reported, but not the other three rates proposed for the collaborative. Aetna Better Health improved rates for 2 of the 3 measures, but did not meet the stated goals. However, the plan noted that 2 of the 3 measures did meet the NCQA 50th percentile for the 2016 Quality Compass.				

<sup>1</sup>A lower rate is better. MY: measurement year; N/A: not applicable.

Table 16: Aetna Better Health PIP – Increasing Comprehensive Diabetes Testing and Screening

Goals and Interventions
<b>PIP Period: 2015–2017 Final Report</b>
<b>Goals</b>
<p>The objective of this PIP was to increase HbA1C testing rates and retinal eye exam rates among members with diabetes through member education, community involvement and educating providers on proper coding for the HEDIS Comprehensive Diabetes measures.</p>
<b>Key Interventions</b>
<p><b>Provider Interventions:</b></p> <ul style="list-style-type: none"> <li>• Contact PCPs who have members with diabetes across the state. Include reminders on importance of screening/testing for members as well as educational material that the providers can pass along to members.</li> <li>• Value Based Service (VBS) contracts with 3 of our largest provider groups which cover approximately 70,000 of our members. In the VBS agreements, provider groups are rewarded for exceptional quality in certain HEDIS measures.</li> <li>• A measure compliance scorecard was created which breaks down how the provider group is faring overall in Eye Exams monthly and all other CDC measures are provided quarterly.</li> <li>• A list of members and their gaps in care available to be broken down by the full provider group level, by individual practice or by NPI.</li> <li>• Post and maintain the most current clinical practice guidelines of the American Diabetes Association (ADA) Standards of Medical Care in Diabetes on the provider website.</li> <li>• HEDIS/Quality Management to develop a comprehensive diabetes tip sheet based on HEDIS specifications and distribute to providers for office utilization.</li> <li>• Met with UK Optometrists and Ophthalmologists in discussing a pilot program that aims to add DRE machines to PCP offices and training the staff of those offices to take the images.</li> <li>• Develop and distribute a tip sheet that includes HEDIS CDC requirements, correct coding information, and links to online resources.</li> </ul> <p><b>Member Interventions:</b></p> <ul style="list-style-type: none"> <li>• Work in collaboration with our HEDIS Department to identify and send targeted mailers along with a packet of educational materials on diabetes to all members that show up as newly Non-Compliant in both the HBA1C testing and eye exams on the monthly Reporting Measures HEDIS Reports.</li> <li>• Plan enrolled in a national outreach campaign for diabetes.</li> <li>• Implemented an incentive program for compliant Eye Exam visits.</li> </ul> <p><b>Health Plan Interventions:</b></p> <ul style="list-style-type: none"> <li>• Hire a Prevention and Wellness Coordinator.</li> <li>• Case Management to create a standardized method and educational packet for diabetic members enrolled in CM including Krames documentation, resources on nutrition, Aetna provided transportation for members, etc.</li> <li>• Create a county grid available to all Case Managers that will provide county specific government resources and programs that are available for our members.</li> <li>• Case Management to create a tracking system for diabetic members and what specific materials/outreach types/reminders.</li> <li>• Case Management, Quality Management and Pharmacy departments to collaborate for a study on the number of insulin pump injections provided in the ED.</li> <li>• Develop a tracking system in NavCare CM system for members with diabetes to track educational efforts, reminders, outreach and services received by each member.</li> <li>• Conduct a barrier analysis related to members receiving insulin in the ED versus self-administering at home routinely.</li> <li>• Collaborate with Park DuValle Community Health Clinic to provide reports on gaps in care for their panel members with diabetes and expand to other provider practices.</li> </ul>

Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Diabetes Eye Exam	40.51%	44.30%	46.64%	46.51%
HEDIS HbA1c Testing	87.04%	85.23%	83.19%	90.04%
<b>Final Compliance Score</b>	N/A	58.00	77.40	
<b>Improvement:</b> The rate for conducting diabetes eye exams increased from 40.51% at baseline (MY 2014) to 46.64% at the final re-measurement period, thus exceeding the goal of 46.51%. The HEDIS HbA1c testing rate decreased between baseline and final re-measurement and did not meet the performance goal.				

MY: measurement year; N/A: not applicable.

Table 17: Aetna Better Health Statewide Collaborative PIP – Preventive Care for Members with Serious Mental Illness

Goals and Interventions				
<b>PIP Period: 2016–2018 Interim Report</b>				
<b>Goals</b>				
Improve physical health and increase screening rates for members with SMI through an increased focus on member and provider outreach, member access and utilization of preventative/ambulatory services, education and enrollment in case management.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Quality management (QM) to distribute quarterly member gaps in care reports to providers and case management.</li> <li>Post best practices to provider web site.</li> <li>QM/Prevention and Wellness (P&amp;W) will outreach to and request a collaborative effort with the plan's largest provider groups. This would be an effort to explore bridging the gaps between physical and behavioral health practices, assist in providing educational materials and tools for this population as well as assist them in identifying members in need of assistance.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>QM will focus on providing members educational materials regarding routine outreach and improving their physical health through prevention and wellness services.</li> <li>Mail targeted member letter regarding the member's physical health and the importance of screening.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>QM develops and distributes care gap reports. CM to develop a tracking system for outreach.</li> <li>QM will continue to research and identify evidence-based and best practice interventions.</li> <li>Prevention and Wellness Coordinator to provide training to Aetna departments, specifically CM and other member centered departments in order to provide them with additional resources and training that can be useful to this PIPs target population.</li> <li>Provide training on best practices to Coalition for the Homeless and other local community agencies.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
Access to Preventive/Ambulatory Health Services for Adults with Schizophrenia or Bipolar Disorder	95.12%	96.73%	TBD	97.12%
Obesity Screening – BMI	10.46%	11.92%	TBD	16.46%
Cholesterol Screening/Lipid Testing	43.53%	38.87%	TBD	49.53%
Blood Pressure Screening	7.79%	11.68%	TBD	17.79%
Members Screened for Tobacco Use	11.32%	9.00%	TBD	17.32%
Members Screened and Identified for Tobacco Use <sup>1</sup>	87.25%	83.78%	TBD	81.25%
Members Identified for Tobacco Use and a Cessation Intervention	52.05%	48.39%	TBD	66.35%
Members Identified for a Tobacco Cessation Intervention and were Prescribed Cessation Medication	31.46%	33.33%	TBD	49.54%
Diabetes Screening	79.78%	80.00%	TBD	82.78%
<b>Pending Compliance Score</b>	N/A	83.70	TBD	
<b>Improvement:</b> Interim results show improvement in 5 of the nine indicators, including a decrease in the rate of positive screens for tobacco use. One indicator exceeded the final study goal.				

<sup>1</sup> A lower rate is better.

SMI: serious mental illness; BMI: body mass index; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 18: Aetna Better Health PIP – Improving Prenatal and Postpartum Care with a Focus on Depression Screening

Goals and Interventions				
PIP Period: 2016–2018 Interim Report				
Goals				
<ul style="list-style-type: none"> <li>• Increase the rate of timely postpartum visits using member and provider outreach and incentives.</li> <li>• Increase the number of members identified as at risk for perinatal depression.</li> <li>• Increase the proportion of members who are screened for depression in the prenatal and postpartum periods by promoting depression screening to pregnant members and providers.</li> </ul>				
Key Interventions				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>• Identify and meet with high volume providers to identify best practices.</li> <li>• Identify and meet with low volume providers to identify opportunities for improvement.</li> <li>• Create a tip sheet with what works, what does not work and diagnostic codes for billing.</li> <li>• Present tip sheet together with “Postpartum Exam Date Matrix” to provide reference point for the 21–56 day window for visits.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>• Offer a diaper bag plus incentive for postpartum visit within 21–56 days of delivery discharge.</li> <li>• Utilize monthly pregnancy report to (1) identify members newly pregnant for educational outreach packet mailing and to (2) outreach “high risk” members for enrollment in CM.</li> <li>• Create a brochure for members based upon the Edinburgh Postnatal Depression Scale to provide members with a postpartum depression assessment that they can conduct at home.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>• CM and QM to (1) develop a tracking system to identify “high risk” membership for CM referral and (2) to monitor types of outreach attempted to the member (e.g., mail and telephone calls).</li> <li>• Pull and review the “New Birth Report” every 2 weeks for QM and CM follow-up for postpartum incentive, educational materials, resources (transportation, setting up appointments, cultural and linguistic assistance), and benefits (postpartum depression screening).</li> </ul>				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
HEDIS Postpartum Care Visits	49.29%	60.00%	TBD	67.53% <sup>1</sup>
HEDIS Postpartum Care Prenatal	79.86%	84.65%	TBD	87.56% <sup>1</sup>
HEDIS Postpartum Care Prenatal Depression Screening	31.75%	33.52%	TBD	37.75%
HEDIS Postpartum Care Postpartum Depression	23.56%	39.53%	TBD	45.53% <sup>1</sup>
<b>Pending Compliance Score</b>	N/A	82.90	TBD	
<b>Improvement:</b> All performance indicators showed improvement from baseline. Target goals for prenatal and postpartum visits, and postpartum depression screening were revised to encourage more robust improvement.				

<sup>1</sup>Goal revised during interim phase. MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 19: Aetna Better Health PIP – Increasing Follow-up Care After Hospitalization for Mental Illness

Goals and Interventions				
<b>PIP Period: 2017–2019 Baseline Report</b>				
<b>Goals</b>				
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 Better Health and VBS provider groups and providing member incentives.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b>				
<ul style="list-style-type: none"> <li>Work with our provider contracting department and large provider groups to add FUH as one of the 10 focal points of Value Based Solution (VBS) contracts and send monthly “compliance score cards” to VBS-contracted providers.</li> <li>Collaborate with provider group(s) in which Aetna and the group would work together in identifying members recently discharged from the hospital for outreach.</li> <li>Create a provider education toolkit in which current national standards for the FUH measure are available.</li> <li>Plan is currently reviewing potential of having nurses go onsite to several facilities with a focus on Region 3 which had the lowest compliance percentages in both the FUH 7 and 30 day measures.</li> </ul>				
<b>Member Interventions:</b>				
<ul style="list-style-type: none"> <li>Members will receive a \$20 gift card for completing a follow-up visit with a mental health practitioner within 7 days of discharge after a hospitalization for mental illness.</li> <li>Member educational mailing sent to member’s home upon hospital admission.</li> </ul>				
<b>Health Plan Interventions:</b>				
<ul style="list-style-type: none"> <li>Developed a query to identify acute inpatient admissions for member outreach.</li> <li>Develop a tracking system for CM outreach by creating reports of members identified as having certain issues (i.e. history of depression, been to the ED and/or an inpatient hospital stay in the past 12 months) that were identified through the HRQ (Health Risk Questionnaire).</li> <li>Case Management follow up with every member discharged from an inpatient stay due to mental health illness.</li> <li>Create processes to track members in Foster Care.</li> <li>Create a Foster Care/Inpatient FUH tracking system.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
Follow-up After Hospitalization for Mental Illness within 7 days	40.31%	TBD	TBD	46.31%
Follow-up After Hospitalization for Mental Illness within 30 days	60.86%	TBD	TBD	65.86%
<b>Pending Compliance Score</b>	N/A	TBD	TBD	
<b>Improvement:</b> This study includes intervention tracking measures and set target rates for meaningful improvement based on past performance and quality benchmarks.				

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 20: Aetna Better Health Statewide Collaborative PIP – Prenatal Smoking

Goals and Interventions				
<b>PIP Period: 2017–2019 Baseline Report</b>				
<b>Goals</b>				
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.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Prevention and Wellness Coordinator will educate providers about ACOG guidelines and the importance of follow-up monitoring using a toolkit that includes information on the services offered through the MCO, as well as quit line information.</li> <li>Training will be given to providers on the collaborative quit line information sheet the MCOs completed.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Case Management team to identify pregnant smokers during intake calls.</li> <li>Case Management will promote the use of the quit line at every point of contact and educate members of the harm smoking causes.</li> <li>Voxiva will send smoking cessation text messages via the Text4Baby program during members' pregnancies.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Develop and implement an enhanced care management program utilizing the "5 A's" and tailor coordinator to susceptible populations.</li> <li>Case Management and Quality Management teams will work to create a report on members who have been identified as pregnant and smoking.</li> <li>Use of the SafeLink/Voxiva cell phone usage to communicate via text message with members.</li> <li>Providers to notify the MCO of members' pregnancy status via the Notice of Pregnancy Form.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
Pregnant Women Assessed for Smoking Status at First or Second Prenatal Visit	51.92%	TBD	TBD	61.92%
Pregnant Women Screened for Tobacco Use with a Positive Screen <sup>1</sup>	36.51%	TBD	TBD	30.51%
Prenatal Smokers who Received Cessation Intervention	75.36%	TBD	TBD	85.36%
Prenatal Smokers who Received Cessation Intervention and who Abstained Through Delivery	20.59%	TBD	TBD	26.59%
Prenatal Smokers who Received Cessation Intervention with Smoking Status Monitored at One or More Follow-up Visits	76.47%	TBD	TBD	86.47%
<b>Pending Compliance Score</b>	N/A	TBD	TBD	
<b>Improvement:</b> This PIP includes robust care management outreach interventions for prenatal smokers identified from the Health Risk Assessment. The plan is developing a report based on member history of smoking to better identify more prenatal smokers. A Notice of Pregnancy form will also be implemented.				

<sup>1</sup> A lower rate is better.

MY: measurement year; TBD: to be determined; N/A: not applicable

Table 21: Anthem BCBS Medicaid Statewide Collaborative PIP: Use of Antipsychotics in Children and Adolescents

Goals and Interventions				
<b>PIP Period: 2015–2017 Final Report</b>				
<b>Goals</b>				
Through this study, Anthem BCBS Medicaid aims to improve appropriate use of antipsychotics for child and adolescent members and to increase follow-up visit utilization and metabolic testing for members in this population.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Conduct direct outreach to notify providers of members with gaps in metabolic monitoring.</li> <li>Conduct direct outreach to providers who prescribe multiple antipsychotics.</li> <li>Development of BH-based HEDIS brochure to be used for provider education to address best practice for metabolic monitoring with children/adolescents who are prescribed antipsychotic medication.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Conduct outreach calls to parents/guardians regarding the need for first-line psychosocial care.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Analysis of GEO access reports as well as grievance and appeals reports in order to assess access barriers within the plan's network, per the organization's established goals.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS APC: Use of Multiple Concurrent Antipsychotics <sup>1</sup>	N/A	2.00%	3.85%	1.00%
HEDIS APP: Use of First-Line Psychosocial Care	50.00%	43.00%	57.14%	72.60%
HEDIS APM: Metabolic Monitoring	N/A	22.00%	23.53%	38.00%
Follow-up Visit	N/A	9.00%	16.00%	16.94%
Metabolic Screening	N/A	11.50%	11.90%	20.34%
Use of Higher-Than-Recommended Doses <sup>1</sup>	N/A	NR	NR	NR
<b>Final Compliance Score</b>	N/A	40.25	73.00	
<b>Improvement :</b> As a new health plan, there were a limited number of children and adolescents, resulting in a null or low denominator for the initial MY. Although target rates were not met for any of the performance indicators, the use of first-line psychosocial care did increase from 43% during the interim period to 57% in the final re-measurement. The follow-up visit rate also showed some improvement between interim and final re-measurement.				

<sup>1</sup>A lower rate is better.

MY: measurement year; N/A: not applicable, low denominator; NR: not reported.

Table 22: Anthem BCBS Medicaid PIP – Reducing Potentially Avoidable Emergency Department Utilization

Goals and Interventions				
<b>PIP Period: 2015–2017 Final Report</b>				
<b>Goals</b>				
The study aim was to reduce non-urgent emergency department (ED) utilization by reducing barriers to primary care access and increasing member knowledge of emergency situations requiring ED services while maintaining cost effectiveness in providing quality healthcare services.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Provide ED utilization data of the members assigned to the top 5 providers groups (with the highest ED visit rates and large panel PCP groups) and encourage providers to strive for follow-up visits and education after ED visits.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Member letters to include information on the availability/use of the 24 hour nurse helpline, when to use the ED and alternative settings for the ED.</li> <li>Establish post ED follow-up calls to 30% of members with three or more visits to the ED without admission.</li> <li>Development of “Know before you go!” Magnet for distribution to high ED utilizers.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Case Manager designated for concentration on high volume ED utilizers.</li> <li>Improve tracking for members in the ED Lock-In program.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS AMB: Ambulatory Care: ED Visits/1,000 MM <sup>1</sup>	87.05	75.63	65.25	82.05
HEDIS AMB: Ambulatory Care: Outpatient Visits/1,000 MM	348.44	368.80	370.98	353.00
HEDIS AAP: Adults’ Ambulatory or Preventive Care Visit	78.49%	77.06%	74.82%	79.49%
HEDIS CAP: Children and Adolescents’ Access to PCPs	40.00%	82.41%	87.19%	83.41%
Ambulatory Care (AMB) – Total ED Visits	57.90%	57.40%	56.80%	56.90%
<b>Final Compliance Score</b>	N/A	34.25	80.20	
<b>Improvement:</b> All study indicators, with one exception, showed improvement from baseline to final re-measurement and met target goals. Adults’ Ambulatory or Preventive Care Visit rates declined over the study period and did not meet the targeted goal.				

<sup>1</sup>Lower rate is better.

MY: measurement year; PCP: primary care practitioner; MM: member months.

Table 23: Anthem BCBS Medicaid PIP – Increase Annual Dental Visits in the EPSDT Population

Goals and Interventions				
<b>PIP Period: 2016–2018 Interim Report</b>				
<b>Goals</b>				
Anthem BCBS Medicaid aims to increase the number of EPSDT members of 2–21 years of age who have an annual dental visit. The goal is to improve the total number of annual dental visits over the next three years to show an increase to the 2015 NCQA 25th percentile per Quality Compass data by MY2017 (HEDIS 2018). The 2015 NCQA 25th percentile is 43.28%, and the 50th is 52.65%.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>• Development of educational materials reminding PCPs to refer members to a dental home for care.</li> <li>• Conduct onsite visits to Public Health Departments to educate the Public Health staff on availability of MCO network providers for referrals following oral health screening conducted by health department staff.</li> <li>• Reimbursement for oral health screening performed within Public Health Departments.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>• Calls to members between ages 2 and 21 who have not shown claim evidence of receiving dental services within the year.</li> <li>• Refreshing member website to allow members to seek a dental provider directly from DentaQuest's website.</li> <li>• Member grievance data will be analyzed monthly to identify any dental specific complaints that may identify barriers to visits.</li> <li>• Reminder mailings will be utilized as well as targeted member outreach calls to assist in improved annual visits in this population.</li> <li>• Determine availability and location of school-based dental sealant programs and identify members with gaps in care that can be fulfilled with school-based services.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>• Collaborate with school based dental programs/coordinate with public health dept. outreach efforts.</li> <li>• Analyze dental network for adequacy of expanded office hours to meet the needs of members with gaps in dental care.</li> <li>• Expand dental provider network by increasing the access/availability of Pediatric Dentists who are willing to see very young (ages 2–3) Medicaid members.</li> <li>• Add broken appointment tracking codes to its covered dental benefits so that broken appointments can be tracked.</li> <li>• Adding reimbursement for oral health screening performed within Public Health Departments.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
HEDIS Annual Dental Visits (ADV)	33.19%	39.05%	TBD	43.28%
<b>Pending Compliance Score</b>	N/A	62.80	TBD	
<b>Improvement:</b> This PIP is using MY 2015 as the baseline. The study targets a susceptible population with a robust set of member, provider and community interventions. Interim measurement showed improvement over baseline, but not yet meeting or exceeding the target goal.				

ADV: annual dental visit; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 24: Anthem BCBS Medicaid Statewide Collaborative PIP –Coordinated Care Management on the Seriously Mentally Ill Population

Goals and Interventions				
<b>PIP Period: 2016– 2018 Interim Report</b>				
<b>Goals</b>				
The SMI PIP goal is to achieve reduction in health care disparities and improve overall health for the seriously mentally ill (SMI) member population by improving rates of ambulatory/primary care visits, metabolic screening rates and smoking cessation within the SMI population. The plan also seeks to improve communication and coordination of care for this population.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Schedule on-site visit with providers to address the gaps in care reports and facilitate scheduling.</li> <li>Develop provider education material that addresses evidence based medical care for members with the SMI diagnoses and support screening.</li> <li>Encourage providers to refer members to use “Quit Now Kentucky.”</li> <li>Educate providers that tobacco cessation counseling is billable, availability of medical benefits for members who smoke, and to refer to Quit Now Kentucky.</li> <li>Mail letters to BH providers to notify them of member gaps, to provide the member’s PCP contact information, and to encourage coordination of care.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Utilizing the Gaps in Care Report, contact all members in the eligible populations who did not meet performance indicators during the MY. Assist with scheduling appointments with PCPs.</li> <li>Member – Newsletter to address benefits of regular well care/preventative care visits to monitor metabolic indicators, i.e. blood pressure control, diabetes screening and weight control.</li> <li>Develop a “Did You Know” texting program for members that have a SafeLink phone.</li> <li>Case management to perform targeted member education, and assistance in making/adhering to well care/preventive care appointments. Case management to follow up with members after appointments.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Utilizing the Gaps in Care Report, collaborate with the physical and behavior health case management teams to improve clinical outcome for members by performing outreach for targeted members who fail to meet performance indicators.</li> <li>Reduce process errors and member contact issues by tracking/trending and correcting incorrect member and provider contact information during outreach activities.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
Tobacco Use Screening for People with Schizophrenia or Bipolar Disorder	65.30%	70.10%	TBD	75.50%
Tobacco Cessation Intervention Total	48.50%	46.50%	TBD	65.50%
Tobacco Cessation Intervention, Medication Prescribed	0.00%	51.20%	TBD	92.00%
Tobacco Cessation after Intervention	N/A	3.1%	TBD	11.64%
Blood Pressure Assessment for People with Schizophrenia or Bipolar Disorder	68.80%	75.70%	TBD	78.60%
Cholesterol Screening for People with Schizophrenia or Bipolar Disorder	22.40%	21.60%	TBD	31.20%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder	43.50%	43.50%	TBD	49.30%
HEDIS Body Mass Index screening for People with Schizophrenia or Bipolar Disorder	66.80%	75.10%	TBD	76.80%

HEDIS Access to Preventive/Ambulatory Health Services for Adults with People with Schizophrenia or Bipolar Disorder	95.10%	96.00%	TBD	97.70%
<b>Pending Compliance Score</b>	N/A	68.50	TBD	
<b>Improvement:</b> This PIP targets a susceptible population with a robust set of member and provider interventions. The study sets bold, yet feasible goals for most measures. Interim measurement showed improvement in five of the eight indicators.				

MY: measurement year; TBD: to be determined; N/A: not applicable; TBD: to be determined.

Table 25: Anthem BCBS Medicaid PIP – Increase Cervical Cancer Screening

Goals and Interventions				
<b>PIP Period: 2017–2019 Baseline Report</b>				
<b>Goals</b>				
Anthem BCBS Medicaid plans to 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.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Conduct provider education, e.g., handouts on documentation hints, preventative care reminders for members, quick reference tool.</li> <li>Distribute member failed list to PCP via email/mail/medical record review/HEDIS outreach.</li> <li>Outreach to physicians in areas with highest volume of culturally susceptible subpopulations.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Postcard sent to members identified from the Gaps in Care report.</li> <li>Educational outreach calls to members who were noncompliant for the HEDIS 2017 measure.</li> <li>Facilitate transportation to appointments.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Conduct community outreach in areas with highest volume of culturally susceptible subpopulations.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
Cervical Cancer Screening Rate	46.92%	TBD	TBD	54.33%
<b>Pending Compliance Score</b>	N/A	TBD	TBD	
<b>Improvement:</b> This PIP includes a robust set of member and provider interventions, with corresponding intervention tracking measures and targets meaningful improvement.				

MY: measurement year; TBD: to be determined; N/A: not applicable; NR: not reported.

Table 26: Anthem BCBS Medicaid Statewide Collaborative PIP – Prenatal Smoking

Goals and Interventions				
<b>PIP Period: 2017–2019 Baseline Report</b>				
<b>Goals</b>				
Anthem BCBS Medicaid 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.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Educate providers to improve prenatal identification and treatment of smokers.</li> <li>Educate providers about smoking cessation benefits and the ACOG's five A's.</li> <li>Create a brief patient education handout for providers to give to patients.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Outreach and engage members who smoke in smoking cessation benefits/programs.</li> <li>Member newsletter article for pregnant members on the risks for women who smoke during pregnancy including fetal withdrawal, SIDS, low birth weight and asthma.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Develop a CM program enhancement to target the smoking subpopulation for smoking cessation education, outreach and follow-up.</li> <li>Develop/implement a Notice of Pregnancy form for providers to inform MCO CM of prenatal smokers.</li> <li>Develop an MCO smoker registry to identify smokers for outreach, counseling and referral to the Kentucky Quit Line.</li> <li>Review current processes for identifying and tracking members as tobacco users.</li> <li>Conduct weekly claims analyses including encounter data, along with pregnancy &amp; smoking diagnostic and intervention data, in order to quickly identify members who fit the criteria for prompt intervention.</li> <li>Strengthen collaboration with community by working with Kentucky Quit Line to track members who contact the quit line, who receive quit line services, and monitor quit status.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
Pregnant Women Assessed for Smoking Status at First or Second Prenatal Visit	69.30%	TBD	TBD	79.00%
Pregnant Women Screened for Tobacco Use with a Positive Screen <sup>1</sup>	31.40%	TBD	TBD	19.64%
Prenatal Smokers who Received Cessation Intervention	76.00%	TBD	TBD	95.30%
Prenatal Smokers who Received Cessation Intervention and who Abstained Through Delivery	N/A	TBD	TBD	N/A
Prenatal Smokers who Received Cessation Intervention with Smoking Status Monitored at One or More Follow-up Visits	N/A	TBD	TBD	N/A
<b>Pending Compliance Score</b>	N/A	TBD	TBD	
<b>Improvement:</b> The plan is actively working on the barrier analysis and anticipates a refinement of the interventions when the barrier analysis is complete.				

<sup>1</sup> A lower rate is better.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 27: Humana-CareSource Statewide Collaborative PIP – Safe and Judicious Antipsychotic Use in Children and Adolescents

Goals and Interventions				
<b>PIP Period: 2015–2017 Final Report</b>				
<b>Goals</b>				
Humana-CareSource will improve the safe and judicious use of antipsychotics for its child and adolescent members by implementing combined provider, member and health plan targeted interventions.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>• Provider Newsletter or Web based network notification regarding use of higher-than-recommended doses of antipsychotics and use of multiple concurrent antipsychotics in children and adolescents.</li> <li>• The Behavioral Health (BH) Medical Director to review monthly pharmacy reports and outreach to prescriber related to outliers.</li> <li>• Develop an educational webinar directed to providers that will be available on the provider portal.</li> <li>• Within 30 days of onset of new antipsychotic fill, a letter with information regarding practice recommendations of face to face follow-up visit with the prescribing provider, the need for metabolic screening for children and adolescents on newly prescribed antipsychotics and the need for metabolic monitoring for children and adolescents on antipsychotics will be sent to the prescribing provider.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>• Provide targeted outreach to identified members to educate parents/caregivers of members on the importance of receiving first line psychosocial care.</li> <li>• Within 30 days of onset of new antipsychotic fill, a letter will be sent to the parent/guardian with information on the importance of a face-to face follow-up visit with the prescribing provider and metabolic screening.</li> <li>• Send letters to parents/guardians on the importance of follow-up visits and metabolic screening for children and adolescents on antipsychotics.</li> <li>• Evaluate children and adolescents on antipsychotics for enrollment in case management.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>• Generate performance profile reports that contain overall performance rates and data for each member, for each measure quarterly.</li> <li>• Review and implement Pharmacy Edits as needed for review of any higher-than-recommended doses of Antipsychotics in children and adolescents and use of multiple concurrent antipsychotics in children and adolescents.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
Use of Higher-Than-Recommended Doses of Antipsychotics in Children/Adolescents <sup>1</sup>	3.9%	4.0%	2.8%	< 3.5% <sup>1</sup>
Use of Multiple Concurrent Antipsychotics in Children/Adolescents (APC) <sup>1</sup>	NR	1.6%	1.1%	< 1.4% <sup>1</sup>
Use of First-Line Psychosocial Care for Children/Adolescents on Antipsychotics (APP)	60.7%	65.1%	61.1%	> 62.5%
Follow-up Visit for Children/Adolescents on Antipsychotics	53.7%	75.5%	70.1%	> 59.3%
Metabolic Screening for Children/Adolescents Newly on Antipsychotics	7.0%	10.2%	12.6%	> 8.8%
Metabolic Monitoring for Children/Adolescents on two or more Antipsychotics (APM)	40.3%	27.1%	26.5%	> 50.5%
<b>Final Compliance Score</b>	N/A	59.50	70.70	

**Improvement:**

Humana-CareSource achieved improved rates for 4 out of the 6 performance indicators. Rates improved from baseline to final for Follow-up Visits for Children/Adolescents on Antipsychotics and Metabolic Screening for Children/Adolescents Newly on Antipsychotics. The final rates for the two measures where a lower rate means better performance, Use of Higher-Than-Recommended Doses of Antipsychotics in Children/Adolescents and Use of Multiple Concurrent Antipsychotics in Children/Adolescents (APC) both declined and exceeded targeted rates.

<sup>1</sup> A lower rate is better.

MY: measurement year; NR: not reported; N/A: not applicable.

Table 28: Humana-CareSource PIP – Increasing Postpartum Care Visits

Goals and Interventions				
<b>PIP Period: 2015–2017 Final Report</b>				
<b>Goals</b>				
Humana-CareSource aims to ensure that women receive the recommended postpartum care services to assess and follow-up on any identified needs for mother and baby.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Publish annual provider newsletter articles on postpartum care topics.</li> <li>Explore producing a provider webinar or continuing education program on preconception and interconception care.</li> <li>Explore implementation of a provider pay-for-performance program for postpartum measure(s).</li> <li>Explore conducting a prenatal and postpartum clinical practice guideline (CPG) audit and use the results of the audit to drive additional interventions.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Produce a twice-annual member newsletter article on prenatal and postpartum care.</li> <li>Employ an obstetric case manager to work with high-risk pregnant members and oversee postpartum visit outreach for all pregnant members.</li> <li>Modify the <i>Babies First</i> incentive program to address this PIP topic.</li> <li>Initiate routine mailings at key intervals during pregnancy and postpartum.</li> <li>Develop member education materials specific to preconception and interconception care.</li> <li>Conduct telephonic outreach to members for postpartum education and visit reminders and assisted with scheduling and transportation (if needed).</li> <li>Mail postpartum visit reminder postcards/letters to members.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Hire a case manager (CM) with obstetrical experience to work with high risk pregnant members and oversee the outreach to postpartum members.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Postpartum Care Visits	51.58%	55.47%	53.28%	56.6%
Family Planning Screening during Postpartum Visit	100.0%	100.0%	89.7%	100.0%
Depression Screening during Postpartum Visit	79%	79%	79%	90.2%
<b>Final Compliance Score</b>	N/A	62.02	71.50	
<b>Improvement:</b> Humana-CareSource did not meet or exceed the goal set for any of the three performance indicators. The rate of postpartum visits increased from baseline to interim, but then declined on final re-measurement. The final rate for Family Planning Screening also declined in the final re-measurement while the Depression Screening rate remained the same through the three MYs. The plan identified a strong set of system-level changes that should continue to be followed moving forward.				

MY: measurement year; N/A: not applicable.

Table 29: Humana-CareSource Statewide Collaborative PIP –Coordinated Care Management in the Seriously Mentally Ill Population

Goals and Interventions				
<b>PIP Period: 2016–2018 Interim Report</b>				
<b>Goals</b>				
Humana-CareSource will improve preventive care services for Humana-CareSource members of 18–64 years of age with serious mental illness (SMI) by increasing access to (a) primary care and (b) screening services related to metabolic syndrome/cardiovascular risk and by implementing provider-targeted, member-targeted, and health plan care coordination interventions.				
<b>Key Interventions</b>				
<b>Provider Interventions :</b> <ul style="list-style-type: none"> <li>Educate providers via written materials, webinar or portal.</li> <li>Inform providers of targeted members with needed tests via portal.</li> <li>Explore possibility for provider/member incentives.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Educate members via portal/mail.</li> <li>Contact members by phone to schedule appointments, assist with transportation arrangements and follow-up after appointments to assist with any follow-up care needs.</li> <li>Provide individualized case management when indicated.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Implement Care Coordination and Case Management.</li> <li>Forward profile reports to Case Management for outreach and case management.</li> <li>Forward profile reports to the BH care coordination/case management team for case management.</li> <li>Consider adding interventions to improve communication between PH and BH providers regarding recent completed physical health screening, need for physical health screening and any significant change in health status.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal <sup>1</sup>
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)	80.9%	81.8%	TBD	88.2%
Access to Preventive/Ambulatory Health Services for People with SMI	98.7%	98.2%	TBD	100%
Cholesterol Screening for People with Schizophrenia or Bipolar Disorder who are Prescribed Antipsychotic Medications	44.0%	42.1%	TBD	52.0%
BMI Screening for People with SMI	69.1%	66.4%	TBD	78.4%
Blood Pressure Assessment for People with SMI	74.7%	70.8%	TBD	83.8%
Tobacco Screening for People with SMI	65.7%	61.8%	TBD	75.2%
Tobacco Counseling for Tobacco Positive People with SMI	54.9%	56.5%	TBD	66.8%
Tobacco Medication for Tobacco Counseled People with SMI	14.9%	25.3%	TBD	TBD
<b>Pending Compliance Score</b>	N/A	66.90	TBD	
<b>Improvement:</b> 3 of the 8 performance indicators showed improvement from baseline to interim measurement: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD), Tobacco Counseling for Tobacco Positive People with SMI and Tobacco Medication for Tobacco Counseled People with SMI.				

<sup>1</sup> Goal is IPRO-suggested minimum improvement.

SMI: serious mental illness; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 30: Humana-CareSource PIP – HbA1c Control with Combined Interventions

Goals and Interventions				
<b>PIP Period: 2016–2018 Interim Report</b>				
<b>Goals</b>				
Humana-CareSource will improve the processes of diabetes care to decrease the number of members with an A1c > 9 by implementing combined provider-targeted, member-targeted, and health plan care coordination interventions.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>• Provider education via written materials, webinars, portal.</li> <li>• Provider profile reports distributed containing individual HEDIS scores, overall HEDIS results, and national benchmarks.</li> <li>• Member profiles distributed to providers with lists of diabetic members noncompliant with HbA1c testing and HbA1c &gt;9.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>• Member education via Member Portal and/or mailing.</li> <li>• Enhanced Case Management/Certified Diabetes Educators to conduct telephonic outreach high-risk members (HbA1c &gt; 9%) and members referred by Care Coordination.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>• Outreach staff to contact members to assist with scheduling appointments, arranging transportation.</li> <li>• Outreach staff also to contact providers to alert them of members' upcoming appointments to discuss HbA1c tests.</li> <li>• Refer members to Case Management/Diabetic Educator for individualized education/follow-up.</li> <li>• Confirm HbA1c is &lt;9 through claims/member/provider. If HbA1c &gt;9, assist with follow-up care.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal <sup>2</sup>
HEDIS HbA1c Testing	87.30%	87.88%	TBD	92.9%
HEDIS Poor Control (HbA1c > 9%) <sup>1</sup>	61.71%	63.31%	TBD	53.6%
<b>Pending Compliance Score</b>	N/A	68.90	TBD	
<b>Improvement:</b> The plan took an important first step by pilot testing an enhanced provider outreach care management intervention and reported results in the PDSA table. Interim rates for HbA1c Testing improved slightly in the interim measurement, but the rate for Poor Control (HbA1c > 9%) did not improve. IPRO recommends that the plan select more aggressive target rates as presented above.				

<sup>1</sup> A lower rate is better.<sup>2</sup> IPRO recommended target rates.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 31: Humana-CareSource PIP – Improving Well-Child Visits in the First Six Years of Life

Goals and Interventions				
<b>PIP Period: 2017–2019 Baseline Report</b>				
<b>Goals</b>				
Humana-CareSource will improve the percentage of members of 0–6 years of age receiving recommended well-child visits by implementing combined caregiver-, provider- and health plan-targeted interventions.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Educate providers on current standards of care via the provider portal, mailings and webinars.</li> <li>Develop and distribute list of noncompliant members to providers.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Conduct targeted care coordination telephonic outreach to caregivers to educate on importance of well-child visits and provide assistance with obtaining a PCP, scheduling appointments, transportation, referral to CM (if needed).</li> <li>Promote and educate caregivers in HSC's Babies First incentive program.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Develop Member Profile Reports listing members who are noncompliant with well-child visits.</li> </ul>				
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	55.49%	TBD	TBD	67.76%
HEDIS: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	55.88%	TBD	TBD	67.29%
<b>Pending Compliance Score</b>	N/A	TBD	TBD	
<b>Improvement:</b> The plan reported a test of change in a PDSA table and indicated plans to roll out the enhanced care coordination process.				

MY: measurement year; PCP: primary care provider; CM; care management, TBD: to be determined; N/A: not applicable.

Table 32: Humana-CareSource Statewide Collaborative PIP – Effectiveness of Prenatal Smoking Cessation Intervention

Goals and Interventions				
<b>PIP Period: 2017–2019 Baseline Report</b>				
<b>Goals</b>				
Humana-CareSource will implement a robust set of member, provider and community/health plan interventions to increase the rate of prenatal screening for tobacco use and prenatal smoking abstinence.				
<b>Key Interventions</b>				
<b>Provider Interventions :</b> <ul style="list-style-type: none"> <li>Educate providers to promote current standards of smoking cessation for pregnant members via resources provided via the provider portal, network notification, and newsletters.</li> <li>Highlight the use of the Pregnancy Risk Assessment Form.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Enhance current high-risk care management program to meet the education, outreach, and follow-up needs of members.</li> <li>Tailor care coordination and care management for susceptible populations.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Strengthen collaboration with the community and the Kentucky Quit Line and Quit for Two.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
Pregnant Women Assessed for Smoking Status at First or Second Prenatal Visit	31.91%	TBD	TBD	84.8%
Pregnant Women Screened for Tobacco Use with a Positive Screen <sup>1</sup>	34.25%	TBD	TBD	14% <sup>2</sup>
Prenatal Smokers who Received Cessation Intervention	56.00%	TBD	TBD	81.8%
Prenatal Smokers who Received Cessation Intervention and who Abstained Through Delivery	5.3%	TBD	TBD	26.9%
Prenatal Smokers who Received Cessation Intervention with Smoking Status Monitored at One or More Follow-up Visits	57.9%	TBD	TBD	62.9%
<b>Pending Compliance Score</b>	N/A	TBD	TBD	
<b>Improvement:</b> The plan has not implemented any interventions and has delayed start dates due to delayed provider outreach materials, postponed distribution of Pregnancy Risk Assessment form pending state approval and delayed full implementation of population health module and smoking registry. Target rates are from HCS's Baseline Report and IPRO's recommendation.				

<sup>1</sup> A lower rate is better.

<sup>2</sup> IPRO recommended rate.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 33: Passport Health Plan PIP – You Can Control Your Asthma!

Goals and Interventions				
PIP Period: 2015–2017 Final Report				
Goals				
Passport Health Plan aimed to achieve behavioral change in the use of an Asthma Action Plan, self-care management to improve health outcomes, reduce inappropriate utilization and proactively identify members using predictive modeling tools and risk stratification.				
Key Interventions				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Develop provider education tools on management of persistent asthma.</li> <li>Conduct one-on-one provider education on asthma guidelines and provide tools to educate office staff.</li> <li>Create a standardized asthma action plan.</li> <li>Initiate provider outreach to engage in development of the asthma action plan.</li> <li>Conduct telephone outreach to providers of members identified as high-risk for asthma action plan use and coordination of care.</li> <li>Collaborate with 2 provider offices with a high-volume of members with asthma to embed a case manager to focus on asthma education.</li> <li>Develop and distribute letters to providers with a list members enrolled in disease management and a copy of their plan of care.</li> <li>Post articles in e-News issues – ‘<i>My Asthma Action Plan, Encourage Self- Management</i>’ and ‘<i>Basketball Event Raises Asthma Awareness</i>’ to providers.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Develop asthma assessment tools for children ages 2–4 years and 5 years and above to identify member-specific asthma management issues.</li> <li>Develop and test a tool to identify members with persistent asthma.</li> <li>Conduct outreach to engage members in developing an asthma action plan.</li> <li>Promote and refer members to the Propeller Program.</li> <li>Develop and distribute targeted education for identified members and ensure proper discharge education.</li> <li>Create a member mailing with the Asthma Action Plan and Instructions.</li> <li>Initiate outreach calls to members identified as high-risk to enroll them in the asthma disease management program.</li> <li>Distribute new member packets and assessment forms to members newly diagnosed with asthma.</li> <li>Coordinate efforts with the Community Outreach Department and participate in community events.</li> <li>Work with the Pharmacy and Disease Management departments to develop an outreach process for members who are 30 days behind on controller medication refills. Identify and outreach members in need of controller medication refills.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Develop and test a tool to identify members with persistent asthma members who have a probability of ER/IP/ICU utilization.</li> <li>Develop, initiate and revise an asthma action plan to be more user-friendly for members, providers, and staff.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Medication Management for People with Asthma (MMA) – 75% Compliance – all ages	36.67%	34.48%	29.13%	43.08%
HEDIS Asthma Medication Ratio (AMR) – all ages	71.77%	74.53%	71.38%	76.23%
Medication Therapy for Persons with Asthma – Suboptimal Control – all ages <sup>1</sup>	20.47%	23.08%	20.35%	17.40%

Medication Therapy for Persons with Asthma – Absence of Controller Therapy – all ages <sup>1</sup>	5.36%	7.45%	6.09%	4.56%
<b>Final Compliance Score</b>	N/A	50.0	70.70	
<b>Improvement :</b> The MCO was not able to report MY 2013 rates for many of the indicators and requested that the baseline measurement be repeated in MY 2014. DMS consented. Therefore, MY 2014 was reported as the baseline measurement. Rates for the two HEDIS measures decreased from baseline to final re-measurement and did not reach their target goals. The therapy indicator for suboptimal control improved slightly over the study period but the absence of controller therapy did not improve.				

<sup>1</sup> A lower rate is better.

ER: emergency room; IP: inpatient; ICU: intensive care unit; MY: measurement year; N/A: not applicable.

Table 34: Passport Health Plan Statewide Collaborative PIP – Antipsychotic Monitoring for Children and Adolescents

Goals and Interventions				
<b>PIP Period: 2015–2017 Final Report</b>				
<b>Goals</b>				
The aim for this PIP was to improve the prescribing and management practices for children and adolescents on antipsychotic medications through a unified and coordinated approach. This PIP was a collaborative between all Kentucky Medicaid MCOs, the Department of Medicaid Services (DMS) and the University of Louisville Pediatric Faculty Group and their Medical Directors.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Educate PCPs on availability of psychiatrists via the 1-800 Psychiatric hotline for assistance with appropriate and targeted use of psychiatric medications, access to appropriate care and to increase provider comfort with treating behavioral health conditions.</li> <li>Educate providers regarding available American Academy of Child and Adolescent Psychiatry (AACAP) guidelines for use of antipsychotics.</li> <li>Educate providers on Behavioral Health HEDIS measures for members 1–17 years of age who require metabolic monitoring, outpatient services concurrent with antipsychotic medications and adolescents on antipsychotic medications.</li> <li>Educate providers on New Prior Authorization process to facilitate appropriate antipsychotic medication prescribing practices and adherence with clinical practice guidance.</li> <li>Grow Behavioral Health Provider Access statewide.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Telephonic outreach to members on antipsychotic medications who were non-compliant with metabolic monitoring.</li> <li>Educate providers and members on the Behavioral Health Services Crisis Line.</li> <li>Enhanced Psychotropic Drug Intervention Program (PDIP) to identify medication related problems through evidence-based practices, intervene with members and providers, integrate PDIP findings with Care Management programs and improve quality of care for members.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Developed “Helping Children with Behavioral Health Needs” brochure and distributed to DCBS offices.</li> <li>Pharmacy Benefit Management implemented the use of age edits (under 6 years) for antipsychotics medications.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
Metabolic Monitoring for Children/Adolescents on Antipsychotics	34.62%	34.93%	38.73%	42.30%
Use of Concurrent Antipsychotics in Children and Adolescents <sup>1</sup>	3.57%	1.31%	1.80%	0.00%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	67.86%	71.61%	67.65%	74.30%
Follow-up Visits for Children and Adolescents Newly on Antipsychotics	75.63%	75.69%	76.43%	77.60%
Metabolic Screening for Children and Adolescents Newly on Antipsychotics	8.73%	8.79%	8.60%	10.70%
Use of Higher-Than-Recommended Dosages of Antipsychotics in Children and Adolescents <sup>1</sup>	4.76%	4.25%	3.47%	2.80%
<b>Final Compliance Score</b>	N/A	30.0	81.50	

**Improvement:**

For Use of Concurrent Antipsychotics and Use of Higher-Than-Recommended Dosages of Antipsychotics, a lower rate was achieved by the final re-measurement, but none were as low as the targeted goal. Rates for Metabolic Monitoring for Children/Adolescents on Antipsychotics and Follow-up Visits for Children/Adolescents Newly on Antipsychotics increased from baseline to final re-measurement but did not meet the target goals, while rates for Use of First-Line Psychosocial Care and Metabolic Screening for Children/Adolescents Newly on Antipsychotics declined during the study period. Future efforts should focus on enhanced care management to increase member outreach to further close gaps in care.

<sup>1</sup> A lower rate is better.

MY: measurement year.

Table 35: Passport Health Plan PIP – Reducing Readmission Rates of Postpartum Members

Goals and Interventions				
<b>PIP Period: 2015–2017 Final Report</b>				
<b>Goals</b>				
The Plan aims to reduce post-delivery readmissions to the hospital within 30 days of postpartum discharge, as well as increase the rates of postpartum evaluation between 21–56 days of live birth.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Providers receive feedback from Medical Director’s chart review of post-delivery readmission quality of care issues.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Mommy Steps Program telephonic outreach targeting high risk pregnancies and care coordination implemented on maternity members within 2–4 days of delivery discharge.</li> <li>Member gift card reward for completing postpartum visit between 21–56 days post-delivery.</li> <li>Conduct face-to-face education regarding postpartum care, warnings signs, and when to call the OB/GYN by the Onsite maternity nurses/Stork Care at three high volume facilities.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Recruit a full-time OB/GYN medical director.</li> <li>Design and implement a new Maternity Care Management platform: Firefly® to capture gestational age and high risk indicators for postpartum care measure.</li> <li>Conduct a retrospective chart review of post-delivery discharge documentation to identify co-morbidities, antepartum symptoms and social determinants to care trends that result in a readmission and/or quality of care issue.</li> <li>Medical Director chart review is conducted when post-delivery readmission quality of care issue is identified.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
Postpartum Readmissions (within 30 days of discharge)	1.85%	1.44%	1.53%	1.39%
HEDIS Postpartum Care	68.67%	66.29%	64.93%	74.03%
<b>Final Compliance Score</b>	N/A	59.25	80.70	
<b>Improvement:</b> Postpartum readmissions declined during the study period, but did not get as low as the targeted rate. The rate for HEDIS Postpartum Care did not improve from baseline to final re-measurement and did not meet its target goal. The lack of improvement may have been attributed to the late start for member outreach interventions and the small number of providers impacted by the interventions. The limited volume of member outreach merits the plan’s follow-up.				

MY: measurement year; OB/GYN: obstetrics/gynecology; N/A: not applicable.

Table 36: Passport Health Plan Statewide Collaborative PIP – Integrated Healthcare: The Collaboration of Behavioral Health and Primary Care

Goals and Interventions				
PIP Period: 2016–2018 Interim Report				
Goals				
The Plan aims to improve the primary care services for members with SMI through improved care coordination and integrated care approaches between primary care and behavioral health providers. The implementation of an integrated and collaborative approach can improve health outcomes and provide cost-effective care for members with SMI. This project is a collaborative with all MCOs and DMS.				
Key Interventions				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Generate preventive care gap reports for all members to support PCP with the identification of members with gaps in care.</li> <li>Educate providers regarding available AACAP clinical practice guidelines (CPGs) to assist them in treating the member and HEDIS Behavioral Health measures.</li> <li>Educate and distribute preventive care gap reports to BH providers to coordinate care with BH Provider.</li> <li>Educate use of 5A's and 5R's models of intervention with smoking cessation and physical activity. Link to Smoking Cessation for Person's with SMI: A Toolkit for Providers included in educational communication to PCPs.</li> <li>Distribute tobacco cessation billing code information to BH providers.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Conduct telephonic outreach to SMI members ages 18–20 years with SMI showing a gap in preventive care to provide education on medication management, importance of annual preventative care, assist with appointment scheduling and transportation assistance.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Collaborate with Behavioral Health, Care Management Team and Community Partners to discuss member cases and promote care integration.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
Access to Preventive/Ambulatory Health Services for Adults with Schizophrenia or Bipolar Disorder	97.5%	97.1%	TBD	98.1%
Body Mass Index Screening for People with Schizophrenia or Bipolar Disorder	22.3%	30.7%	TBD	32.3%
Blood Pressure Assessment for People with Schizophrenia or Bipolar Disorder	4.9%	7.1%	TBD	14.9%
Cholesterol Screening for People with Schizophrenia or Bipolar Disorder Who are Prescribed Antipsychotic Medications	51.8%	52.5%	TBD	61.8%
Tobacco Use Screening for People with Schizophrenia or Bipolar Disorder	31.9%	34.7%	TBD	41.9%
Current Tobacco Users	31.1%	33.8%	TBD	41.1%
Current Tobacco Users who Received a Tobacco Cessation Intervention	25.8%	36.0%	TBD	35.8%
Current Tobacco Users who were Prescribed Tobacco Cessation Medication	39.4%	38.0%	TBD	49.40%
HEDIS Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)	82.25%	84.17%	TBD	84.01%
<b>Pending Compliance Score</b>	N/A	66.9	TBD	

**Improvement:**

Rates for 7 of the 9 indicators improved from baseline to interim re-measurement, and two measures have exceeded their goal – Current Tobacco Users who Received a Tobacco Cessation Intervention and HEDIS Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD).

SMI: serious mental illness; BH: behavioral health; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 37: Passport Health Plan PIP – Promoting Healthy Smiles through Increased Utilization of Preventative Dental Care

Goals and Interventions				
<b>PIP Period: 2016–2018 Interim Report</b>				
<b>Goals</b>				
This project aims to increase the number of members that take advantage of preventive dental services and reduce the incidence of non-traumatic dental ED visits (NTDVs).				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Distribute best practice tools for oral health to Dental Care Providers.</li> <li>Send eNews to primary care practitioners (PCP) regarding PCP's role in the assessment of oral health, initiate discussions with patients about seeking dental care and use of general Oral Health Assessment.</li> <li>Implement care gap reporting pilot with high volume Dental Providers.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Leverage care messaging technology to promote preventative visit by texting member who is non-adherent with ADV with a reminder to call member services to assist with scheduling preventative dental care visit(s).</li> <li>Educate members/caregivers on early childhood dental caries via member newsletter.</li> <li>Enhance known pregnant member "Mommy Steps" educational packets to include education on importance of oral health during and after pregnancy.</li> <li>Conduct auto-dialer/live call campaign to EPSDT populations that includes dental screening message.</li> <li>Implement outreach to targeted Behavioral Health Subpopulation to assess smoking status, provide Kentucky Quit Line education and educate members on importance of preventative dental care, promote oral health and provide transportation assistance information.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Implement a mobile dentistry program to improve dental care access (coordinating with the already established project with the Northern Kentucky Health Department and the school systems in Boone, Campbell, Kenton and Grant counties in Region 6).</li> <li>Develop ED diversion program in partnership with Dental vendor aimed at identifying members with ED NTDV claims and facilitating connection with Dental provider. If member has no Dental provider on file, a process will be developed to define member outreach initiative.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal
Fluoride Services for Children 0–20 years applied by a Dental Provider – at least once	49.0%	49.7%	TBD	59.0%
Fluoride Services for Children 0–20 years applied by a Dental Provider – two or more times	17.6%	19.1%	TBD	27.6%
Fluoride Services for Children 0–20 years applied by a PCP – at least once	2.3%	1.9%	TBD	80.0%
Fluoride Services for Children 0–20 years applied by a PCP – two or more times	0.4%	0.3%	TBD	50.0%
Sealants for Children ages 6–9	17.5%	19.8%	TBD	27.5%
HEDIS Annual Dental Visit for Children ages 2–20 (ADV)	42.2%	55.7%	TBD	66.8%
Preventive Services for Adults over the age of 20	13.5%	14.3%	TBD	14.8%
Non-traumatic Dental ED Visits for Adults over the age of 20 <sup>1</sup>	2.0%	1.8%	TBD	1.6%
<b>Pending Compliance Score</b>	N/A	79.0	TBD	
<b>Improvement:</b> Rates for 6 of the 8 study indicators improved from baseline to interim re-measurement, but none met the target goals.				

<sup>1</sup> A lower rate is better.

ED: emergency department; PCP: primary care practitioner; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 38: Passport Health Plan Statewide Collaborative PIP – Prenatal Smoking

Goals and Interventions				
<b>PIP Period: 2017–2019 Baseline Report</b>				
<b>Goals</b>				
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.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>• Work with and educate providers to improve prenatal identification and treatment of smokers.</li> <li>• Educate providers about smoking cessation benefits and facilitate provider implementation of ACOG.</li> <li>• Educate providers to recommend referrals at counseling to Quit Now tobacco cessation resource.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>• Target maternity members in Regions 6, 7 &amp; 8 for tobacco cessation education, outreach and follow-up. Maternity members who smoke are identified via Notice of Pregnancy Form, HRA and claims/encounter data.</li> <li>• Target outreach calls to maternity members who smoke and have a diagnosis of Depression or Asthma/COPD as identified through claims and encounter data.</li> <li>• Outreach and engage members who smoke in smoking cessation benefits/programs thru new opt-in maternity program welcome packet screening tool with tobacco cessation assessment.</li> <li>• Outreach to maternity program members with a positive screen for tobacco use for tobacco cessation counseling.</li> <li>• Track referrals of targeted maternity CM program members to contact Kentucky Quit Line and who enroll in quit line services. Monitor targeted maternity CM program members who abstain from smoking post-delivery.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>• Tobacco cessation (NRT and Quit line) participation from member rewards redemption for prenatal visits.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
Pregnant Women Assessed for Smoking Status at First or Second Prenatal Visit	78.51%	TBD	TBD	86.4%
Pregnant Women Screened for Tobacco Use with a Positive Screen <sup>1</sup>	26.32%	TBD	TBD	21.1%
Prenatal Smokers who Received Cessation Intervention	65.00%	TBD	TBD	82.1%
Prenatal Smokers who Received Cessation Intervention and who Abstained Through Delivery	10.26%	TBD	TBD	20.0%
Prenatal Smokers who Received Cessation Intervention with Smoking Status Monitored at One or More Follow-up Visits	37.18%	TBD	TBD	58.6%
<b>Pending Compliance Score</b>	N/A	TBD	TBD	
<b>Improvement:</b> Strong baseline report with a robust set of member and provider interventions.				

<sup>1</sup> A lower rate is better.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 39: Passport Health Plan PIP – EPSDT Screening and Participation

Goals and Interventions				
<b>PIP Period: 2017–2019 Baseline Report</b>				
<b>Goals</b>				
The Plan 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 will be evaluated following the Plan, Do, Study, Act (PDSA) cycle on the targeted 6–14 age group.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>• Provide education to PCP's with pediatric members in areas outside of Region 3 regarding AAP &amp; EPSDT guidelines and proper coding for services via plan outreach channels (eNews).</li> <li>• Distribute "best practices" tip sheet to PCPs with pediatric members regarding prevention and management of "no show" appointments, and cultural sensitivity for limited English proficiency patients.</li> <li>• Develop EPSDT care gap reports for high volume PCP groups in areas outside of Region 3 and target zip codes (see table 1) in Jefferson County to encourage outreach by the PCP office.</li> <li>• Use group level EPSDT QI audit to identify provider groups with low EPSDT documentation compliance who fail to meet the passing audit score of 90%.and provide supplemental education tools to provider.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>• Live agent telephonic outreach by Plan outreach staff including care management staff – campaigns targeting members ages 6–14 years outside Region 3 and target zip codes (see table 1) in Jefferson County.</li> <li>• Home visit outreach to members unable to reach via live agent telephonic campaign.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>• Educate DOH providers regarding their role in providing EPSDT services and billing to the plan via email to DOH sites.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
EPSDT Screening Rate	82%	TBD	TBD	84%
EPSDT Participation Rate	59%	TBD	TBD	69%
<b>Pending Compliance Score</b>	N/A	TBD	TBD	
<b>Improvement:</b> The PIP targets susceptible subpopulations with a robust set of member and provider interventions informed by the barrier analysis.				

MY: measurement year; EPSDT: Early and Periodic Screening, Diagnostic and Treatment; TBD: to be determined; N/A: not applicable.

Table 40: WellCare of Kentucky Statewide Collaborative PIP – Use of Antipsychotics in Children and Adolescents

Goals and Interventions				
<b>PIP Period: 2015–2017 Final Report</b>				
<b>Goals</b>				
WellCare of Kentucky aims to improve safe and judicious antipsychotic use in children and adolescents by implementing interventions targeting members, providers and health plan processes.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Educate providers by posting practice parameters for the use of Atypical Antipsychotics in Children and Adolescents from the American Academy of Child and Adolescent Psychiatry (AACAP) on provider website.</li> <li>Develop a comprehensive “Assessment, Screening and Monitoring Tool” based on AACAP practice parameters and post on the provider website.</li> <li>Send informational/educational mailings targeting general practitioners and pediatricians.</li> <li>Assess access to psychiatrists in Kentucky as a barrier and if necessary and feasible, provide resources on psychiatric care to general practitioners and pediatricians.</li> <li>Evaluate other venues for provider education, such as an educational conference/summit on best practices.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Publish a newsletter article for members/caregivers about care for children with behavioral conditions issues.</li> <li>Send targeted educational mailings care for children taking antipsychotic medications to members newly prescribed an antipsychotic medication.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Collect and review data on prescribing practices for antipsychotics for members of 0–17 years of age, including provider type(s)/specialties, monitoring outliers (e.g., children ≤ age 5) and develop associated interventions.</li> <li>Refer outliers to the Quality of Care (QOC) Department for further review by the QOC nurse and the behavioral health medical director, as necessary.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC) <sup>1</sup>	1.31%	1.62%	2.10%	1.30%
HEDIS Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	65.33%	61.67%	66.17%	70.00%
HEDIS Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	24.98%	23.89%	25.86%	27.50%
Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents <sup>1</sup>	22.79%	24.60%	3.80%	7.90%
Follow-up Visit for Children and Adolescents on Antipsychotics	75.28%	71.78%	70.50%	82.00%
Metabolic Screening for Children and Adolescents Newly on Antipsychotics <sup>1</sup>	7.86%	6.41%	5.97%	6.00%
<b>Final Compliance Score</b>	N/A	57.25	90.50	
<b>Improvement:</b> This PIP represents a robust set of provider and member interventions with application of quality improvement processes that allowed the plan to adjust throughout the course of the PIP. While the rate for Use of Higher-Than-Recommended Doses of Antipsychotics in Children and Adolescents decreased significantly in the final re-measurement, it was the only indicator that exceeded its goal. Performance did, however, move in the desired direction for one other indicator.				

<sup>1</sup> A lower rate is better.

MY: measurement year; N/A: not applicable.

Table 41: WellCare of Kentucky PIP – Postpartum Care

Goals and Interventions				
<b>PIP Period: 2015–2017 Final Report</b>				
<b>Goals</b>				
WellCare of Kentucky aims to increase the percentage of deliveries with a postpartum visit between 21 and 56 days after delivery, as well as increase the percentage of women who had depression screening during the postpartum visit. The plan seeks to decrease 30-day and 60-day readmission rates for women post-delivery.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b>				
<ul style="list-style-type: none"> <li>• Add additional QI HEDIS Advisors to educate/coach providers on guidelines.</li> <li>• Publish a provider newsletter article on tips for documenting postpartum visits.</li> <li>• Conduct targeted education for providers who do not complete postpartum screening for depression.</li> </ul>				
<b>Member Interventions:</b>				
<ul style="list-style-type: none"> <li>• Use vendor, Alere, to implement a comprehensive perinatal program for pregnant members.</li> <li>• Conduct member outreach post-delivery with reminders about postpartum visits and well-child visits and to assist with appointment scheduling.</li> <li>• Publish information on the importance of postpartum visits in the member newsletter.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2014	Interim Rate MY 2015	Final Rate MY 2016	Goal
HEDIS Postpartum Care	51.41%	49.88%	56.93% <sup>1</sup>	QC 50th <sup>1</sup>
Healthy Kentuckians Postpartum Depression Screening	36.81%	55.81%	47.01%	55.22%
30-Day Readmission Rate for Members Post-Delivery <sup>2</sup>	1.66%	1.66%	1.92%	1.33%
31–60 Day Readmission Rate for Members Post-Delivery <sup>2</sup>	0.43%	0.57%	0.49%	0.34%
<b>Final Compliance Score</b>	N/A	76.00	72.90	
<b>Improvement:</b> Target rates were not met for any of the indicators, but the HEDIS Postpartum Care rate did show some improvement by increasing from 51.41% at baseline to 56.93% in the final re-measurement thus moving from the QC 10th percentile to the QC 25th percentile in MY2016.				

<sup>1</sup> The Final Rate for MY2016 of 56.93% was in the Quality Compass (QC) 25th percentile, while the performance target was the QC 50th percentile for HEDIS 2016 Medicaid.

<sup>2</sup> A lower rate is better.

MY: measurement year; N/A: not applicable.

Table 42: WellCare of Kentucky Statewide Collaborative PIP –Coordinated Care for Members with Serious Mental Illness

Goals and Interventions				
<b>PIP Period: 2016–2018 Interim Report</b>				
<b>Goals</b>				
WellCare of Kentucky aims to improve preventive physical health care, including access to preventive/ambulatory health services and screening for metabolic and cardiovascular risks, in the seriously mentally ill population.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Enhance current clinical practice guidelines for the treatment of Schizophrenia and Bipolar Disorder to include best practice recommendations for the provision of preventive physical health screening for patients diagnosed with these conditions. Posted on provider website.</li> <li>Develop a preventive physical health “Assessment, Screening, and Monitoring Tool” for adults diagnosed with SMI and distribute the screening tool via mail to providers and make the tool available via the health plan’s provider website.</li> <li>Explore the opportunity to engage practicing physicians, both PCPs and psychiatrists for collaborative baseline information analysis, to include barrier assessment, and additional input and recommendations for interventions to improve the management and coordination of care for members with SMI.</li> <li>The plan’s Quality Practice Advisors provide targeted educational outreach to providers on recommended screening to SMI population and distribute newly developed behavioral health toolkit, also available on the provider website.</li> <li>Identify individual providers for mailings based on data indicating that a new prescription for an antipsychotic was filled in the previous month. Mailings will include information on how to access the Clinical Practice Guidelines on the MCO’s website, in addition to the “Assessment, Screening, and Monitoring Tool.”</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Telephonic case management program.</li> <li>Send educational appointment reminder letters to members with SMI.</li> <li>Develop and distribute behavioral and physical mental health member education materials.</li> </ul> <b>Member and Provider Interventions:</b> <ul style="list-style-type: none"> <li>Explore the opportunity to engage members, advocates and community partners for a collaborative effort to include barrier assessment and additional input and recommendations for interventions to improve the management and coordination of care for members with SMI.</li> <li>Network and Contracting departments actively recruiting new behavioral health providers.</li> <li>Promote referrals to Kentucky Smoking Cessation Quit Line.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal <sup>1</sup>
Access to Preventive/Ambulatory Health Services for Adults with Schizophrenia or Bipolar Disorder	64.44%	63.86%	TBD	72.12%
Body Mass Index Screening for People with Schizophrenia or Bipolar Disorder	89.81%	92.70%	TBD	95.20%
Cholesterol Screening for People with Schizophrenia or Bipolar Disorder who are Prescribed Antipsychotic Medications	74.66%	82.40%	TBD	84.8%
Blood Pressure Assessment for People with Schizophrenia or Bipolar Disorder who are Prescribed Antipsychotic Medications	88.43%	83.70%	TBD	94.2%
Tobacco Use Screening for People with Schizophrenia or Bipolar Disorder (Tobacco Screening)	75.23%	43.55%	TBD	90.0%
Tobacco Screening and Follow-up for People with Schizophrenia or Bipolar Disorder (Current Tobacco Use)	89.54%	95.53%	TBD	95.9%

Tobacco Screening and Follow-up for People with Schizophrenia or Bipolar Disorder (Tobacco Cessation Intervention)	67.01%	58.48%	TBD	77.5%
Tobacco Screening and Follow-up for People with Schizophrenia or Bipolar Disorder (Tobacco Cessation Rx Prescribed)	56.41%	94.00%	TBD	69.8%
Diabetes Screening for People with Diabetes and Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)	82.46%	82.74%	TBD	84.8%
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	71.13%	69.46%	TBD	79.4%
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	78.89%	78.43%	TBD	94.6%
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	63.90%	66.54%	TBD	68.7%
<b>Pending Compliance Score</b>	N/A	76.10	TBD	
<b>Improvement:</b> This PIP includes a robust set of member and provider interventions. Performance indicators and intervention tracking measures show some improvement in the interim measurement period.				

<sup>1</sup> Revised goals provided by plan in Response to 2016 Technical Report Recommendations.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 43: WellCare of Kentucky PIP – Improving Pediatric Oral Care

Goals and Interventions				
<b>PIP Period: 2016–2018 Interim Report</b>				
<b>Goals</b>				
WellCare of Kentucky aims to improve pediatric oral health in Kentucky by increasing the number of members receiving an annual dental visit and preventive oral health care.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Develop and publish provider newsletter articles highlighting the importance of care coordination and tips for interacting with pediatric patients.</li> <li>Host provider meetings to promote collaboration between dentists and pediatricians.</li> <li>Quality Practice Advisors contact providers to educate on care gaps.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Care Gap Coordinators make outreach calls to members identified in care gap report; identify if member needs assistance with transportation.</li> <li>Develop and publish member newsletter articles highlighting the importance of oral health and pediatric guidelines for dental visits and preventive care.</li> <li>Mail member educational materials and send reminder postcards to parents/caregivers of children who have not had an annual dental visit and/or a dental fluoride visit.</li> <li>Member Healthy Rewards Incentive for annual dental visit.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>Develop a care gap report of members who have not received at least one dental service in the MY.</li> <li>Regular workgroup meetings with plan staff and the plan's dental vendor, Avesis, to improve collaboration.</li> <li>Monthly calls between Quality Practice Advisors and Provider Relations to collaborate on region-specific activities.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2015	Interim Rate MY 2016	Final Rate MY 2017	Goal <sup>1</sup>
HEDIS Annual Dental Visits	60.74%	63.94%	TBD	66.64%
Dental Sealant Treatment	16.95%	19.01%	TBD	17.52%
Members Receiving one Fluoride Treatment	44.44%	46.30%	TBD	54.19%
Members Receiving two Fluoride Treatments	14.09%	14.75%	TBD	17.93%
Members Receiving at least one Preventive Service During the Year	50.61%	52.24%	TBD	59.83%
<b>Pending Compliance Score</b>	N/A	77.90	TBD	
<b>Improvement:</b> This PIP implements a robust set of member and provider interventions. The measure for Dental Sealant Treatment has surpassed its goal in the interim measurement; while the other indicators are increasing, they have not yet met their goals. These Interim results suggest the potential for improvement.				

<sup>1</sup>Goals revised based on baseline results.

MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 44: WellCare of Kentucky Statewide Collaborative PIP – Prenatal Smoking

Goals and Interventions				
<b>PIP Period: 2017–2019 Baseline Report</b>				
<b>Goals</b>				
WellCare of Kentucky 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.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>Educate providers to improve prenatal identification and treatment of smokers using ACOG’s 5 A’s.</li> <li>A newly developed OB Toolkit and other educational materials will be provided via the plan’s website.</li> <li>The Plan’s Quality Practice Advisors will provide targeted educational outreach to providers regarding the HK measures and goals.</li> <li>Providers encouraged to submit the Prenatal Notification Form to Customer Services for OB CM referral.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>Enhance Care Management (CM) program that identifies pregnant members and provides risk assessments. Pregnant members who are tobacco users are categorized as high risk and referred to the Plan’s high risk OB CM program.</li> <li>The high risk OB CM will perform a postpartum follow-up outreach call to assess smoking abstinence.</li> <li>High risk OB CM will tailor care coordination via outreach and educational materials developed based upon an analysis of member demographic and clinical factors.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>The plan will update its Prenatal Notification Form to include a smoking screen as a high risk behavior, and providers access this form on the Provider Portal.</li> <li>The plan will develop a Prenatal Smokers’ Registry using administrative data, Optum referrals, high risk OB CM smoking questionnaire, HRAs, prenatal notification forms.</li> <li>Collaborate with Kentucky’s Quit Line to identify Plan members who contact the Quit Line.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
Pregnant Women Assessed for Smoking Status at First or Second Prenatal Visit	49.59%	TBD	TBD	57.83%
Pregnant Women Screened for Tobacco Use with a Positive Screen <sup>1</sup>	46.15%	TBD	TBD	32.35%
Prenatal Smokers who Received Cessation Intervention	54.76%	TBD	TBD	66.81%
Prenatal Smokers who Received Cessation Intervention and who Abstained Through Delivery	N/A	TBD	TBD	TBD
Prenatal Smokers who Received Cessation Intervention with Smoking Status Monitored at One or More Follow-up Visits	N/A	TBD	TBD	TBD
<b>Pending Compliance Score</b>	N/A	TBD	TBD	
<b>Improvement:</b> To be determined with interim and final results.				

<sup>1</sup> A lower rate is better.

OB: obstetrics; CM: care management; HRA: health risk assessment; MY: measurement year; TBD: to be determined; N/A: not applicable.

Table 45: WellCare of Kentucky PIP – Childhood and Adolescent Immunizations

Goals and Interventions				
<b>PIP Period: 2017–2019 Baseline Report</b>				
<b>Goals</b>				
WellCare of Kentucky 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 plan interventions to improve rates over the next three (3) years.				
<b>Key Interventions</b>				
<b>Provider Interventions:</b> <ul style="list-style-type: none"> <li>• Include CIS Combo 10 as Pay-for-Performance measure.</li> <li>• Distribute HEDIS toolkits to educate providers on measure specifications.</li> <li>• Distribute care gap reports to providers identifying members who have not had immunizations.</li> <li>• Alert providers of members in need of well-care visits.</li> <li>• Pay-for-Performance Program.</li> </ul> <b>Member Interventions:</b> <ul style="list-style-type: none"> <li>• Alert case managers and customer services representatives of members in need of well-child visits so they can educate members on the importance of immunizations.</li> <li>• Assist members in making appointments and arranging for transportation.</li> <li>• Educate members through newsletter articles, targeted outreach calls, Postpartum Outreach, periodicity letters.</li> <li>• Disseminate educational materials for immunizations.</li> <li>• Member Incentive: Healthy Rewards.</li> </ul> <b>Health Plan Interventions:</b> <ul style="list-style-type: none"> <li>• Gain access to State Immunization Registry.</li> <li>• Develop and distribute care gap reports and HEDIS toolkit for providers.</li> <li>• Add CIS Combo 2 and Combo 10 to EPSDT requirements, aligning with the Kentucky School Immunization requirements.</li> </ul>				
Results				
Indicator	Baseline Rate MY 2016	Interim Rate MY 2017	Final Rate MY 2018	Goal
Childhood Immunization Status – Combo 10	21.41%	TBD	TBD	25.99%
Immunizations for Adolescents – Combo 1	77.86%	TBD	TBD	82.09%
Immunizations for Adolescents – Combo 2	10.95%	TBD	TBD	N/A
<b>Pending Compliance Score</b>	N/A	TBD	TBD	
<b>Improvement:</b> This PIP implements a robust set of member and provider interventions. The plan has identified the need to access the State Immunization Registry in order to implement member interventions for enhanced care coordination.				

EPSDT: Early and Periodic Screening, Diagnostic and Treatment; MY: measurement year; TBD: to be determined; 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 2016 or CY 2017 and others are ongoing. A descriptive summary of each activity follows:

### Managed Care Program Progress Report

IPRO produces a Managed Care Program Progress report for key stakeholders, such as the Kentucky State Legislature. The purpose of this Progress Report is to summarize information from the external quality review activities that describe the status and progress that has occurred in Kentucky's Medicaid Managed Care Program. IPRO identified program strengths and opportunities for improvement in the areas of program administration, data systems, compliance with federal standards, provider network access, quality assessment and performance improvement. The report provides recommendations related to improving encounter data quality, enhancing board certification rates, increasing well-child visits for children and adolescents and initiation of AOD dependence treatment for 18+ years and overall. The report also recommended conducting further study on access and availability of behavioral health services, improving HEDIS performance where rates fell below the national 50th percentile, and more importantly at or below the 10th percentile, increasing response rates for health risk assessments, and enhancing care coordination.

### MCO Performance Annual Health Plan Report Card

IPRO collaborates with DMS to produce a Health Plan Report Card entitled *Guide to Choosing a Medicaid Health Plan* (English and Spanish versions) which presents the performance for each of the plans on selected HEDIS and 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 Health Plan Report Card annually prior to the Open Enrollment period.

### Quality Companion Guide

IPRO prepares a Quality Companion Guide as a reference guide to the core EQR quality improvement activities for the MCOs. The guide includes an overview of the processes for the regulatory compliance review, PM calculation and validation and PIP conduct and validation.

### 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 system as described in the Commonwealth of Kentucky's Strategy for Assessing and Improving the Quality of Managed Care Services. The fifth annual review, conducted with the intent of continuing evaluation used 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. IPRO summarizes strengths and opportunities for improving Kentucky's MMC Program relative to program administration, goals and benchmarks, quality monitoring and assessment and quality improvement. Recommendations address the quality strategy, the statewide collaborative PIP, MCO statutory report requirements, and MCO performance improvement.

### Validation of Patient-Level Claims

Encounter data validation is an optional MMC EQR activity. DMS requested that IPRO conduct several encounter data activities during 2016–2017.

### Monthly Management Reports

IPRO continues to receive historical claims data from DMS capturing the MCOs' member utilization. IPRO 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.

## **MCO Encounter Data Validation Benchmarking Study**

IPRO completed an encounter data validation benchmarking study to assess if DMS data extracts can produce similar, if not the same, results as those reported by the five MCOs for HEDIS 2016. Three measures were selected by DMS and IPRO:

- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Children and Adolescents' Access to PCPs (CAP)
- Initiation and Engagement of AOD Dependence Treatment (IET)

Overall results varied by measure, however, all MCOs had some level of statistically significant differences between the MCO submitted HEDIS 2016 measure rates and the Kentucky Medicaid Management Information System (MMIS) encounter data calculated rates. Study recommendations called for the state to work with IPRO and the MCOs to properly identify members who have primary coverage through Medicare or Commercial insurance and to identify a universal specification list for PCP identification.

## **EPSDT Validation Study, August 2017**

This validation study was a retrospective medical record review (MRR) of well-child visits that occurred between September 1, 2015 and September 1, 2016. The study aims to validate EPSDT-related visit and service codes by comparing medical record documentation and submitted administrative diagnostic/treatment data for adolescents enrolled in Kentucky MMC and to describe adolescent EPSDT services provided during these visits.

Based on a review of a total of 474 medical records (100 records requested from each of the five MCOs), recommendations identified opportunities for MCOs to improve the process for members receiving EPSDT services to include adequate diagnostic assessment and proper referral. MCOs should ensure that providers have access to validated depression and behavioral risk screening tools and are educated in American Academy of Pediatrics/Bright Futures-recommended exam components and use standardized processes for identifying adolescents who use tobacco, alcohol and/or drugs. Ensuring appropriate risk assessment, management and monitoring of overweight and obese members was recommended. It was also suggested that MCOs provide guidance to providers regarding the timing of adolescent exams and to clarify the "grey" areas with respect to policies to support and protect adolescent confidentiality when obtaining services.

## **Quality of Care Focused Studies**

Quality of care focus studies are an optional EQR activity. IPRO conducted two focus studies on behalf of DMS with the participation of the MCOs and other stakeholders, such as DCBS.

## **Risk Factors for Lack of Access to Pharmaceutical Treatment for Chronic Hepatitis C Infection and for Liver-Related Hospitalization and ED Visits, April 2017**

The purpose of this focused study was to profile the demographic, clinical and health care access-related factors of the Kentucky MMC adult population with chronic hepatitis C infection, and to identify risk factors for three outcomes: 1) liver-related hospitalization, 2) liver-related ED visits, and 3) lack of receipt of hepatitis C drug treatment. Additional aims were to assess the extent of case management and care coordination for Kentucky MMC adult enrollees with chronic hepatitis C infection, and to evaluate the prevalence of and reasons for denials issued for hepatitis C pharmaceutical treatment.

Administrative claims/encounter data were used to profile clinical, demographic and access-related factors among the adult population with chronic hepatitis C in all five Kentucky Medicaid MCOs: Aetna Better Health, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan and WellCare of Kentucky. MCO utilization review files were examined in a random sample of 110 members per plan, from the eligible population with a denial for hepatitis C drugs. MCO care management records were also reviewed to assess the prevalence of case management and care coordination services.

Study results indicated that less than 2% of all Kentucky adult MMC enrollees were identified with chronic hepatitis C. Of the seven clinical factors evaluated, members with tobacco use comprised the greatest proportion of members with hepatitis C (69.1%), followed by SMI (51.2%), substance use disorder (SUD; 44.5%), skin/soft tissue infection (18.4%), alcohol abuse (16.5%), chronic hepatitis B (3.4%) and human immunodeficiency virus (HIV, 1.7%). Among the study population with chronic hepatitis C, 5.6% (583/10,491) were hospitalized for liver-related conditions and only 2.9% (306/10,491) incurred a liver-related ED visit, and 3.2% (332/10,491) received pharmaceutical treatment for hepatitis C. The proportion of members with hepatitis C who had any outpatient PCP visit was 95.22%, but only 59.6% had any outpatient liver-related specialist visit. Overall, less than one third of members in the chart review sample had a record of care management during the measurement period (167/550; 30.4%).

Results from this study indicated the following:

- The proportion of Kentucky MMC members who receive treatment for chronic hepatitis C falls below the national average, with black and younger enrollees disproportionately affected, as well as those residing in urban and rural areas.
- Substance use disorder is not a contraindication to hepatitis C treatment, yet SUD is a barrier to treatment, with considerable gaps in care management among Kentucky MMC enrollees with SUD and hepatitis C.
- There is an opportunity to enhance care management for Kentucky MMC enrollees with hepatitis C by facilitating member access to specialists and PCP-specialist coordination of services, as well as educating providers about the hepatitis C drug authorization process and guidelines from the Infectious Diseases Society of America (IDSA) and the American Association for the Study of Liver Diseases (AASLD).
- Appalachian residence and lack of an outpatient PCP visit were barriers to accessing specialists, with variability in specialist access also evident among MCOs.
- The presence of behavioral and physical co-morbid conditions, as well as barriers to PCP and specialist visits, increased hospitalization risk, yet few members with hepatitis C received MCO clinical needs assessment, case management, care coordination or discharge planning services.

### **Prescribed Opioids for Chronic Non-Cancer Pain and Medication Assisted Treatment for Opioid Use Disorder, June 2017**

This focused study sought to identify members with a diagnosis of chronic non-cancer pain (CP) and assess the prevalence of 90-day opioid prescription by demographic, clinical and healthcare access-related factors. A further focus on members with opioid use disorder (OUD), identified risk factors for non-receipt of medication-assisted treatment (MAT), engagement in MCO case management, MCO care coordination with the prescribing provider and member lock-in status.

This study used administrative data (encounter, pharmacy and laboratory files) to assess receipt of care in compliance with CDC guidelines for opioid prescribing among members with CP. Opioid prescription for chronic pain is a recognized driver of opioid use disorder, and over one-fourth of Kentucky MMC members with chronic pain were prescribed opioids; and therefore, represent a high-volume, high-risk population health concern. Findings of non-compliance with the CDC Guideline suggest opportunities for improvement. The majority of this at-risk OUD population did not have evidence of urine testing and claims with service codes indicating compliance with CDC recommendations for initial attempts at non-opioid therapy (i.e., behavior therapy, exercise therapy, non-opioid pharmacologic therapy) were minimal. OUD history is a known risk factor for pain medication dependence, and among Kentucky MMC members with chronic pain, those with OUD are disproportionately prescribed opioids for chronic pain.

Members with opioid use disorder who live in urban areas and members with OUD who are black are more likely to not receive medication-assisted treatment, as were adolescents aged 12-17 years and older members.

This study recommended the following:

- MCOs conduct a PIP to improve performance consistent with evidence-based guidelines for treating CP that include the CDC Guideline for Prescribing Opioids for Chronic Pain and develop evidence-based provider toolkits.

Another possible PIP topic is to improve access to MAT, including both pharmacologic and behavioral health treatment.

- To address the Kentucky MMC population with CP, MCOs should consider improving rates for currently available indicators such as the CMS Adult Core Measure OHD-AD: Use of opioids at high dosage, particularly among older adults. Performance indicators should also address other measurable indicators of evidenced-based care pertinent to OUD prevention.
- MCO performance improvement interventions should address OUD prevention and treatment for susceptible subpopulations, e.g., co-morbid OUD-CP, adolescents, older age, prenatal (especially pregnant enrollment status), minority groups, and residence in areas that may represent geographic barriers. MCOs should also implement interventions that enhance member outreach and engagement in care management and coordination and improve access and availability of qualified providers.
- MCOs should expand prevention and educational efforts, particularly aimed at teens, parents and other care takers, and aging populations.

### **Department for Community Based Services (DCBS) Children with Inpatient Behavioral Health Admissions – Decertification, Medical Necessity and MCO Care Coordination**

This study, which is currently in progress, aims to identify gaps in care and opportunities to improve care management and placement for the universe of “difficult-to-place” foster children with chronic behavioral health (BH) conditions, complicated by decertification or concurrent denials for continued BH inpatient stays. For this study, IPRO is conducting a UM review of records; a quality management review of MCO care management and UM discharge planning records and a DCBS placement review. Encounter and claims data will be used to profile clinical, demographic and health care system access factors as well as to compare HEDIS Follow-up After Hospitalization for Mental Illness outcomes among the DCBS decertification population.

### **Potentially Preventable Inpatient Hospital Admission and ED Visits**

This second focused study, in progress, seeks to identify opportunities to improve access among Kentucky MMC members to quality ambulatory care by analyzing encounter data for geographic patterns and risk factors for potentially preventable hospital encounters. Administrative/claims data is used to profile demographic, clinical and health care access factors and to flag study outcomes related to older adult hospital encounters for COPD, asthma, diabetes short-term complications and heart failure and younger adults with an asthma hospital encounter. Treat-and-release emergency department encounters will also be assessed for the entire study population.

## **Access and Availability Surveys**

Conducting surveys is an optional EQR activity. IPRO conducted a variety of access and availability survey activities on behalf of the Kentucky DMS.

### **Access and Availability Dermatology Survey**

Initiated in 2017, this survey evaluated access to and availability of dermatologists participating with Kentucky Medicaid MCOs. Using a secret shopper methodology, this study’s objective was to assess the ability to contact dermatologists and make office hour appointments. The ability to contact the provider office and the ability to make a routine appointment within 30 days or an urgent appointment in 48 hours was measured.

The survey comprised a total of 181 dermatologists contracting with at least one of the five Kentucky MCOs: Aetna Better Health, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan and WellCare of Kentucky. Overall, 93.4% of the dermatologists for the routine calls and 92.2% of the dermatologists for the urgent calls were able to be contacted. After removing exclusions, only 13.1% of the dermatologists for the routine calls and 7.9% of the dermatologists for the urgent calls were able to be both contacted and an appointment scheduled within the timeliness standards. The major issue identified was that while the majority of dermatologists could be contacted, 67% of those contacted could not schedule an appointment.

MCOs were directed to review the specific call results for their plan and to submit explanations regarding the contacts and appointments that were not made. DMS will review MCO call findings and discuss some potential options to fill the access/availability gap such as use of out of state providers, tele-health and better physician contracting.

### **Validation of Managed Care Provider Network Submissions, July 2017**

IPRO, on behalf of DMS, conducted audits of the MCOs' provider directory data files to validate their accuracy. All five MCOs operating in Kentucky were included: Aetna Better Health, Anthem BCBS Medicaid, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky.

Key findings from this audit included:

- A total of 200 (45.8%) providers who returned surveys included at least one revision. A higher percentage of specialist records had revisions than PCP records, although differences were not statistically significant.
- Four survey items had a substantial percentage of providers with missing data in the provider directory data file: License Number; Secondary Specialty; Spanish; and Other Languages Spoken. Overall accuracy and error rates excluded additions to the Spanish field, as well as additions of "English" to the Languages field.
- While the least accurate field was "Spanish" with a 62.5% rate of accuracy, most of the revisions were additions, because the original provider directory data were blank.
- The fields with the most accurate rates were "National Provider ID (NPI)" with a 100.0% rate, "State" with a 99.8% rate, "First Name" with a 99.5% rate, whether the provider has a contract to accept Medicaid patients with a 99.5% rate, "Last Name" with a 99.1%, "Provider Type" with a 97.9% rate, "PCP Panel Size" with a 97.7% rate, "Secondary Specialty" with a 96.3% rate, "PCP, Specialist, or Both" with a 94.1% rate, "PCP Open or Closed Panel" with a 93.5% rate, "City" with a 93.1% rate, and "Zip Code" with a 92.0% rate.
- There was an average of 1.97 revisions per provider for the 200 providers that submitted surveys with changes.
- The "Street Address" element had an accuracy rate of 89.0%. The "Phone Number" element had an accuracy rate of 85.1%, although more than half the revisions coincided with a change in address. The accuracy rate for "Primary Specialty" was 89.9%.
- The "License Number" field was reported correctly in 86.3% of records among the 371 providers licensed in Kentucky, partially due to the high number of missing data in the original data file.
- The "Languages Spoken" element was underreported, and had an accuracy rate of 71.2%. At least one language was added by 125 providers.
- A comparison of the statewide rates of overall accuracy, between the last audit conducted in October 2016 and the current audit, revealed an increase from 50.7% to 54.2%, although the difference was not statistically significant. Among the individual items, accuracy rates for "License Number" increased, while "Primary Specialty" decreased over time.

### **Web-Based Provider Directory Validation Study, March 2017**

This web-based provider directory validation was performed to ensure that enrollees are receiving accurate information regarding providers when they access the plan's web-based directory. The objectives of this study were two-fold: 1) to determine if all providers included in the Managed Care Assignment Processing System (MCAPS) submission for each MCO were listed in the web-based provider directory, and 2) to ensure that provider information published in the MCOs' web directories is consistent with the information reported in the MCAPS and/or the provider network audit responses. It is important that enrollees have up-to-date and accurate information to enable them to contact their providers and schedule appointments that are timely and within easy access to their homes.

For the web-based validation study, a random sample of 50% of providers who responded to the first provider network validation for FY 2017 was drawn, but no more than 50 providers from each MCO, i.e., 25 PCPs and 25 specialists. For each network provider survey that was included in the web validation sample, the reported provider information was validated against the corresponding MCO's web directory within one week of receiving the survey response in order to minimize the chance that any differences were due to real provider information changes over time. Web-based directories were searched using the sampled providers' names. As a sub analysis, a random sample of 30 providers (3

PCPs and 3 specialists from each MCO) was drawn from the pool of undeliverable provider network surveys for the purpose of validating the addresses of these providers against the addresses published in the MCO's web directory.

Overall, 89% of PCPs and 68% of specialists in the web validation sample were found in the web directories. It was recommended that DMS follow up with MCOs to ensure that any inaccuracies in provider information from this validation study and the provider network survey are corrected, and those corrections are reflected in the MCOs' provider files and web directories. They were also encouraged to work with the MCOs to enhance the accuracy of the web directories and completion of critical fields in the MCO provider files, especially with respect to phone numbers, addresses, and languages spoken.

## **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 health plan has addressed the recommendations for quality improvement made in the prior EQR Technical Report. **Table 46** through **Table 50** provide the MCOs' responses to the recommendations issued in the Kentucky 2017 Technical Report, including an initial plan of action, how the plan was implemented, the outcome and monitoring and future actions planned. The following MCO responses have been included in the report exactly as submitted by the MCO without any revisions.

Table 46: Aetna Better Health Response to Reporting Year 2017 Recommendations

IPRO Recommendation	Aetna Better Health Response
<p><b>In the area of Quality of Care:</b></p> <p>Maintain the substantial and full compliance that was achieved in the current annual review and focus improvement on implementing IPRO review recommendations.</p>	<p><b>Initial Plan of Action</b>  Utilized results of 2016 Annual evaluation and EQRO audit results to identify deficiencies or areas of opportunity.  Implemented process improvements to address deficiencies, opportunities or process efficiencies.  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 and/or workgroups.</p> <p><b>How was this accomplished?</b>  Annual evaluation data is collected annually in Q1 and outlines opportunities for improvement.  EQRO results were received in late Q2 of 2016 and workgroups and the SIC committee were quickly engaged in deficiencies.  Service Improvement committee meeting quarterly and QM items are a standing item on the agenda.  In 2016, QM implemented HEDIS and CAHPS workgroups that met year round to discuss issues and is an ongoing collaboration.</p> <p><b>Outcome and Monitoring</b> – Service Improvement committee meeting quarterly and QM items are a standing item on the agenda. In 2016, QM, HEDIS and CAHPS workgroups and /or SIC met year round to discuss issues and is an ongoing collaboration. Monitoring is evaluated by the QM work plan updates that occur quarterly with the Quality Management Oversight Committee.</p> <p><b>Future Actions/Plans</b> – Service Improvement committee meeting quarterly and QM items are a standing item on the agenda. In 2018, QM, HEDIS and CAHPS workgroups and /or SIC will meet year round to discuss issues and is an ongoing collaboration. Quarterly review of QM work plan at the QMOC committee meetings.</p>
<p>Determine barriers and consider interventions to improve performance for HEDIS measures which fell below the NCQA national 25th percentile and for HK PM rates below the statewide aggregate rate, particularly those that have ranked below average for more than one reporting period.</p>	<p><b>Initial Plan of Action</b></p> <ul style="list-style-type: none"> <li>• Provider Education regarding HEDIS and Healthy Kentuckian measures</li> <li>• Member Education regarding HEDIS and Healthy Kentuckian measures</li> <li>• Identify Barriers an Non-Compliant Members</li> <li>• Internal Plan Staff Education regarding HEDIS and Healthy Kentuckian measures</li> <li>• Monitor HEDIS rates monthly to compare rates from month over month, and monthly rates year over year</li> </ul> <p><b>How was this accomplished?</b></p> <ul style="list-style-type: none"> <li>• Provider Education—Ongoing: HEDIS staff developed HEDIS Provider Tip sheets which are posted on the provider website and distributed to providers during provider forums, provider fax blasts, the provider newsletters, and at onsite office visits to provide education regarding HEDIS. Distributed care gap reports to provider offices identifying members on their panel who were non-compliant in an effort to get members in for screening/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 Nurses conducted onsite visits at provider offices to provide education.</li> <li>• Member Education—Ongoing: Conducted outreach calls to members for appropriate screening. Provided education to</li> </ul>

IPRO Recommendation	Aetna Better Health Response
	<p>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.</p> <ul style="list-style-type: none"> <li>• Distributed educational materials via the EPSDT program.</li> <li>• Identify Barriers—Conducted a barrier analysis based on HEDIS specific measure results to determine barriers by member region, age, and gender. Conducted women’s health screening barrier analysis with findings indicating the most common reason women do not obtain the women’s health screening is due to the female population being the primary care giver or guardian of other family members.</li> <li>• 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). Conducted EPSDT training for the Case Management team.</li> </ul> <p><b>Outcome and Monitoring</b> – The overall performance goal is to achieve improvement in all measures. The overarching goal is a minimum achievement of the 50th percentile. Overall a positive trend for HEDIS 2017 is 80%, which is a 41 percentage point improvement from the 39% improvement rate in HEDIS 2016. Positive point difference: 76 measures exceeded last year’s rate by 2 or more points. HEDIS 2017 Improvement Rate Result Increases:</p> <ul style="list-style-type: none"> <li>○ &gt; 2 pts 38</li> <li>○ &gt; 4 pts 12</li> <li>○ &gt; 6 pts 6</li> <li>○ &gt; 8 pts 15</li> <li>○ &gt;12 pts 5</li> </ul> <p><b>Future Actions/Plans</b> – 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). At the end of the HEDIS project, an analysis will be conducted to identify non-compliant members by region, age, and gender. Member education will be conducted telephonically, face to face, and via educational materials (reminder postcards, member newsletters, etc.). Investigate feasibility of implementing IVR or other technical methods of member health and wellness education, such as text messaging. 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 Manager to identify opportunities to outreach to members regarding the importance of health screening 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</p>

IPRO Recommendation	Aetna Better Health Response
	regarding HEDIS.
Continue to evaluate the root causes for low member satisfaction with network providers and the health plan, as demonstrated by continued performance below national averages for Adult and Child CAHPS 5.0H.	<p><b>Initial Plan of Action</b>  In 2017 much of the efforts to improve member satisfaction continued and the provider dissatisfaction issues regarding their payments that influenced our members' satisfaction were being addressed. In 2017, we had monthly workgroup meetings with the corporate quality team to assess gaps and strategize improvement plans for member and provider satisfaction. Aetna National Medicaid Quality team also provided guidance and intervention strategies to assist us with our planning. The Provider Relations division underwent leadership change and worked hard to address the provider claim issues. Additionally, during two of the 2017 quarterly meetings, QMAC committee members were provided an overview of the CAHPS survey results and their input on improving member satisfaction was sought.</p> <p><b>How was this accomplished?</b>  The improvement plan for CAHPS was ongoing and our Prevention &amp; Wellness Coordinator 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 conducted inter-departmental meetings to identify barriers and interventions for measures below the QC national average and identified areas for improvement.</p> <p><b>Outcome and Monitoring – Barriers and interventions are outlined below:</b>  <u>Barriers</u></p> <ul style="list-style-type: none"> <li>• Adults are having a hard time finding a specialist in their region.</li> <li>• During migration, providers were loaded into the Aetna systems incorrectly and not getting paid, therefore speaking less of ABHK to the member or possibly dropping our coverage altogether.</li> <li>• Poor health literacy with the member and not understanding all of the options available to them by the provider or the provider not taking the time to explain all treatment options to the member.</li> <li>• If a member is not receptive to change, there's a possibility of them perceiving poor communication from the provider.</li> </ul> <p><u>Interventions</u></p> <ul style="list-style-type: none"> <li>• Continue to train the Member Services department on all of the programs available to the member such as the Kentucky Quitline and the Lifeline/Wellpass cell phone program.</li> <li>• Prevention &amp; Wellness efforts continue to focus around diabetes, tobacco cessation, oral health, weight management, and most recently, substance use. More training will be given to the Care Management and Outreach teams to help bridge the gaps in health literacy in these areas.</li> <li>• Lifeline/Wellpass are the new cell phone and text messaging vendors. Through this program, members will have the option of enrolling in numerous health programs, including Text2Quit (smoking), Text4Baby (new mothers), and Care4Life (diabetes).</li> <li>• The HEDIS team is involved in member outreach, member and provider education, and collaborates closely with the Prevention &amp; Wellness coordinator on community-wide education.</li> <li>• Implementation of the Service Improvement Committee which allows for interdepartmental collaboration in reconciling appeals and grievances data with member calls/inquiries and satisfaction survey results.</li> <li>• Improvements will be made on the network operations side that will help further identify issues with providers.</li> </ul>

IPRO Recommendation	Aetna Better Health Response
	<ul style="list-style-type: none"> <li>• Internal work group will help identify barriers and interventions throughout the year to discuss at every SIC meeting and when problems arise.</li> <li>• 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.</li> <li>• Aetna Better Health of Kentucky hosted provider forums in 2017. Health plan goals and initiatives were discussed as well as: <ul style="list-style-type: none"> <li>○ Provider education on claims, integrated care management, Quality initiatives, HEDIS measures and member advocacy</li> </ul> </li> <li>• Targeted workgroups and projects on resolving provider issues to encourage provider satisfaction and consequently, member satisfaction.</li> <li>• Implementation in January 2018 of annual notification to providers of the intent of the CAHPS survey and timeline.</li> <li>• Look into providing CME credits for motivational interviewing training. See if we can partner with the Primary Care Associations and KMA to help sponsor the CME's.</li> <li>• Provider and Member Newsletters include articles on promoting the health of Kentucky Medicaid children (EPSDT services), Oral Health, Smoking Cessation, Healthy BMI and other pertinent health topics. 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.</li> <li>• 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. <ul style="list-style-type: none"> <li>○ Annually, a Provider Accessibility Telephonic Survey (PATS), formerly Secret Shopper, is administered to a random selection of providers. The 2016 PATS survey sample size consisted of 420 providers. The response rate for 2016 was 30%. 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 will reach out to the provider for a response. This survey is delivered in the fourth quarter each year.</li> </ul> </li> <li>• The Aetna Better Health of Kentucky Provider website contains an array of provider resources, health guidelines and literature. The website is reviewed on an ongoing basis and updated as indicated. A link for enrollment to the Lifeline/Wellpass program was added to the website to help the member enroll in the free cell phone program.</li> <li>• Provider contracts are continuously being reviewed with larger physician groups to bring Quality and Service standards in to Pay for Performance initiatives and new agreements have been initiated in 2017.</li> <li>• Improve the availability and access to care for members by continuing to increase the number of providers and urgent care centers and reaching out to non-participating providers to join the health plan</li> <li>• Member education is provided through the following portals and/or materials: <ul style="list-style-type: none"> <li>• Member Handbook</li> <li>• KRAMES on demand-tailored education for members with specific conditions</li> <li>• Care managers offer transition of care as well as continuity and coordination of care services for medical and behavioral health</li> </ul> </li> </ul>

IPRO Recommendation	Aetna Better Health Response
	<ul style="list-style-type: none"> <li>• Pediatric case management</li> <li>• NICU Program</li> <li>• Assistance with acute needs of Foster Care children</li> <li>• Provide parents with reminder letters for immunizations</li> <li>• Disease Management</li> <li>• Our Member website assists and refers to: <ul style="list-style-type: none"> <li>○ Women, Infant and Children (WIC program)</li> <li>○ How to access case and disease management services</li> <li>○ Member portal that provides specific information on the utilization of services</li> <li>○ How to locate a provider with the online provider look-up</li> <li>○ Information on Depression/Behavioral Health</li> <li>○ Ability to take a personal health risk assessment</li> <li>○ Focus on Kids Health <ul style="list-style-type: none"> <li>▪ Lead Screening</li> <li>▪ Immunizations</li> <li>▪ EPSDT</li> </ul> </li> </ul> </li> <li>• Our clinical Information Health line is available 24 hours a day, seven days a week for medical and behavioral member needs. Additional training and education continues to be provided to staff to assist members in their care, and to get the right care</li> </ul> <p><b>Future Actions/Plans</b> – 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 2017, our Prevention and Wellness coordinator took 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. Major accomplishments have been made on system improvements leading to the resolution of provider claims issues.</p>

IPRO Recommendation	Aetna Better Health Response
<p>Based on preliminary compliance scores for Interim PIP reports, implement corrective actions to improve the methodological soundness and success of each of the current PIPs.</p>	<p><b>Initial Plan of Action</b> The interim PIPs of PPC and SMI topics received scores of 82.9 and 83.7 in 2017. Our initial plan of action was to review the scorecards received on both and identify any area where a full “Met” was not received as well as review the comments for guidance/analysis provided by IPRO/DMS at the bottom.</p> <p><b>How was this accomplished?</b> Once action items are identified in the review, the Project Manager and Quality Management team will work towards outcomes that meet the requests provided in the feedback. Action items taken from the feedback for the PIPs include additional data analysis, clarification in specific areas, additional Barrier reviews, completing the PDSA tool and improving interventions.</p> <p><b>Outcome and Monitoring</b> – Rates are reviewed monthly for the PIPs where available (PPRKY Pre/Postpartum Depression Screening are only available on an annual basis after the HEDIS MRR project). Process measures are gathered on a quarterly basis for analysis.</p> <p><b>Future Actions/Plans</b> – The Interim scoring was received from IPRO/DMS on 10/24/17 and while these PIPs technically ended on December 31, 2017 Aetna continues to work to meet the requests and comments provided by IPRO/DMS for the Final Reports due September 1, 2018. Quality Management will also review the topics, and our processes implemented throughout the PIPs timeline, to see if these topics will continue as a focus study or be retired upon final scoring and approval per the State.</p>
<p><b>In the area of Access/timeliness of Care:</b></p> <p>Maintain the substantial and full compliance that was achieved in the current annual review and focus improvement on implementing IPRO review recommendations.</p>	<p><b>Initial Plan of Action</b> Processes are defined in Provider Manual and presented to the provider during orientations. This is the agreement of becoming a Medicaid Participating provider.</p> <p><b>How was this accomplished?</b> Provider Education by Provider Relation Representatives.</p> <p><b>Outcome and Monitoring</b> – PAT survey helps up define if a provider is compliant to accessibility.</p> <p><b>Future Actions/Plans</b> – In 2018 we have implemented a schedule of WebEx sessions to go over the Provider Portal which houses our Provider Manual. We are developing a schedule of WebEx sessions for orientations to new providers to go over this criterion. 2018 will have provider visits to assess provider accessibility and timeliness of appointments.</p>
<p>Implement interventions to improve the rates for HEDIS measures which fell below the NCQA national 25th percentile and HK PM rates below the statewide aggregate rate, particularly those that have shown poor</p>	<p><b>Initial Plan of Action</b></p> <ul style="list-style-type: none"> <li>• Provider Education regarding HEDIS and Healthy Kentuckian measures</li> <li>• Member Education regarding HEDIS and Healthy Kentuckian measures</li> <li>• Identify Barriers and Non-Compliant Members</li> <li>• Internal Plan Staff Education regarding HEDIS and Healthy Kentuckian measures</li> <li>• Monitor HEDIS rates monthly to compare rates from month over month, and monthly rates year over year</li> </ul> <p><b>How was this accomplished?</b></p>

IPRO Recommendation	Aetna Better Health Response
performance for more than one reporting period.	<ul style="list-style-type: none"> <li>• <b>Provider Education—Ongoing:</b> HEDIS staff developed HEDIS Provider tip sheets which are posted on the provider website and distributed to providers during provider forums, provider fax blasts, the provider newsletters, and at onsite office visits to provide education regarding HEDIS. Distributed care gap reports to provider offices identifying members on their panel who were non-compliant in an effort to get members in for screening/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 Nurses conducted onsite visits at provider offices to provide education.</li> <li>• <b>Member Education—Ongoing:</b> Conducted outreach calls to members for appropriate screening. 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.</li> <li>• <b>Distributed educational materials via the EPSDT program.</b></li> <li>• <b>Identify Barriers—</b>Conducted a barrier analysis based on HEDIS specific measure results to determine barriers by member region, age, and gender. Conducted women’s health screening barrier analysis with findings indicating the most common reason women do not obtain the women’s health screening is due to the female population being the primary care giver or guardian of other family members.</li> <li>• <b>Internal Plan Staff Education—</b> Ongoing: HEDIS staff educated internal departments regarding HEDIS (Case Management, Member Outreach, Member Services, Prior Authorization, Grievance and Appeals, and Provider Relations). Conducted EPSDT training for the Case Management team.</li> </ul> <p><b>Outcome and Monitoring –</b> The overall performance goal is to achieve improvement in all measures. The overarching goal is a minimum achievement of the 50th percentile. Overall positive trends for HEDIS 2017 is 80%, which is a 41 percentage point improvement from the 39% improvement rate in HEDIS 2016</p> <p>Positive point difference: 76 measures exceeded last year’s rate by 2 or more points</p> <p>HEDIS 2017 Improvement Rate Result Increases:</p> <ul style="list-style-type: none"> <li>○ &gt; 2 pts 38</li> <li>○ &gt; 4 pts 12</li> <li>○ &gt; 6 pts 6</li> <li>○ &gt; 8 pts 15</li> <li>○ &gt;12 pts 5</li> </ul> <p><b>Future Actions/Plans –</b> 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). At the end of the HEDIS project, an analysis will be conducted to identify non-compliant members by region, age, and gender. Member</p>

IPRO Recommendation	Aetna Better Health Response
	<p>education will be conducted telephonically, face to face, and via educational materials (reminder postcards, member newsletters, etc...). Investigate feasibility of implementing IVR or other technical methods of member health and wellness education, such as text messaging. 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 Manager to identify opportunities to outreach to members regarding the importance of health screening 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.</p>

Table 47: Anthem BCBS Medicaid Response to Reporting Year 2017 Recommendations

IPRO Recommendation	Anthem BCBS Medicaid Response
<p><b>In the area of Quality of Care:</b></p> <p>Implement corrective action for the minimally and non-compliant elements on the 2017 Compliance Review related to Quality of Care (Grievances, Program Integrity and Quality Measurement and Improvement).</p>	<p><b>Initial Plan of Action</b></p> <p><b>(Quality)</b> Anthem will stratify data on every HEDIS measure as opposed to those NCQA stratifies. Anthem will include this information in the 2017 Program Evaluation to identify any disparities along with the population assessment. Anthem does discuss member handbooks during QMAC meetings but beginning in 2017, Anthem will have hard copies of the handbooks available to all participants to review and give specific feedback per section and this will be reflected in the meeting minutes. This requirement will be added to the Program Description, Appendix A.</p> <p><b>(Grievances)</b> Anthem will update the Provider Appeal Policy to include additional language regarding 3<sup>rd</sup> party review rights as well as a workflow process to ensure 3<sup>rd</sup> party requests are handled correctly.</p> <p><b>(Program Integrity)</b> Anthem will adopt the policy, “State Notification – Disclosures of Change in Order of Controlling Interest.”</p> <p><b>(Case Management/Care Coordination)</b> Anthem will hire a new Director of Behavioral Health, 2 additional full time support staff to make initial calls to DCBS, and 1–2 additional Case Managers to meet the requirements of the Contract and provide for the ongoing care needs of the Foster Care and Adult Guardianship members. Continue close communication with DCBS/DMS staff to eliminate barriers. Provide ongoing support and training to the staff focused on the needs of this population.</p> <p><b>How was this accomplished?</b></p> <p><b>(Quality)</b> Anthem provided documentation of compliance with the HEDIS measure via Reports 84 and 96 during the onsite review. Anthem reviews the member handbook at every QMAC meeting and provides a copy onsite. This is reflected in all meeting minutes with member feedback. The Program description was updated to reflect this and provided during the onsite review.</p> <p><b>(Grievances)</b> Anthem updated the policy to reflect 3<sup>rd</sup> Party Appeal right and provided during the onsite review.</p> <p><b>(Program Integrity)</b> Anthem updated the policy, “State Notification – Disclosures of Change in Order of Controlling Interest” and provided during the onsite review.</p> <p><b>(Case Management/Care Coordination)</b> Anthem has hired a new Director of Behavioral Health, dedicated a team of 1 Case Specialist, 2 Full-time Case Managers, 2 Part-time Case Managers to manage the foster care population. A rigorous process was developed to ensure continual outreach for the 106B forms, HRAs, and all subsequent care needs for the children were done in a timely manner. Adult Guardianship members continues to have a dedicated lead staff working with DAIL and the Cabinet to meet all needs of these members as well.</p> <p><b>Outcome and Monitoring –</b></p> <p><b>(Quality)</b> Anthem will continue to update and provide documentation with the HEDIS measure via Reports 84 and 96. Anthem will continue to distribute hard copies of the Member handbook during QMAC meetings.</p>

IPRO Recommendation	Anthem BCBS Medicaid Response
	<p><b>(Grievances)</b> Anthem will review the Provider Appeal policy annually to make sure it is consistent with language within the regulations and guidance from DMS.</p> <p><b>(Program Integrity)</b> Anthem will review the policy, “State Notification – Disclosures of Change in Order of Controlling Interest” annually.</p> <p><b>(Case Management/Care Coordination)</b> Anthem will continue to work closely and collaborate with DMS/DCBS through monthly meetings as well as other MCOs as appropriate to eliminate barriers to serving this population. Director of Behavioral Health services meets quarterly with DCBS/DMS leadership and Anthem’s DCBS Liaison meets monthly with Regional MCO Liaisons employed by the cabinet to review any barriers, policy changes, staffing changes, etc.- very similar to the MCO/DAIL meetings already instituted. The DCBS dedicated team in the health plan meets bi-monthly to discuss issues specific to this population, staff cases, and brainstorm to remove barriers to care.</p> <p><b>Future Actions/Plans –</b>  <b>(Quality)</b> Anthem will continue to update and provide documentation with the HEDIS measure via Reports 84 and 96. Anthem will continue to distribute hard copies of the Member handbook during QMAC meetings.</p> <p><b>(Grievances)</b> Anthem will review the Provider Appeal policy annually to make sure it is consistent with language within the regulations and guidance from DMS.</p> <p><b>(Program Integrity)</b> Anthem will review the policy, “State Notification – Disclosures of Change in Order of Controlling Interest” annually to make sure it is consistent with regulations and guidance from DMS.</p> <p><b>(Case Management/Care Coordination)</b> Anthem will continue to work closely and collaborate with DMS/DCBS through monthly meetings as well as other MCOs as appropriate to eliminate barriers to serving this population. All meetings described above around DCBS and DAIL members will continue. Anthem continues to improve services provided to this population through ongoing monitoring, participation in all DCBS workgroups around systems of care, providing guidance and feedback to DCBS through trainings and staffing meetings for particular members. Anthem has a current workgroup meeting to solve for ways to better support foster parents and DCBS workers through communication, resource navigation and ease of processes (getting medical cards, pharmacy authorizations, administrative inpatient days, etc.).</p>
<p>Develop and implement quality improvement interventions to address HEDIS and Healthy Kentuckian measures that underperformed the NCQA national average and the Kentucky statewide average, respectively.</p>	<p><b>Initial Plan of Action</b>  Anthem will identify measures with low quality scores once rates are available in 2017. From that analysis improvement strategies will be put in place.</p> <p><b>How was this accomplished?</b>  HEDIS 2016 rates were compared against HEDIS 2017 rates. This report was presented at the QMC and measures with the most opportunity for improvement were identified. Also taken into consideration were measures pertinent to state initiatives as well as NCQA scoring.</p>

IPRO Recommendation	Anthem BCBS Medicaid Response
	<p><b>Outcome and Monitoring</b> – Specific HEDIS measures falling well below the 50% NCQA percentile were selected for interventions. Some of these measures are associated with PIPs. Monthly trending reports are monitored for rate movement of all selected measures.</p> <p><b>Future Actions/Plans</b> – Annual HEDIS rate trending reports will monitor the success of interventions. Once HEDSI 2018 rates are finalized, any improvement will be analyzed.</p>
<p><b>In the area of Access/Timeliness of Care:</b></p> <p>Implement corrective action for the minimally compliant review domain related to Access to Care (Care Management).</p>	<p><b>Initial Plan of Action</b></p> <p>Anthem has hired a new Director of Behavioral Health, dedicated a team of 1 Case Specialist, 2 Full-time Case Managers, and 2 Part-time Case Managers to manage the foster care population. A rigorous process was developed to ensure continual outreach for the 106B forms, HRAs, and all subsequent care needs for the children were done in a timely manner. Adult Guardianship members continues to have a dedicated lead staff working with DAIL and the Cabinet to meet all needs of these members as well.</p> <p><b>How was this accomplished?</b></p> <p>Anthem hired a new Director of Behavioral Health, dedicated a team of 1 Case Specialist, 2 Full-time Case Managers, 2 Part-time Case Managers to manage the foster care population. A rigorous process was developed to ensure continual outreach for the 106B forms, HRAs, and all subsequent care needs for the children were done in a timely manner. Adult Guardianship members continues to have a dedicated lead staff working with DAIL and the Cabinet to meet all needs of these members as well.</p> <p><b>Outcome and Monitoring</b> – Anthem will continue to work closely and collaborate with DMS/DCBS through monthly meetings as well as other MCOs as appropriate to eliminate barriers to serving this population. Director of Behavioral Health services meets quarterly with DCBS/DMS leadership and Anthem’s DCBS Liaison meets monthly with Regional MCO Liaisons employed by the cabinet to review any barriers, policy changes, staffing changes, etc.- very similar to the MCO/DAIL meetings already instituted. The DCBS dedicated team in the health plan meets bi-monthly to discuss issues specific to this population, staff cases, and brainstorm to remove barriers to care.</p> <p><b>Future Actions/Plans</b> – Anthem will continue to work closely and collaborate with DMS/DCBS through monthly meetings as well as other MCOs as appropriate to eliminate barriers to serving this population. All meetings described above around DCBS and DAIL members will continue. Anthem continues to improve services provided to this population through ongoing monitoring, participation in all DCBS workgroups around systems of care, providing guidance and feedback to DCBS through trainings and staffing meetings for particular members. Anthem has a current workgroup meeting to solve for ways to better support foster parents and DCBS workers through communication, resource navigation and ease of processes (getting medical cards, pharmacy authorizations, administrative inpatient days, etc.).</p>

IPRO Recommendation	Anthem BCBS Medicaid Response
<p>Develop and implement quality improvement interventions to address HEDIS and HK measures that underperformed the NCQA national benchmarks or Kentucky statewide averages, respectively.</p>	<p><i>This section appears duplicative as the one in Section 2.</i></p> <p><b>Initial Plan of Action</b> – Anthem will identify measures with low quality scores once rates are available in 2017. From that analysis improvement strategies will be put in place.</p> <p><b>How was this accomplished?</b> – HEDIS 2016 rates were compared against HEDIS 2017 rates. This report was presented at the QMC and measures with the most opportunity for improvement were identified. Also taken into consideration were measures pertinent to state initiatives as well as NCQA scoring.</p> <p><b>Outcome and Monitoring</b> – Specific HEDIS measures falling well below the 50% NCQA percentile were selected for interventions. Some of these measures are associated with PIPs. Monthly trending reports are monitored for rate movement of all selected measures.</p> <p><b>Future Actions/Plans</b> – Annual HEDIS rate trending reports will monitor the success of interventions. Once HEDSI 2018 rates are finalized, any improvement will be analyzed.</p>

Table 48: Humana-CareSource Response to Reporting Year 2017 Recommendations

IPRO Recommendation	Humana-CareSource Response
<p><b>In the area of Quality of Care:</b></p> <p>Maintain current level of performance for compliance domains that achieved full and substantial compliance. Implement corrective action plans required for the one (1) minimally compliant elements regarding Grievances.</p>	<p><b>Initial Plan of Action</b></p> <p>Humana-CareSource developed a policy and procedure and processes with input from Grievance &amp; Appeal (G&amp;A), CareSource (CS) Enterprise Quality Improvement, and Humana Quality Improvement (QI) to assure compliance with the processing, investigation and resolution of “Clinical Grievances”.</p> <p>A clinical grievance is defined as a member grievance that has a potential quality of care component. These clinical grievances are subject to 30-day completion by all pertinent departments in Humana – CareSource. The process begins with member call to Customer Advocacy Group (CAG) and routing to the G&amp;A department who determines if it has a potential quality of care component. G&amp;A cannot delegate grievances based on the contract, and Humana cannot delegate clinical grievances that are potential quality of care. The current process is for G&amp;A to route to CS Enterprise QI and CS Enterprise QI routes to Humana QI as they are responsible to investigate, review, and resolve the issue within 30 days.</p> <p>To address the recommendation that quality of care referrals initiated by a member complaint/grievance must be investigated and closed within 30 days, Humana-CareSource provided training to staff to ensure all involved in the process was aware of the time frame. Humana-CareSource also developed a member resolution letter, approved by Kentucky DMS, that is sent to members following the completion of the quality of care investigation.</p> <p><b>How was this accomplished?</b></p> <p>Humana training was completed in the late summer of 2017. The resolution letter was approved by Kentucky DMS on August 15, 2017 and immediately implemented.</p> <p>In collaboration with CS Enterprise QI, G&amp;A and Humana QI, policies and procedures have been developed and are being finalized to assure compliance with the handling of all “clinical grievances” which have a potential quality of care component. The new processes clarified business owners; timelines; how “clinical grievances” should be investigated, reviewed, tracked, trended and identified; and when resolution letters are needed in accordance with the Kentucky Administrative Regulation (KAR). Internal processes are being revised with all the appropriate parties and as they are revised and approved, education and communication occurs to those impacted.</p> <p><b>Outcome and Monitoring</b> – Member initiated quality of care grievances will be completed within 30 days, and a resolution letter sent to the member following the completion of the quality of care investigation. CS Enterprise QI follows the PDSA cycle for the Model of Improvement. All “clinical grievances” routed from the G&amp;A department are assigned to a specific Clinical Quality Care Analyst(s) in CS Enterprise QI. The Analyst prepares the “clinical grievance” and documentation and forwards securely to Humana QI. A note is included stating “This is a clinical grievance and subject to resolution within 30 days”.</p> <p>Humana-CareSource Quality Operations leadership monitors the timeliness of quality of care referrals. Leadership can provide assistance and engage other departments when needed to ensure case investigations from member-initiated complaints are completed within 30 days. The Quality Assessment Committee provides oversight through a report on quality of care referrals that is presented at each quarterly meeting. Any compliance issues are reviewed at the Humana-CareSource Compliance</p>

IPRO Recommendation	Humana-CareSource Response
	<p>meeting.</p> <p><b>Future Actions/Plans</b> – Humana-CareSource follows continuous process improvement practices. Reviews are conducted and improvements will be made if applicable. In order to maintain the current level of performance for compliance, Humana-CareSource reviews policies and procedures related to quality of care referrals no less than annually and makes changes as needed. The Quality Department works closely with the Grievance and Appeals Department to ensure that quality of care referrals are forwarded timely to the Quality Department. Additional training is provided to staff on an as-needed basis.</p>
<p>Conduct barrier analyses to help identify root causes for HEDIS measures that were below the NCQA national 25th percentile and Healthy Kentuckian measures below the statewide average. Seek to prioritize improvement efforts that will have the greatest impact on performance.</p>	<p><b>Initial Plan of Action</b> HEDIS and HK measure rates were reviewed and activities related to these rates were developed for better outcomes.</p> <p><b>How was this accomplished?</b> There are more than 100 HEDIS and HK measures. More than half of those measures fall under 25th percentile. Given resources at the market, we prioritize efforts that may have the greatest impact. Specific focus measures were reviewed in Q2 for interventions:</p> <ul style="list-style-type: none"> <li>• Comprehensive Diabetes Care</li> <li>• Prenatal and Postpartum</li> <li>• Well Child Visits</li> <li>• Behavioral Health Follow-up</li> <li>• Cervical Cancer Screening</li> <li>• Breast Cancer Screening</li> <li>• Annual Dental Visits</li> <li>• Smoking Cessation for Pregnant Members</li> </ul> <p><b>Outcome and Monitoring</b> – Interventions have been implemented to improve the outcomes including:</p> <ul style="list-style-type: none"> <li>• Member education via Member Newsletters, Disease Management</li> <li>• Provider education via provider education seminars, provider orientation, provider newsletters, provider notifications</li> <li>• Clinical Practice Registry for providers to identify members with care gaps</li> <li>• Utilize Alert in EMR to close HEDIS gaps during interaction with members</li> <li>• Telephonic outreach to members with care gaps to coordinate/assist with appt.</li> <li>• PIPs</li> <li>• HEDIS Monthly dashboard to monitor the progress</li> <li>• Will continue to monitor the progress and make adjustments to interventions for better outcomes based on drilldown and barrier analysis. The progress and updates are reported to the quality committees quarterly.</li> </ul>
<p>Focus current and new interventions on interim PIP study indicators that are not improving including Use of Higher-than-Recommended</p>	<p><b>Initial Plan of Action</b> Continued to monitor the progress of the PIP as outlined in the KDMS approved proposal. This was approved in 2013 and the last report was submitted to KDMS in Q3 of 2017. The last group members who were targeted for education and care coordination were outreached by HCS.</p>

IPRO Recommendation	Humana-CareSource Response
<p>Doses of Antipsychotics in Children/Adolescents, Use of Multiple Concurrent Antipsychotics in Children/Adolescents and Metabolic Monitoring for Children/Adolescents on two or more Antipsychotics.</p>	<p><b>How was this accomplished?</b> Completed the outreach intervention to the members who were not compliant with the outcome measures. Completion took place in Q1 of 2017.</p> <p><b>Outcome and Monitoring</b> – The data analysis was conducted to evaluate the effectiveness of the 3-year project. The outcomes are:</p> <ul style="list-style-type: none"> <li>• Use of Higher-than-recommended Dose of Antipsychotics and Use of Multi Concurrent Antipsychotics in Children and Adolescents: The results indicated a positive trend in the performance from Year 1 to Year 3 achieving the proposed goals of 10 percent reduction. There were two interventions that might have direct impacts on the improvements, provider-targeted outreach and provider education.</li> <li>• Metabolic Screening and Metabolic Monitoring: HCS utilized letters to inform parents/caregivers and prescribing providers of the noncompliant members. These letters outlined the need for metabolic screening for children and adolescents on newly prescribed antipsychotics and the need for metabolic monitoring/screening for children and adolescents on antipsychotics to improve the performance. The intervention resulted in a positive improvement on screening, but a negative trend on monitoring.</li> </ul> <p><b>Future Actions/Plans</b> – This project provided HCS valuable lessons on the importance of developing and implementing effective and timely interventions. HCS plans to share the project findings with all interested parties through various quality committees and member/provider communication publications. HCS understands the importance of member and provider engagements in improving outcomes. HCS continues to explore effective ways to educate and engage members and providers to ensure safe and judicious antipsychotic use in children and adolescents.</p>
<p><b>In the area of Access/timeliness of Care</b></p> <p>Conduct barrier analyses to help identify root causes for HEDIS and HK measures that were below the NCQA national 25th percentile or statewide average, with particular attention on metrics for children and adolescent's access to PCPs and perinatal screening.</p>	<p><b>Initial Plan of Action</b> HEDIS and HK measure rates were reviewed to identify opportunities to improve children and adolescent's access to PCPs and perinatal screening.</p> <p><b>How was this accomplished?</b> Specific interventions implemented in 2017 included:</p> <ul style="list-style-type: none"> <li>• Dissemination of the Clinical Practice Registry (CPR) that allows providers to see care gaps in care for their members</li> <li>• Health Partner representatives to continue to provide provider training on how to use CPR</li> <li>• Utilization of a prompt screen on HCS EMR system to remind care managers to address the gaps during interaction with members</li> <li>• Outreach by the EPSDT Coordinator to caregivers with reminder and assistance in scheduling well-care visits</li> <li>• Member education on the importance of preventive screening via Member Newsletters</li> <li>• Provider education materials available on HCS provider portal</li> <li>• Quarterly review of provider network gap analysis by HCS Quality Assessment Committee (QAC) to ensure no provider access gaps</li> </ul> <p><b>Outcome and Monitoring</b> –</p>

IPRO Recommendation	Humana-CareSource Response
	<ul style="list-style-type: none"> <li>• No provider network gap in 2017; Continue to review provider network gap analysis quarterly by QAC</li> <li>• Continuous monitoring of monthly HEDIS dashboard reports to identify opportunities to improve the preventive screening rates</li> <li>• <b>Future Actions/Plans:</b> Continue to monitor the effectiveness of the interventions implemented quarterly and explore/enhance options for member and provider incentives to promote preventive care.</li> </ul>

Table 49: Passport Health Plan Response to Reporting Year 2017 Recommendations

IPRO Recommendation	Passport Health Plan Response
<p><b>In the area of Quality of Care:</b></p> <p>Focus improvement efforts on rates for HEDIS measures that perform below the NCQA national 25th percentile.</p>	<p><b>Initial Plan of Action</b>  Passport Health Plan conducts ongoing analysis of rates and interventions to evaluate the effectiveness of current interventions and whether alternative strategies should be implemented. Passport Health Plan develops a HEDIS strategy for the next measurement year based on the NCQA QC rates and other factors. Interventions are aimed at both members and providers. HEDIS 2017 noted several measures including NCS, URI, AAB, HbA1c testing, DRE, ART, LBP, SMC, SAA, APM 1–5 years, MPM-Digoxin, ADV, and IET as being at or below the QC 25th. IET and ADV addressed below.</p> <p><b>How was this accomplished?</b>  In general, member interventions included member telephonic outreach via live agent and automated message, member medication education/adherence outreach by Pharmacists, member on hold messages, member newsletter articles, and member incentives for some of the above measures. Provider interventions included care gap reports identifying members in need of testing or screening, HEDIS education materials for providers, and implementation of provider quality committee recommendations and feedback. We partner with our behavioral health subcontractor to develop and evaluate interventions aimed at improving HEDIS rates.</p> <p><b>Outcome and Monitoring</b> – Passport utilizes our NCQA certified software to monitor rates monthly. In addition, the members with successful calls are monitored to verify if a claim is noted in 30, 60, 90, and 120 days. When a claim is noted the outreach is deemed to be successful. From HEDIS 2016 to 2017 several rates noted improvement including AAB, HbA1c testing, DRE, ART, SMC, SAA, MPM- Digoxin, ADV, and IET.</p> <p><b>Future Actions/Plans</b> – We will continue to evaluate the effectiveness of interventions and revise as needed to improve HEDIS rates to at a minimum the QC 50th.</p>
<p>Conduct barrier analyses and implement strategies to improve member satisfaction for adults in How Well Doctors Communicate, Rating of All Health Care and Rating of Specialist Seen Most Often.</p>	<p><b>Initial Plan of Action</b>  Passport Health Plan thoroughly evaluates the results of both the child and adult member satisfaction to constantly improve satisfaction. In addition to review of the overall results, Passport Health Plan utilizes the detailed summary that includes best practices to improve key rates prepared by our vendor, Morpace.</p> <p><b>How was this accomplished?</b>  Passport Health Plan utilizes intermittent member surveys of customer service, care management, and other programs to provide real time feedback, identify strengths as well as opportunities for improvement. Formal member satisfaction surveys are conducted annually in collaboration with our accredited vendor, Morpace.</p> <p><b>Outcome and Monitoring</b> – Passport Health Plan reviews detailed reports from Morpace to pinpoint trends and opportunities for improvement. Multidisciplinary CAHPS workgroups and quality committees review rates, trends, and opportunities then provide feedback.</p> <p><b>Future Actions/Plans</b> – Additional interventions being developed and implemented include additional target surveys for members after a provider visit that include questions related how well the provider communicated and treated the member</p>

IPRO Recommendation	Passport Health Plan Response
	<p>during the visit and an overall rating of the provider. The results of this survey will be shared with the provider, maintaining member anonymity, and best practices will be shared on ways to improve the member experience. The CAHPS workgroup will continue to meet to monitor and evaluate the effectiveness of current interventions and to develop/implement new interventions, as needed.</p>
<p>In collaboration with other Kentucky MCOs seek to improve the ratio of board certified physicians in Passport Health Plan's provider network.</p>	<p><b>Initial Plan of Action</b>  Pulled data to determine how many PHP Providers are currently Board Certified to measure the baseline. 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><b>How was this accomplished?</b>  We will utilize the Lead Tracker grid on the Provider Network SharePoint page so the provider reps know all of their providers that are not Board Certified and can contact those providers, or talk to them on provider visits, and update the grid that the 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.</p> <p><b>Outcome and Monitoring</b> – A new report will be pulled on a quarterly basis to track the ratio of Board Certified providers and monitor the progress that the plan of action has had.</p> <p><b>Future Actions/Plans</b> – 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 a quarterly basis to continue to monitor the progress.</p>
<p>Review and implement the EQRO recommendations for each of the interim and baseline PIPs, particularly those related to indicators for the antipsychotics in children/adolescents, asthma and the collaboration of behavioral health and primary care.</p>	<p><b>Initial Plan of Action</b>  In 2017, the initial action was to carefully review EQRO recommendations and discuss the top critical EQRO recommendations with internal PIP teams to determine best course of action. The top three recommendations were (1) expanding interventions to other sub-populations, (2) Addressing observed limitation (such as incorrect member information, provider not reporting member pregnancy and limited BH to PCP communication) as barriers, and (3) tracking performance of indicators quarterly.</p> <p><b>How was this accomplished?</b>  Throughout 2017, the PIP team that included leads across organization continued to meet to discuss performance outcomes and next steps. In addition, the QI Manager reviewed the rates of interventions using quarterly performance in Q3 and Q4 2017 to monitor and determine impact. In Q3 2017, the QI Manager also completed final submission of 3 PIPs (Antipsychotic Monitoring for Children/Adolescents, You can Control Asthma, and Reducing Readmission Rates of Postpartum Members) aligned with EQRO recommendation. These final PIP submissions were accepted and approved by DMS in December 2017.</p> <p><b>Outcome and Monitoring</b> – The PIP teams continue to measure and monitor performance indicators quarterly or annually depending on the intervention for the remaining 4 open PIPs. Also following submission of the final 3 PIPs, DMS has provided final approval with no further action at the end of December 2017. The QI Department will continue to monitor progress of activities through HEDIS measures, QI Activities and Work Plan and in the future, determine the need to implement improvement projects.</p>

IPRO Recommendation	Passport Health Plan Response
	<p>For the open 4 PIPs (EPSDT Screening &amp; Participation, Promoting Healthy Smiles through Increased Utilization of Preventive Dental Care, Integrated Healthcare: Collaboration of BH and Primary Care and Prenatal Smoking) the QI Department continues to monitor intervention activities using quarterly indicator performances. Findings, actions and next steps continue to be discussed within PIP teams and will be scheduled in 2018 to be reported to Quality Committee for oversight and input.</p> <p><b>Future Actions/Plans</b> – Ongoing monthly and at a minimum quarterly team meeting with QI team and PIP stakeholders to review current intervention impact, barriers, intervention implementation &amp; 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><b>In the area of Access/timeliness of Care</b></p> <p>Focus improvement efforts on rates for HEDIS measures that perform below the NCQA national 25th percentile.</p>	<p><b>Initial Plan of Action</b></p> <p>Passport Health Plan conducts ongoing analysis of rates and interventions to evaluate the effectiveness of current interventions and whether alternative strategies should be implemented. Passport Health Plan develops a HEDIS strategy for the next measurement year based on the NCQA QC rates and other factors. Interventions are aimed at both members and providers. HEDIS 2016 noted IET and ADV as being at or below the QC 25th.</p> <p><b>How was this accomplished?</b></p> <p>ADV member interventions included member telephonic outreach via live agent and automated message, member on hold messages, member newsletter articles, and member incentives (maximum of two visits a year). ADV provider interventions included care gap reports identifying members in need of a dental screen, HEDIS education materials for providers, and implementation of provider quality committee recommendations and feedback. IET interventions included identifying resources for treatment throughout the state and sharing of the information with providers, Screening, Brief Intervention and Referral to Treatment (SBIRT) training/education, and provider newsletter e News.</p> <p><b>Outcome and Monitoring</b> – Passport utilizes our NCQA certified software to monitor rates monthly. In addition, the members with successful calls are monitored to verify if a claim is noted in 30, 60, 90, and 120 days. When a claim is noted the outreach is deemed to be successful. From HEDIS 2016 to 2017 both IET and ADV noted improvement. Preliminary HEDIS 2018 (with minimal claims run-out) notes continued improvement from the previous year's rate.</p> <p><b>Future Actions/Plans</b> – We will continue to evaluate the effectiveness of interventions and revise as needed to improve HEDIS rates to at a minimum the QC 50th.</p>

Table 50: WellCare of Kentucky Response to Reporting Year 2017 Recommendations

IPRO Recommendation	WellCare of Kentucky Response																																				
<p><b>In the area of Quality of Care:</b></p> <p>Focus improvement efforts on rates for HEDIS measures that perform below the NCQA national 25th percentile.</p>	<p><b>Initial Plan of Action</b></p> <p>During 2017, 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 Third, Fourth, Fifth, and Sixth Years of Life (W34); 2. Adolescent Well Visits (AWC); 3. Childhood Immunizations (Combo 2 and 10); 4. Prenatal and Postpartum Care (PPC); 5. Breast Cancer Screening (BCS); 6. Chlamydia Screening in Women (CHL); and 7. Well Child Visits (WCC) (BMI Percentile, Nutrition and Physical Activity). The chart below shows the changes in HEDIS from 2016 to 2017.</p> <table><tr><th>MEASURE</th><th>2016</th><th>2017</th><th>CHANGE</th></tr><tr><td>W15</td><td>56.02</td><td>60.99</td><td>↑4.97</td></tr><tr><td>W34</td><td>62.20</td><td>63.14</td><td>↑0.94</td></tr><tr><td>AWC</td><td>45.37</td><td>45.01</td><td>↓0.36</td></tr><tr><td>CIS-COMBO 10</td><td>20.10</td><td>27.41</td><td>↑7.31</td></tr><tr><td>PPC</td><td>49.88</td><td>55.39</td><td>↑5.51</td></tr><tr><td>BCS</td><td>50.64</td><td>54.75</td><td>↑4.11</td></tr><tr><td>CHL</td><td>49.83</td><td>50.55</td><td>↑0.72</td></tr><tr><td>WCC BMI/Nutrition/Physical Activity</td><td>47.69/40.15/42.36</td><td>55.39/56.34/49.74</td><td>↑7.7/↑16.19/↑7.38</td></tr></table> <p>Although improvement noted in seven of the eight measures, with only a slight decrease noted in AWC, there was continued opportunities for 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>WellCare continued the provider Pay-for-Performance Program and member “Healthy Rewards,” which targeted the W15, W34, AWC, PPC; distribution of provider Care Gap Reports; targeted mailings to members identified as needing preventive services and/or screening and provider visits; and educational information conveyed via member and provider newsletters.</p> <p>Additionally, WellCare’s Quality Improvement Department expanded the number of Quality Practice Advisor positions from 11 to 12 and added a QI Manager during 2017. The QPAs’ primary responsibility is improving the care members receive as they work individually with providers to improve care and HEDIS and Healthy Kentuckian rates. At the completion of each HEDIS season, the QI Team analyzes HEDIS and Healthy Kentuckians outcomes for root causes, identification of barriers, and develops/revises interventions for implementation as needed.</p> <p>WellCare also continued the Children and Adolescent Immunization PIP whose objectives include:</p> <ul style="list-style-type: none"><li>Increasing the HEDIS rate of Childhood Immunization Status (CIS): Combo 10 over the next three (3) year period to the Medicaid QC 25th percentile.</li><li>Increasing the HEDIS rate of Immunizations for Adolescents (IMA): Combo 1 over the next three (3) year period to the</li></ul>	MEASURE	2016	2017	CHANGE	W15	56.02	60.99	↑4.97	W34	62.20	63.14	↑0.94	AWC	45.37	45.01	↓0.36	CIS-COMBO 10	20.10	27.41	↑7.31	PPC	49.88	55.39	↑5.51	BCS	50.64	54.75	↑4.11	CHL	49.83	50.55	↑0.72	WCC BMI/Nutrition/Physical Activity	47.69/40.15/42.36	55.39/56.34/49.74	↑7.7/↑16.19/↑7.38
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IPRO Recommendation	WellCare of Kentucky Response
	<p>Medicaid QC 75th percentile.</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>How was this accomplished?</b></p> <p>Throughout 2017, 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 screening and assessments. In July 2017, following the receipt of final HEDIS results for measurement year 2016, 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 2017.</p> <p>In addition to continuing the interventions discussed above, WellCare implemented the following active interventions:</p> <ul style="list-style-type: none"> <li>Developed a Kentucky-specific chlamydia educational flyer to educate providers on the importance of screening for chlamydia especially those sexually active females 16 to 24 years of age.</li> <li>In Region 8, a new collaborative relationship was developed between providers and local hospital labs to get the urine kits to test for chlamydia while the member is in the doctor's office rather than having them go to the hospital.</li> <li>Increased the number of Care Gap Coordinators making outreach calls to remind members/parents of scheduling an appointment with their physician for their preventive screening and well visits.</li> <li>Developed a 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.</li> <li>Developed reminder postcards to increased reminders for the following identified measures: AWC, W34, prenatal, PPC, W15, BCS, CCS, and DRE.</li> <li>Developed and distributed provider workbooks for large providers and IPAs to identify care gaps and assist in getting members into the offices through increased telephonic outreach.</li> <li>Began Patient Care Advocate program (PCAs) where WellCare associates are out in provider offices assisting with the scheduling of member appointments for those members identified as having a gap in preventive care and/or screening.</li> <li>For postpartum outreach calls, the Plan incorporated reminders for W15 visits and immunizations into the outreach.</li> <li>Increased the number of providers who send secure EMR flat files to the plan.</li> <li>Revised annual medical record review report cards to differentiate between demographic documentation and clinical to specifically target any deficits found.</li> </ul> <p><b>Outcome and Monitoring</b> – WellCare monitors HEDIS rates monthly at the State and individual provider level. The analysis identifies areas in need of greater/revised interventions and initiates action accordingly. Increased focus is placed on those providers who are low performing against their peers. In addition, the increased number of active interventions targeting</p>

IPRO Recommendation	WellCare of Kentucky Response
	<p>members and providers should improve the care gap rate of closure. Therefore, WellCare anticipates HEDIS 2018 rates will show an improvement over HEDIS 2017. Monitoring of HEDIS rates for WellCare and for individual providers occurs on a monthly basis, identifying areas of concern with a quick response initiated.</p> <p>Providers received their individual HEDIS rates and Care Gap Reports monthly so they could track their progress and identify open opportunities. Additionally, the monitoring of QPAs occurred 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 were included in the QI Work Plan, which was updated quarterly. The Plan's quality committee provided feedback and recommendations in regards to member and provider interventions and the QI work plan.</p> <p><b>Future Actions/Plans</b> – Following receipt of final HEDIS 2018 rates, WellCare will conduct an analysis of HEDIS 2017 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 2018, WellCare is adding an additional full-time Care Gap Coordinator (CGC). The CGC will focus on member outreach to members in need of preventive health services to educate on the need for services and encourage a visit with their PCP. This position is located within the Kentucky market.</p> <p>The Patient Care Advocate (PCA) program was expanded to include three full-time associates; the QPAs team increased to 12, and a QI Coordinator responsibility were realigned to include telephonic outreach to providers with a smaller number of WellCare members to educate on open care gaps. In addition, the Plan expanded the number of QPAs to 12 and has a QI Coordinator who telephonically outreaches to providers with a smaller number of WellCare members, to alert them of members in need of recommended preventive care and/or screening, which will continue. 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 screening, including Well Child Visits 0–15 Months, Well Child Visits 3–6 Years, and Adolescent Well Care Visit. This program will continue in 2018.</p>
<p>As recommended in previous years, consider collaborating with DMS and the other MCOs to examine the reasons for low rates for physician board certification.</p>	<p><b>Initial Plan of Action</b></p> <p>During 2017, WellCare reviewed an annual internal Provider Board Certification Report to identify internal data issues, and evaluated external data to determine statewide norms of board certification. Following IPRO recommendations, WellCare conducts a root cause analysis if any concerns are identified. If any discrepancies are found, WellCare initiates activities targeting specific data correction, correcting any errors found and performs a follow-up review and analysis to determine if the corrective actions taken were effective to ensure our rates are in line with state norms. For 2017, the results indicated these actions/processes were effective.</p> <p><b>How was this accomplished?</b></p> <p>The final internal data source for generating WellCare's board certification rates is our claims production system, Xcelys<sup>®</sup>, which is populated through our credentialing software, Cactus<sup>®</sup>. This is our intake repository during the credentialing process and data is manually entered from The Council of Affordable Quality Healthcare (CAQH). WellCare produces and reviews an annual</p>

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	<p>internal report showing the board certification status of all participating providers. WellCare’s Quality Data Analytics and Reporting (QDAR) Team generates the report annually on 1/1 to identify providers with inconsistent internal data regarding board certification status and to verify providers’ board certification status against external data sources. WellCare reviews this internal Provider Board Certification Report to identify any internal data issues, and evaluates external data to determine statewide norms of board certification. Prior to the actual run on 1/1, the HEDIS specifications are reviewed for any changes/updates, with the Statistical Analytics System (SAS) code updated per requirements. The HEDIS auditor (HealthCare Data Company, LLC) also reviews the HEDIS specifications to ensure WellCare has captured any changes or updates required by NCQA. The SAS code is then sent to the HealthCare Data Company, LLC (HCD) , WellCare’s HEDIS auditors for review/approval. In addition, the Board Certification Report (BCR) code is also included in the HEDIS roadmap that is sent to the auditor.</p> <p>HCD auditors approve the report and after every run, the numbers are compared to the prior year to track any changes. The report and the counts are reviewed annually during the HEDIS onsite audit, which occurs within the month of April of each year. WellCare conducts a root cause analysis if concerns are identified with our internal data. After identifying the root cause, WellCare initiates activities targeting specific data correction, corrects any errors found and performs a follow-up review and analysis to determine if the corrective actions taken were effective to ensure our rates are in line with state norms. Board certified rates follow the HEDIS specifications. For 2017, the results indicated these actions/processes were effective.</p> <p><u>WellCare’s credentialing process follows the below process:</u></p> <ol style="list-style-type: none"> <li>1. The entire process begins when a provider requests an agreement for Medicaid and/or Medicare here: <a href="https://www.wellcare.com/en/Kentucky/Become-a-Provider">https://www.wellcare.com/en/Kentucky/Become-a-Provider</a></li> <li>2. The Network Management Team contacts the provider and requests a W-9 so an agreement can be created.</li> <li>3. The agreement is then emailed to the provider with instructions on completing and returning any other documents.</li> <li>4. Once WellCare receives the required documents, everything is compiled and sent to WellCare of Kentucky’s COO for his signature.</li> <li>5. Once approval has been obtained, the packet goes to the Provider Operations Team to begin the credentialing process.</li> <li>6. Once the Provider Operations Team receives the packet, they send the provider the form either for a new provider/group or for a new provider joining a group already participating in our network.</li> <li>7. Once the provider returns all the required information and/or documentation, the Provider Operations Team assembles the documents and the packet is sent to the WellCare corporate office to complete the credentialing process.</li> <li>8. The Provider Relations Team may assist in getting the information needed to complete the credentialing process either by forwarding any information sent to them by a provider or by visiting the provider if additional information is needed.</li> </ol> <p>The information collected satisfies federal, state and NCQA requirements and the process helps ensure applications are processed timely.</p> <p><b>Outcome and Monitoring</b> – WellCare continues the process for monitoring internal board certification to identify any errors, corrects any errors in its internal data regarding the board certification status of contracted providers, and following any data correction, performs a follow-up review to determine if our actions have improved our HEDIS board certification rate. WellCare compares our rates to the statewide rate to ensure our rate is in line with statewide norms, ensuring our provider network</p>

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	<p data-bbox="474 139 1997 204">maintains the highest percentage of board-certified providers. Problems initially identified have been corrected and subsequent monitoring has not identified any present or recurring issues.</p> <p data-bbox="474 245 1997 594"><b>Future Actions/Plans</b> – With Kentucky being an <i>Any Willing Provider</i> state, WellCare of Kentucky must offer an Agreement to any provider that requests participation in our network. WellCare will continue to produce and review an annual internal report showing the board certification status of all participating providers. WellCare’s QDAR Team will generate the report annually on 1/1 to identify providers with inconsistent internal data regarding board certification status and to verify providers’ board certification status against external data sources. WellCare will review this internal Provider Board Certification Report to identify any internal data issues, and evaluate external data to determine statewide norms of board certification. Prior to the actual run on 1/1, the HEDIS specifications will be reviewed for any changes/updates, with the SAS code updated per requirements. The HEDIS auditor will also continue to review the HEDIS specifications to ensure WellCare has captured any changes or updates required by NCQA. The SAS code will then be sent to the HCD auditors for review/approval. In addition, the BCR code will also be included in the HEDIS roadmap that is sent to the auditor.</p> <p data-bbox="474 634 1997 837">HCD auditors will review and approve the report and after every run, comparing the results to the prior year to track any changes. The report and the counts will continue to be reviewed annually during the HEDIS onsite audit, which occurs within the month of April of each year. WellCare will perform a root cause analysis if concerns are identified with our internal data. After identifying the root cause, WellCare will initiate activities targeting specific data correction, correct any errors found and perform a follow-up review and analysis to determine if the corrective actions taken were effective to ensure our rates are in line with state norms. Board certified rates will continue to follow the HEDIS specifications.</p>
<p data-bbox="90 854 405 919">In the area of Access/Timeliness of Care</p> <p data-bbox="90 959 447 1130">Continue to work to improve HEDIS measure rates which fall below the NCQA national 25th percentile related to access/timeliness.</p>	<p data-bbox="474 854 720 878"><b>Initial Plan of Action</b></p> <p data-bbox="474 886 1997 1057">WellCare has 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, targeted phone calls and mailings to members identified as needing BH HEDIS services and provider visits as well as those members identified as needing medical services.</p> <p data-bbox="474 1097 1997 1308">To help improve access/timeliness of care for members, WellCare’s Quality Improvement Department was expanded to include 12 regional Quality Practice Advisor (QPA) positions in 2017, in addition to two QI Managers covering the east and west halves of the state. The QPAs’ primary responsibility is to improve HEDIS and Healthy Kentuckians rates; to increase the number of WellCare members receiving recommended preventive care including BH, to educate providers, and to 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.</p> <p data-bbox="474 1349 1997 1451">At the completion of each HEDIS season, the QI Team analyzes HEDIS and Healthy Kentuckians outcomes performing a root cause analysis, to identify barriers, and develop/revise interventions for implementation to improve those measures with lower rates. WellCare’s QI Team works in conjunction with the Case Management, Disease Management and BH Clinical Teams,</p>

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	<p>Provider Relations and Network Management to improve access/timeliness to care.</p> <p>The Plan also conducts “secret shopper” calls to providers to access 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 recruit providers into our provider network. Access/availability is also reported quarterly to the QI Committees for feedback and recommendations.</p> <p><b>How was this accomplished?</b></p> <p>Throughout 2017, QPAs continued to work with provider offices to educate providers and staff about HEDIS 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 to educate providers on HEDIS and Healthy Kentuckians measure specifications including those related to medical and behavioral health.</p> <p>The Plan also conducted “secret shopper” calls to providers to access access/availability. Results presented to the QI Committees quarterly for feedback and recommendations. WellCare’s Network Management Team continued to monitor network adequacy to ensure members have access to care and continued to recruit providers into our provider network. Access/availability was also reported quarterly to the QI Committees for feedback and recommendations.</p> <p>In July 2017, following the receipt of final HEDIS results for measurement year 2016, WellCare performed a detailed analysis of NCQA Accreditation measures falling below or just meeting the 50th percentile to identify barriers and potential interventions targeted at specific measures. This included the access/timeliness related measures.</p> <p><u>To improve access/timeliness WellCare initiated the following interventions:</u></p> <ul style="list-style-type: none"> <li>• Distributed HEDIS toolkits to providers during an onsite provider visit by the Quality Practice Advisors (QPAs) to educate providers on the measure specifications and what is needed for compliance.</li> <li>• Educated providers via the Provider Newsletters, Provider workshops/summits, and via face-to-face contacts with Provider Representatives and Quality Practice Advisors (QPAs) on appointment standards and the importance of following the guidelines.</li> <li>• Provider Representatives educated new providers and providers who failed the access and availability survey of the appointment standards.</li> <li>• Network Management continued to actively recruit new providers (e.g., Urgent Care Centers).</li> <li>• Reviewed data to track and trend areas of deficiencies, identify barriers and implement/revise interventions as needed.</li> <li>• Initiated monthly POD calls between Quality Practice Advisors (QPAs) and Provider Relations (PR) to collaborate on region-specific activities.</li> <li>• Conducted joint QPA Provider Relation visits for all-inclusive provider education.</li> <li>• Collaborated with Community Mental Health Canfers (CMHCs) to develop process to appropriately refer members who are in need of crisis management.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Began discussions with providers in regards to the development of medical/behavioral health homes.</li> <li>• Added Behavioral Health Contract Manager to the Network Management Team.</li> <li>• Developed workbooks for high volume providers showing care gaps.</li> <li>• Began placing Patient Care Advocates into provider offices to assist with the scheduling of members with care gaps.</li> <li>• Improved 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.</li> </ul> <p><b>Outcome and Monitoring</b> – WellCare monitors HEDIS rates monthly to identify areas in need of greater or revised intervention. WellCare anticipates HEDIS 2018 rates will show an improvement over HEDIS 2017 in measures related to access/timeliness. HEDIS rates for WellCare and for individual providers are monitored on a monthly basis so areas of concern are identified quickly with interventions implemented accordingly. Providers are also distributed their individual HEDIS rates and Care Gap Reports monthly so they can track their progress and identify open opportunities. The Plan also conducts “secret shopper” calls to providers to access 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 recruit providers into our provider network. Access/availability is also reported quarterly to the QI Committees for feedback and recommendations.</p> <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.</p> <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 implemented processes to outreach to members within one (1) day following discharge from hospitalization.</p> <p>Additionally, the QPAs 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, which is updated quarterly and reported to the QI Committees for recommendations and feedback. Member and provider interventions are also reported to the Plan’s quality committees.</p> <p><b>Future Actions/Plans</b> – Following receipt of final HEDIS 2018 rates, WellCare will conduct an analysis of HEDIS 2017 data to identify barriers and potential/revised interventions. Based on this analysis, WellCare will continue/reverse 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 addition to collaborative activities between QI, Provider Relations, Medical and BH Case Management and Network Management to improve access to providers and compliance with post-hospitalization visits. Care Gap Coordinators, whose responsibilities include directly outreaching members with care gaps to provide education and referral for assistance with making appointments as needed will also continue in 2018. These positions are located in the Kentucky market. In addition, interventions for the Management of Physical Health Risks in the SMI Population PIP, which began in 2016,</p>

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	<p>will continue in 2018. This includes the development of an Assessment Form for adults with SMI for BH and Non-BH providers to use in the promotion of coordinated care and facilitate communication between BH specialists and PCPs.</p>
<p>Implement the PIP focusing on Pediatric Oral Health, evaluating and modifying the intervention strategy where necessary as the PIP progresses.</p>	<p><b>Initial Plan of Action</b></p> <p>WellCare submitted the proposal for a PIP titled Improving Pediatric Oral Health Sept. 1, 2015 to DMS and IPRO, which was accepted and approved. HEDIS<sup>®</sup> 2015 rates for Annual Dental Visit (ADV) indicated improvement was needed in this area. According to the Centers for Disease Control and Prevention (CDC), although largely preventable, dental caries remain the most common chronic disease of children aged 6 to 11 years and of adolescents aged 12 to 19 years. In the United States, the average adult has between 10 and 17 permanent teeth that are decayed, missing or filled. Additionally, approximately half of all adults have gingivitis. Children in America are also at risk for oral health conditions. By age 9, the average child will have one (1) cavity in permanent teeth. The number of cavities continues to increase as the child ages, with 2.6 cavities by age 12 and 8 cavities by age 17. According to the American Academy of Pediatric Dentistry (AAPD), the American Dental Association (ADA), and the American Academy of Pediatrics (AAP), the first dental visit should occur by the time a child is one (1) year old, with regular dental visits thereafter.</p> <p>The aim of this PIP is to improve pediatric oral health in Kentucky by increasing the number of members receiving an annual dental visit and preventive oral health care. The objectives for this PIP are to:</p> <ul style="list-style-type: none"> <li>• Increase the HEDIS rates for Annual Dental Visit (ADV);</li> <li>• Increase the rate of members age 6 to 14 who receive dental sealant treatment by a dental provider;</li> <li>• Increase the rate of members age 0 to 20 who receive at least two fluoride treatment services; and</li> <li>• Increase the rate of members age 0 to 20 who receive at least one preventive dental treatment.</li> </ul> <p><b>How was this accomplished?</b></p> <p>The Plan has several interventions associated with this project aimed at improving pediatric oral health in Kentucky. First, the Plan reviews and monitors interventions, barriers and the data monthly and initiates/revises interventions based upon an analysis of the data. The Plan also has regular meetings between the Plan staff and the Plan's dental vendor Avesis. In collaboration with Avesis, provider-specific information/education via webinar was developed for new dental provider orientation to include recommended preventative care, in addition to being utilized an educational refresher for current providers. This was implemented in 2017.</p> <p>The Plan developed provider informational/educational articles in regards to collaboration between medical and dental providers and interacting with pediatric patients less than 3 years of age. For members, the Plan developed informational/educational articles about the importance of oral health, pediatric-specific oral health guidelines and preventative care. The Plan initiated a targeted mailing to remind members of their dental benefits and the need for preventive dental care.</p> <p>The Plan identified the 2 to 3 age range has having one of the lowest percentage rates for receipt of an annual dental visits. Through the EPSDT Program, children receive this service in the Health Departments and from their PCPs. The Plan is exploring options for inclusion of this data for comparison and potential targeted outreach to improve the oral health of some of our</p>

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	<p>youngest members.</p> <p><b>Outcome and Monitoring</b> – For (MY) 2016, the Plan saw overall improvement in all measures included in this Performance Improvement Project. First, HEDIS data for (MY) 2016 indicated there were 158,093 members, aged 2 to 20 years, in the eligible population for ADV. Of those members, 63.94% (n=101,080) had at least one (1) <i>Annual Dental Visit</i> (ADV) during the measurement year (MY). This represented a 3.20 percentage point increase from 2015. Table 12 below shows the stratification of the age ranges, percentage of compliance with the <i>Annual Dental Visit</i> (ADV) and the percentage point change from 2015 to 2016. Based on a recommendation from IPRO following review of the 2015 baseline data, the performance target for this indicator was revised in 2016 to be beyond the 95% confidence interval (CI) increasing to 66.64 (the 90th percentile), so the target rate was beyond the minimum criterion of statistical significance to represent meaningful improvement. The table below displays the age stratification for <i>Annual Dental Visit</i> (ADV).</p> <p><i>Annual Dental Visits (ADV) Age Range Stratification (MY2016)</i></p> <table><tr><th>MEASURE</th><th>RATE</th><th>CHANGE FROM 2016</th><th>PERCENTILE</th></tr><tr><td>Annual Dental All Members Total</td><td>63.94%</td><td>↑3.20</td><td>75th</td></tr><tr><td>Annual Dental Members age 2 to 3</td><td>45.38%</td><td>↑2.18</td><td>75th</td></tr><tr><td>Annual Dental Members age 4 to 6</td><td>73.64%</td><td>↑2.69</td><td>75th</td></tr><tr><td>Annual Dental Members age 7 to 10</td><td>73.69%</td><td>↑3.80</td><td>75th</td></tr><tr><td>Annual Dental Members age 11 to 14</td><td>68.40%</td><td>↑4.11</td><td>75th</td></tr><tr><td>Annual Dental Members age 15 to 18</td><td>58.18%</td><td>↑2.92</td><td>75th</td></tr><tr><td>Annual Dental Members age 19 to 21</td><td>38.42%</td><td>↑1.27</td><td>50th</td></tr></table> <p>For (MY) 2016, a percentage point increase was seen in all stratified age ranges. The lowest percentage point increase was noted to be the 19 to 21 age range (↑1.27). The largest percentage point increase was noted in the 11 to 14--age range (↑4.11). The Plan collaborated with CMS, DMS and IPRO during the 1<sup>st</sup> and 2<sup>nd</sup> quarters of 2016 on drafting a dental PIP for the 3 and under age group with a 2.18 percentage point increase in the two (2) to three (3) age group. Overall, there was a 3.20 percentage point increase in All Members Total. The Plan evaluated and incorporated suggestions/recommendations into this PIP during 2016.</p> <p>Second, the data for (MY) 2016 in regards to members, aged 6 to 14 years, who received a dental sealant treatment by a dental provider during the measurement year (MY), indicated 41,073 members in the eligible population. Of those members, 19.01% (n=7,806) received at least one (1) dental sealant treatment. This represented an increase of 2.06 percentage points from the 2015 baseline rate of 16.95%. Based on a recommendation from IPRO following review of the 2015 baseline data, the performance target for this indicator was revised in 2016 to be beyond the 95% confidence interval (CI) increasing to 17.52%, an increase of 6.74 percentage points (↑30%) so the target rate was beyond the minimum criterion of statistical significance to represent meaningful improvement.</p>	MEASURE	RATE	CHANGE FROM 2016	PERCENTILE	Annual Dental All Members Total	63.94%	↑3.20	75th	Annual Dental Members age 2 to 3	45.38%	↑2.18	75th	Annual Dental Members age 4 to 6	73.64%	↑2.69	75th	Annual Dental Members age 7 to 10	73.69%	↑3.80	75th	Annual Dental Members age 11 to 14	68.40%	↑4.11	75th	Annual Dental Members age 15 to 18	58.18%	↑2.92	75th	Annual Dental Members age 19 to 21	38.42%	↑1.27	50th
MEASURE	RATE	CHANGE FROM 2016	PERCENTILE																														
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	<p>Third, in regards to members aged 0 to 20 years, who received at least one (1) fluoride treatment during the measurement year (MY), data for (MY) 2016 identified members in the eligible population. Of those members, 46.30% (n= 96,847/209,238) received at least one (1) fluoride treatment by a dental provider. This represented an increase of 1.86 percentage points from the 2015 rate of 44.44%. Based on a recommendation from IPRO following review of the 2015 baseline data, the performance target for this indicator was also revised in 2016 to beyond the 95% confidence interval (CI) to 54.16%, an increase of 9.03 percentage points (↑20%) to 54.16% so the target rate was beyond the minimum criterion of statistical significance to represent meaningful improvement. The Plan has initiated additional interventions to facilitate continued improvement.</p> <p>Fourth, for members aged 0 to 20 years, who received two (2) fluoride treatments during the measurement year (MY), data for (MY) 2016 found members in the eligible population. Of those members, 14.75% (n= 30,858/209,238) received two (2) fluoride treatments by a dental provider. This represented a 0.66 percentage point increase from the 2015 rate of 14.09%. Based on a recommendation from IPRO following review of the 2015 baseline data, the performance target rate for this indicator was revised in 2016 to beyond the 95% confidence interval (CI) to 17.93%, an increase of 6.41 percentage points (↑50%) so the target rate was beyond the minimum criterion of statistical significance to represent meaningful improvement. The Plan has initiated additional interventions to facilitate continued improvement.</p> <p>Finally, for members aged 0 to 20 years who received at least one (1) preventive dental treatment during the year, data for (MY) 2016 found in the eligible population. Of those members 52.24% (n= 109,301/209,238) received at least one (1) preventive dental service during the year. This represents an increase of 1.63 percentage points from the 2015 rate of 50.61%. Based on a recommendation from IPRO following review of the 2015 baseline data, the performance target rate for this indicator was revised in 2016 to beyond the 95% confidence interval (CI) to 59.83%, an increase of 7.8 percentage points (↑15%) so the target rate was beyond the minimum criterion of statistical significance to represent meaningful improvement. The Plan has initiated additional interventions to facilitate continued improvement.</p> <p>During 2017, the Plan initiated and continued several interventions associated with this project aimed at improving pediatric oral health in Kentucky. Additional barriers and opportunities for improvement were identified with new interventions developed and implemented. New interventions included:</p> <ul style="list-style-type: none"> <li>• Development and distribution of preventive dental reminder cards to identified members/parents/guardians that have not had an annual dental visit.</li> <li>• Development and distribution of educational materials for members/parents/guardians in regards to preventive dental care via the Member Newsletter.</li> <li>• Initiation of monthly POD calls between Quality Practice Advisors (QPAs) and Provider Relations (PR) to collaborate on region-specific activities.</li> <li>• Collaboration with Avēsis to recruit and contract additional dental providers who accept Medicaid/pediatrics in rural areas.</li> <li>• Monitoring of dental provider appointment access and availability.</li> <li>• Adoption of ADA dental caries materials by Avēsis for use by dental providers for patients over and under the age of six (6) (New).</li> </ul>

IPRO Recommendation	WellCare of Kentucky Response
	<ul style="list-style-type: none"> <li>• Collaboration with Avēsis in the promotion of Silver Diamine Fluoride for cavity prevention (New).</li> <li>• Initiation of Member Healthy Rewards incentive for annual dental visit (New).</li> </ul> <p>The Plan also continued regular meetings between the Plan staff and the Plan’s dental vendor Avēsis to improve collaboration and to coordinate efforts to improve access and availability of dental providers and services. In collaboration with Avēsis, provider-specific information/education via webinar was developed for new dental provider orientation to include recommended preventive care, and in addition was utilized an educational refresher for current providers.</p> <p>The Plan developed provider informational/educational articles in regards to collaboration between medical and dental providers and interacting with pediatric patients less than three (3) years of age in 2016. For members, the Plan developed informational/educational articles about the importance of oral health, pediatric-specific oral health guidelines and preventive care. The Plan initiated a targeted mailing to remind members of their dental benefits. In addition, the Plan’s QPAs had 2,868 provider contacts during 2016. The Plan has found ongoing provider contacts, especially face-to-face contacts are effective method in the improvement provider understanding and Member compliance with recommended preventive screening.</p> <p>Overall, the Plan saw improvements/increases in all age stratification ranges for ADV, an increase of 1.86 percentage points in the percentage of members (aged 0 to 20 years) receiving at least one (1) fluoride treatment; an increase of 0.66 percentage points in the percentage of members (aged 0 to 20 years) receiving two (2) fluoride treatments; and an increase of 1.63 percentage points in the percentage of members (aged 0 to 20 years) receiving at least one (1) preventive service during the year. The Plan expects improvements to continue in 2017. Even a slight increase indicates more members are completing recommended preventive dental care.</p> <p>The Plan continues to monitor dental-related rates quarterly, implement interventions aimed at improving dental-related rates and anticipates continued improvement in 2017, which will be reported in 2018.</p> <p><b>Future Actions/Plans</b> – Based upon feedback/recommendations from DMS/IPRO the PIP was revised to reflect and incorporate these suggestions. Results will be reported in the 2018 PIP submission to DMS/IPRO by Sept. 1, 2018. Following receipt of final HEDIS 2018 and related dental rates, WellCare will conduct an analysis of the 2017 data to identify barriers and potential/revised interventions. Based on this analysis, WellCare will continue interventions already in place and/or develop/revise new member and provider interventions as needed. WellCare will continue to work with our dental partner, Avesis and individually with providers to improve dental rates for our pediatric population.</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), 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 plans 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.

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.

For CYs 2015 and 2016, the compliance reviews were conducted in January of the following year in order to publish findings in the annual technical report which is due to CMS on April 30th. In January 2017, two MCOs (Humana-CareSource and Passport Health Plan) underwent a full review. Aetna Better Health Plan, Anthem BCBS Medicaid and WellCare of Kentucky received partial reviews, based on the findings of the previous review. The annual compliance review for CY 2016, conducted in January 2017, addressed contract requirements and regulations within the following domains:

- Behavioral Health Services
- Case Management/Care Coordination
- Enrollee Rights: Enrollee Rights and Protections
- Enrollee Rights: 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: Measurement and Improvement – Health Information Systems
- QAPI: Structure and Operations – Credentialing
- QAPI: Structure and Operations – Delegated Services

After the compliance review conducted in January 2017, the compliance review schedule was changed to a state FY review instead of a CY review. In order to phase in this timing change, there was a short audit in October 2017 that focused only on the non-compliant and minimal elements of the 2016 calendar year review. In October 2018, all MCOs will be back to a regular schedule of full and partial reviews.

Data collected from the MCOs, either submitted pre-onsite, during the onsite visit or in follow-up, was considered in determining the extent to which the health plan 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 this report located under subpart, **Compliance Monitoring**.

### 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 and MCO contract requirements and applicable state regulations,
- prior results,
- reviewer compliance determination,
- descriptive reviewer findings and recommendations related to the findings,
- review determinations, and
- suggested evidence.

In addition, where applicable (e.g., member grievances), 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 51**.

**Table 51: Medicaid Managed Care Compliance Monitoring Standard Designations**

<b>Standard Designations</b>	
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 quarter of the year. From these listings, IPRO selected 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 plan.

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 health plan’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 above 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 2016 review is contained in the **Compliance Monitoring** section of this report and in the full compliance reports for each MCO.<sup>4</sup>

## 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 health plan. For standards where the plan was less than fully compliant, IPRO provided a narrative description of the evidence reviewed, and reason for non-compliance. The plan 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 Corrective Action Plan (CAP) request and/or Letter of Concern (LOC), where applicable, and the MCOs are required to submit written corrective action plans to address any findings rated “Minimal” or “Non-compliant.”

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<sup>4</sup> The complete compliance report for each MCO is available on the DMS Managed Care Oversight – Quality Branch Reports web page at: <http://chfs.ky.gov/dms/pqomcoqbreports.htm> .

## 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 document *Validating Performance Improvement Projects: a Protocol for Use in Conducting Medicaid External Quality Review Activities*. The first process outlined in this protocol is assessing the methodology for conducting the PIP. This process involves the following ten elements:

- review of the selected study topic(s) for relevance of focus and to the MCO's enrollment,
- review of the study question(s) for clarity of statement,
- review of selected study indicator(s), which should be objective, clear and unambiguous and meaningful to the focus of the PIP,
- review of the identified study population to ensure it is representative of the MCO enrollment and generalizable to the plan's total population,
- review of sampling methods (if sampling was used) for validity and proper technique,
- review of the data collection procedures to ensure complete and accurate data was collected,
- assessment of the improvement strategies for appropriateness,
- review of the data analysis and interpretation of study results,
- assessment of the likelihood that reported improvement is "real" improvement, and
- assessment of whether the MCO achieved sustained improvement.

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

IPRO's methodology for validation of the PIPs was based on CMS's *Validating Performance Improvement Projects: a Protocol for Use in Conducting Medicaid External Quality Review Activities*. 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 ten 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 January 2017.

### 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. At Interim and final re-measurement phases of the project, a scored review and validation was conducted to assess overall credibility of results. 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 80 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. These items were scored "Met" or "Not Met."

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.

## 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 *Validating Performance Measures: A Protocol for Use in Conducting Medicaid External Quality Review Activities* (updated 2012). 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 system (IS);
- MCO ability to collect valid data from various internal and external sources
- vendor (or subcontractor) data and processes, and the relationship of these data sources to those of the MCO;
- MCO ability to integrate different types of information from varied data sources (e.g., member enrollment data, claims data, pharmacy data) into a data repository or set of consolidated files for use in constructing MCO 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
  - 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 2017 *Interactive Data Submission System (IDSS)* report for the Medicaid product line;
- HEDIS 2017 *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 performance measure validation included the following:

- Information Systems (IS) 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' medical record review process, sampling and data abstraction.
- Numerator Validation – a review of member-level data for adherence to established specifications.

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, Controlling High Blood Pressure, Annual Dental Visit, Lead Screening for Children, Well-Child Visits in the First 15 months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Adolescent Well-Care Visits, and Children and Adolescents' Access to PCPs. These measures were independently audited by an NCQA-licensed audit organization as part of MCOs' 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 under Technical Methods of Data Collection, IPRO requested documentation related to programming and queries, medical record data collection, and data entry and verification.

A medical record review (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 was 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 medical record review validation, an administrative validation is 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 (5) 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."