Bureau for Medical Services

Managed Care Programs

Mountain Health Trust

Mountain Health Promise

2024 External Quality Review

Annual Technical Report

April 2025

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West Virginia Managed Care Programs

2024 Annual Technical Report

Executive Summary

Introduction

The West Virginia Department of Human Services' Bureau for Medical Services (BMS) contracts with Qlarant, an external quality review organization (EQRO), to evaluate the state's managed care programs: Mountain Health Trust (MHT) and Mountain Health Promise (MHP). The MHT program, which covers physical and behavioral health services, has served qualifying Medicaid beneficiaries since 1996. On January 1, 2021, the MHT program expanded to additionally cover Children's Health Insurance Program (CHIP) beneficiaries. Managed care plans (MCPs) contracted to provide MHT services include:

- Aetna Better Health of West Virginia (ABH)
- Highmark Health Options (HHO)[1]
- The Health Plan of West Virginia (THP)
- Wellpoint West Virginia (WWV)[2]

The MHP program serves Medicaid beneficiaries who are in foster care or receive adoption services, and qualifying children with serious emotional disorders. The program provides comprehensive physical and behavioral health services, children's residential care services, and socially necessary services. ABH is the single MCP contracted to provide these services. Operations for this program commenced on March 1, 2020.

As the West Virginia EQRO, Qlarant evaluates MCP compliance with federal and state-specific requirements by conducting multiple external quality review (EQR) activities, including:

- Performance Improvement Project (PIP) Validation
- Performance Measure Validation (PMV)
- Compliance Review, also referenced as Systems Performance Review (SPR)
- Network Adequacy Validation (NAV)
- Encounter Data Validation (EDV)
- Grievance, Denial, and Appeal Focus Study
- 24/7 Access to Care Focus Study

EQR activities were completed for *all* MCPs contracted with the State; no MCPs were exempt.[3] Qlarant conducted EQR activities throughout 2024 and evaluated MCP compliance and performance for measurement years (MYs) 2023 and 2024, as applicable. Qlarant followed Centers for Medicare and Medicaid Services (CMS) EQR Protocols to conduct activities.[4] This report summarizes results from all

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[1] HHO is a new WV MCP; HHO's contract with BMS commenced on August 1, 2024.

[2] WWV is formerly known as UniCare Health Plan of West Virginia.

[3] BMS requires each contracted MCP undergo EQR activities. However, at the time of this reporting, HHO has not completed a full annual cycle of EQR activities due to its contract start date of August 1, 2024. This report includes results for HHO's compliance with 24/7 Access to Care requirements only. The next annual technical report will include a full evaluation of HHO's performance.

[4] CMS EQR Protocols

EQR activities and includes conclusions drawn regarding the quality, accessibility, and timeliness of care furnished by the MCPs.

Key Findings

Key findings are summarized below for the MHT and MHP MCPs. Strengths, weaknesses, and recommendations for each MCP are identified within the MCP Quality, Access, and Timeliness Assessment section of the report. MCP findings correspond to performance areas, including the quality, accessibility, and timeliness of services provided to their members.

Performance Improvement Project Validation. The MCPs conducted three PIPs each and reported MY 2023 results, as applicable. All three MHT MCPs initiated a new state-mandated PIP, Lead Screening in Children, and reported baseline performance. Validation scores ranged from 92-100%. The MHT MCPs reported their first remeasurement results for the state-mandated Follow-Up After Emergency Department Visit for Mental Health PIP. Validation scores ranged from 86%-94%. The MHT MCP weighted average for the PIP's measure improved. Each MHT MCP's third PIP topic was self-selected and the MCPs are at various stages of development with their projects. Two of three MHT MCPs improved performance in at least one PIP measure in their self-selected PIPs. Validation scores ranged from 82%-100%. Consistent with the MHT MCPs, MHP ABH initiated a new Lead Screening in Children PIP and reported baseline performance. MHP ABH achieved a validation score of 100%. MHP ABH reported improvement in its second state-mandated PIP, Care for Adolescents, and scored a 95% validation rating. MHP ABH submitted remeasurement results for the self-selected topic, Reducing Out-of-State Placement for Children in Foster Care. Performance declined in this PIP, and the MCP received a validation score of 81%.

Performance Measure Validation. Information Systems Capability Assessments determined all MHT and MHP MCPs had appropriate systems in place to capture and process data required for reporting. Validation activities confirmed confidence in MCP capabilities in calculating accurate measures. All MCPs received a rating of 100%. MY 2023 performance measure results were assessed as "reportable."

Systems Performance Review. Qlarant evaluated MY 2023 MHT and MHP MCP compliance with the following Code of Federal Regulations standards: [Managed Care Organization] MCO Standards and Program Integrity Requirements Under the Contract. All MHT and MHP MCPs demonstrated full compliance and achieved a score of 100%.

Network Adequacy Validation. NAV activities evaluated the network adequacy indicators calculated by a BMS vendor on behalf of the state, using data submitted by the MCP and the state, to determine whether state-defined provider network adequacy standards were met. Qlarant identified 99 total indicators for validation; 97 indicators received a validation rating of moderate confidence and 2 indicators received a validation rating of low confidence. Qlarant's assessment of all indicators generated a rating of moderate confidence in state and MCP data collection procedures (83.3%), moderate confidence in state network adequacy methods (61.3%), and no confidence in state network adequacy results (1%). These results identify significant opportunity for improvement.

Encounter Data Validation. All MCPs provided evidence of having the capability to produce accurate and complete encounter data. For claims paid during MY 2023, analysts found MCP claims volume was reasonable, most claims were submitted timely, data was complete and included valid values, and diagnosis and procedure codes were appropriate based on member demographics. A medical record

review concluded documentation supported encounter data in most instances. The MHT MCPs achieved encounter data accuracy ratings of 91.4-95.5%. MHP ABH's accuracy rating was 59.4%; this poor performance was primarily attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed.

Grievance, Denial, and Appeal Focus Study. An assessment of state fiscal year (SFY) 2024 MCP grievances, denials, and appeals was completed and concluded all MHT MCPs achieved 100% compliance in processing and handling grievances and denials. MHT MCP compliance for resolving and providing appeal resolution notices ranged from 95.0-100%. MHP ABH achieved 100% compliance in all areas.

24/7 Access to Care Focus Study. A 24/7 access to care provider survey found MHT MCPs achieved compliance ranging from 68.3%-81.7% during quarters 1-3 2024. After MHT MCP remediation, and a resurvey of noncompliant providers during quarter 4, year-end compliance increased. Performance ranged from 93.3%-100%; all MCPs achieved a high confidence rating. MHP ABH achieved a compliance rating of 73.3% based on provider surveys conducted during quarters 1-3. After MHP ABH remediation, and a resurvey of noncompliant providers during quarter 4, year-end compliance improved. The MCP achieved a score of 95.0%, which provides high confidence in compliance.

Conclusion

West Virginia's MCPs continue to demonstrate their commitment to quality improvement. They are largely compliant with federal and state managed care requirements. When deficiencies are identified, the MCPs respond quickly with corrective actions to remedy the issue or improve the process. The MCPs performed better, on average, when compared to national average benchmarks in Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures, as reported in Appendix A1 and A2.[5, 6] MCP performance continues to trend in a positive direction and provides evidence of improved quality, accessibility, and timeliness of health care. The State should continue to monitor performance and adjust goals to encourage the positive trend in performance in their managed care programs.

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

West Virginia Managed Care Programs

2024 External Quality Review

Annual Technical Report

Introduction

Background

The West Virginia (WV) Department of Human Services (DoHS) operates two managed care programs: Mountain Health Trust (MHT) and Mountain Health Promise (MHP). These programs coordinate care and services for qualifying West Virginians meeting specific income or vulnerable population requirements.

Mountain Health Trust.[7] This managed care program, administered by the WV DoHS Bureau for Medical Services (BMS), operates under a 1915(b) waiver and provides physical and behavioral health services to Medicaid and Children's Health Insurance Program (CHIP) beneficiaries. The MHT program has provided Medicaid services since 1996 and added CHIP services on January 1, 2021. The program emphasizes effective organization, financing, and delivery of health care services and aims to improve quality and access to coordinated services for qualifying beneficiaries through four managed care plans (MCPs). These plans, serving more than 388,000 members, include:[8]

- Aetna Better Health of West Virginia (ABH)
- Highmark Health Options (HHO)
- The Health Plan of West Virginia (THP)
- Wellpoint West Virginia (WWV)[9]

HHO is a newly contracted MCP. The MCP began serving Medicaid and CHIP beneficiaries August 1, 2024.

Mountain Health Promise.[10] This specialized Medicaid managed care program provides comprehensive physical and behavioral health care, children's residential care, and socially necessary services to select beneficiaries who are in foster care or receive adoption assistance, and children eligible for serious emotional disorder home and community based services. The program, administered by BMS and operating under 1915(b) and 1915(c) waivers, has been providing services since March 1, 2020. MHP aims to reduce fragmentation and deliver services and supports in a seamless, integrated, and cost-effective manner. ABH is the single MCP providing these services to approximately 26,900 members.[11]

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[7] Mountain Health Trust
[8] *West Virginia Medicaid Managed Care and Fee for Service Monthly Report 2024* – December 2024 statistics for MHT Managed Care, Managed Care Enrollment Reports
[9] WWV is formerly known as UniCare Health Plan of West Virginia.
[10] Mountain Health Promise
[11] *West Virginia Medicaid Managed Care and Fee for Service Monthly Report 2024* – December 2024 statistics for MHP Managed Care, Managed Care Enrollment Reports

BMS strives to ensure the delivery of high quality, accessible care for managed care program members. The *West Virginia Managed Care Quality Strategy* identifies five managed care program goals.[12]

Goal 1. Improve the health and wellness of West Virginia's Medicaid and WVCHIP populations through use of preventive services.
Goal 2. Reduce burden of chronic disease.
Goal 3. Improve behavioral health outcomes.
Goal 4. Reduce burden of substance use disorders.
Goal 5. Provide supports for whole-person wellness and empower individuals to self-manage their health.

BMS evaluates progress in meeting goals through the following means:

- An evaluation of the quality and appropriateness of care, which includes:
    - Identification of age, race, ethnicity, language, disability status, and special health care needs
    - Assessment of quality and appropriateness of care for members with special health care needs
    - Identification of disparities and development of a disparities plan
- Performance measurement including:
    - National performance measures—
        - National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)[13]
        - Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[14]
        - CMS Child and Adult Health Care Quality Measures (Child and Adult Core Sets).[15]
    - MCP reports (monthly, quarterly, annual, and ad hoc reporting, as specified in the MCP contract)
- External quality review activities, which include annual, independent assessments of each MCP's quality, accessibility, and timeliness of care and services provided to managed care members

The State requires MCPs to attain and maintain NCQA accreditation. The accreditation signifies a plan's commitment to quality improvement. NCQA evaluates health care quality provided by plans to their members. The accreditation encompasses an audit of NCQA standards, HEDIS performance measures, and CAHPS member experience measures.

Table 1 provides MCP NCQA accreditation status and other descriptive information.[16]

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[12] WV DOHS Managed Care Quality Strategy 2024-2027
[13] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[14] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[15] CMS Child and Adult Health Care Quality Measures (Child and Adult Core Sets)
[16] Health Plans - NCQA, status: January 15, 2025.

Table 1. MCP NCQA Accreditation Status

MCP	NCQA Health Plan Accreditation	NCQA Health Plan Rating	Other NCQA Accreditations, Certifications, and Distinctions	Next NCQA Review Date
ABH	Accredited	3.5 out of 5 Stars	Health Equity Accreditation	6/24/25
HHO	HHO intends to apply for NCQA accreditation in 2026			
THP	Accredited	3.5 out of 5 Stars	None	8/24/27
WWV	Accredited	4.0 out of 5 Stars	Health Equity Accreditation, Health Equity Accreditation Plus	5/18/27

Applicable NCQA accreditations, certifications, and distinctions achieved by one or more MCPs are described below:

Health Equity Accreditation. This program offers distinction to organizations that engage in efforts to improve culturally and linguistically appropriate services and reduce health care disparities.
Health Equity Accreditation Plus. This program offers distinction to organizations that engage in efforts to improve culturally and linguistically appropriate services and reduce health care disparities.

Purpose

The Code of Federal Regulations (42 CFR §438.350) requires WV to contract with an external quality review organization (EQRO) to conduct annual, independent reviews of its managed care programs. To meet these requirements, BMS contracts with Qlarant. As the EQRO, Qlarant evaluates each WV MCP's compliance with federal and WV-specific requirements in a manner consistent with the Centers for Medicare and Medicaid Services (CMS) External Quality Review (EQR) Protocols. External Quality Review (EQR) activities were completed for *all* MCPs contracted with the State; no MCPs were exempt.[17] During 2024, Qlarant conducted the EQR activities identified in Table 2.

Table 2. EQR Activities Conducted During 2024

EQR Activity During 2024	MCP Performance Period*
Performance Improvement Project (PIP) Validation	1/2023-12/2023
Performance Measure Validation (PMV)	1/2023-12/2023
Compliance Review, also referenced as Systems Performance Review (SPR)	1/2023-12/2023
Network Adequacy Validation (NAV)	7/2022-6/2023
Encounter Data Validation (EDV)	1/2023-12/2023
Grievance, Denial, and Appeal Focus Study	7/2023-6/2024
24/7 Access to Care Focus Study	1/2024-12/2024

* MCP performance period is the timeframe that was evaluated during the EQR activity. Qlarant evaluates the most current MCP information/data/results available for each EQR activity.

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[17] BMS requires each contracted MCP undergo EQR activities. However, at the time of this reporting, HHO has not completed a full annual cycle of EQR activities due to its contract start date of August 1, 2024. This report includes results for HHO's compliance with 24/7 Access to Care requirements only. The next annual technical report will include a full evaluation of HHO's performance.

In addition to completing EQR activities, 42 CFR §438.364(a) requires the EQRO to produce a detailed technical report describing the manner in which data from all activities conducted were aggregated and analyzed, and conclusions drawn as to the quality, accessibility, and timeliness of care furnished by the MCPs. This Annual Technical Report (ATR) summarizes Qlarant's EQR findings based on MCP audits conducted during 2024. The report describes objectives, methodologies, results, and conclusions for each EQR activity. Qlarant identifies MCP strengths and weaknesses relating to quality, access, and timeliness of care provided to managed care members. The report also includes recommendations for improvement for the MCPs and the State, which if acted upon, may positively impact member outcomes and experiences.

Performance Improvement Projects

Objective

MCPs conduct PIPs as part of their quality assessment and performance improvement program in accordance with 42 CFR §438.330(d). PIPs use a systematic approach to quality improvement and can be effective tools to assist MCPs in identifying barriers and implementing targeted interventions to achieve and sustain improvement in clinical outcomes or administrative processes. PIP EQR activities verify the MCP used sound methodology in its design, implementation, analysis, and reporting. PIP review and validation assesses the MCP level of improvement and provides the State and other stakeholders a level of confidence in results.

Methodology

BMS required the MCPs to report three PIPs during 2024. Two PIPs were state-mandated initiatives and one was MCP-selected, which required BMS and EQRO approval.

Description of Data Obtained. The MCPs documented measurement year (MY) 2023 PIP-related activities, improvement strategies, and results in their 2024 reports. Using Qlarant-developed reporting templates and worksheets, they submitted a separate report for each PIP topic to Qlarant in July 2024. The reports included validated performance measure results, a data and barrier analysis, and identified PIP follow-up activities.

Technical Methods of Data Collection and Analysis. Qlarant assessed a narrative report and calculations worksheet for each PIP report. Validation activities were completed in a manner consistent with the *CMS EQR Protocol 1 – Validation of Performance Improvement Projects*.[18] PIP validation includes the following nine steps:

1. **Review the selected PIP topic.** Qlarant determines if the PIP topic targets an opportunity for improvement and is relevant to the MCP's population.
2. **Review the PIP aim statement.** Qlarant evaluates the adequacy of the PIP aim statement, which should frame the project and define the improvement strategy, population, and time period.
3. **Review the identified PIP population.** Qlarant determines whether the MCP identifies the PIP population in relation to the aim statement.

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[18] CMS EQR Protocols

4. **Review the sampling method.** If the MCP studied a sample of the population, rather than the entire population, Qlarant assesses the appropriateness of the MCP's sampling technique.
5. **Review the selected PIP variables and performance measures.** Qlarant assesses whether the selected PIP variables are appropriate for measuring and tracking improvement. Performance measures should be objective and measurable, clearly defined, based on current clinical knowledge or research, and focused on member outcomes.
6. **Review the data collection procedures.** Qlarant evaluates the validity and reliability of MCP procedures used to collect the data informing PIP measurements.
7. **Review data analysis and interpretation of PIP results.** Qlarant assesses the quality of data analysis and interpretation of PIP results. The review determines whether appropriate techniques were used, and if the MCP analysis and interpretation were accurate.
8. **Assess the improvement strategies (interventions).** Qlarant assesses the appropriateness of interventions for achieving improvement. The effectiveness of an improvement strategy is determined by measuring changes in performance according to the PIP's predefined measures. Data should be evaluated on a regular basis, and subsequently, interventions should be adapted based on what is learned.
9. **Assess the likelihood that significant and sustained improvement occurred.** Qlarant evaluates improvement by validating statistical significance testing results and evaluating improvement compared to baseline performance.

Qlarant PIP reviewers evaluate each step by answering a series of applicable questions, consistent with protocol requirements. Reviewers seek additional information and/or corrections from MCPs, when needed, during the evaluation. Results of each step receive a numeric score. Table 3 displays the maximum available points per step.

Table 3. PIP Scoring

PIP Step	Points Available
1. PIP Topic	5
2. PIP Aim Statement	5
3. PIP Population	5
4. Sampling Method	5
5. PIP Variables and Performance Measures	10
6. Data Collection Procedures	10
7. Data Analysis and Interpretation of Results	20
8. Improvement Strategies (Interventions)	20
9. Significant and Sustained Improvement	20
Total	100

For each PIP, Qlarant determines three validation ratings:

- **Overall Validation Rating.** The overall validation rating refers to Qlarant's overall confidence in the MCP's PIP process and results. All elements in PIP steps 1-9 are used to calculate the overall validation score.
- **Methodology Validation Rating.** The methodology validation rating refers to Qlarant's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, and conducted accurate data analysis and interpretation of PIP results. Elements assessed in PIP steps 1-8 are used to calculate the methodology validation score.

- **Significant Improvement Validation Rating.** The significant improvement validation rating refers to Qlarant's overall confidence that the PIP produced evidence of significant improvement, based on performance measure results. Elements assessed in PIP step 9 are used to calculate the significant improvement validation score.

Qlarant uses the percentage of applicable points earned for each PIP validation step to calculate a score and determine a rating, or level of confidence. Qlarant's validation rating system is identified in Table 4.

Table 4. Validation Rating System

Score	Validation Rating
90.0% - 100%	**High confidence** in MCP compliance
75.0% - 89.9%	**Moderate confidence** in MCP compliance
60.0% - 74.9%	**Low confidence** in MCP compliance
<60.0%	**No confidence** in MCP compliance

Results

PIP validation results for 2024 MCP-reported PIPs, including MY 2023 activities and performance measure (PM) rates, are included in this report. Due to HHO's contract start date of August 1, 2024, the MCP did not undergo PIP validation activities. Results for all other MCPs are included in this report.

Table 5 highlights key elements of the two state-mandated PIPs for the MHT program: (1) Lead Screening in Children and (2) Follow-Up After Emergency Department Visit for Mental Illness.

Table 5. MHT State-Mandated PIPs

PIPs	State Mandated	State Mandated
Program	MHT	MHT
Topic	Lead Screening in Children	Follow-Up After Emergency Department Visit for Mental Illness
Performance Measure(s), Measure Steward, & Population	**PM 1:** Lead Screening in Children **Measure steward:** NCQA **Population:** Children two years of age **PMs 2 and 3:** Well-Child Visits in the First 30 Months of Life– • 0-15 Months • 15-30 Months **Measure steward:** NCQA **Population:** Children through 30 months of age (Medicaid and CHIP)	**PM 1:** Follow-Up After Emergency Department Visit for Mental Illness– • 30 Day Follow-Up (Total) **Measure steward:** NCQA **Population:** Children, adolescents, and adults 6 years of age and older (Medicaid and CHIP)
Aim	Will implementation of targeted member, provider, and MCP interventions improve rates of lead screening in members two years of age and well-child visits for members through 30 months of age each measurement year?	Will implementation of targeted member, provider, and MCP interventions improve 30-day follow-up visit rates for members 6 years of age and older who had an emergency department visit with a principal diagnosis of mental illness or intentional self-harm each measurement year?
Phase	Baseline measurement	1st Remeasurement

Table 6 provides an overview of each MHT MCP-selected PIP.

Table 6. MHT MCP-Selected PIPs

PIPs	ABH	THP	WWV
Program	MHT	MHT	MHT
Topic	Care for Adolescents	Promoting Health and Wellness in Children and Adolescents	Immunizations for Adolescents
Performance Measure(s), Measure Steward, & Population	**PM 1:** Immunizations for Adolescents– • Combination 2 **Measure steward:** NCQA **Population:** Adolescents 13 years of age (Medicaid and CHIP) **PMs 2 and 3:** Child and Adolescent Well-Care Visits– • 12-17 Year Olds • 18-21 Year Olds **Measure steward:** NCQA **Population:** Adolescents and adults 12-21 years of age (Medicaid and CHIP)	**PM 1:** Child and Adolescent Well-Care Visits - Total **Measure steward:** NCQA **Population:** Children, adolescents, and adults 3-21 years of age (Medicaid and CHIP) **PMs 2 and 3:** Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents– • Body Mass Index (BMI) Percentile Documentation • Counseling for Nutrition **Measure steward:** NCQA **Population:** Children and adolescents 3-17 years of age (Medicaid and CHIP)	**PMs 1 and 2:** Immunizations for Adolescents– • Combination 2 • Human Papillomavirus (HPV) **Measure steward:** NCQA **Population:** Adolescents 13 years of age (Medicaid and CHIP)
Aim	Will the implementation of member, provider, and MCP interventions increase the rates of adolescent care, including well visits and immunizations received amongst members ages 9-21 enrolled with Aetna Better Health of West Virginia Mountain Health Trust, by the end of the measurement year?	Will member, provider, and MCP interventions focusing on improving children and adolescents' well-being increase rates for the Child and Adolescent Well Care Visits measure and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents BMI and Counseling for Nutrition measures by 10 percentage points over the life of the PIP?	Will implementation of member, provider, and MCP interventions increase rates for Immunizations for Adolescents Combination 2 and HPV over the life of the PIP?
Phase	PM 1: 1st Remeasurement PMs 2 & 3: 3rd Remeasurement	PM 1: 3rd Remeasurement PMs 2 & 3: 5th Remeasurement	PMs 1 and 2: 3rd Remeasurement

Table 7 highlights the MHP PIPs, including two state-mandated PIPs and one selected by ABH.

Table 7. MHP State and MCP-Selected PIPs

PIPs	State Mandated	State Mandated	MCP Selected
Program	MHP	MHP	MHP
Topic	Lead Screening in Children	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Performance Measure(s), Measure Steward, & Population	**PM 1:** Lead Screening in Children **Measure steward:** NCQA **Population:** Children two years of age **PMs 2 and 3:** Well-Child Visits in the First 30 Months of Life– • 0-15 Months • 15-30 Months **Measure steward:** NCQA **Population:** Children through 30 months of age	**PM 1:** Immunizations for Adolescents (Combination 2) **Measure steward:** NCQA **Population:** Adolescents 13 years of age **PMs 2 and 3:** Child and Adolescent Well-Care Visits– • 12-17 Year Olds • 18-21 Year Olds **Measure steward:** NCQA **Population:** Adolescents and adults 12-21 years of age	**PM 1:** Reducing Out-of-State Placement for Children in Foster Care **Measure steward:** Homegrown measure **Population:** Child and adolescent members in foster care
Aim	Will the implementation of member, provider, and MCP interventions increase the rates of lead blood tests received amongst members ages 0-2 years and well visits received amongst members ages 0-30 months enrolled with Aetna Better Health of West Virginia Mountain Health Promise, by the end of the measurement year?	Will the implementation of member, provider, and MCP interventions increase the rates of adolescent care, including well visits and immunizations received amongst members ages 9-21 with Aetna Better Health of West Virginia Mountain Health Promise, by the end of the measurement year?	Will implementation of member, provider, and MCP interventions decrease the rate of Out-of-State Placement for MHP members by the end of the measurement year?
Phase	Baseline	2nd Remeasurement	3rd Remeasurement

Key MCP improvement strategies and results for each PIP for the year under review are identified below.

MHT Lead Screening in Children PIP

ABH Interventions

ABH's Lead Screening in Children PIP was a baseline submission and did not require interventions.

ABH PIP Measure Results

Table 8 displays ABH's Lead Screening in Children PIP measure results for the baseline year. An assessment of improvement will be available in the next annual report.

Table 8. ABH Lead Screening in Children PIP Measure Results

Performance Measure	Baseline Year MY 2023 Rate	Last Measurement Year	Improvement	Statistically Significant Improvement
Lead Screening in Children	70.07%	Not Applicable	Not Applicable	Not Applicable
Well-Child Visits in the First 30 Months of Life: 0-15 Months	60.64%	Not Applicable	Not Applicable	Not Applicable
Well-Child Visits in the First 30 Months of Life: 15-30 Months	76.75%	Not Applicable	Not Applicable	Not Applicable

The PIP includes HEDIS measure data from the MCP's Medicaid product line; ABH's Medicaid product line includes the MCP's WV Medicaid, CHIP, and MHP members.

THP Interventions

THP's Lead Screening in Children PIP was a baseline submission and did not require interventions.

THP PIP Measure Results

Table 9 includes THP's Lead Screening in Children PIP measure results for the baseline year. An assessment of improvement will be available in the next annual report.

Table 9. THP Lead Screening in Children PIP Measure Results

Performance Measure	Baseline Year MY 2023 Rate	Last Measurement Year	Improvement	Statistically Significant Improvement
Lead Screening in Children	59.77%	Not Applicable	Not Applicable	Not Applicable
Well-Child Visits in the First 30 Months of Life: 0-15 Months	52.40%	Not Applicable	Not Applicable	Not Applicable
Well-Child Visits in the First 30 Months of Life: 15-30 Months	68.09%	Not Applicable	Not Applicable	Not Applicable

The PIP includes HEDIS measure data from the MCP's Medicaid product line; THP's Medicaid product line includes the MCP's WV Medicaid and CHIP members.

WWV Interventions

WWV's Lead Screening in Children PIP was a baseline submission and did not require interventions.

WWV PIP Measure Results

Table 10 includes WWV's Lead Screening in Children PIP measure results for the baseline year. An assessment of improvement will be available in the next annual report.

Qlarant

Table 10. WWV Lead Screening in Children PIP Measure Results

Performance Measure	Baseline Year MY 2023 Rate	Last Measurement Year	Improvement	Statistically Significant Improvement
Lead Screening in Children	61.79%	Not Applicable	Not Applicable	Not Applicable
Well-Child Visits in the First 30 Months of Life: 0-15 Months	49.69%	Not Applicable	Not Applicable	Not Applicable
Well-Child Visits in the First 30 Months of Life: 15-30 Months	74.29%	Not Applicable	Not Applicable	Not Applicable

The PIP includes HEDIS measure data from the MCP's Medicaid product line; WWV's Medicaid product line includes the MCP's WV Medicaid and CHIP members.

MHT MCP Lead Screening in Children PIP Weighted Average Measure Results

Table 11 details MHT MCP Lead Screening in Children PIP measure weighted averages for MY 2023.

Table 11. MHT MCP Weighted Averages - Lead Screening in Children PIP

Performance Measure	MY	Numerator	Denominator	MHT MCP Weighted Average
Lead Screening in Children	2023	5,908	9,197	64.24%
Well-Child Visits in the First 30 Months of Life: 0-15 Months	2023	3,822	7,048	54.23%
Well-Child Visits in the First 30 Months of Life: 15-30 Months	2023	6,442	8,735	73.75%

Figure 1 displays baseline performance for each MHT MCP for the Lead Screening PIP measure. Additionally, the MCP weighted average (shown as AVG) is included.

Figure 1. Lead Screening in Children
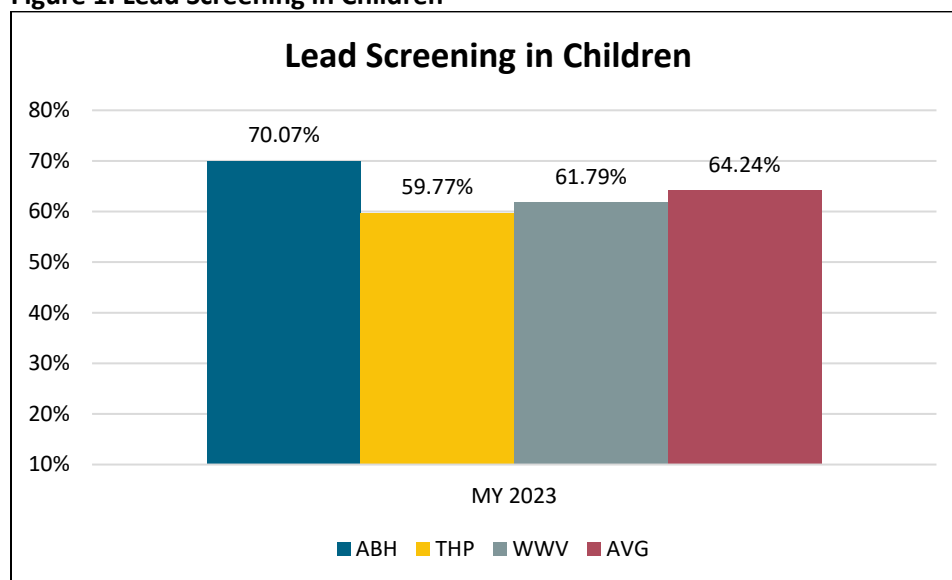
Figure 2 displays baseline performance for each MHT MCP for the Well-Child Visits in the First 30 Months of Life: 0-15 Months PIP measure. The MCP weighted average is also included.

Figure 2. Well-Child Visits in the First 30 Months of Life: 0-15 Months

Figure 3 displays baseline performance for each MHT MCP for the Well-Child Visits in the First 30 Months of Life: 15-30 Months PIP measure. The MCP weighted average is also included.

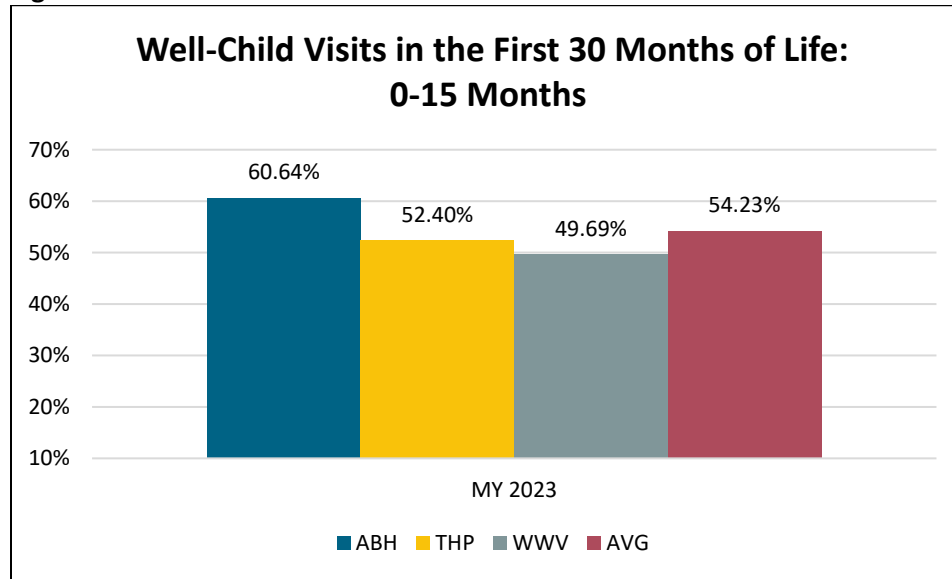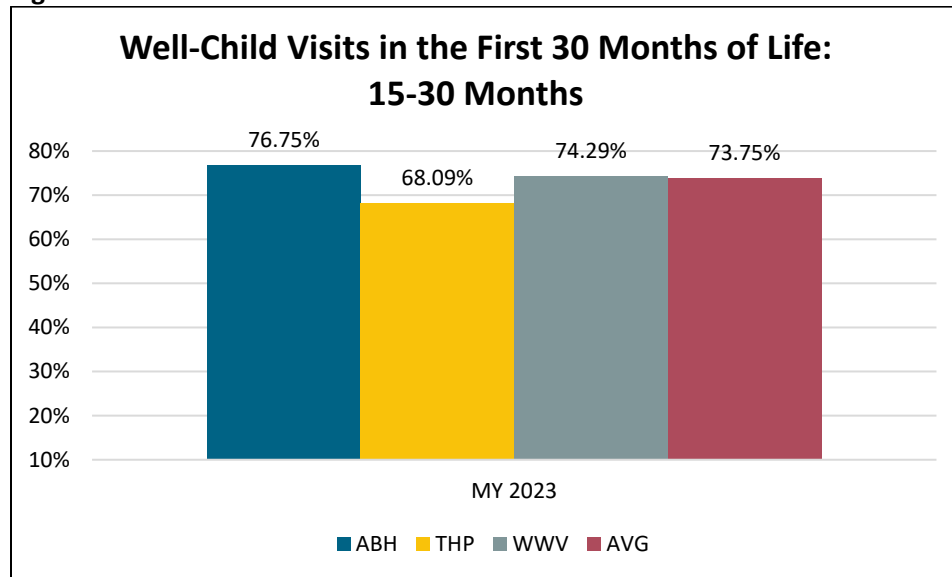**Figure 3. Well-Child Visits in the First 30 Months of Life: 15-30 Months**

MHT MCP Lead Screening in Children PIP Validation Results

Table 12 includes MCP results for each PIP validation step for the 2024 Lead Screening in Children PIP.

Table 12. MHT MCP PIP Validation Step Results - Lead Screening in Children PIP

PIP Validation Step	ABH	THP	WWV
1. Topic	Met	Met	Met
2. Aim Statement	Met	Met	Partially Met
3. Population	Met	Met	Met
4. Sampling Method	Met	Not Applicable	Not Applicable
5. Variables and Performance Measures	Met	Met	Met
6. Data Collection Procedures	Met	Met	Met
7. Data Analysis and Interpretation of Results	Met	Met	Met
8. Improvement Strategies	Not Applicable	Not Applicable	Not Applicable
9. Significant and Sustained Improvement	Not Applicable	Not Applicable	Not Applicable

Not all steps were evaluated due to the early stage of the PIP or applicability of questions.

Table 13 includes 2024 validation ratings for each MCP's Lead Screening in Children PIP based on performance in Steps 1-9, as applicable.

Table 13. MHT MCP Validation Ratings – Lead Screening in Children PIP

2024 PIPs (MY 2023) Validation Rating	ABH	THP	WWV	MHT MCP AVG
Overall	100% High Confidence	100% High Confidence	92.2% High Confidence	97.4% High Confidence
Methodology	100% High Confidence	100% High Confidence	92.2% High Confidence	97.4% High Confidence
Significant Improvement	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Rating/Level of confidence scale: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

MHT Follow-Up After Emergency Department Visit for Mental Illness PIP

ABH Interventions

ABH completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Telehealth services.** The MCP addressed transportation disparities, limited availability of in-person behavioral health appointments, and perceived stigma associated with mental health and substance use disorders by ensuring continued member access to telehealth services.
- **Peer support specialists.** Peer support specialists are individuals in recovery and partner with a case manager to work with members who have substance use challenges. Peer Support Specialists educated members regarding the importance of timely and appropriate follow-up with their PCP and/or mental health provider after emergency room visits or inpatient hospitalizations.
- **HEDIS Provider Toolkit.** The MCP offered a toolkit for providers that included education for the PIP measure requirements, such as education that emergency department visits resulting in

inpatient stays are not included in the measure, follow-up visits may be with any practitioner, and other best practice tips.

- **Embedded case managers.** The MCP embedded case managers in medical hospitals, provider offices, and behavioral health facilities to address social determinants of health and improve member knowledge regarding the impact of substance use and community and provider resources.
- **Quality Management, Behavioral Health, and Medical Management workgroup**. The workgroup met quarterly to evaluate performances, discuss behavioral health HEDIS measure rates and initiatives, and identify barriers, trends, and opportunities for improvement.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

ABH PIP Measure Results

Table 14 displays ABH's Follow-Up After Emergency Department Visit for Mental Illness PIP measure results and level of improvement.

Table 14. ABH Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Performance Measure	Baseline Year MY 2022^	Last Measurement Year MY 2023	Improvement	Statistically Significant Improvement
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up (Total)	58.94%	58.05%	No	No

The PIP includes HEDIS measure data from the MCP's Medicaid product line; ABH's Medicaid product line includes the MCP's WV Medicaid, CHIP, and MHP members.
^Performance in MY 2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

THP Interventions

THP completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Transportation benefit education.** The MCP provided members with information regarding the availability of free transportation services during all outreach calls. Transportation services were also outlined in the Member Welcome Packet and on The Health Plan website.
- **Gap in care report access in the provider portal.** THP produced and made available a daily gap report for THP providers via THP's provider portal. Accessibility of up-to-date gaps offered providers opportunities to improve outcomes for members under their care.
- **Identification of social determinants of health and clinical risk.** THP received monthly social determinants of health (SDOH) risk screening data and incorporated the survey into enrollment processes for all Medicaid enrollees. SDOH risk screening and early identification promoted quick referrals to clinical staff who worked with members to minimize risks and disparities and coordinate resources.
- **Completion of health risk assessment.** THP representatives completed health risk assessments (HRA) annually and during welcome calls for all members. HRA responses allowed THP to gain

insight into member needs and initiated referrals that helped to engage members, coordinate resources, and identify impactful member education and outreach opportunities.

- **Behavioral Health Transition of Care program.** THP employs a Behavioral Health Transition of Care program that assigned a Behavioral Health Transition of Care Manager to members receiving high-density behavioral health and co-occurring health services; this provided THP staff with additional opportunities to coordinate appropriate outpatient care and potentially avoid future emergency department visits.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

THP PIP Measure Results

Table 15 displays THP's Follow-Up After Emergency Department Visit for Mental Illness PIP measure results and level of improvement.

Table 15. THP Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Performance Measure	Baseline Year MY 2022^	Last Measurement Year MY 2023	Improvement	Statistically Significant Improvement
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up (Total)	49.38%	52.86%	Yes	No

The PIP includes HEDIS measure data from the MCP's Medicaid product line; THP's Medicaid product line includes the MCP's WV Medicaid and CHIP members.
^Performance in MY 2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

WWV Interventions

WWV completed numerous member, provider, and MCP interventions. Key interventions include:

CHESS Health. Smart phone app that provided members with personalized recovery resources.
Learning to Live Cognitive Behavioral Therapy (CBT). Online mental health programs for ages thirteen and above. CBT confidential, coupled with 24/7 clinician coaching, addressed some of the most common mental health problems members faced and removed barriers to receiving care.
Case Management. Case management completed outreach calls and tracked pediatric members with emergency department utilization.
Behavioral Health Emergency Department Incentive Program (BHEDIP). Providers were incentivized to deliver quality and efficient care while keeping health care needs of members as the primary focus.
Provider engagement. Educational fliers on how to close gaps in care were distributed to providers via meetings, newsletters, and presentations.

Some interventions, as reported by WWV, did not articulate how the barrier was being addressed. However, interventions are likely to lead to improvement in processes or outcomes.

WWV PIP Measure Results

Table 16 displays WWV's Follow-Up After Emergency Department Visit for Mental Illness PIP measure results and level of improvement.

Table 16. WWV Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Performance Measure	Baseline Year MY 2022^	Last Measurement Year MY 2023	Improvement	Statistically Significant Improvement
Medicaid				
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up (Total)	52.52%	52.74%	Yes	No

The PIP includes HEDIS measure data from the MCP's Medicaid product line; WWV's Medicaid product line includes the MCP's WV Medicaid and CHIP members.
^Performance in MY 2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

MHT MCP Follow-Up After Emergency Department Visit for Mental Illness PIP Weighted Average Measure Results

Table 17 includes the MHT MCP Follow-Up After Emergency Department Visit for Mental Illness PIP measure weighted averages for MYs 2022-2023.

Table 17. MHT MCP Weighted Average - Follow-Up After Emergency Department Visit for Mental Illness PIP

Performance Measure	MY	Numerator	Eligible Population or Denominator	MHT MCP Weighted Average
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up (Total)	2022^	1,012	1,964	51.53%
	2023	1,138	2,071	54.95%

^Performance in MY 2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Figure 4 displays annual performance for each MHT MCP for the Follow-Up After Emergency Department Visit for Mental Illness PIP measure. Additionally, the MCP weighted average is included.

Figure 4. Follow-Up After Emergency Department Visit for Mental Illness

Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up

ABH: MY 2022 58.94%, MY 2023 58.05%
THP: MY 2022 49.38%, MY 2023 52.86%
WWV: MY 2022 52.52%, MY 2023 52.74%
AVG: MY 2022 51.53%, MY 2023 54.95%

Legend: ■ MY 2022 ■ MY 2023
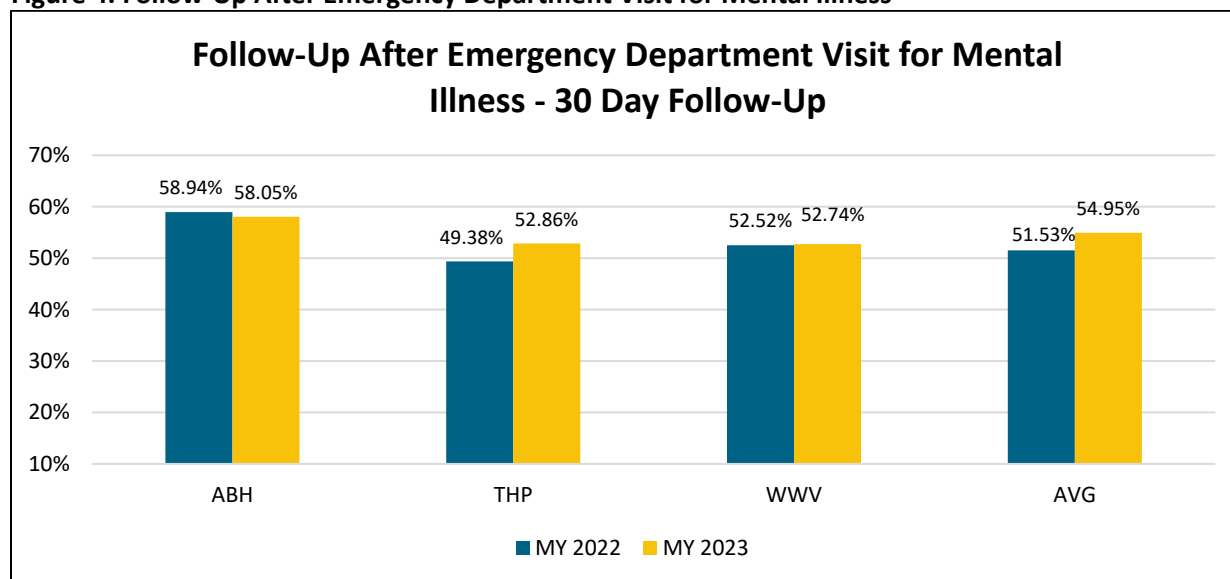
MHT MCP Follow-Up After Emergency Department Visit for Mental Illness PIP Validation Results

Table 18 includes MCP results for each PIP validation step for the 2024 Follow-Up After Emergency Department Visit for Mental Illness PIP.

Table 18. MHT MCP PIP Validation Step Results - Follow-Up After Emergency Department Visit for Mental Illness PIP

PIP Validation Step	ABH	THP	WWV
1. Topic	Met	Met	Met
2. Aim Statement	Met	Met	Met
3. Population	Met	Met	Met
4. Sampling Method	Not Applicable	Not Applicable	Not Applicable
5. Variables and Performance Measures	Met	Met	Met
6. Data Collection Procedures	Met	Met	Met
7. Data Analysis and Interpretation of Results	Met	Met	Met
8. Improvement Strategies	Met	Met	Partially Met
9. Significant and Sustained Improvement	Partially Met	Partially Met	Partially Met

Not all steps were evaluated due to the early stage of the PIP or applicability of questions.

Table 19 includes 2024 overall validation ratings for each MCP's Follow-Up After Emergency Department Visit for Mental Illness PIP based on performance in Steps 1-9, as applicable.

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Table 19. MHT MCP Validation Ratings - Follow-Up After Emergency Department Visit for Mental Illness PIP

2024 PIPs (MY 2023) Validation Rating	ABH	THP	WWV	MHT MCP AVG
Overall	85.6% Moderate Confidence	94.4% High Confidence	90.0% High Confidence	90.0% High Confidence
Methodology	100% High Confidence	100% High Confidence	94.7% High Confidence	98.2% High Confidence
Significant Improvement	13.3% No Confidence	66.7% Low Confidence	66.7% Low Confidence	48.9% No Confidence

Rating/Level of confidence scale: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

MHT MCP-Selected PIPs

ABH Care for Adolescents PIP Interventions

ABH completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **No cost transportation.** The MCP promoted member no cost transportation services during member outreach, gaps in care calls, case management calls, member newsletters, member website, and Member Handbook.
- **EPSDT mailers.** Members received an annual mailer approximately 42 days prior to their birthday reminding them to schedule their well-child visit.
- **Targeted outreach.** Members enrolled in case management received calls from case management staff, who encouraged well-child visits and offered assistance in scheduling appointments.
- **Child and Adolescent Well-Care Member incentives.** Parent(s) or guardian(s) of members three to 21 and members who are 18 years of age receive a $25 gift card for having a well-care visit during the calendar year.
- **Provider incentive.** Incentivized providers with $25 for completing and closing the gap in well-child visits for members 12-17.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

ABH Care for Adolescents PIP Measure Results

Table 20 displays ABH's Care for Adolescents PIP measure results and level of improvement.

Table 20. ABH Care for Adolescents PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Immunizations for Adolescents - Combination 2	MY 2022[+][^] 29.20%	MY 2023 29.20%	No	No
Child and Adolescent Well-Care Visits – 12-17 Year Olds	MY 2020[*][^] 49.03%	MY 2023 58.92%	Yes	Yes
Child and Adolescent Well-Care Visits – 18-21 Year Olds	MY 2020[*][^] 27.13%	MY 2023 32.54%	Yes	Yes

[+]The Immunizations for Adolescents – Combination 2 measure has a different baseline year compared to the other measures. ABH previously reported this rate using administrative data, but changed to a hybrid methodology after experiencing challenges obtaining data from the state's immunization registry. The change in methodology required a new baseline assessment.

[*]MY 2020 rates include MHT Medicaid only. Rates after MY 2020 include MHT Medicaid, CHIP, and MHP.

[^]Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Table 21 includes ABH's Care for Adolescents PIP measure rates for MYs 2020-2023, as applicable.

**Table 21. ABH Care for Adolescents PIP Measure Annual Rates**

Performance Measure	MY	Numerator	Denominator	Rate
Immunizations for Adolescents - Combination 2	2022[+]	120	411	29.20%[*][^]
	2023	120	411	29.20%
Child and Adolescent Well-Care Visits – 12-17 Year Olds	2020	6,665	13,594	49.03%[*][^]
	2021	13,204	24,421	54.07%[^]
	2022	14,220	25,966	54.76%[^]
	2023	12,259	20,807	58.92%
Child and Adolescent Well-Care Visits – 18-21 Year Olds	2020	1,429	5,268	27.13%[*][^]
	2021	2,826	10,442	27.06%[^]
	2022	3,113	12,280	25.35%[^]
	2023	2,587	7,950	32.54%

[+]The Immunizations for Adolescents – Combination 2 measure has a different baseline year compared to the other measures. ABH previously reported this rate using administrative data, but changed to a hybrid methodology after experiencing challenges obtaining data from the state's immunization registry. The change in methodology required a new baseline assessment.

[*]MY 2020 rates include MHT Medicaid only. Rates after MY 2020 include MHT Medicaid, CHIP, and MHP.

[^]Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Figure 5 illustrates ABH's annual rates for the Care for Adolescents PIP measures for MYs 2020-2023, as applicable.

Figure 5. ABH Care for Adolescents PIP Measure Annual Rates
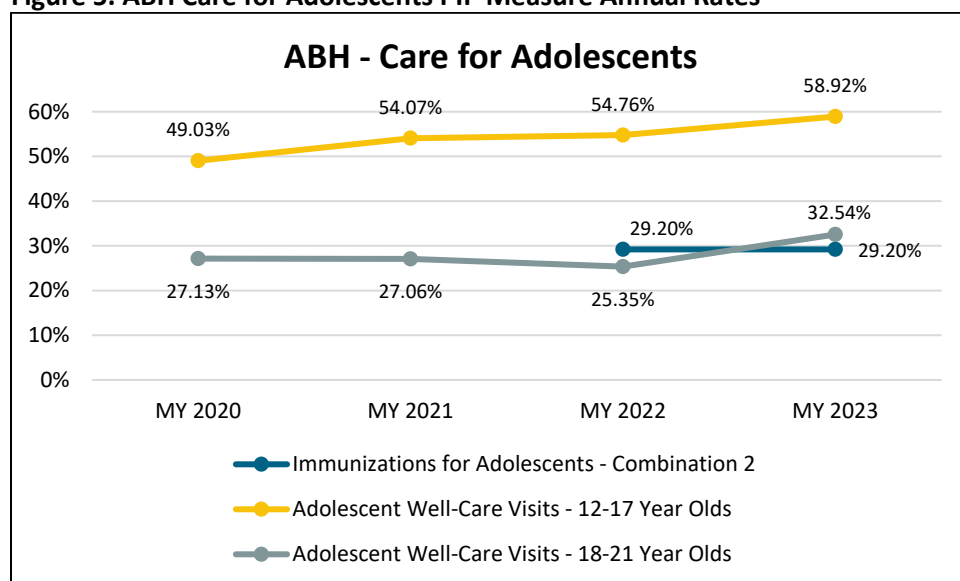
THP Promoting Health and Wellness in Children and Adolescents PIP Interventions

THP completed member, provider, and MCP interventions. Key interventions include:

- **Member Education.** Contacted member parents/guardians via telephone or postcard to educate them on the importance of well-care visits, COVID-19 safety protocols, and the availability of telehealth services. Information was also communicated through social media posts, THP's website, and the Member Handbook.
- **Member incentive.** Awarded members who completed an adolescent well care visit a $25 gift card.
- **Transportation notice.** Informed members/parents/guardians of the availability of transportation to care during welcome calls.
- **Provider gaps in care reports.** Identified members in need of an annual well-care visit and distributed gaps in care reports to PCPs, federally qualified health centers, and rural health clinics.
- **Alternate payment model agreement.** Arranged an alternate payment agreement with several provider groups. The incentive includes a well-care visit target to encourage improved performance.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

THP Promoting Health and Wellness in Children and Adolescents PIP Measure Results

Table 22 reports THP's Promoting Health and Wellness in Children and Adolescents PIP measure results and level of improvement.

Table 22. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Results

Performance Measure	Baseline Year[+]	Last Measurement Year	Improvement	Statistically Significant Improvement
Child and Adolescent Well-Care Visits – Total	MY 2020 44.42%*^	MY 2023 51.47%	Yes	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Documentation	MY 2018 77.62%*	MY 2023 90.51%	Yes	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition	MY 2018 67.88%*	MY 2023 78.59%	Yes	Yes

+The Child and Adolescent Well-Care measure has a different baseline year compared to the other measures. This measure was added to the PIP after implementation.
*MY 2018-2020 rates include MHT Medicaid only. Rates after MY 2020 include MHT Medicaid and CHIP.
^Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Table 23 includes THP's annual Promoting Health and Wellness in Children and Adolescents PIP measure rates for MYs 2018-2023, as applicable.

Table 23. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Annual Rates
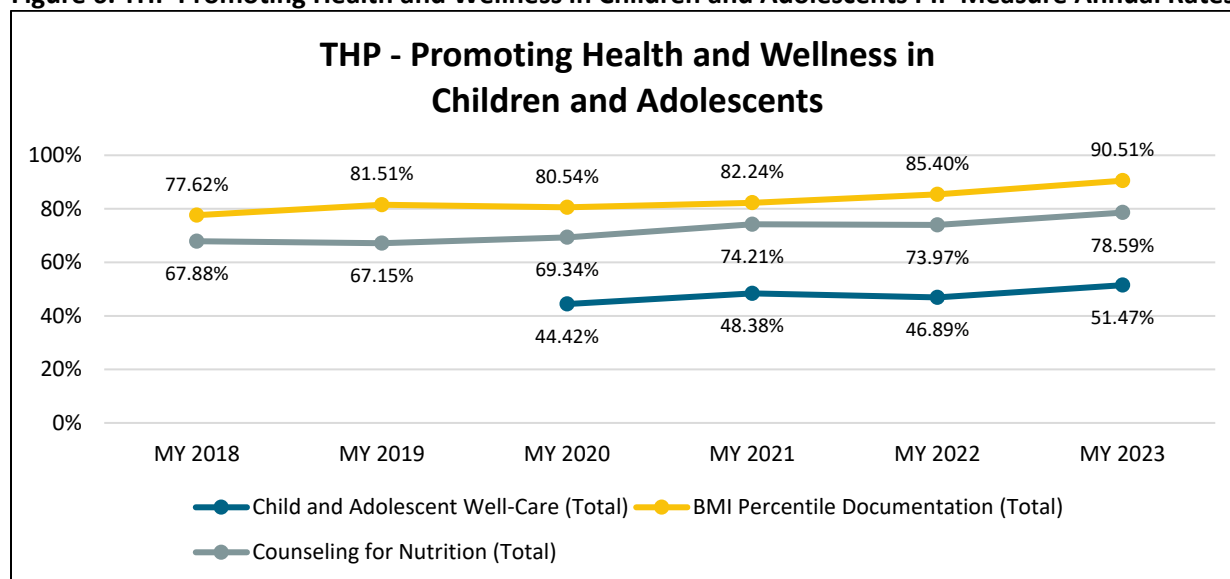
Performance Measure	MY	Numerator	Denominator	Rate
Child and Adolescent Well-Care Visits – Total	2020[+]	12,232	27,539	44.42%*^
	2021	18,021	37,250	48.38%^
	2022	18,741	39,968	46.89%^
	2023	15,668	30,443	51.47%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index (BMI) Percentile Documentation	2018	319	411	77.62%*
	2019	335	411	81.51%*
	2020	331	411	80.54%*^
	2021	338	411	82.24%^
	2022	351	411	85.40%^
	2023	372	411	90.51%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition	2018	279	411	67.88%*
	2019	276	411	67.15%*
	2020	285	411	69.34%*^
	2021	305	411	74.21%^
	2022	304	411	73.97%^
	2023	323	411	78.59%

+The Child and Adolescent Well-Care measure has a different baseline year compared to the other measures. This measure was added to the PIP after implementation.
*MY 2018-2020 rates include MHT Medicaid only. Rates after MY 2020 include MHT Medicaid and CHIP.
^Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Figure 6 illustrates THP's annual rates for the Promoting Health and Wellness in Children and Adolescents PIP measures for MYs 2018-2023, as applicable.

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Figure 6. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Annual Rates

THP - Promoting Health and Wellness in Children and Adolescents

- Child and Adolescent Well-Care (Total)
- BMI Percentile Documentation (Total)
- Counseling for Nutrition (Total)

BMI Percentile Documentation (Total): MY 2018: 77.62%, MY 2019: 81.51%, MY 2020: 80.54%, MY 2021: 82.24%, MY 2022: 85.40%, MY 2023: 90.51%

Counseling for Nutrition (Total): MY 2018: 67.88%, MY 2019: 67.15%, MY 2020: 69.34%, MY 2021: 74.21%, MY 2022: 73.97%, MY 2023: 78.59%

Child and Adolescent Well-Care (Total): MY 2020: 44.42%, MY 2021: 48.38%, MY 2022: 46.89%, MY 2023: 51.47%

WWV Immunizations for Adolescents PIP Interventions

WWV completed member, provider, and MCP interventions. Key interventions include:

- **Member engagement.** Texted messages to members (mPulse), which aimed to provide education using evidence based guidelines and describe the vaccine purpose, safety, and efficacy. Conducted calls to members and mailed EPSDT birthday reminders, which aimed to encourage members to obtain preventive care and vaccinations.
- **Member incentive.** Provided a $50 gift card to members for completing the HPV vaccine series on or before their 13th birthday.
- **Provider quality incentive program (expansion).** Expanded the incentive program to additional provider groups and included the Immunizations for Adolescents – Combination 2 measure in the program.
- **Pay for quality.** Incentivized providers to close gaps in care for members receiving one tetanus, diphtheria toxoids and acellular pertussis (TDAP) vaccine, one meningococcal vaccine, and human papillomavirus (HPV) on or before their 13th birthday ($50 per gap closure).
- **Provider action plans.** Worked with large primary care groups to develop action plans, interventions, and goals to improve vaccination rates. Gap in care reports were also distributed to the top ten providers with the largest gaps in care. Clinical Quality Auditors worked with providers to improve performance.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

WWV Immunizations for Adolescents PIP Measure Results

Table 24 displays WWV's Immunizations for Adolescents PIP measure results and level of improvement.

Table 24. Immunization for Adolescents PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Immunizations for Adolescents – Combination 2	MY 2020 29.93%*^	MY 2023 29.68%	No	No
Immunizations for Adolescents – Human Papillomavirus (HPV)	MY 2020 30.41%*^	MY 2023 29.93%	No	No

*MY 2020 rates include MHT Medicaid only. Rates after MY 2020 include MHT Medicaid and CHIP.
^Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Table 25 includes WWV's Immunization for Adolescents PIP measure rates for MYs 2020-2023.

Table 25. WWV Immunizations for Adolescents PIP Measure Annual Rates

Performance Measure	MY	Numerator	Denominator	Rate
Immunizations for Adolescents – Combination 2	2020	123	411	29.93%*^
	2021	111	411	27.01%^
	2022	94	411	22.87%^
	2023	122	411	29.68%
Immunizations for Adolescents – Human Papillomavirus (HPV)	2020	125	411	30.41%*^
	2021	112	411	27.25%^
	2022	99	411	24.09%^
	2023	123	411	29.93%

*MY 2020 rates include MHT Medicaid only. Rates after MY 2020 include MHT Medicaid and CHIP.
^Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Figure 7 illustrates WWV's annual rates for the Immunizations for Adolescents PIP measures for MYs 2020-2023.

Figure 7. WWV Immunizations for Adolescents PIP Measure Annual Rates
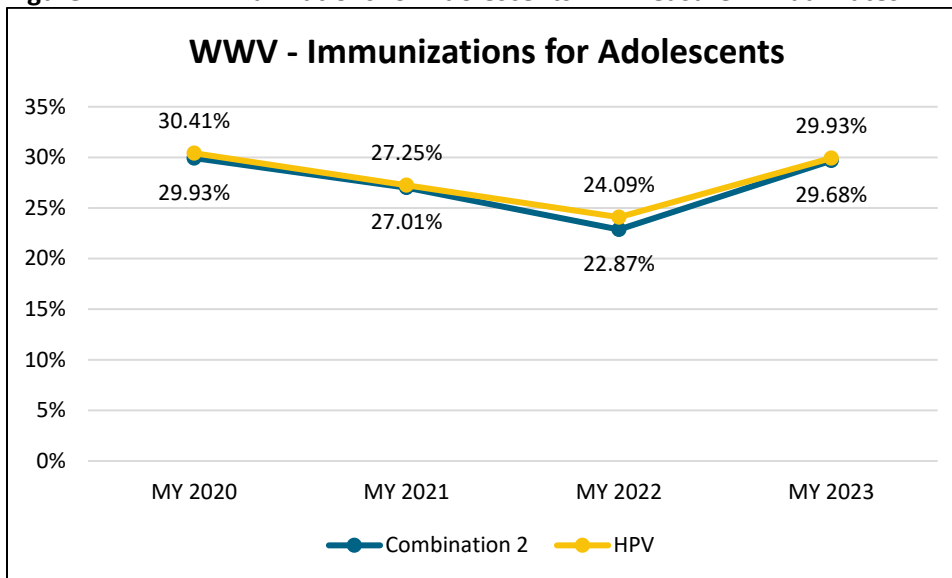
MHT MCP-Selected PIP Validation Results

Table 26 reports results for each validation step for each MHT MCP's selected 2023 PIP.

Table 26. MHT MCP PIP Validation Step Results – MHT MCP-Selected PIP

MCP-Selected PIPs	ABH	THP	WWV
PIP Validation Step	**Care for Adolescents**	**Promoting Health and Wellness in Children and Adolescents**	**Immunizations for Adolescents**
1. **Topic**	Met	Met	Met
2. **Aim Statement**	Met	Met	Met
3. **Population**	Met	Met	Met
4. **Sampling Method**	Met	Met	Met
5. **Variables and Performance Measures**	Met	Met	Met
6. **Data Collection Procedures**	Met	Met	Met
7. **Data Analysis and Interpretation of Results**	Met	Met	Met
8. **Improvement Strategies**	Met	Met	Met
9. **Significant and Sustained Improvement**	Met	Met	Partially Met

Table 27 includes 2024 overall validation ratings for each MCP's selected PIP based on performance in Steps 1-9.

Table 27. MHT MCP Validation Ratings – MCP-Selected PIP

2024 PIPs (MY 2023) Validation Rating	ABH	THP	WWV	MHT MCP AVG
Overall	100% High Confidence	100% High Confidence	82.0% Moderate Confidence	94.0% High Confidence
Methodology	100% High Confidence	100% High Confidence	100% High Confidence	100% High Confidence
Significant Improvement	100% High Confidence	100% High Confidence	10.0% No Confidence	70.0% Low Confidence

Rating/Level of confidence scale: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

MHP Lead Screening in Children PIP

MHP ABH Interventions

ABH's Lead Screening in Children PIP was a baseline submission and did not require interventions.

MHP ABH PIP Measure Results

Table 28 displays ABH's Lead Screening in Children PIP measure results for the baseline year. An assessment of improvement will be available in the next annual report.

Table 28. ABH Lead Screening in Children PIP Measure Results

Performance Measure	Baseline Year MY 2023 Rate	Last Measurement Year	Improvement	Statistically Significant Improvement
Lead Screening in Children	67.88%	Not Applicable	Not Applicable	Not Applicable
Well-Child Visits in the First 30 Months of Life: 0-15 Months	60.31%	Not Applicable	Not Applicable	Not Applicable
Well-Child Visits in the First 30 Months of Life: 15-30 Months	80.65%	Not Applicable	Not Applicable	Not Applicable

The PIP includes HEDIS measure data from the MCP's Foster Care Special Project Medicaid product line; only ABH's MHP members are included.

Table 29 includes Lead Screening in Children PIP measure rates for MY 2023.

Table 29. MHP ABH Lead Screening in Children PIP Measure Rates

Performance Measure	MY	Numerator	Denominator	Rate
Lead Screening in Children	2023	279	411	67.88%
Well-Child Visits in the First 30 Months of Life: 0-15 Months	2023	313	519	60.31%
Well-Child Visits in the First 30 Months of Life: 15-30 Months	2023	596	739	80.65%

The PIP includes HEDIS measure data from the MCP's Foster Care Special Project Medicaid product line; only ABH's MHP members are included.

Figure 8 illustrates Lead Screening in Children PIP measure baseline rates for MY 2023.

Figure 8. MHP ABH Lead Screening in Children PIP Measure Rates
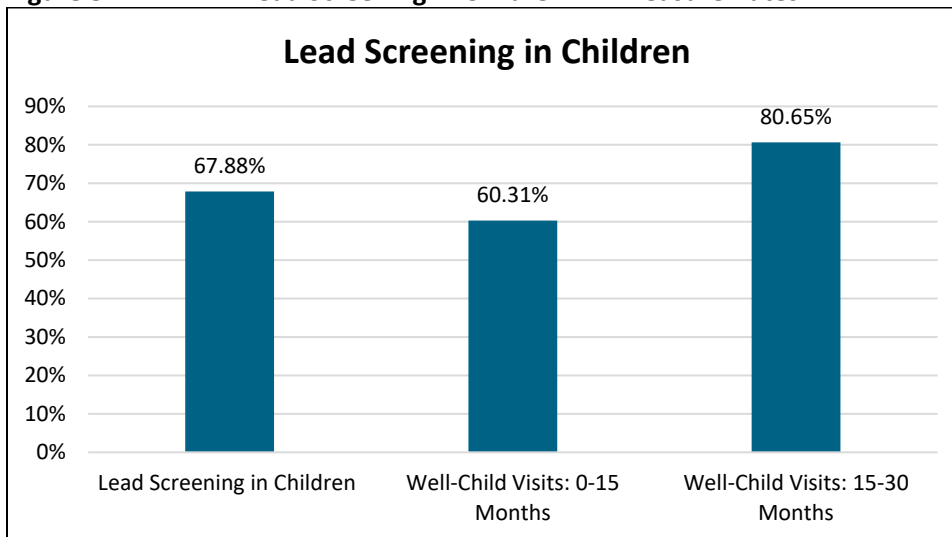
MHP Care for Adolescents PIP

MHP ABH Interventions

ABH completed member, provider, and MCP interventions. Key interventions include:

- **No cost transportation.** The MCP promoted member no cost transportation services during member outreach, gaps in care calls, case management calls, member newsletters, member website, and Member Handbook.
- **Targeted outreach.** Members enrolled in case management received calls from case management staff, who encouraged well-child visits and offered assistance in scheduling appointments.
- **Children's wellness club.** Members age 13 and under were offered exclusive opportunities to earn prizes by participating in a variety of wellness activities.
- **Member incentives.** Parent(s) or guardian(s) of members three to 21 and members who are 18 years of age received a $25 gift card for having a well-care visit during the calendar year.
- **Provider incentive.** Incentivized providers with $25 for completing and closing the gap in well-child visits for members 12-17.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

MHP ABH PIP Measure Results

Table 30 displays the Care for Adolescents PIP measure results and level of improvement.

Table 30. MHP ABH Care for Adolescents PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Immunizations for Adolescents - Combination 2	MY 2022 32.12%[+][^]	MY 2023 29.44%	No	No
Child and Adolescent Well-Care Visits – 12-17 Year Olds	MY 2021 58.81%[^]	MY 2023 62.30%	Yes	Yes
Child and Adolescent Well-Care Visits – 18-21 Year Olds	MY 2021 28.11%[^]	MY 2023 36.24%	Yes	Yes

[+]The Immunizations for Adolescents – Combination 2 measure has a different baseline year compared to the other measures. ABH previously reported this rate using administrative data, but changed to a hybrid methodology after experiencing challenges obtaining data from the state's immunization registry. The change in methodology required a new baseline assessment.
[^]Performance in MYs 2021-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Table 31 includes Care for Adolescents PIP measure rates for MYs 2021-2023, as applicable.

Table 31. MHP ABH Care for Adolescents PIP Measure Rates

Performance Measure	MY	Numerator	Eligible Population or Denominator	Rate
Immunization for Adolescents – Combination 2	2022[+]	132	411	32.12%^
	2023	121	411	29.44%
Child and Adolescent Well-Care Visits – 12-17 Year Olds	2021	4,324	7,353	58.81%^
	2022	4,848	8,390	57.78%^
	2023	4,776	7,666	62.30%
Child and Adolescent Well-Care Visits – 18-21 Year Olds	2021	783	2,785	28.11%^
	2022	999	4,072	24.53%^
	2023	828	2,285	36.24%

+The Immunizations for Adolescents – Combination 2 measure has a different baseline year compared to the other measures. ABH previously reported this rate using administrative data, but changed to a hybrid methodology after experiencing challenges obtaining data from the state's immunization registry. The change in methodology required a new baseline assessment.
^Performance in MYs 2021-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Figure 9 illustrates Care for Adolescents PIP measure rates for MYs 2021-2023.

Figure 9. MHP ABH Care for Adolescents PIP Measure Rates
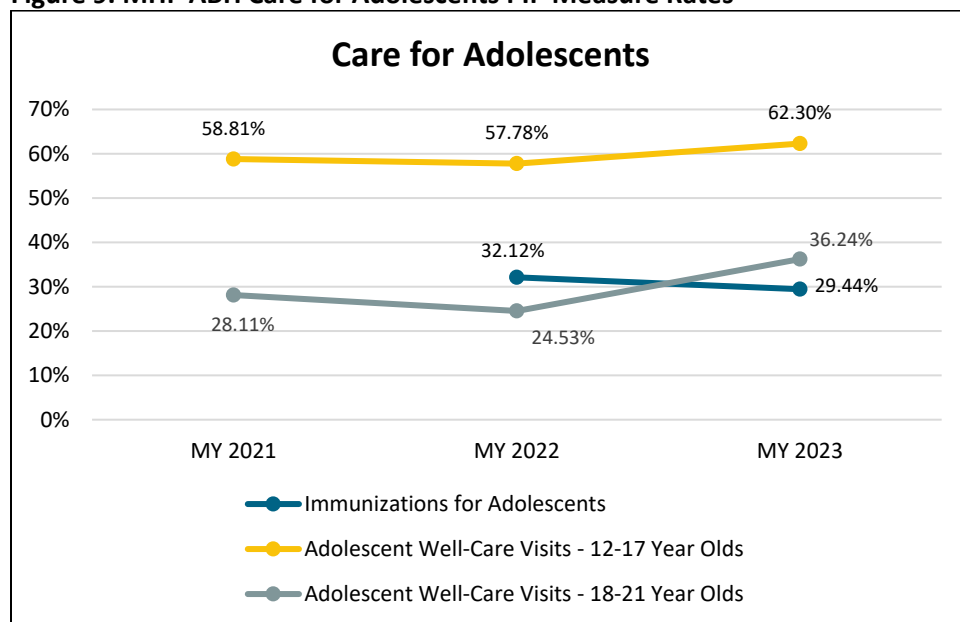
MHP Reducing Out-of-State Placement for Children in Foster Care PIP

MHP ABH Reducing Out-of-State Placement for Children in Foster Care PIP Interventions

ABH completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Country Road initiative.** Facilitated meetings and collaborated with providers to reduce length of stay in out-of-state placements and bring youth home.

- **Increased provider capacity for children with severe emotional disorders.** Worked to build provider community capacity to offer intensive behavioral health services in the member's home to optimize the transition from placement to home. Expanded virtual provider capacity to support members affected by substance use disorders. Added a CSEDW Project Coordinator.
- **WV System of Care clinical review.** Coordinated efforts with WV System of Care to provide a comprehensive, objective, clinical review of designated youth. Out-of-state or at risk of going out-of-state youth were reviewed to determine and reduce gaps in services, barriers to in-state services, and system issues.
- **Project Promise integrated case management.** A youth priority list was created and triaged based on placement needs. The list was evaluated weekly to prioritize members in foster care with placement needs.
- **Psychiatric residential treatment facility (PRTF) case management.** Provided weekly contact with PRTFs to maintain contact and provide case management services to ensure there were no gaps in care upon discharge. Case Managers reviewed all members in this level of care and worked with the PRTF, State, and guardians on transitions to reduce length of stay and minimize time spent in out-of-state facilities.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

MHP ABH Reducing Out-of-State Placement for Children in Foster Care PIP Measure Results

Table 32 displays ABH's Out-of-State Placement for Children in Foster Care PIP measure results and level of improvement.

Table 32. MHP ABH Reducing Out-of-State Placement for Children in Foster Care PIP Measure Results

Performance Measure	Baseline Year MY 2020	Last Measurement Year MY 2023	Improvement	Statistically Significant Improvement
Out-of-State Placement for Children in Foster Care *(lower rate is better)*	5.98%^	7.45%	No	No

^Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Table 33 includes ABH's Reducing Out-of-State Placement for Children in Foster Care PIP measure rates for MYs 2020-2023.

Table 33. MHP ABH Reducing Out-of-State Placement for Children in Foster Care PIP Measure Annual Rates

Performance Measure	MY	Numerator	Eligible Population or Denominator	Rate
Reducing Out-of-State Placement for Children in Foster Care *(lower rate is better)*	2020	411	6,870	5.98%^
	2021	371	6,644	5.58%^
	2022	380	6,153	6.18%^
	2023	454	6,092	7.45%

^Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Figure 10 illustrates ABH's Reducing Out-of-State Placement for Children in Foster Care PIP measure rates for MYs 2020-2023.

Figure 10. MHP ABH Reducing Out-of-State Placement for Children in Foster Care PIP Measure Annual Rate
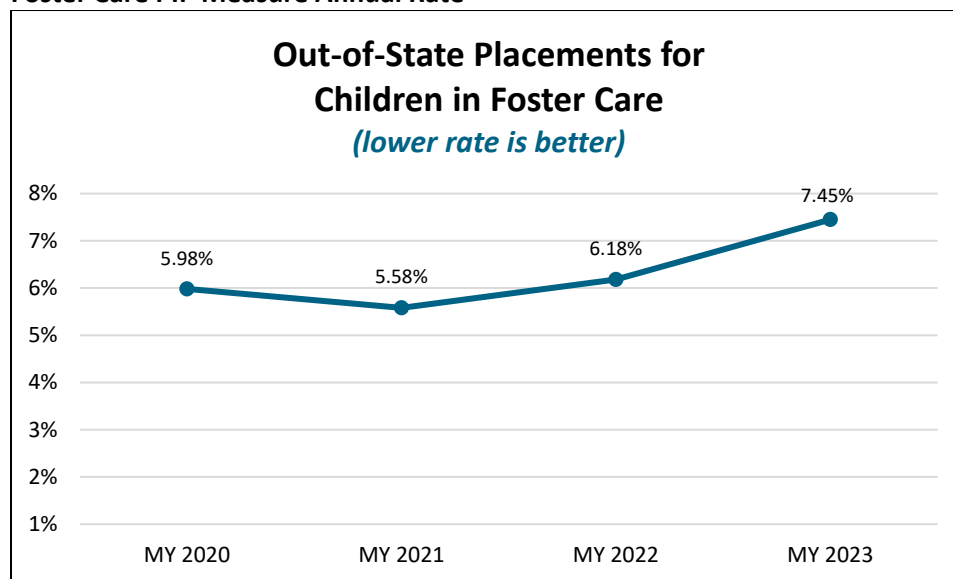
MHP ABH PIP Validation Results

Table 34 reports results for each validation step for each 2024 MHP ABH PIP.

Table 34. MHP ABH PIP Validation Step Results

PIP Validation Step	Lead Screening for Children	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Topic	Met	Met	Met
Aim Statement	Met	Met	Met
Population	Met	Met	Met
Sampling Method	Met	Met	Not Applicable
Variables and Performance Measures	Met	Met	Met
Data Collection Procedures	Met	Met	Met
Data Analysis and Interpretation of Results	Met	Met	Met
Improvement Strategies	Not Applicable	Met	Met
Significant and Sustained Improvement	Not Applicable	Partially Met	Partially Met

Not all steps were evaluated due to the early stage of the PIP or applicability of questions.

Table 35 includes 2024 overall validation ratings for each MHP PIP based on performance in Steps 1-9.

Table 35. MHP ABH Validation Ratings

2024 PIPs (MY 2023) Validation Rating	Lead Screening for Children	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Overall	100% High Confidence	95.0% High Confidence	81.1% Moderate Confidence
Methodology	100% High Confidence	100% High Confidence	100% High Confidence
Significant Improvement	Not Applicable	75.0% Moderate Confidence	10.0% No Confidence

Rating/Level of confidence scale: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

Conclusion

Summary conclusions drawn for the MHT and MHP State-mandated and MCP-selected PIPs are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 71-75 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

MHT Lead Screening in Children PIP

- The MHT MCPs reported baseline performance measure rates for the Lead Screening in Children PIP.
- All MCPs completed a barrier analysis and identified member, provider, and MCP barriers to target with interventions.
- The MCPs received an average PIP validation rating of 97%, indicating stakeholders can have high confidence the MCPs adhered to acceptable methodology for all phases of design, data collection, and analysis. Individual MCPs received overall validation ratings ranging from 92-100%.

MHT Follow-Up After Emergency Department Visit for Mental Illness PIP

- The MHT MCPs reported their first remeasurement results for the PIP measure, Follow-Up After Emergency Department Visit for Mental Illness – 30 Day Follow-Up. The MHT MCP weighted average increased from 51.53% (MY 2022) to 54.95% (MY 2023).
- MCPs implemented targeted interventions that addressed barriers to improvement.
- The MCPs received an average PIP validation rating of 90%, indicating (overall) stakeholders can have high confidence the MCPs adhered to acceptable methodology for all phases of design, data collection, analysis, and level of improvement. Individual MCP overall validation ratings ranged from 86-94%.

MHT MCP-Selected PIPs

ABH Care for Adolescents PIP

- ABH reported remeasurement rates for the Immunizations for Adolescents (Combination 2) and Child and Adolescent Well-Care Visits (12-17 Years and 18-21 Years) measures.
- ABH demonstrated statistically significant improvement in both Child and Adolescent Well-Care Visits measures (12-17 Years and 18-21 Years).
- ABH's overall validation rating was 100% (high confidence).

THP Promoting Health and Wellness in Children and Adolescents PIP

- THP reported remeasurement rates for the PIP measures: Child and Adolescent Well-Care Visits (Total) and Weight Assessment and Counseling for Nutrition - BMI Percentile Documentation (Total) and Counseling for Nutrition (Total).
- THP achieved statistically significant improvement in all three PIP measures.
- THP's overall validation rating was 100% (high confidence).

WWV Immunizations for Adolescents PIP

- WWV reported remeasurement rates for its Immunizations for Adolescents - Combination 2 and HPV measures.
- While the MCP improved PIP measure performance over this last year (from MY 2022 to MY 2023), the most recent measure results compared unfavorably to the MY 2020 baseline results.
- WWV's overall validation rating was 82% (moderate confidence).

MHP ABH PIPs

Lead Screening in Children PIP

- MHP ABH reported baseline performance measure rates for the Lead Screening in Children PIP.
- MHP ABH identified member, provider, and MCP barriers to target.
- MHP ABH's validation score was 100% (high confidence), indicating stakeholders can have high confidence the MCP adhered to acceptable methodology for all phases of design, data collection, and analysis.

Care for Adolescents PIP

- MHP ABH reported remeasurement rates for the Immunizations for Adolescents (Combination 2) and Child and Adolescent Well-Care Visits (12-17 Years and 18-21 Years) measures.
- MHP ABH demonstrated statistically significant improvement in both Child and Adolescent Well-Care Visits measures (12-17 Years and 18-21 Years).
- ABH's overall validation rating was 95% (high confidence).

Reducing Out-of-State Placement for Children in Foster Care PIP

- MHP ABH reported remeasurement results for its Reducing Out-of-State Placement for Children in Foster Care measure.
- While MHP ABH implemented system-level interventions that targeted barriers, there was no improvement in the measure.
- MHP ABH's overall validation score was 81% (moderate confidence).

Performance Measure Validation

Objective

The State uses performance measures to monitor the performance of individual MCPs at a point in time, track performance over time, and compare performance among MCPs. BMS requires MCPs to calculate and report measures as part of their quality assessment and performance improvement (QAPI) program in accordance with 42 CFR §438.330(c). The PMV activity evaluates the accuracy and reliability of measures produced and reported by the MCP and determines the extent to which the MCP followed specifications for calculating and reporting the measures. Accuracy and reliability of the reported rates are essential to ascertaining whether the MCP's quality improvement efforts resulted in improved health outcomes. Further, the validation process allows BMS to have confidence in MCP measure results.

Methodology

Qlarant validated state-selected performance measures during the 2024 PMV activity, which included designated HEDIS QAPI measures, CMS Behavioral Health Core Set measures, and CMS Child Core Set measures. MCPs reported MY 2023 MHT and MHP performance, as applicable. The MHT rates combine Medicaid and CHIP populations.

Description of Data Obtained. Information from several sources was used to satisfy validation requirements. These sources included, but were not limited to, the following documents and information provided by the MCP:

- Information Systems Capabilities Assessment
- HEDIS Record of Administration, Data Management and Processes (Roadmap)
- HEDIS Final Audit Report, if available
- Other documentation (e.g. specifications, data dictionaries, program source code, data queries, policies, and procedures)
- Demonstrations during the site visit
- Interviews with MCP staff
- Information submitted as part of the follow-up items requested after the site visit

Technical Methods of Data Collection and Analysis. Qlarant completed validation activities in a manner consistent with the *CMS EQR Protocol 2 – Validation of Performance Measures*.[19]

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[19] CMS EQR Protocols

The validation process was interactive and concurrent to the MCP calculating the measures. Validation activities occurred before, during, and after a site visit to the MCP and included two principle components:[20]

- An overall assessment of the MCP's information systems capability to capture and process data required for reporting
- An evaluation of the MCP's processes (e.g. source code programs) used to prepare each measure

Essential PMV activities included:

- Review of the MCP's data systems and processes used to construct the measures
- Assessment of the calculated rates for algorithmic compliance to required specifications
- Verification the reported rates were reliable and based on accurate sources of information

Qlarant conducted site visit MCP PMV review activities in March 2024 and concluded all post-site visit review activities in June 2024 when MCPs reported final measure rates. After Qlarant approved each MCP's final rates, Qlarant developed reports that assessed the following elements:

- Data integration and control
- Data and processes used to produce measures
- Measure validation
- Sampling validation
- Administrative data validation
- Medical record review validation

Each element was scored. Results were aggregated and an overall score was calculated. A validation rating was assigned based on the MCP's overall score. Table 36 includes the validation ratings.

Table 36. Validation Ratings

Score	Validation Rating
95.0% - 100%	**High confidence** in MCP results
80.0% - 94.9%	**Moderate confidence** in MCP results
75.0% - 79.9%	**Low confidence** in MCP results
<75.0%	**No confidence** in MCP results

Results

MHT Performance Measure Validation Results

All MHT MCPs had appropriate systems in place to process accurate claims and encounters. Table 37 includes 2024 MHT PMV results based on the MCP calculation of MY 2023 measure rates. Compliance with each PMV element is reported by MCP and MHT MCP average.

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[20] Site visit activities were conducted virtually.

Table 37. MHT MCP PMV Results

PMV Element	ABH	THP	WWV	MHT MCP Average
Data Integration and Control	100%	100%	100%	100%
Data and Processes Used to Produce Measures	100%	100%	100%	100%
Measure Validation	100%	100%	100%	100%
Sampling Validation	100%	100%	100%	100%
Administrative Data Validation	100%	100%	100%	100%
Medical Record Review Validation	100%	100%	100%	100%
Total	100%	100%	100%	100%
Validation Rating	High	High	High	High

Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 80.0% to 94.9%; Low Confidence - 75.0% to 79.9%, No Confidence - <75.0%.

Table 38 displays the MHT MCP MY 2023 performance measure rates. The table reports each measure's data collection methodology for informational purposes and compares each MHT MCP's performance measure rate to the MHT MCP weighted average. **Green** represents MCP performance equal to or above the MHT MCP weighted average, while **red** represents MCP performance below the MHT MCP weighted average.

Table 38. MHT MCP Performance Measure Rates for MY 2023

Performance Measure	Collection Method	ABH^	THP	WWV	MHT AVG
(BCS-E) Breast Cancer Screening	ECDS	46.50%	47.93%	48.96%	47.83%
(CDF-CH) Screening for Depression and Follow-Up Plan: Ages 12 to 17	A	2.68%	0.97%	1.69%	1.99%
(CDF-AD) Screening for Depression and Follow-Up Plan: Ages 18 to 64	A	1.58%	1.11%	1.18%	1.32%
(CDF-AD) Screening for Depression and Follow-Up Plan: Age 65 and older	A	2.26%	2.52%	1.75%	2.22%
(EED) Eye Exam for Patients with Diabetes	H	42.58%	43.55%	41.61%	42.49%
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up (13-17)	A	43.28%	D<30	20.93%	34.53%+
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up (18+)	A	49.80%	48.67%	49.62%	49.39%
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up (Total)	A	49.46%	48.31%	48.71%	48.85%
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (6-17 Yrs)	A	71.50%	73.91%	64.11%	69.75%

Performance Measure	Collection Method	ABH^	THP	WWV	MHT AVG
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (18-64 Yrs)	A	46.12%	46.40%	48.18%	46.99%
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (65+ Yrs)	A	D<30	D<30	D<30	NC
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (Total)	A	58.05%	52.86%	52.74%	54.95%
(IMA) Immunizations for Adolescents - Combination 2	H	29.20%	21.90%	29.68%	27.95%
(IMA) Immunizations for Adolescents - HPV	H	30.41%	23.11%	29.93%	28.78%
(LSC) Lead Screening in Children	H	70.07%	59.77% [A*]	61.79% [A*]	64.24%
(OEV-CH) Oral Evaluation, Dental Services (Age <1)	A	0.07%	0.10%	0.73%	0.35%
(OEV-CH) Oral Evaluation, Dental Services (Ages 1 to 2)	A	13.94%	16.57%	21.20%	17.37%
(OEV-CH) Oral Evaluation, Dental Services (Ages 3 to 5)	A	40.73%	47.98%	55.19%	47.57%
(OEV-CH) Oral Evaluation, Dental Services (Ages 6 to 7)	A	47.31%	56.32%	64.20%	55.31%
(OEV-CH) Oral Evaluation, Dental Services (Ages 8 to 9)	A	46.35%	55.36%	62.94%	54.17%
(OEV-CH) Oral Evaluation, Dental Services (Ages 10 to 11)	A	44.05%	52.36%	60.77%	51.79%
(OEV-CH) Oral Evaluation, Dental Services (Ages 12 to 14)	A	40.52%	49.42%	57.66%	48.64%
(OEV-CH) Oral Evaluation, Dental Services (Ages 15 to 18)	A	33.21%	41.05%	48.07%	40.27%
(OEV-CH) Oral Evaluation, Dental Services (Ages 19 to 20)	A	16.74%	23.95%	28.25%	22.04%
(OEV-CH) Oral Evaluation, Dental Services (Total: Ages <1 to 20)	A	35.92%	43.01%	49.79%	42.48%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 1 to 2)	A	7.97%	6.34%	8.51%	7.82%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 3 to 5)	A	25.38%	15.71%	22.25%	22.05%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 6 to 7)	A	32.54%	21.19%	30.44%	29.23%

Performance Measure	Collection Method	ABH^	THP	WWV	MHT AVG
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 8 to 9)	A	33.53%	20.95%	30.29%	29.68%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 10 to 11)	A	31.07%	19.69%	28.19%	27.77%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 12 to 14)	A	26.87%	17.61%	25.22%	24.48%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 15 to 18)	A	17.59%	12.69%	16.56%	16.24%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 19 to 20)	A	5.07%	3.56%	4.85%	4.66%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Total: Ages 1 to 20)	A	23.58%	15.26%	21.30%	20.99%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 1 to 2)	A	2.36%	2.60%	4.69%	3.36%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 3 to 5)	A	15.14%	13.45%	21.24%	17.01%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 6 to 7)	A	19.73%	18.91%	30.33%	23.38%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 8 to 9)	A	20.08%	19.20%	30.26%	23.60%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 10 to 11)	A	18.74%	18.46%	28.19%	22.22%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 12 to 14)	A	16.26%	16.39%	25.18%	19.72%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 15 to 18)	A	10.80%	11.76%	16.56%	13.21%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 19 to 20)	A	3.02%	3.22%	4.85%	3.78%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Total: Ages 1 to 20)	A	14.02%	13.52%	20.73%	16.46%

Performance Measure	Collection Method	ABH^	THP	WWV	MHT AVG
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 1 to 2)	A	2.85%	2.97%	2.59%	2.77%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 3 to 5)	A	0.94%	0.32%	0.27%	0.56%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 6 to 7)	A	0.60%	0.00%	0.02%	0.25%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 8 to 9)	A	0.65%	0.00%	0.00%	0.28%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 10 to 11)	A	0.49%	0.00%	0.00%	0.21%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 12 to 14)	A	0.17%	0.00%	0.00%	0.07%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 15 to 18)	A	0.03%	0.00%	0.00%	0.01%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 19 to 20)	A	0.00%	0.00%	0.00%	0.00%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Total: Ages 1 to 20)	A	0.62%	0.37%	0.31%	0.45%
(W30) Well-Child Visits in the First 30 Months of Life (0-15 Months)	A	60.64%	52.40%	49.69%	54.23%
(W30) Well-Child Visits in the First 30 Months of Life (15-30 Months)	A	76.75%	68.09%	74.29%	73.75%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	H	92.94%	90.51%	91.24%	91.82%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	H	76.40%	78.59%	73.72%	75.81%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	H	75.43%	75.91%	73.97%	74.96%
(WCV) Child and Adolescent Well-Care Visits (3-11 Yrs)	A	67.23%	59.90%	61.93%	63.66%

Qlarant

Performance Measure	Collection Method	ABH^	THP	WWV	MHT AVG
(WCV) Child and Adolescent Well-Care Visits (12-17 Yrs)	A	58.92%	49.11%	50.86%	53.87%
(WCV) Child and Adolescent Well-Care Visits (18-21 Yrs)	A	32.54%	26.56%	25.14%	28.23%
(WCV) Child and Adolescent Well-Care Visits (Total)	A	59.68%	51.47%	52.42%	55.18%

^ – ABH's Medicaid, CHIP, and MHP populations are included in ABH's PMV measure rates for MY 2023.
ECDS – Measure calculated using NCQA's electronic clinical data systems (ECDS) reporting standards.
A – Measure calculated using administrative and/or supplemental data, as applicable.
A* – Measure specification permit calculation using hybrid data; however, the MCP chose to calculate the rate using only administrative and/or supplemental data, as applicable.
H – Measure calculated using administrative, supplemental, and/or medical record review data, as applicable.
D<30 – Denominator was less than 30.
+ Interpret rate with caution; one or more MCPs reported a small denominator (<30) that was used in the weighted average calculation.
NC – Not enough data to calculate; two or more MCPs reported a small denominators (<30).

The 2024 PMV audit found, for each MHT MCP, all measures were reportable and received a high confidence rating.

MHP Performance Measure Validation Results

Similar to the MHT PMV, ABH had appropriate systems in place to process accurate claims and encounters for the MHP program. Table 39 includes 2024 MHP PMV results based on the MCP calculation of MY 2023 measure rates. Compliance with each PMV element is reported.

Table 39. MHP ABH PMV Results

PMV Element	ABH
Data Integration and Control	100%
Data and Processes Used to Produce Measures	100%
Measure Validation	100%
Sampling Validation	100%
Administrative Data Validation	100%
Medical Record Review Validation	100%
Total	100%
Confidence Level	High

Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 80.0% to 94.9%; Low Confidence - 75.0% to 79.9%, No Confidence - <75.0%.

Table 40 displays the MHP MCP MY 2023 performance measure rates and data collection methodology.

Table 40. MHP ABH Performance Measure Rates for MY 2023

MHP	Collection Method	ABH
(CDF-CH) Screening for Depression and Follow-Up Plan: Ages 12 to 17	A	2.17%
(CDF-AD) Screening for Depression and Follow-Up Plan: Ages 18 to 64	A	1.01%
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up (13-17)	A	48.65%

MHP	Collection Method	ABH
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up (18+)	A	D<30
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up (Total)	A	40.91%
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (6-17 Yrs)	A	73.08%
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (18-64 Yrs)	A	D<30
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (Total)	A	71.43%
(IMA) Immunizations for Adolescents - Combination 2	H	29.44%
(IMA) Immunizations for Adolescents - HPV	H	30.66%
(LSC) Lead Screening in Children	H	67.88%
(OEV-CH) Oral Evaluation, Dental Services (Age <1)	A	0.00%
(OEV-CH) Oral Evaluation, Dental Services (Ages 1 to 2)	A	18.23%
(OEV-CH) Oral Evaluation, Dental Services (Ages 3 to 5)	A	44.15%
(OEV-CH) Oral Evaluation, Dental Services (Ages 6 to 7)	A	50.04%
(OEV-CH) Oral Evaluation, Dental Services (Ages 8 to 9)	A	50.44%
(OEV-CH) Oral Evaluation, Dental Services (Ages 10 to 11)	A	46.70%
(OEV-CH) Oral Evaluation, Dental Services (Ages 12 to 14)	A	44.52%
(OEV-CH) Oral Evaluation, Dental Services (Ages 15 to 18)	A	37.90%
(OEV-CH) Oral Evaluation, Dental Services (Ages 19 to 20)	A	16.06%
(OEV-CH) Oral Evaluation, Dental Services (Total: Ages <1 to 20)	A	40.50%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 1 to 2)	A	9.32%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 3 to 5)	A	28.14%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 6 to 7)	A	36.36%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 8 to 9)	A	37.91%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 10 to 11)	A	35.96%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 12 to 14)	A	29.53%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 15 to 18)	A	19.49%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Ages 19 to 20)	A	5.76%
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services (Total: Ages 1 to 20)	A	26.97%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 1 to 2)	A	2.63%

MHP	Collection Method	ABH
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 3 to 5)	A	16.85%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 6 to 7)	A	21.31%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 8 to 9)	A	22.21%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 10 to 11)	A	20.87%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 12 to 14)	A	17.22%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 15 to 18)	A	12.07%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Ages 19 to 20)	A	4.12%
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services (Total: Ages 1 to 20)	A	15.85%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 1 to 2)	A	3.39%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 3 to 5)	A	1.08%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 6 to 7)	A	0.47%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 8 to 9)	A	0.73%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 10 to 11)	A	0.42%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 12 to 14)	A	0.08%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 15 to 18)	A	0.00%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Ages 19 to 20)	A	0.00%
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services (Total: Ages 1 to 20)	A	0.53%
(W30) Well-Child Visits in the First 30 Months of Life (0-15 Months)	A	60.31%
(W30) Well-Child Visits in the First 30 Months of Life (15-30 Months)	A	80.65%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	H	93.67%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	H	84.18%
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	H	82.00%
(WCV) Child and Adolescent Well-Care Visits (3-11 Yrs)	A	71.03%
(WCV) Child and Adolescent Well-Care Visits (12-17 Yrs)	A	62.30%
(WCV) Child and Adolescent Well-Care Visits (18-21 Yrs)	A	36.24%
(WCV) Child and Adolescent Well-Care Visits (Total)	A	63.52%

MHP	Collection Method	ABH
Out-of-State Placements in Foster Care^	R	7.45%

^ – State-developed measure; a lower rate indicates better performance
ECDS – Measure calculated using NCQA's electronic clinical data systems (ECDS) reporting standards
A – Measure calculated using administrative and/or supplemental data, as applicable
H – Measure calculated using administrative, supplemental, and/or medical record review data, as applicable
R – Measure calculated using state registry data
D<30 – Denominator was less than 30

The 2024 PMV audit found all of ABH's measures, for the MHP program, were reportable and received a high confidence rating.

Conclusion

Aggregate summary conclusions for the PMV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 71-75 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- All MHT and MHP MCPs had information systems capable of capturing and processing data required for reporting.
- All MCPs received overall PMV ratings of 100%, providing high confidence in MCP measure calculations and reporting.
- An analysis of MHT MCP PMV measures compared to MHT averages revealed:
  - ABH performed equal to or above the MHT average in 64% of measures.
  - THP performed equal to or above the MHT average in 26% of measures.
  - WWV performed equal to or above the MHT average in 58% of measures.

Systems Performance Review

Objective

SPRs, also referred to as compliance reviews in the CFR, assess MCP compliance with structural and operational standards, which may impact the quality, timeliness, or accessibility of health care services provided to managed care members. The comprehensive review determines compliance with federal and state managed care program requirements. The SPR provides BMS an independent assessment of MCP capabilities, which can be used to promote accountability and improve quality-related processes and monitoring.

Methodology

Qlarant conducts a comprehensive review of applicable managed care standards, within a three-year period, in compliance with 42 CFR §438.358(b)(iii). Qlarant reviews the following 42 CFR §438 standards:

- Subpart A §438.10: Information Requirements
- Subpart B §438.56: Disenrollment Requirements and Limitations
- Subpart C §438.100 - §438.114: Enrollee Rights and Protections
- Subpart D §438.206 - §438.242: [Managed Care Organization] MCO Standards

- Subpart E §438.330: Quality Assessment and Performance Improvement Program
- Subpart F §438.402 - §438.424: Grievance and Appeal System
- Subpart H §438.608: Program Integrity Requirements Under the Contract

Table 41 identifies the three-year review schedule Qlarant follows for the SPR.

Table 41. Three-Year SPR Schedule

Standard	Year 1*	Year 2	Year 3
§438.10 Information Requirements			✓
§438.56 Disenrollment Requirements and Limitations			✓
§438.100 - §438.114 Enrollee Rights and Protections			✓
§438.206 - §438.242 Managed Care Organizations (MCO) Standards	✓		
§438.330 Quality Assessment and Performance Improvement Program		✓	
§438.402 - §438.424 Grievance and Appeal System		✓	
§438.608 Program Integrity Requirements Under the Contract	✓		

*Year 1 standards were evaluated in 2024 for MY 2023 compliance.

Description of Data Obtained. MCPs provided documentation to support MY 2023 compliance with MCO Standards and Program Integrity Requirements Under the Contract (Year 1 standards) in January 2024. Supporting data was obtained during all three phases of review: pre-site visit, site visit, and post-site visit.[21] Qlarant review activities occurred before, during, and after a virtual site visit with the MCP in March 2024. Pre-site visit activities included evaluating policies, reports, meeting minutes, and other supporting documents submitted by the MCP. Site visit activities focused on MCP staff interviews, process demonstrations, and record reviews, as applicable. Post-site visit activities included an opportunity for the MCP to respond to preliminary findings and provide additional evidence of compliance, if available.

Technical Methods of Data Collection and Analysis. The 2024 SPR, which evaluated MY 2023 compliance, was conducted in a manner consistent with *CMS EQR Protocol 3 – Review of Compliance with Medicaid and CHIP Managed Care Regulations.*[22] Qlarant conducted an interactive review with the MCP, and reviewed and scored all applicable elements and components of each standard requiring evaluation. Qlarant evaluated MCP compliance for each element and/or component as met, partially met, not met, or not applicable:

- **Met.** Demonstrates full compliance. 1 point. Documentation and data sources provide evidence of compliance and MCP staff are able to describe processes consistent with documentation provided, if applicable.
- **Partially Met.** Demonstrates at least some, but not full, compliance. 0.5 point. Documentation is present, but staff are unable to articulate processes or show evidence of implementation during interviews; or staff are able to describe and verify the existence of processes, but documentation is incomplete or inconsistent with practice.
- **Not Met.** Does not demonstrate compliance on any level. 0 points. Documentation and data sources are not present or do not provide evidence of compliance, and staff are unable to describe and/or verify the existence of processes required to demonstrate compliance.
- **Not Applicable.** Requirement does not apply and is not scored.

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[21] Site visit activities were conducted virtually.

[22] CMS EQR Protocols

Aggregate points earned are reported by standard and receive a compliance score based on the percentage of points earned. All assessments are weighted equally, which allows standards with more elements and components to have more influence on a final score. Finally, an overall SPR compliance rating is calculated. Based on this overall score, a level of confidence in the MCP's SPR results is determined. Table 42 includes compliance ratings.

Table 42. Compliance Ratings

Score	Level of Confidence
95.0% - 100%	**High confidence** in MCP compliance
80.0% - 94.9%	**Moderate confidence** in MCP compliance
75.0% - 79.9%	**Low confidence** in MCP compliance
<75.0%	**No confidence** in MCP compliance

Deeming. CMS permits opportunity for states to use information from a private accreditation review, such as a National Committee for Quality Assurance (NCQA) audit, to meet comparable federal regulations. Using results from a comparable audit allows opportunity for nonduplication deeming. Nonduplication deeming, as described in EQRO protocols, is intended to reduce administrative burden on the MCPs. When NCQA standards are comparable to federal regulations and the MCP achieved full compliance on the applicable NCQA standards and elements, there is opportunity to "deem," which considers the federal regulation as meeting requirements. This process eliminates the need to review the regulation as part of the SPR, thus reduces administrative burden on the MCP.

Qlarant deems elements and components based on the MCP's NCQA "accredited" status plus one of the following, as applicable:

- Compliance with NCQA standards and elements that are consistent with managed care regulations
- Submission of HEDIS® measures[23]

Deeming determinations for the 2024 SPR were made using the MCP's most recent NCQA report and the *NCQA Medicaid Managed Care Toolkit: Standards Crosswalk, 2022 Health Plan Standards (Effective July 1, 2022 - June 30, 2023).*

Results

MHT Systems Performance Review Results

Table 43 displays 2024 (MY 2023) MHT MCP SPR results by standard and identifies an overall weighted score. A level of confidence in each MCP's compliance is assigned based on their overall weighted score. The table also includes MCP averages.

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

Table 43. 2024 MHT MCP SPR Results (MY 2023 Compliance)

Standard	ABH	THP	WWV	MHT MCP AVG
§438.206 - §438.242 Managed Care Organizations (MCO) Standards	100% [D]	100% [D]	100% [D]	100%
§438.608 Program Integrity Requirements Under the Contract	100%	100%	100%	100%
Overall Weighted Score	100%	100%	100%	100%
Confidence Level	High	High	High	High

D – Some elements/components in the standard qualified for deeming for the MCP.
Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 80.0% to 94.9%; Low Confidence - 75.0% to 79.9%, No Confidence - <75.0%.

All three MHT MCPs scored 100% compliance in the 2024 SPR. No MCP corrective action plans (CAPs) were required.

Table 44 includes MHT MCP SPR results of all standards within the last three-year review period.

Table 44. MHT MCP SPR Results of All Standards Within the Last Three Years

Standard	Performance Period	Review Timeframe	ABH	THP	WWV	MHT MCP AVG
§438.10 Information Requirements	MY 2022	2023	100%	98.2%	100%	99.4%
§438.56 Disenrollment Requirements and Limitations	MY 2022	2023	100%	100%	100%	100%
§438.100 - §438.114 Enrollee Rights and Protections[+]	MY 2022	2023	100%	100%	100%	100%
§438.206 - §438.242 MCO Standards (see Table 45 for additional detail)	MY 2023	2024	100%	100%	100%	100%
§438.330 Quality Assessment and Performance Improvement Program	MY 2021	2022	100%	100%	100%	100%
§438.402 - §438.424 Grievance and Appeal System	MY 2021	2022	100%	98.3%	90.4%	96.2%
§438.608 Program Integrity Requirements Under the Contract	MY 2023	2024	100%	100%	100%	100%

+The Enrollee Rights and Protections Standard includes Enrollee Rights Requirements (438.100) and Emergency and Post-Stabilization Services (438.114).

Table 45 details MHT MCP results of the MCO Standards (§438.206 - §438.242) from the 2024 SPR (MY 2023). Performance for each area of review is reported as met, partially met, or not met.

- **Met.** All elements and components for the standard were fully met.
- **Partially Met.** Some, but not all, elements and components for the standard were met.
- **Not Met.** None of the elements and components for the standard were met.

Qlarant

Table 45. §438.206 - §438.242 MCO Standards – 2024 MHT MCP SPR Results (MY 2023 Compliance)

MCO Standards	ABH	THP	WWV
438.206 Availability of Services	Met	Met	Met
438.207 Assurances of Adequate Capacity and Services	Met	Met	Met
438.208 Coordination and Continuity of Care	Met	Met	Met
438.210 Coverage and Authorization of Services	Met	Met	Met
438.214 Provider Selection	Met	Met	Met
438.224 Confidentiality	Met	Met	Met
438.228 Grievance and Appeal Systems	Standard reviewed separately in 2022*		
438.230 Subcontractual Relationships and Delegation	Met	Met	Met
438.236 Practice Guidelines	Met	Met	Met
438.242 Health Information Systems[+]	Met	Met	Met

* See Table 44 for MHT MCP Grievance and Appeal System Standard results.
[+] MCP Health Information Systems were evaluated as part of the PMV activity.

MHP Systems Performance Review Results

Table 46 displays 2024 (MY 2023) MHP ABH SPR results by standard and identifies an overall weighted score. A level of confidence is assigned based on ABH's overall weighted score.

Table 46. 2024 MHP ABH SPR Results (MY 2023 Compliance)

Standard	MHP ABH
§438.206 - §438.242 Managed Care Organizations (MCO) Standards	100%
§438.608 Program Integrity Requirements Under the Contract	100%
Overall Weighted Score	100%
Confidence Level	High

Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 80.0% to 94.9%; Low Confidence - 75.0% to 79.9%, No Confidence - <75.0%.

ABH achieved 100% compliance; therefore, no CAPs were required. Table 47 includes MHP ABH SPR results of the standards within the last three-year review period.

Table 47. MHP ABH SPR Results of All Standards

Standard	Performance Period	Review Timeframe	MHP ABH
§438.10 Information Requirements	MY 2022	2023	100%
§438.56 Disenrollment Requirements and Limitations	MY 2022	2023	100%
§438.100 - §438.114 Enrollee Rights and Protections[+]	MY 2022	2023	100%
§438.206 - §438.242 MCO Standards (see Table 48 for additional detail)	MY 2023	2024	100%
§438.330 Quality Assessment and Performance Improvement Program	MY 2021	2022	100%
§438.402 - §438.424 Grievance and Appeal System	MY 2021	2022	100%
§438.608 Program Integrity Requirements Under the Contract	MY 2023	2024	100%

+The Enrollee Rights and Protections Standard includes Enrollee Rights Requirements (438.100) and Emergency and Post-Stabilization Services (438.114).

Table 48 details the results of the MCO Standards (§438.206 - §438.242) from the 2024 SPR (MY 2023). Performance for each area of review is reported as met, partially met, or not met.

Table 48. §438.206 - §438.242 MCO Standards – 2024 MHP ABH SPR Results (MY 2023 Compliance)

MCO Standards	ABH
438.206 Availability of Services	Met
438.207 Assurances of Adequate Capacity and Services	Met
438.208 Coordination and Continuity of Care	Met
438.210 Coverage and Authorization of Services	Met
438.214 Provider Selection	Met
438.224 Confidentiality	Met
438.228 Grievance and Appeal Systems	Standard reviewed separately in 2022*
438.230 Subcontractual Relationships and Delegation	Met
438.236 Practice Guidelines	Met
438.242 Health Information Systems+	Met

* See Table 47 for MHP ABH MCP Grievance and Appeal System Standard results.
+ MCP Health Information Systems were evaluated as part of the PMV activity.

Conclusion

Summary conclusions for the SPR activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 71-75 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- The MHT MCPs all received an overall weighted score of 100% for the 2024 SPR, which evaluated MY 2023 compliance with the MCO Standards and Program Integrity Requirements Under the Contract.
- Stakeholders can have high confidence in the MHT MCPs' level of compliance.
- The MHP MCP achieved 100% compliance in the standards reviewed, yielding high confidence in its level of compliance.

Network Adequacy Validation

Objective

CMS requires states to ensure their MCPs maintain provider networks sufficient to provide timely and accessible care to their members across the continuum of services. As set forth in 42 CFR §438.68, states are required to establish quantitative network adequacy standards for specified provider types and all geographic areas covered by MCP contracts. Network adequacy standards must account for regional factors and the needs of the managed care membership. BMS contracts with a vendor to conduct a comprehensive annual provider network adequacy assessment for all MCPs, on their behalf. The objective of the NAV activity is to validate the network adequacy assessment data, methods, and results produced by the state. This activity allows BMS and other stakeholders to have a level of confidence in the network adequacy assessment.

Methodology

NAV, consistent with the newly released CMS protocol, was conducted for the first time in 2024; this assessment, which validated SFY 2023 network adequacy reporting, serves as baseline.[24]

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[24] SFY 2023 encompasses July 1, 2022 to June 30, 2023.

BMS identified metrics used by the state to measure MCP compliance with network capacity and geographic accessibility standards in the MCP contract. Metrics for SFY 2023 included:

- Network Capacity – Provider-to-Enrollee Ratio Standards
  - Primary care providers (PCPs)
  - Obstetrics and gynecology (OB/GYN) and certified nurse midwife (CNM) providers
- Geographic Accessibility – Time and Distance Standards
  - PCPs
  - OB/GYN and CNM providers
  - Frequently used specialist providers
  - Other specialist providers
  - Hospitals
  - Dental network providers
  - Behavioral health (BH) and substance use disorder (SUD) network providers
  - Essential community providers (ECPs)

Qlarant aggregated metrics from the MCP contract. In total, 99 indicators were identified for validation. All 99 indicators are listed in Appendix 3.

Description of Data Obtained. To complete the NAV activity, Qlarant requested the data files and documentation identified in Table 49.

Table 49. Data and Documentation Obtained by Source

Source	Data and Documentation
MCP Data and Documentation	2023 provider network data files 2023 provider-to-enrollee ratio worksheet 2023 ISCA and supporting documents 2023 beneficiary enrollment files* - Data dictionaries
State Data and Documentation	2024 Provider Network Adequacy Review of Managed Care Organizations report (PNA report)* 2024 provider-to-enrollee ratio calculation data* 2024 geographic accessibility percentage calculation data* 2024 geographic information system software time and distance results* - Data dictionaries

*The data and documentation used for the SFY 2023 network adequacy assessment activities included Medicaid beneficiaries only. CHIP beneficiaries were excluded.

Technical Methods of Data Collection and Analysis. The 2024 NAV was conducted in a manner consistent with *CMS EQR Protocol 4 – Validation of Network Adequacy.*[25] While *CMS EQR Protocol 4* is written as if the EQRO is validating network adequacy analyses conducted by the MCP, states have the option to conduct network adequacy analyses using data submitted by the MCPs and/or other data sources. For SFY 2023, BMS opted to conduct network adequacy analyses for MCPs, on their behalf. BMS contracted with a vendor to conduct an annual comprehensive assessment of provider network adequacy for each MCP using data submitted by the MCP and data produced by the state. The vendor calculated MCP compliance with SFY 2023 metrics and reported results in the 2024 PNA report. Unless

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[25] CMS EQR Protocols

otherwise specified, references to state methodologies and results include information presented by the state's vendor in the PNA report. In accordance with the CMS protocol, Qlarant validated indicators produced by the state as if they were calculated by the MCP.

Qlarant validated the network adequacy indicators by:

- Assessing the MCP's ability to collect reliable and valid network adequacy monitoring data
- Evaluating the state's use of sound network assessment methods and ability to produce accurate results
- Generating a validation score and confidence rating for each network adequacy indicator

Qlarant assessed MCP information systems by reviewing the most recently completed ISCA, HEDIS Roadmap, and NCQA Health Plan Accreditation (HPA) assessment.[26] To evaluate processes for collecting network adequacy monitoring data not addressed in other sources, Qlarant required the MCP to complete and submit a survey of the plan's network adequacy systems and processes. During the PMV virtual site review, Qlarant interviewed MCP staff and clarified survey responses. Qlarant drew conclusions of the MCP's information systems and processes and their adequacy of collecting and reporting accurate data for each network adequacy indicator.

To evaluate state systems and processes that collect, store, and process network adequacy data and state network assessment methods and results, Qlarant conducted a meeting with BMS and the state's PNA report vendor. Qlarant interviewed attendees to gather information about state compliance specifications, data transfer processes, and network analysis methodologies.

CMS identified 28 elements that the EQRO should review for each indicator, as applicable. Qlarant assessed review elements as met, unmet, or not applicable to generate a validation score and corresponding confidence rating for each indicator. The validation score represents the percentage of reviewed elements assessed as being met for the indicator. The confidence rating indicates Qlarant's level of confidence that acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the indicator. The network adequacy indicator validation scoring system is displayed in Table 50.

Table 50. Network Adequacy Indicator Validation Scoring

Score	Level of Confidence
90.0% - 100%	**High confidence** in assessment methodology
50.0% - 89.9%	**Moderate confidence** in assessment methodology
10.0% - 49.9%	**Low confidence** in assessment methodology
<10.0%	**No confidence** in assessment methodology

Results

Information Systems Assessment

Table 51 includes Qlarant's assessment for each MCP regarding the adequacy of their information systems and processes for collecting and reporting accurate data for each network adequacy indicator.

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

Table 51. MCP Information Systems Assessment

2024 NAV for SFY 2023	ABH*	THP	WWV
Information Systems Assessment	Met Requirements	Met Requirements	Met Requirements

*Assessment applies to both MHT and MHP programs.

All MCPs had information systems and processes that were assessed as meeting requirements to collect and report accurate data for each network adequacy indicator.

Network Adequacy Indicator Validation Results

Qlarant considered 28 review elements to validate the state's network adequacy assessment for each indicator. Indicator validation, as identified by CMS, consists of three assessment categories:

- Assessment of state and MCP data collection procedures
- Assessment of state network adequacy methods
- Assessment of state network adequacy results

For each validated indicator, Qlarant generated a validation score and confidence rating. Results were consistent for all MCPs, as data quality was similar among MCPs and consistent analysis methodology was used by the state vendor to produce PNA report results. Of 99 indicators validated, 97 validations resulted in a rating of moderate confidence and 2 validations resulted in a rating of low confidence. These results provide BMS and other stakeholders with a low to moderate level of confidence that acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Qlarant validated three network capacity indicators for each MCP. For the PCP-to-adult enrollee and PCP-to-pediatric enrollee ratio indicators, Qlarant's validation resulted in scores of 46.7% and ratings of low confidence. For the OB/GYN-to-enrollee ratio indicator, Qlarant's validation resulted in a score of 62.5% and rating of moderate confidence. Validation results, consistent for all MCPs, are illustrated in Figure 11.

Figure 11. Network Capacity Standard Validation Results by Provider Category
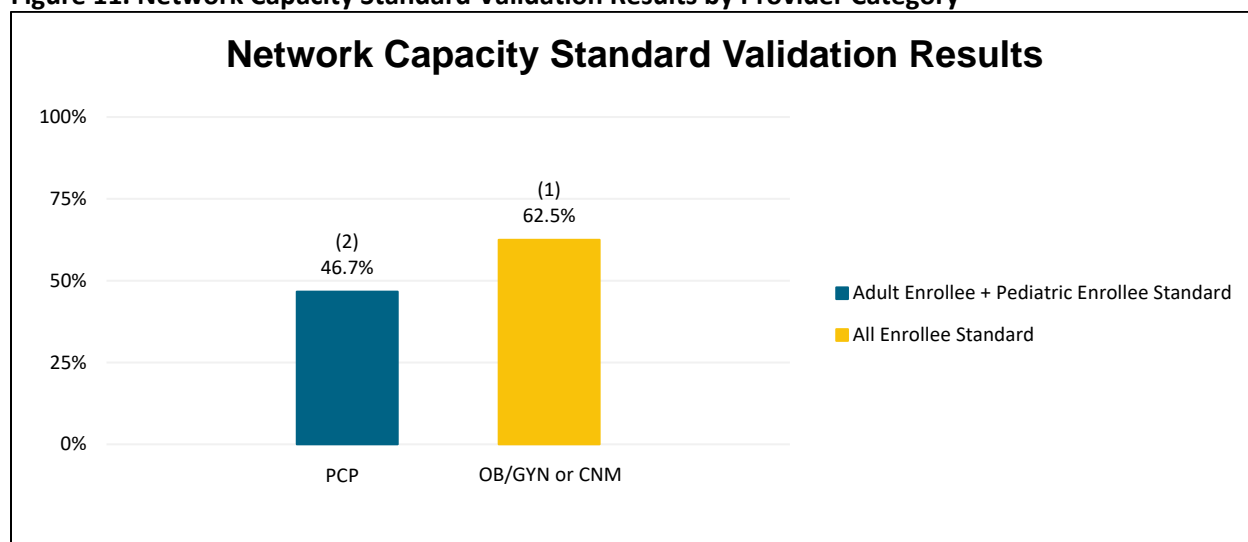
The number displayed in parentheses represents the number of indicators validated for each standard.

Qlarant validated 96 geographic accessibility indicators for each MCP. Qlarant's validation for these indicators resulted in scores ranging from 52.9% to 66.7% and ratings of moderate confidence. Validation results, consistent for all MCPs, are illustrated in Figure 12.

Figure 12. Geographic Accessibility Standard Validation Results by Provider Category
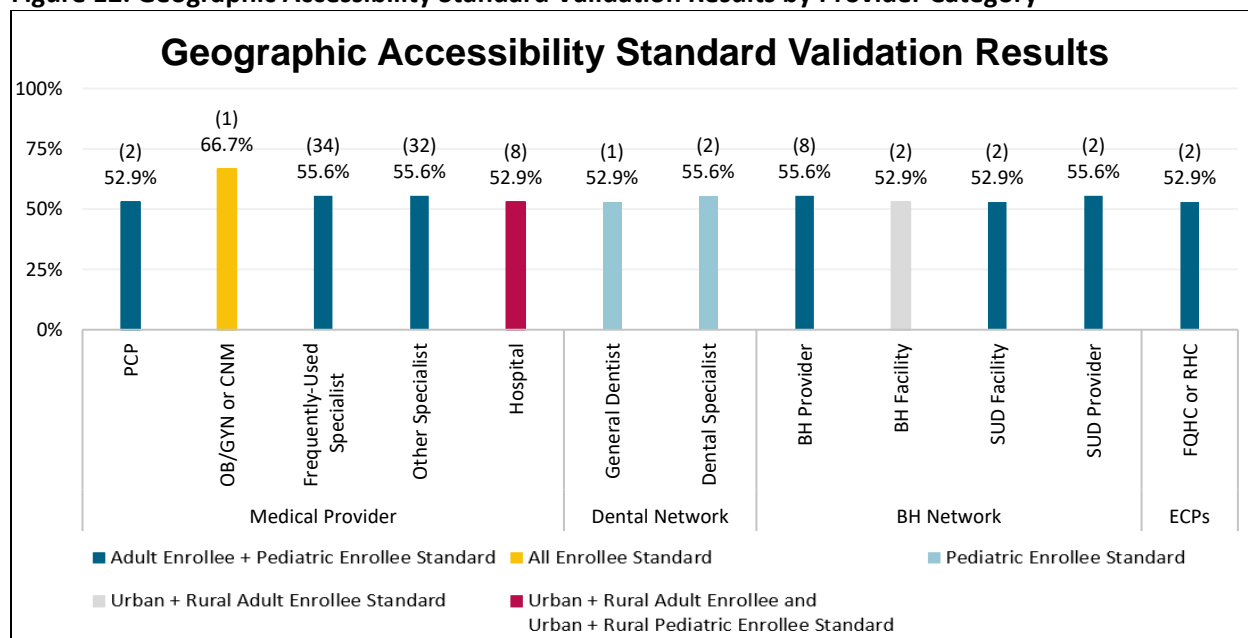
The number displayed in parentheses represents the number of indicators validated for each standard.

Qlarant aggregated validation scores for all 99 indicators and calculated the percentage of indicator elements scored as met, by assessment category. Aggregated indicator validation results, by assessment category, are illustrated in Figure 13.

Figure 13. Network Adequacy Indicator Validation Results by Assessment
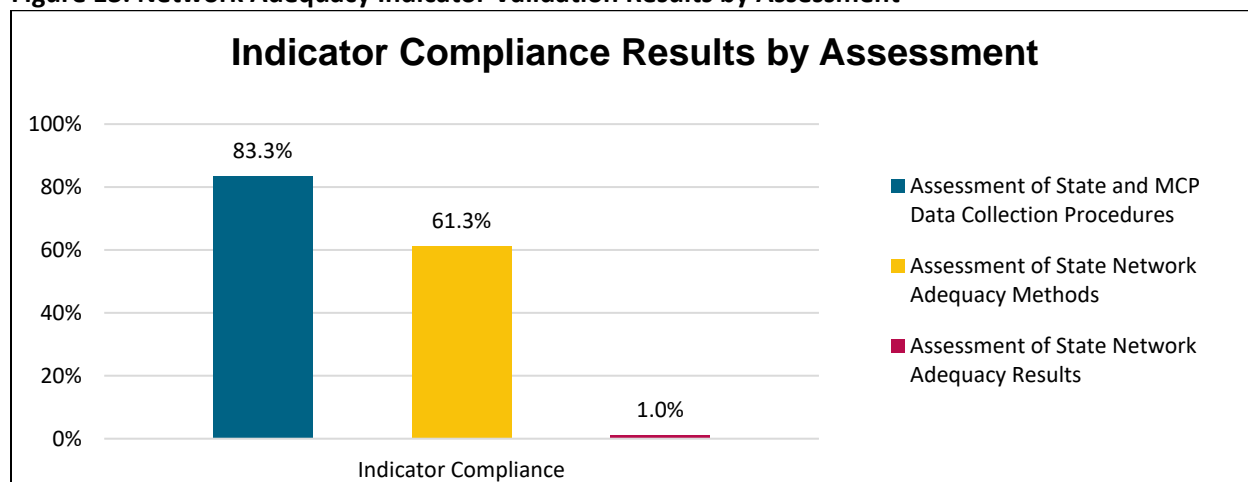
Assessment of State and MCP Data Collection Procedures. The assessment of state and MCP data collection procedures resulted in a moderate confidence validation rating of 83.3%. This score was attributed to patterns of missing data; there were issues maintaining matching provider information between the MCPs and state data systems.

Assessment of State Network Adequacy Methods. The assessment of state network adequacy methods resulted in a moderate confidence validation rating of 61.3%. Findings contributing to this rating include:

- Methods selected by the state vendor to calculate each indicator were not appropriate for the state and the resulting analysis did not adequately address compliance standards identified in the MCP contract. For example, the MCP contract specifies a separate network adequacy standard for adult enrollees and pediatric enrollees for 97 of 99 indicators; specific age ranges for adult and pediatric enrollees are identified. The state vendor did not apply age parameters consistent with what is included in the MCP contract. Additionally, the MCP contract specifies that only active providers who are accepting new patients (open panel) can be included in network adequacy calculations. However, the calculation methodology was not limited to open panel providers.
- Methods selected by the state vendor to generate data needed to calculate the indicators were not adequate and the resulting analysis did not adequately address compliance standards identified in the MCP contract.
- The state vendor's approach to deriving provider-to-enrollee ratios and/or percentage of contracted providers accepting new patients did not match state expectations.

Assessment of State Network Adequacy Results. The assessment of state network adequacy results concluded a no confidence validation rating of 1.0%. Findings contributing to this rating include:

- The state vendor did not calculate an applicable result for any of the indicators intended for validation; therefore, Qlarant was unable to confirm the validity of the state's results.
- The state vendor did not calculate an applicable result for any of the indicators intended for validation; therefore, Qlarant was unable to confirm the state's calculated values reflect true values.
- The state vendor did not calculate an applicable result for 97 of 99 indicators intended for validation; therefore, results were unavailable and Qlarant was unable to confirm reproducibility and consistency. For two (2) of 99 indicators, OB/GYN-to-enrollee ratio and OB/GYN time and distance, Qlarant determined the state's results were reproducible and consistent.
- The state vendor did not calculate an applicable result for 97 of 99 indicators intended for validation; therefore, results were unavailable and Qlarant was unable to confirm the accuracy of result interpretation. For two (2) of 99 indicators, OB/GYN-to-enrollee ratio and OB/GYN time and distance, Qlarant determined the state's results were accurately interpreted.

Detailed findings from Qlarant's assessment of state and MCP data collection procedures and state network adequacy calculation methods and results are presented in Appendix 3.

Outcome Data

Outcome data are not available for this review. The state's annual network adequacy assessment did not evaluate compliance standards identified in the SFY 2023 MCP contract; therefore, Qlarant was unable to validate MCP compliance.

Conclusion

Qlarant conducted the first NAV activity, consistent with the new CMS protocol, for SFY 2023. NAV activities evaluated the network adequacy indicators calculated by a vendor on behalf of the state, using data submitted by the MCP and the state, to determine whether state-defined provider network adequacy standards were met. Aggregate summary conclusions for the NAV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 71-75 within the MCP Quality, Access, Timeliness Assessment section, later in the report. Most recommendations apply to the state.

- Qlarant concluded each MCP's information systems and processes are capable of collecting and reporting accurate data for each network adequacy indicator.
- Of 99 network adequacy indicators validated:
  - Ninety-seven (97) indicators received a validation rating of moderate confidence.
  - Two (2) indicators received a validation rating of low confidence.
- Qlarant's assessment of all indicators generated a rating of:
  - Moderate confidence in state and MCP data collection procedures (83.3%).
  - Moderate confidence in state network adequacy methods (61.3%).
  - No confidence in state network adequacy results (1%). These results identify significant opportunity for improvement.

To improve the level of confidence in the methodology used for all phases of design, data collection, analysis, and interpretation of network adequacy indicators, Qlarant recommends BMS:

- Collaborate with their vendor to improve the PNA analysis methodology to align with current contract standards, including evaluating network capacity and geographic accessibility standards separately for MHP enrollees.
- Collaborate with MCPs and the state vendor to discuss current provider categories and types defined in the MCP contract to ensure consistency and accuracy and consider the state vendor's recommendation to base provider categories on standard healthcare provider taxonomy classification.
- Consider revising contract language to identify network adequacy specifications and variables. Examples of specifications include definitions of pediatric and adult enrollees, time and distance calculation methods, and rural and urban regions.

Encounter Data Validation

Objective

States rely on valid and reliable encounter/claims data submitted by MCPs to make key decisions.[27] For example, states may use data to establish goals, assess and improve the quality of care, monitor program integrity, and set capitation payment rates. As payment methodologies evolve and incorporate value-based payment elements, collecting complete and accurate encounter data is critical. Results of the EDV study provide BMS with a level of confidence in the completeness and accuracy of encounter data submitted by the MCPs.

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[27] Encounter data consists of claims; therefore, these terms, encounter data and claims, are used interchangeably in this report.

Methodology

Qlarant's 2024 EDV activities focused on an evaluation of provider office encounters including claims paid during MY 2023.

Description of Data Obtained. Qlarant obtained the following data to complete the EDV study:

- Claims data from BMS's fiscal agent, which included provider office claims paid January 1, 2023 through December 31, 2023
- Information Systems Capabilities Assessment documentation from the MCPs
- Medical records from providers

Technical Methods of Data Collection and Analysis. Qlarant completed validation activities in a manner consistent with the *CMS EQR Protocol 5 – Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan*.[28] To assess the completeness and accuracy of MCP encounter data, Qlarant completed the following activities:

- Reviewed state requirements for collecting and submitting encounter data
- Reviewed each MCP's capability to produce accurate and complete encounter data, which included an evaluation of the MCP's Information Systems Capabilities Assessment and interviews with key MCP staff
- Analyzed MCP electronic encounter data for accuracy and completeness including an examination for consistency, accuracy, and completeness
- Reviewed medical records gathered from provider offices to confirm electronic encounter data accuracy

Only valid medical records were reviewed for the study; medical records were assessed as valid if they were legible and the patient demographic information submitted in the medical record matched information in the encounter data file.

To complete the medical record reviews, Qlarant reviewers compared medical record documentation to electronic encounter data to confirm the accuracy of reported encounters. Specifically, reviewers evaluated the accuracy of diagnosis and procedure codes for the randomly selected provider office encounters. When documentation supported the diagnosis and procedure codes for the encounter under review, results were assessed as matching. When documentation did not support the diagnosis or procedure codes, results were assessed as not matching (or deemed as "no match").

Validation results include a score and level of confidence for the diagnosis code match rate, procedure code match rate, and overall match rate. Qlarant's scoring system is identified in Table 52.

Table 52. Compliance Ratings

Score	Level of Confidence
95.0% - 100%	**High confidence** in data accuracy
85.0% - 94.9%	**Moderate confidence** in data accuracy
75.0% - 84.9%	**Low confidence** in data accuracy
<75.0%	**No confidence** in data accuracy

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[28] CMS EQR Protocols

Results

MHT Encounter Data Validation Results

Qlarant found all MHT MCPs had the capability to produce accurate and complete encounter data. Qlarant concluded:

- Encounter volume was reasonable.
- Encounter submissions appeared timely.
- Required data fields contained complete and/or valid values.
- Diagnosis and procedure codes were appropriate according to members' age and/or gender.

Qlarant's medical record review evaluated the accuracy of diagnoses and procedure codes in the electronic encounter data. Table 53 displays MHT MCP overall accuracy or "match rates." A match occurs when the electronic diagnosis and procedure codes are supported by medical record documentation.

Table 53. MHT MCP Overall Encounter Data Accuracy

MY 2023 MHT EDV	ABH	THP	WWV	MHT MCP AVG
Accuracy or Match Rate	91.4%	94.7%	95.5%	93.9%
Confidence Level	Moderate	Moderate	High	Moderate

Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 85.0% to 94.9%; Low Confidence - 75.0% to 84.9%, No Confidence - <75.0%.

The 2024 medical record reviews, evaluating claims paid during MY 2023, confirmed moderate encounter data accuracy based on the MHT MCP average of 93.9%. MHT MCP performance ranged from 91.4%-95.5%.

Table 54 provides additional detail and includes MCP match rates at the diagnosis code and procedure code levels, and their corresponding confidence levels.

Table 54. MHT MCP Diagnosis and Procedure Code Match Rates

MY 2023 MHT EDV	ABH	THP	WWV	MHT MCP AVG
Diagnosis Code Match Rate	87.5%	93.4%	95.4%	92.1%
Confidence Level	Moderate	Moderate	High	Moderate
Procedure Code Match Rate	97.2%	96.8%	95.7%	96.6%
Confidence Level	High	High	High	High

Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 85.0% to 94.9%; Low Confidence - 75.0% to 84.9%, No Confidence - <75.0%.

For MY 2023, on average, 7.9% of diagnosis codes and 3.4% of procedure codes resulted in "no match" findings.

Figure 14 illustrates reasons for "no match" in diagnosis codes based on the medical record review activity by MCP. Reasons include coding errors and lack of documentation in the medical record.

Qlarant

Figure 14. Reasons for "No Match" in Diagnosis Codes
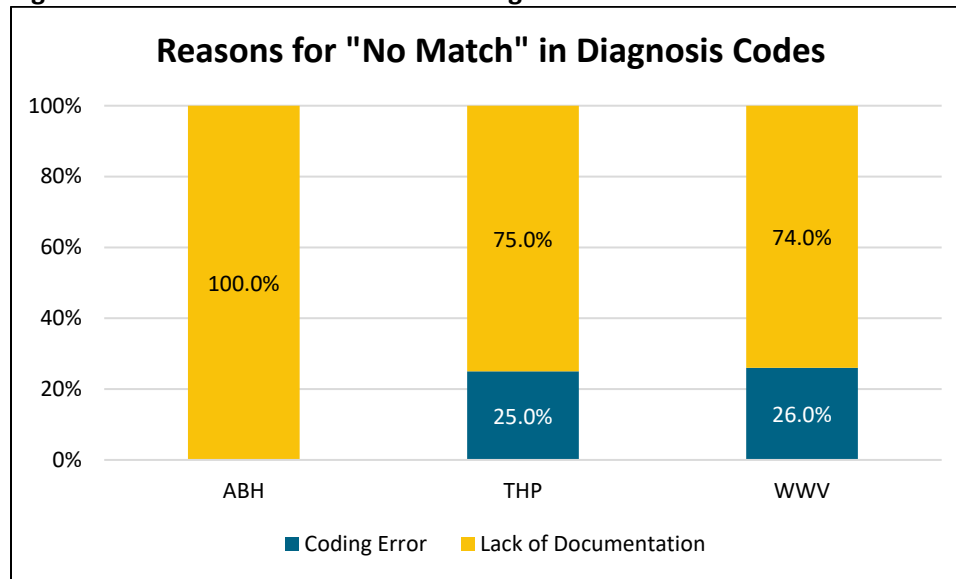
Most diagnosis code "no match" findings were due to a lack of documentation in the medical record. For ABH, 100% of "no match" findings were attributed to lack of documentation. For THP and WWV, lack of documentation contributed to 75.0% and 74.0% of "no match" findings, respectively.

Figure 15 illustrates reasons for "no match" in procedure codes based on the medical record review activity by MCP. Reasons include coding errors and lack of documentation in the medical record.

Figure 15. Reasons for "No Match" in Procedure Codes
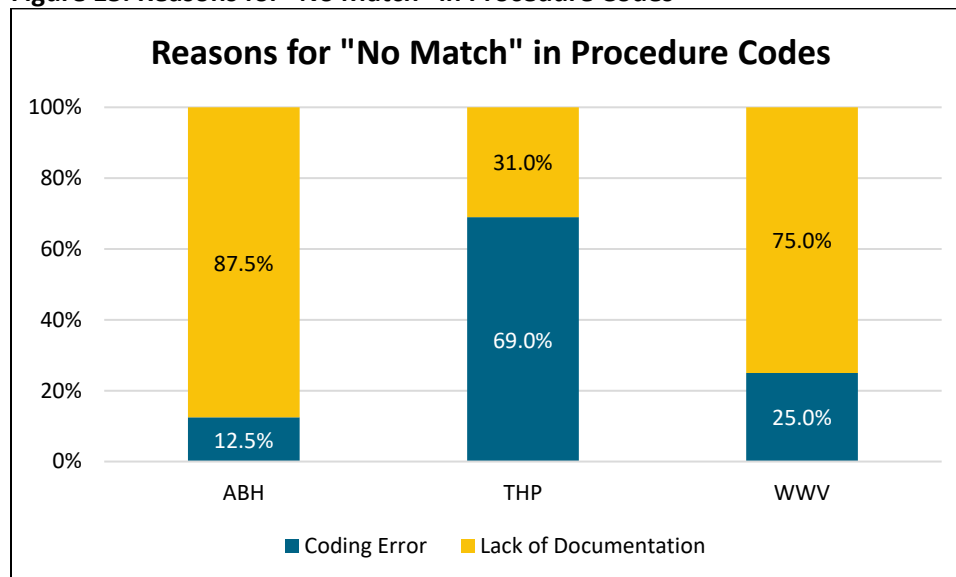
For THP, most procedure code "no match" findings were due to coding errors (69.0%). For the other MCPs, most "no match" findings were due to lack of documentation in the record (ABH: 87.5% and WWV: 75.0%).

Figure 16 illustrates overall encounter data accuracy for the last three years.

Figure 16. MHT MCP Encounter Data Accuracy for MYs 2021-2023
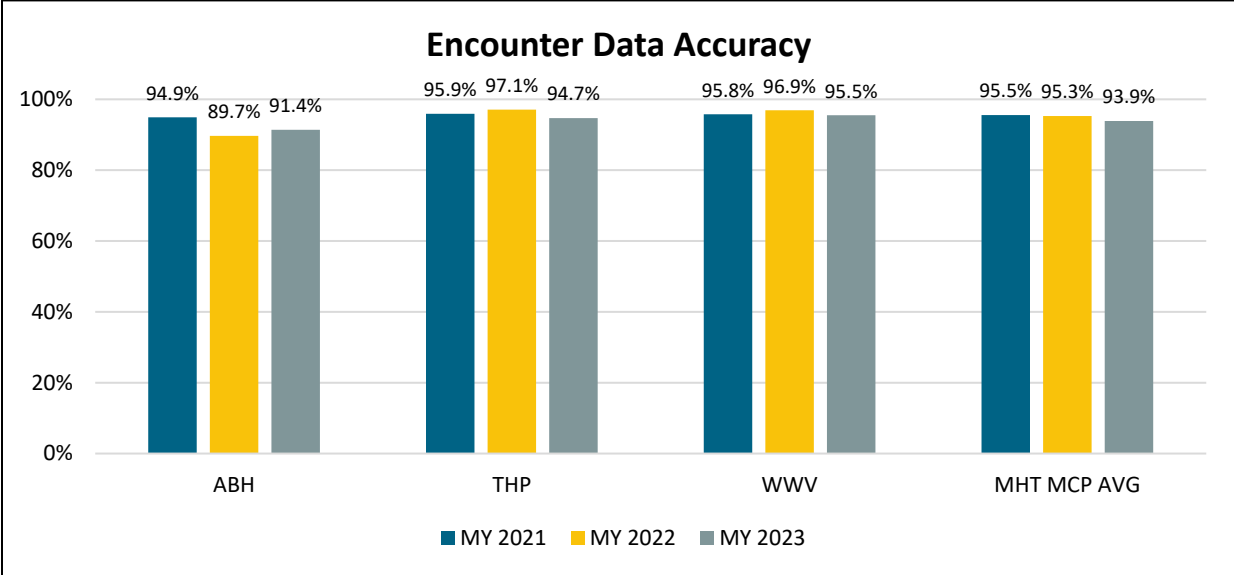
All MHT MCPs achieved 89.7%, or greater, accuracy rates during the trended timeframe. The MHT MCP average experienced a negative trend in performance over the three-year period.

MHP Encounter Data Validation Results

Qlarant found MHP ABH had the capability to produce accurate and complete encounter data. Qlarant concluded:

- Encounter volume was reasonable.
- Encounter submissions appeared timely.
- Required data fields contained complete and/or valid values.
- Diagnosis and procedure codes were appropriate according to members' age and/or gender.

Qlarant's medical record review evaluated the accuracy of diagnoses and procedure codes in the electronic encounter data. Table 55 displays MHP ABH overall accuracy or "match rates." A match occurs when the electronic diagnosis and procedure codes are supported by medical record documentation.

Table 55. MHP ABH Overall Encounter Data Accuracy

MY 2023 MHP ABH EDV	ABH
Accuracy or Match Rate	59.4%
Confidence Level	None

Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 85.0% to 94.9%; Low Confidence - 75.0% to 84.9%, No Confidence - <75.0%.

The 2024 medical record review, evaluating claims paid during MY 2023, confirmed a confidence rating of "none" for MHP ABH.

The MHP MCP's accuracy or "match rate" for MY 2023 was 59.4%; 40.6% of MHP ABH record elements reviewed resulted in a "no-match" finding. Table 56 provides additional detail and includes match rates at the diagnosis code and procedure code levels.

Table 56. MHP ABH Diagnosis and Procedure Code Match Rates

MY 2023 MHP EDV	ABH
Diagnosis Code Match Rate	43.4%
Confidence Level	None
Procedure Code Match Rate	90.9%
Confidence Level	Moderate

Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 85.0% to 94.9%; Low Confidence - 75.0% to 84.9%, No Confidence - <75.0%.

More than half, 56.6%, of diagnosis codes and 9.1% of procedure codes resulted in "no match" findings. Poor performance in diagnosis code accuracy was largely attributed to one high-volume provider who did not consistently provide evidence of diagnosis code documentation.

Figure 17 illustrates reasons for "no match" in diagnosis codes based on the medical record review activity. Reasons include coding errors and lack of documentation in the medical record.

Figure 17. Reasons for "No Match" in Diagnosis Codes

Reasons for "No Match" in Diagnosis Codes

- Coding Error — 1.0%
- Lack of Documentation — 99.0%
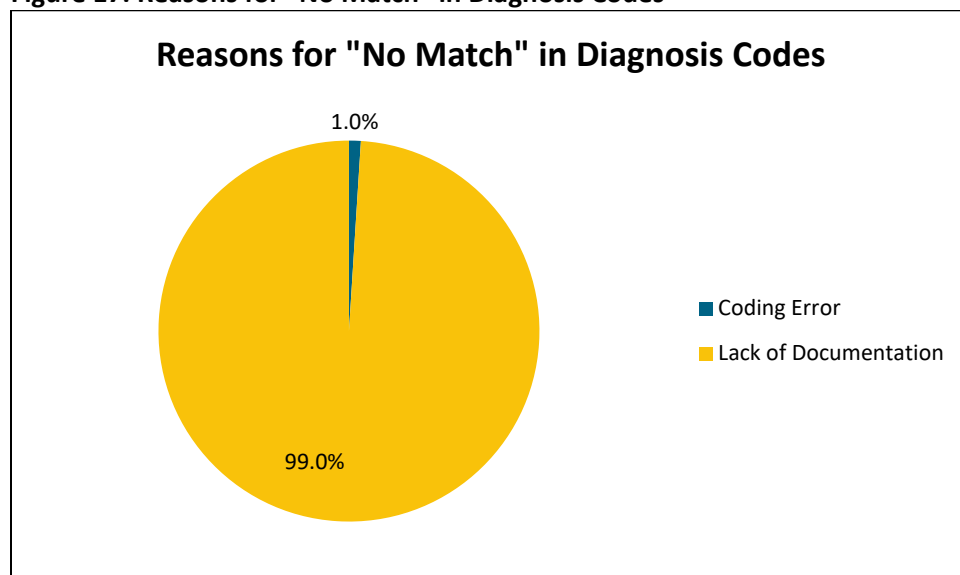
Most MHP ABH diagnosis code "no match" findings were due to a lack of documentation in the medical record (99.0%), compared to coding errors (1.0%).

Figure 18 illustrates reasons for "no match" in procedure codes based on the medical record review activity. Reasons include coding errors and lack of documentation in the medical record.

Figure 18. Reasons for "No Match" in Procedure Codes

Reasons for "No Match" in Procedure Codes

48.0%

52.0%

■ Coding Error

■ Lack of Documentation
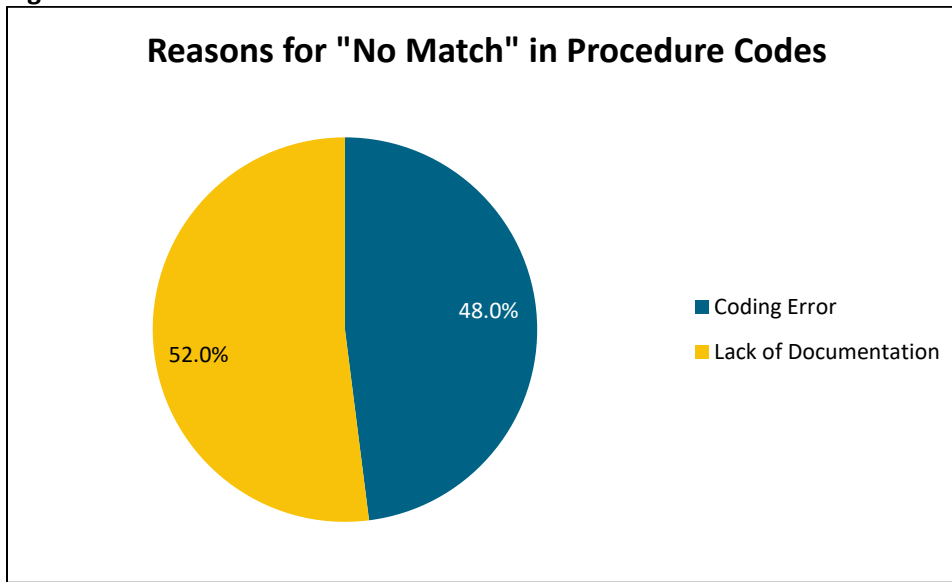
Most MHP ABH procedure code "no match" findings were due to a lack of documentation in the record (52.0%), compared to coding errors (48.0%).

Figure 19 illustrates MHP ABH's encounter data accuracy for the last three years.

Figure 19. MHP ABH Encounter Data Accuracy for MYs 2021-2023

Encounter Data Accuracy

	MY 2021	MY 2022	MY 2023
	70.4%	60.5%	59.4%
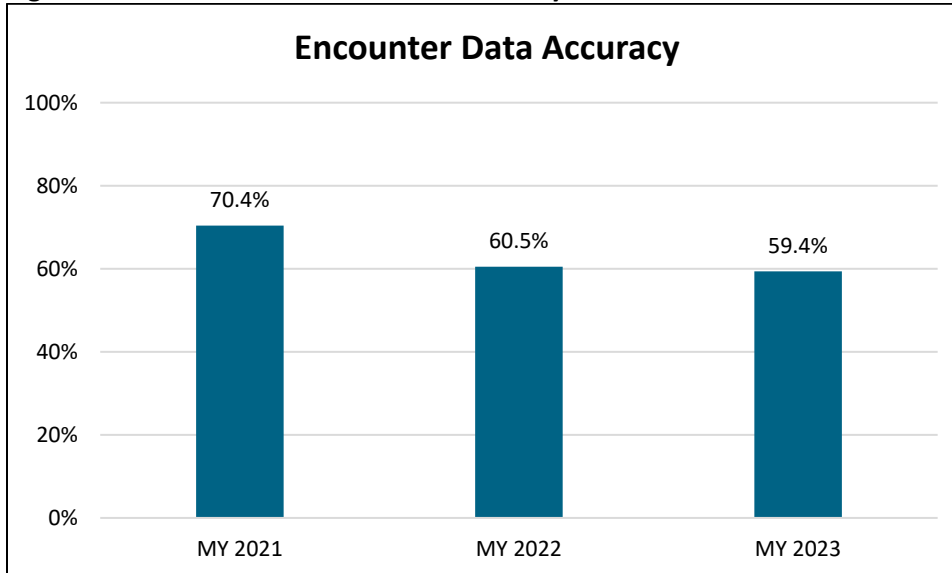
The encounter data accuracy rate declined each year demonstrating a negative trend from MY 2021 (70.4%) to MY 2023 (59.4%).

Conclusion

Aggregate summary conclusions for the EDV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 71-75 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- An evaluation of each MCP's Information Systems Capabilities Assessment determined all MCPs had the capability to produce accurate and complete encounter data for MY 2023.
- Analysis of provider office claims paid in MY 2023 confirmed reasonable encounter volume, timely submission, complete and/or valid values, and appropriate usage of codes for all MCPs.
- A medical record review determined an overall encounter data accuracy average rate of 93.9% for the MHT MCPs. This is a 1.4 percentage point decline in performance compared to the MHT MCP average of 95.3% in MY 2022.
- The EDV audit for MHP ABH resulted in a lower encounter data accuracy assessment. A negative trend in performance was observed; performance declined annually (MY 2021: 70.4%, MY 2022: 60.5%, and MY 2023: 59.4%). This lower performance was largely attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed.

Grievance, Denial, and Appeal Focus Study

Objective

MCP members have the right to file a grievance when they are not satisfied with care or services and the right to file a request to appeal when they do not agree with a decision made by the MCP. The MCPs must follow federal and state requirements when:

- Responding to a member grievance
- Making a decision to deny, reduce, or terminate a member service or benefit (adverse determination)
- Reviewing a member appeal and upholding or overturning a decision to deny, reduce, or terminate a service or benefit

Qlarant conducts a focus study by collecting information on grievances, denials, and appeals from each MCP; completing random sample record reviews; and evaluating MCP compliance with federal and state requirements. The focus study activities and validation findings provide BMS with a level of confidence in MCP procedures and compliance with requirements.

Methodology

Qlarant's 2024 focus study activities centered on an evaluation of member grievances, pre-service denials, and appeals received during state fiscal year (SFY) 2024 (July 1, 2023-June 30, 2024). The MCPs are expected to comply with 42 CFR 438.400-438.424, the Grievance and Appeal System Standard. This standard includes requirements for the following elements:

- §438.404 - Timely and adequate notice of adverse benefit determination
- §438.406 - Handling of grievances and appeals
- §438.408 - Resolution and notification: grievances and appeals
- §438.410 - Expedited resolution of appeals

Description of Data Obtained. Using Qlarant-developed reporting templates, MCPs submitted their grievance, denial, and appeal "universes" to Qlarant.[29] The universe files included a list of all members who filed a grievance, received a pre-service denial, or made a request for appeal during SFY 2023. Qlarant selected a random sample of members from each category and notified each respective MCP. In turn, the MCPs collected the corresponding grievance, denial, and appeal member records and submitted them to Qlarant for review and validation activities. The records contained all internal and member-facing documentation related to the specific grievance, denial, or appeal.

Technical Methods of Data Collection and Analysis. The study, which examined and evaluated MCP compliance with federal and state requirements, was conducted in a manner consistent with *CMS EQR Protocol 9 – Conducting Focus Studies of Health Care Quality.*[30] Grievance records were evaluated to ensure the MCP provided a timely acknowledgment and resolution notification. Denials, or adverse determination records, were reviewed to assess compliance with timely notification of decisions and required letter content, such as communication of a member's right to file an appeal and procedures on how to do so. Appeal records were evaluated to ensure the MCP provided timely member acknowledgment and resolution notification and required letter content, such as communication of a member's right to request a state fair hearing and procedures on how to make such requests.

A level of confidence in the MCP's results is determined for each area of review. Table 57 includes compliance ratings.

Table 57. Compliance Ratings

Score	Level of Confidence
95.0% - 100%	**High confidence** in MCP compliance
85.0% - 94.9%	**Moderate confidence** in MCP compliance
75.0% - 84.9%	**Low confidence** in MCP compliance
<75.0%	**No confidence** in MCP compliance

Results

Table 58 includes MHT MCP grievance, denial, and appeal compliance results for SFY 2024 based on Qlarant's record review. The MHT MCP average is also provided for each category.

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[29] MCPs additionally submitted self-reported grievance, pre-service denial, and appeal statistics to Qlarant; these statistics focused on counts and compliance with resolution and reporting requirements. Qlarant, in turn, aggregated these statistics and reported them to BMS. However, the primary purpose of the Grievance, Denial, and Appeal Focus Study was to evaluate MCP compliance through random sample record reviews.

[30] CMS EQR Protocols

Table 58. MHT MCP Grievance, Denial, and Appeal Compliance (SFY 2024)

SFY 2024 Compliance	ABH Compliance	THP Compliance	WWV Compliance	MHT MCP AVG Compliance
Grievances				
Grievance Compliance	100%	100%	100%	100%
Confidence Level	High	High	High	High
Denials				
Denials Compliance	100%	100%	100%	100%
Confidence Level	High	High	High	High
Appeals				
Appeals Compliance	100%	95.0%	100%	98.3%
Confidence Level	High	High	High	High

Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 85.0% to 94.9%; Low Confidence - 75.0% to 84.9%, No Confidence - <75.0%.

Overall, the MCPs performed well in meeting grievance, denial, and appeal requirements; each MCP achieved a rating of high confidence.

Figure 20 graphically displays MHT MCP SFY 2024 results for the grievance, denial, and appeal focus study.
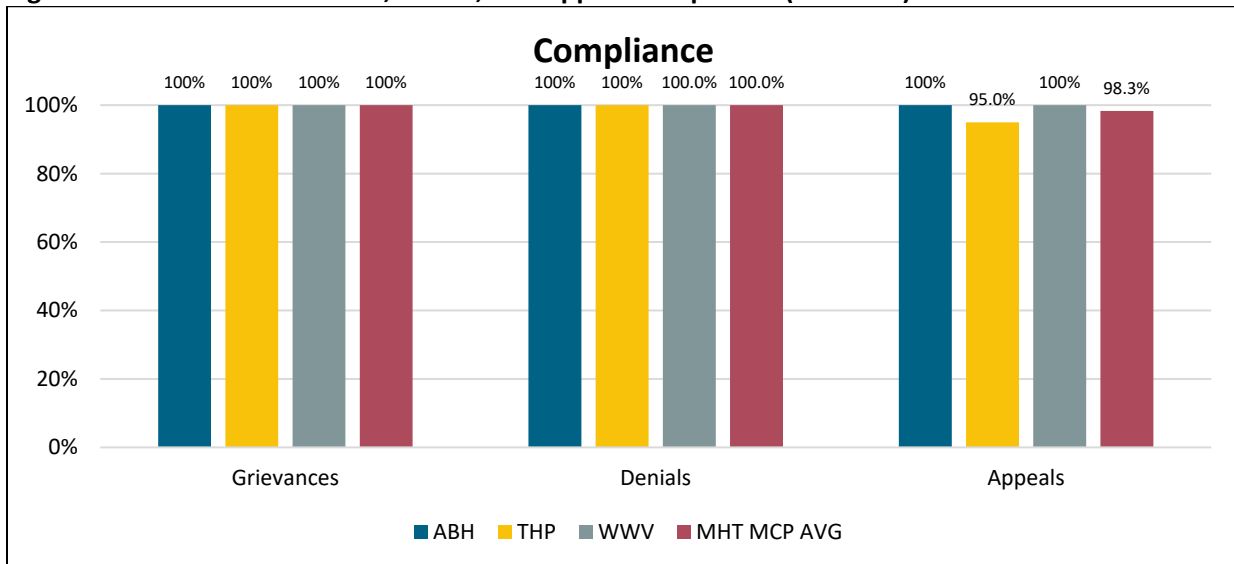
Figure 20. MHT MCP Grievance, Denial, and Appeal Compliance (SFY 2024)

Figure 21 compares MHT MCP average grievance compliance results for SFYs 2022-2024. The MHT MCP average has remained constant at 100% for the last two years (SFY 2023 and SFY 2024).
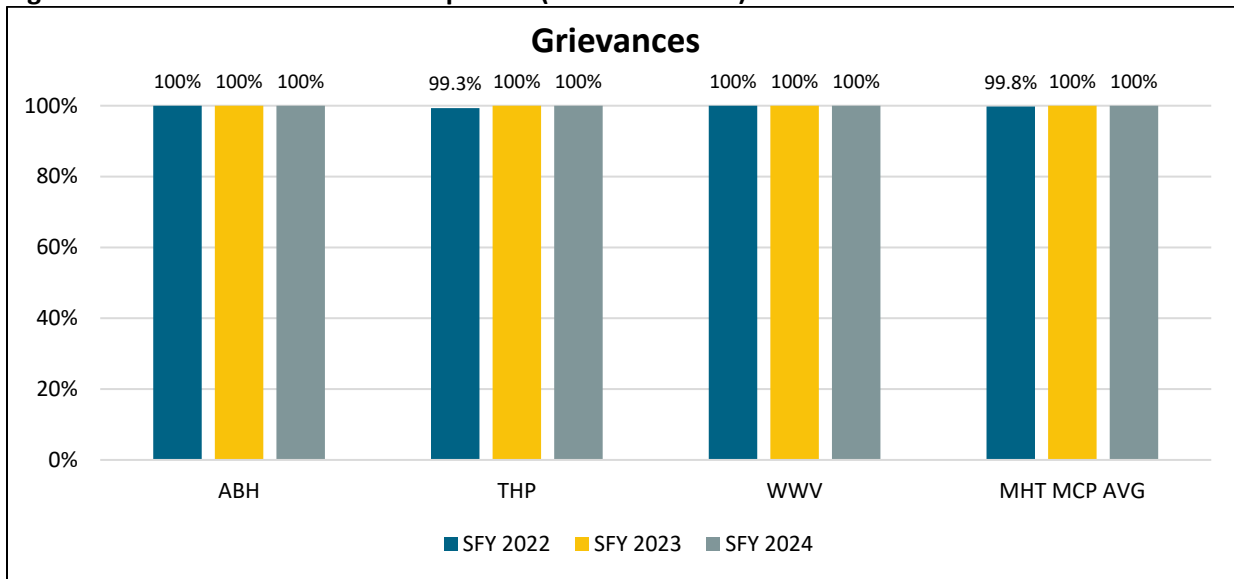
Figure 21. MHT MCP Grievance Compliance (SFYs 2022-2024)

Figure 22 compares MHT MCP average denial compliance results for SFYs 2022-2024. The MHT MCP average demonstrated improvement and achieved 100% in SFY 2024 after experiencing a marginal decline in SFY 2023.
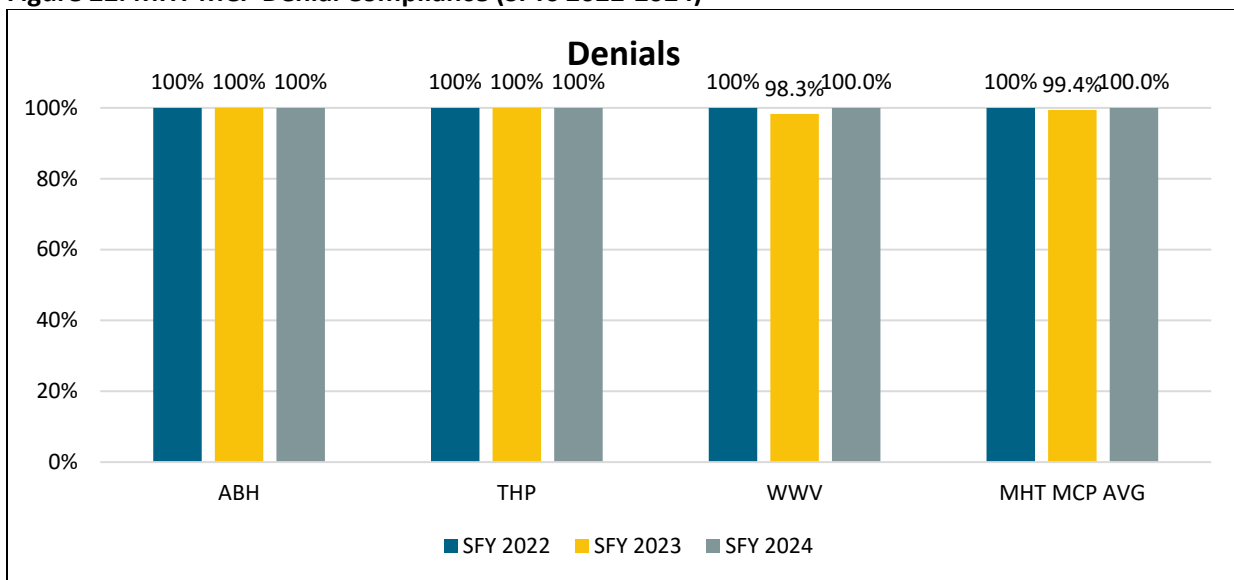
Figure 22. MHT MCP Denial Compliance (SFYs 2022-2024)

Figure 23 compares MHT MCP average appeal compliance results for SFYs 2022-2024. After achieving an eight percentage point increase in SFY 2023 (compared to SFY 2022), a marginal decline of less than one percentage point in performance occurred in SFY 2024 (compared to SFY 2023).
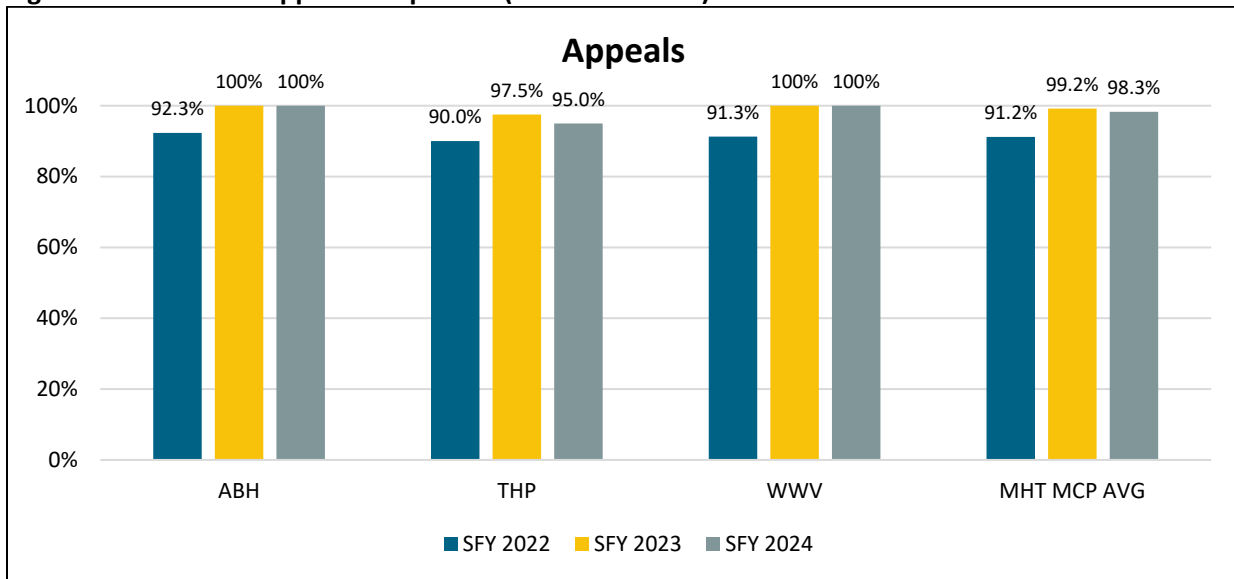
Figure 23. MHT MCP Appeal Compliance (SFYs 2022-2023)

Table 59 includes MHP ABH grievance, denial, and appeal compliance results for SFY 2024.

Table 59. MHP ABH Grievance, Denial, and Appeal Compliance (SFY 2024)

Category	MHP ABH Compliance	Confidence Level
Grievances	100%	High
Denials	100%	High
Appeals	100%	High

Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 85.0% to 94.9%; Low Confidence - 75.0% to 84.9%, No Confidence - <75.0%.

The MHP MCP achieved 100% compliance in all reporting areas. Figure 24 graphically displays ABH's SFY 2024 results for the grievance, denial, and appeal focus study.
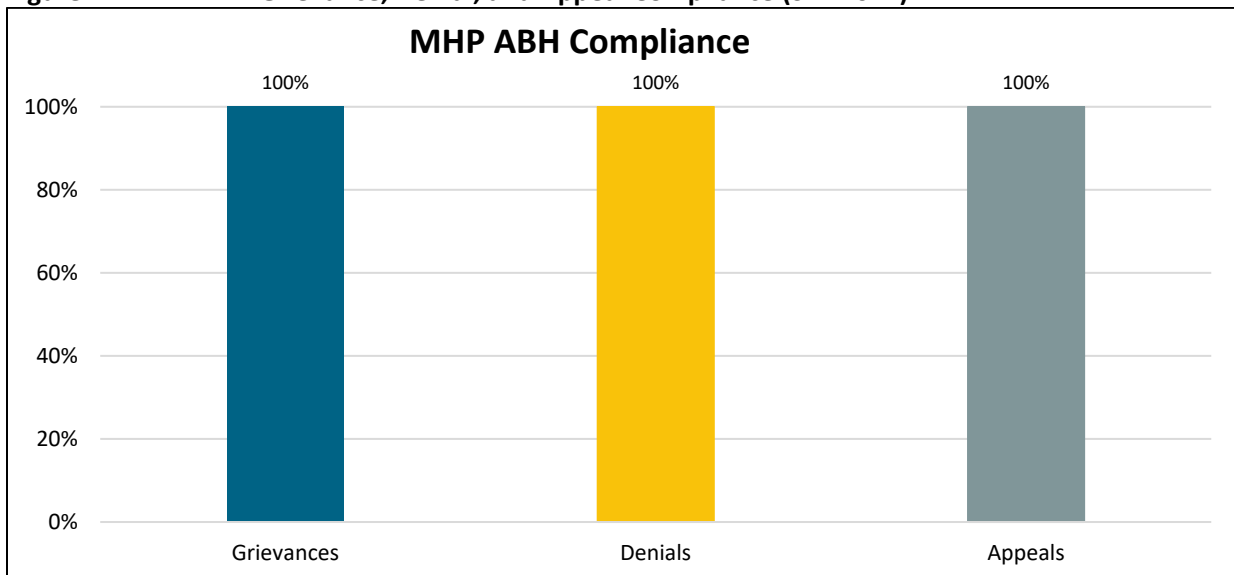
Figure 24. MHP ABH Grievance, Denial, and Appeal Compliance (SFY 2024)

Figure 25 compares MHP ABH average grievance, denial, and appeal compliance results for SFYs 2022-2024. Compliance remained constant at 100% for grievances and denials throughout the three-year period. The appeal compliance rate improved from 96.5% in SFY 2022 to 100% in SFY 2023 and remained constant at 100% in SFY 2024.

Figure 25. MHT MCP Grievance, Denial, and Appeal Compliance (SFYs 2022-2024)
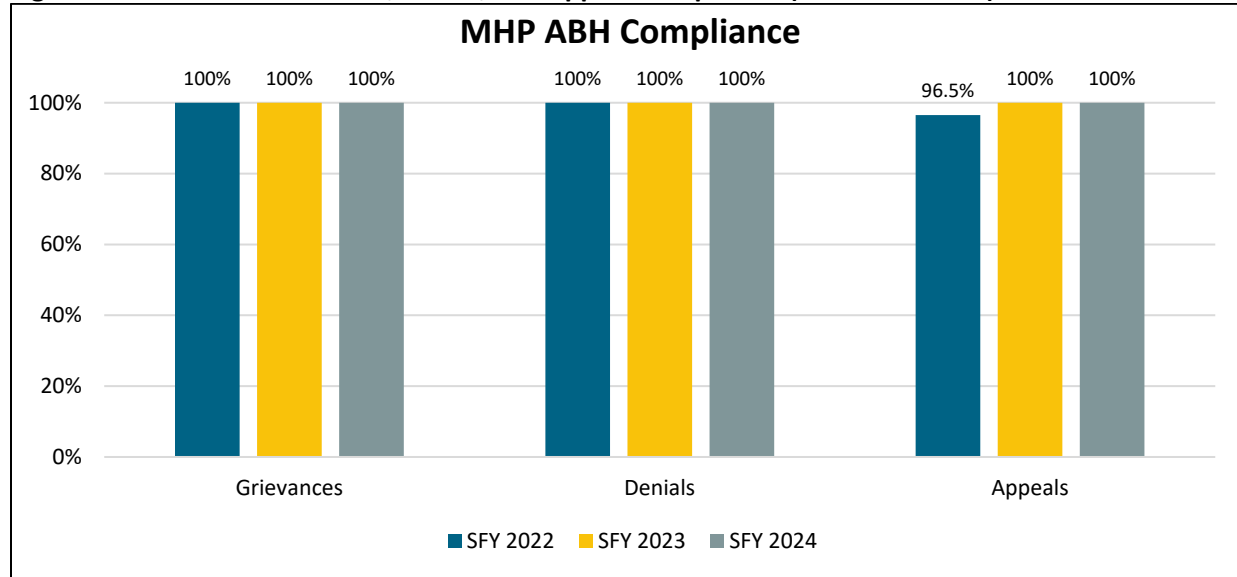
Conclusion

Aggregate summary conclusions for the focus study are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 71-75 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- All MHT MCPs achieved grievance compliance scores of 100% (high confidence).
- MHT MCP achieved denial compliance scores of 100% (high confidence).
- MHT MCP appeal compliance scores ranged from 95.0-100% (high confidence).

When comparing SFY 2023 performance to SFY 2024, the MHT MCP averages remained constant at 100% for grievances. Marginal improvement is noted for denials; performance improved from 99.4% to 100% for denials. A decline is noted for appeal compliance; performance declined from 99.2% to 98.3%.

MHP ABH achieved 100% compliance in all three areas for SFY 2024. This performance is consistent with SFY 2023 compliance in grievances, denials, and appeals. Stakeholders can have high confidence in the MCP's procedures for processing and/or providing resolution notice of grievances, denials, and appeals.

24/7 Access to Care Focus Study

Objective

Access to care surveys evaluate whether MCPs are maintaining adequate provider networks and meeting availability service requirements. The Code of Federal Regulations, 42 CFR §438.206 - Availability of Services, requires MCPs to make services included in their contracts available 24 hours a day, 7 days a week (24/7), when medically necessary. If providers are not readily available during non-business hours, they should have a process in place to direct members to care. Focus study results provide BMS and other stakeholders with a level of confidence in provider compliance with the 24/7 requirement including directing members to care during nonbusiness hours.

Methodology

Qlarant conducted quarterly telephone surveys to complete the focus study, which evaluated MY 2024 MCP compliance with the 24/7 access to care standard.

Description of Data Obtained. MCPs submitted their most up-to-date provider directories, in an electronic file, to Qlarant on a quarterly basis. MCPs submitted provider name, specialty, practice name, address, phone number, and other requested demographic information.

Technical Methods of Data Collection and Analysis. During quarters 1-3 2024, Qlarant completed validation activities by randomly selecting and surveying a sample of providers from each MCP's provider directory.[31] For the MHT program, Qlarant surveyed a combination of PCPs providing services to all members and PCPs providing services to children. For the MHP program, Qlarant surveyed a combination of behavioral health providers and PCPs serving children. Qlarant surveyors called each provider office during non-business hours to determine provider compliance with the access standard. Information collected during the quarterly telephone surveys evaluated the accessibility of each MCP's network and compliance in directing members to care during non-business hours.

Compliance is assessed as meeting one of the following criteria.[32] Calls are answered by a:

- Live person able to answer questions and/or direct the member to care
- Recorded or automated message that identifies the provider or practice and directs the member to care

After each quarterly survey (for surveys conducted in quarters 1-3 2024), Qlarant provided the MCP with an Excel file of detailed survey findings including a list of providers who failed to demonstrate compliance. Qlarant recommended the MCP follow up with each noncompliant provider or practice to remedy issues that prevented successful contact with the provider or compliance with the 24/7 access requirement. The MCP was instructed to update provider directory data with corrected information prior to quarter 4.

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[31] The full sample of surveys for HHO were conducted during quarter 3 2024, due to the MCP's contract start date of August 1, 2024.
[32] Examples of a live person include practice employee, answering service representative, or an on-call provider. Calls answered by recorded or automated message must provide instruction to go to the nearest emergency room, call 911, contact a nurse line, or follow similar instructions on how to obtain care.

For quarter 4 2024, Qlarant reviewed MCP provider directory data and identified any updates or corrections made by the MCP. Qlarant used information included in the MCP's most current and up-to-date provider directory to resurvey providers identified as noncompliant during quarters 1-3. Qlarant assessed the success of MCP remediation by resurveying providers that (1) were not successfully contacted or (2) were successfully contacted but failed to demonstrate compliance in quarters 1-3.

Successful remediation is assessed as meeting one of the following criteria:
- Provider was removed from the MCP's most current provider directory
- Provider was successfully contacted and demonstrated compliance

Surveys that do not meet the criteria for successful remediation are identified as unsuccessful.

After completing access to care surveys, Qlarant scores MCP findings using a 100-point scale. The assessment provides BMS with a level of confidence in MCP compliance with the 24/7 access to care standard. Qlarant's scoring system is identified in Table 60.

Table 60. Compliance Ratings

Score	Level of Confidence
90.0% - 100%	**High confidence** in MCP compliance
75.0% - 89.9%	**Moderate confidence** in MCP compliance
60.0% - 74.9%	**Low confidence** in MCP compliance
<60.0%	**No confidence** in MCP compliance

Qlarant made methodological changes to the MY 2024 scoring; therefore, previous annual results are not included for comparison.

Results

MHT Access to Care Focus Study Results

Table 61 includes the total percentage of 2024 provider surveys that were compliant with the 24/7 access to care requirement for each MHT MCP during quarters 1-3.

Table 61. MHT MCP 24/7 Access to Care Provider Compliance for Quarters 1-3 2024

MY 2024 Access to Care – 24/7	ABH	HHO	THP	WWV	MHT MCP AVG
Provider Compliance	81.7%	68.3%	80.0%	80.0%	77.5%
Confidence Level	Moderate	Low	Moderate	Moderate	Moderate

Level of confidence scale for MCP compliance: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

MHT MCP compliance with the 24/7 access to care requirement ranged from 68.3%-81.7%. The MHT MCP average was 77.5%, which fell short of meeting the 90.0% BMS-established goal by 12.5 percentage points.

The methods MHT MCPs used to demonstrate compliance are illustrated in Figure 26.

Figure 26. MHT MCP Methods Used to Demonstrate Compliance for Quarters 1-3 2024
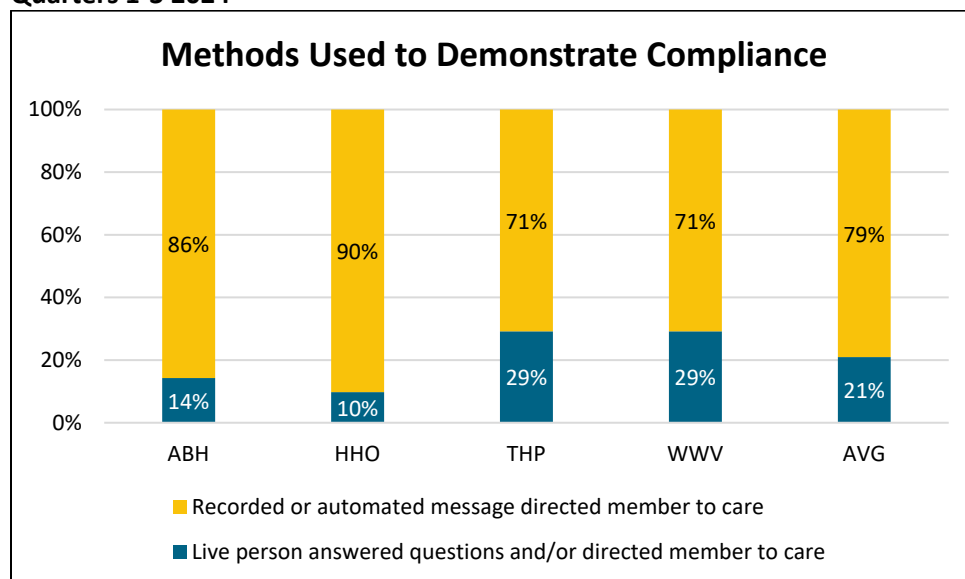
Methods Used to Demonstrate Compliance

Legend:
- Recorded or automated message directed member to care
- Live person answered questions and/or directed member to care

Most frequently, compliance was demonstrated via a recorded or automated message that directed members to care during non-business hours; the MHT MCP average for this method was 79%, compared to 21% for a live person that answered questions and/or directed members to care.

Table 62 displays reasons for noncompliance by MHT MCP.

Table 62. MHT MCP Reasons for Noncompliance for Quarters 1-3 2024

Reasons for Noncompliance	ABH	HHO	THP	WWV	MHT MCP AVG
Contact with provider or practice was not successful	91%	89%	75%	92%	87%
Live person did not provide option to speak with on-call provider or direct member to care	0%	0%	8%	0%	2%
Recorded or automated message did not direct member to care	9%	11%	17%	8%	11%

Reasons for noncompliance are illustrated in Figure 27, based on MHT MCP averages.

**Figure 27. MHT MCP Reasons for Noncompliance for Quarters 1-3 2024**
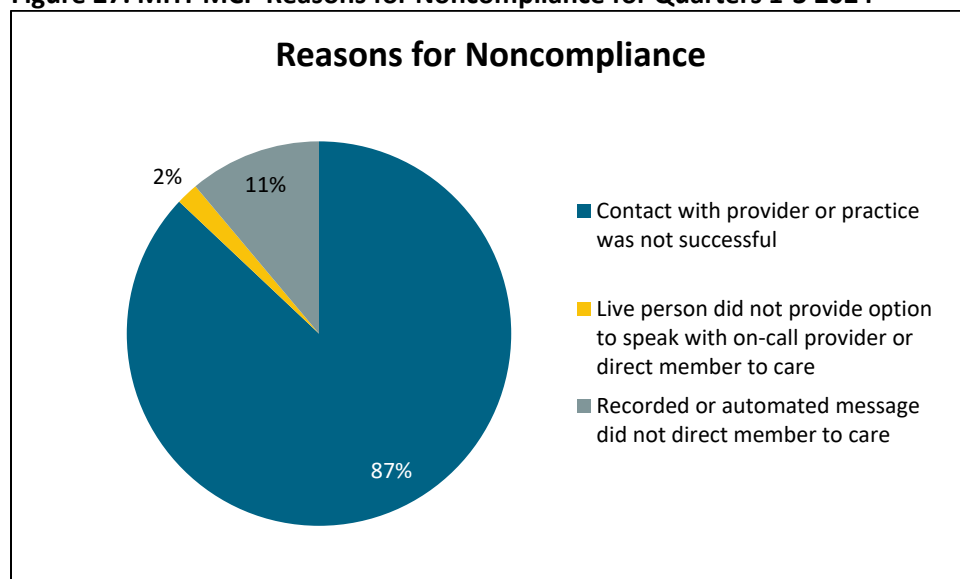
Most frequently, unsuccessful contact with the provider or practice was the reason for noncompliance; the MHT MCP average for this reason was 87%.

Table 63 specifies specific reasons for unsuccessful contact by MHT MCP.

Table 63. MHT MCP Reasons for Unsuccessful Contact for Quarters 1-3 2024

Reasons for Noncompliance	ABH	HHO	THP	WWV	MHT MCP AVG
Generic voicemail message does not identify provider/practice	0%	6%	11%	18%	9%
Hold time greater than 5 minutes	0%	0%	0%	0%	0%
Live answer, but refusal to participate in the survey	0%	0%	0%	0%	0%
No answer/No automated message	30%	0%	22%	18%	15%
Number incorrect and does not reach intended provider	10%	47%	22%	9%	26%
Number not in service	30%	29%	33%	36%	32%
Number reaches a busy signal	0%	12%	11%	9%	9%
Number reaches a fax line	0%	0%	0%	0%	0%
Provider is not a PCP or does not provide services included in survey	0%	0%	0%	0%	0%
Provider office permanently closed	0%	0%	0%	0%	0%
Provider retired or not at location	30%	6%	0%	9%	11%

Reasons for unsuccessful contact, based on MHT MCP averages, are illustrated in Figure 28.

Figure 28. MHT MCP Reasons for Unsuccessful Contact for Quarters 1-3 2024
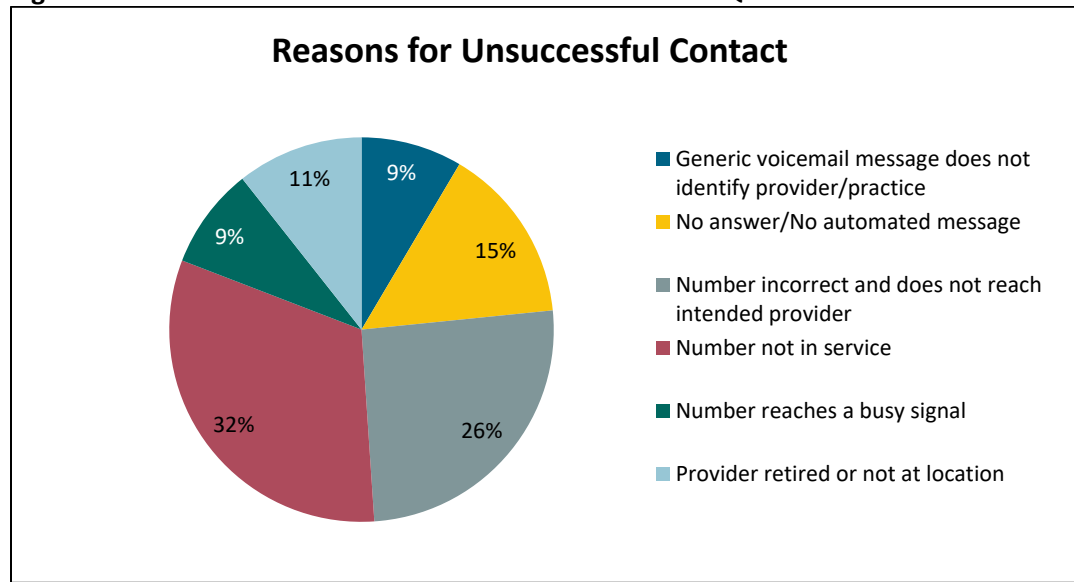
Most frequently, unsuccessful contact was due to the contact phone number not being in service (32%). This was followed by incorrect number/did not reach intended provider (26%).

MHT MCPs had opportunity to remediate any finding that led to noncompliance during quarters 1-3 2024. During quarter 4, Qlarant resurveyed the providers that failed to demonstrate compliance with the 24/7 access to care requirement during the first three quarters. Table 64 illustrates results of the quarter 4 survey, post-remediation.

Table 64. MHT MCP 24/7 Access to Care Provider Compliance for Quarter 4, Post-remediation

MY 2024 Access to Care – 24/7	ABH	HHO	THP	WWV	MHT MCP AVG
Provider Compliance – Quarter 4 Post-remediation	81.8%	78.9%	100%	66.7%	81.9%

The quarter 4 resurvey of noncompliant providers found MHT MCP compliance with the 24/7 access to care requirement ranged from 66.7%-100%. Figure 29 illustrates methods used to demonstrate compliance during the quarter 4 survey.

Qlarant

Figure 29. MHT MCP Methods Used to Demonstrate Compliance for Quarter 4, Post-remediation
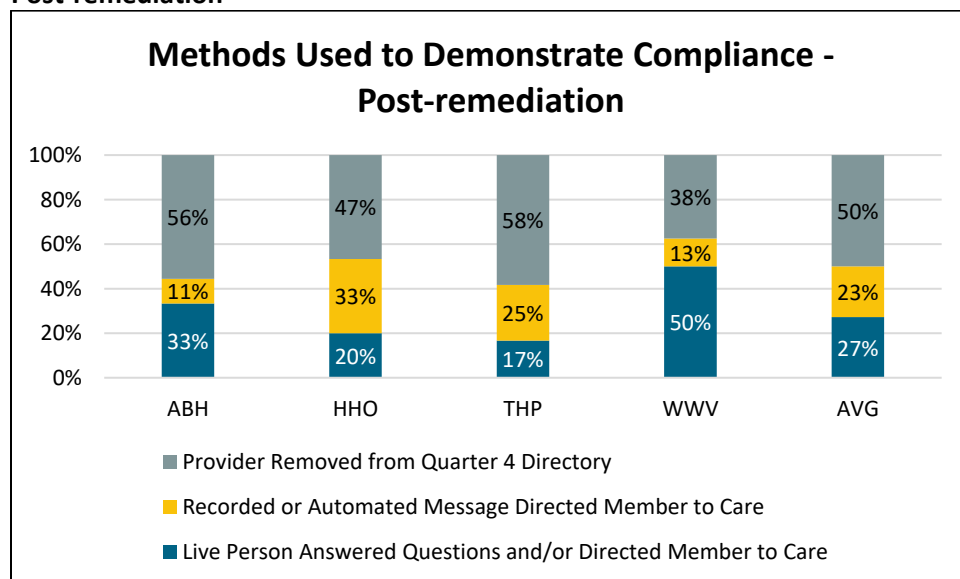
Most frequently, Qlarant noted providers were removed from the provider directory. MCPs should not include providers in their provider directories who are no longer contracted to provide services; removing them eliminates member confusion when searching for a provider.

Table 65 includes the total percentage of 2024 provider surveys that were compliant with the 24/7 access requirement for each MHT MCP in aggregate. Results from quarters 1-3 and quarter 4 have been combined into an aggregate year-end compliance rating.

Table 65. MHT MCP 24/7 Access to Care Provider Compliance - Aggregate Year-end Totals for 2024

MY 2024 Access to Care – 24/7	ABH	HHO	THP	WWV	MHT MCP AVG
Provider Compliance	96.7%	93.3%	100.0%	93.3%	95.8%
Confidence Level	High	High	High	High	High

Year-end results combine compliant providers from surveys conducted in quarters 1-3 and in quarter 4, post-remediation.
Level of confidence scale for MCP compliance: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

Compliance ranged from 93.3%-100% for MY 2024. The MHT MCP average of 95.8% exceeded the BMS-established goal of 90.0% by 5.8 percentage points. All MCPs achieved a high confidence level rating.

MHP Access to Care Focus Study Results

Table 66 includes the total percentage of 2024 provider surveys that were compliant with the 24/7 access to care requirement for ABH during quarters 1-3.

Table 66. MHP ABH 24/7 Access to Care Provider Compliance for Quarters 1-3 2024

MY 2024 Access to Care – 24/7	MHP ABH
Provider Compliance	73.3%
Confidence Level	Low

Level of confidence scale for MCP compliance: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

ABH compliance with the 24/7 access requirement was 73.3% (low confidence). The MCP's performance fell short of meeting the 90.0% BMS-established goal by 16.7 percentage points.

The methods ABH used to demonstrate compliance are illustrated in Figure 30. Most frequently, compliance was demonstrated via a recorded or automated message that directed members to care during non-business hours (80%).

Figure 30. MHP ABH Methods Used to Demonstrate Compliance for Quarters 1-3 2024
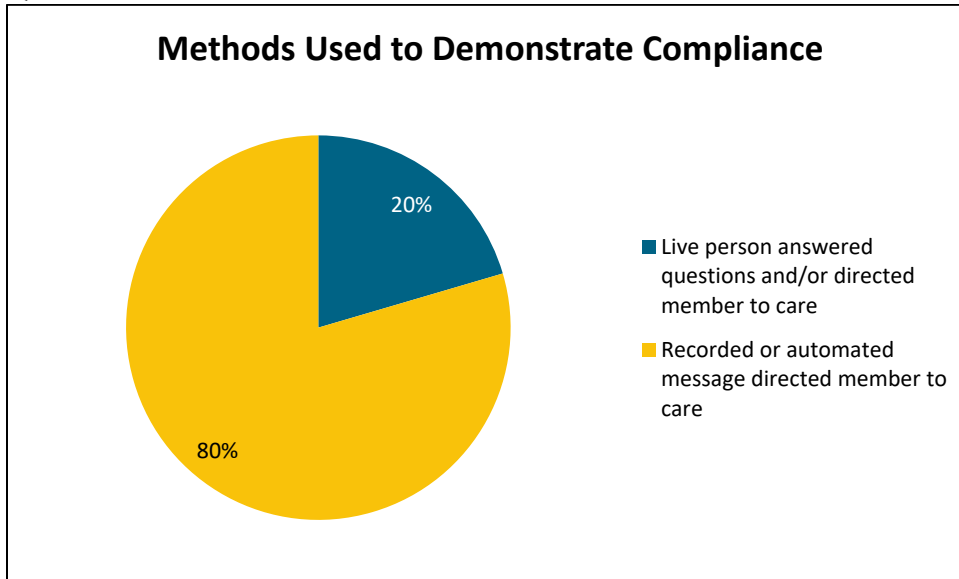
Most frequently, compliance was demonstrated via a recorded or automated message that directed members to care during non-business hours (80%).

Table 67 displays ABH's reasons for noncompliance.

Table 67. MHP ABH Reasons for Noncompliance for Quarters 1-3 2024

Reasons for Noncompliance	MHP ABH
Contact with provider or practice was not successful	75%
Live person did not provide option to speak with on-call provider or direct member to care	0%
Recorded or automated message did not direct member to care	25%

Most frequently, unsuccessful contact with the provider or practice was the reason for noncompliance; this occurred in 75% of surveys. ABH reasons for noncompliance are illustrated in Figure 31.
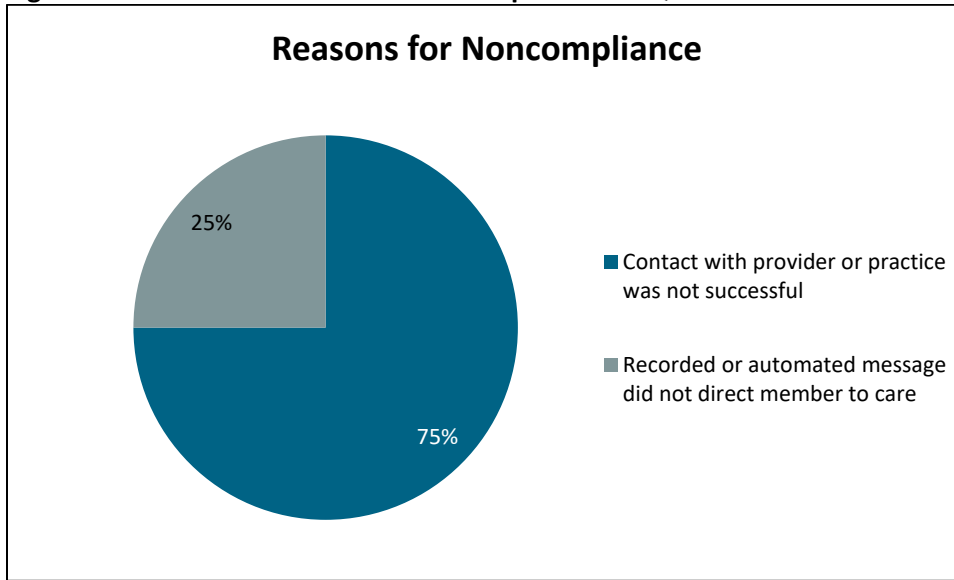
Figure 31. MHP ABH Reasons for Noncompliance for Quarters 1-3 2024

Reasons for Noncompliance

25%

75%

■ Contact with provider or practice was not successful

■ Recorded or automated message did not direct member to care

Table 68 specifies specific reasons for unsuccessful contact for ABH providers.

Table 68. MHP ABH Reasons for Unsuccessful Contact for Quarters 1-3 2024

Reasons for Noncompliance	MHP ABH
Generic voicemail message does not identify provider/practice	8%
Hold time greater than 5 minutes	0%
Live answer, but refusal to participate in the survey	0%
No answer/No automated message	25%
Number incorrect and does not reach intended provider	25%
Number not in service	17%
Number reaches a busy signal	0%
Number reaches a fax line	0%
Provider is not a PCP or does not provide services included in survey	0%
Provider office permanently closed	0%
Provider retired or not at location	25%

Reasons for unsuccessful contact are illustrated in Figure 32.

Figure 32. MHP ABH Reasons for Unsuccessful Contact for Quarters 1-3 2024
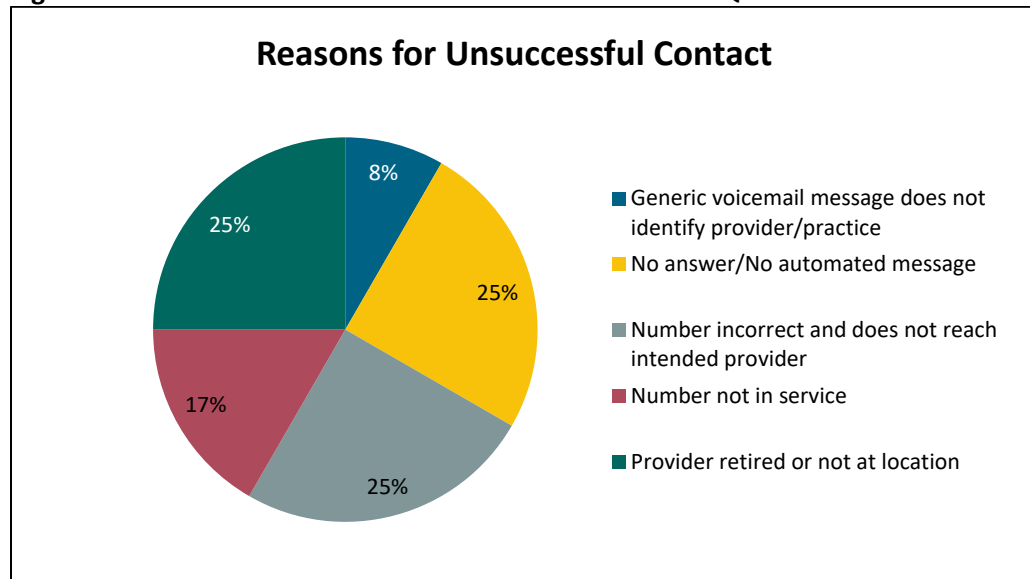
Most frequently, unsuccessful contact was due to no answer/no automated message (25%), incorrect phone number/does not reach intended provider (25%), and provider retired or not at location (25%).

MHP ABH had opportunity to remediate any finding that led to noncompliance during quarters 1-3 2024. During quarter 4, Qlarant resurveyed the providers that failed to demonstrate compliance with the 24/7 access to care requirement during the first three quarters. Table 69 illustrates results of the quarter 4 survey, post-remediation.

Table 69. MHH ABH 24/7 Access to Care Provider Compliance for Quarter 4, Post-remediation

MY 2024 Access to Care – 24/7	ABH
Provider Compliance – Quarter 4 Post-remediation	81.3%

The quarter 4 resurvey of noncompliant providers found MHP ABH's compliance with the 24/7 access to care requirement was 81.3%. Figure 33 illustrates methods used to demonstrate compliance during the quarter 4 survey.

Figure 33. MHP ABH Methods Used to Demonstrate Compliance for Quarter 4, Post-remediation
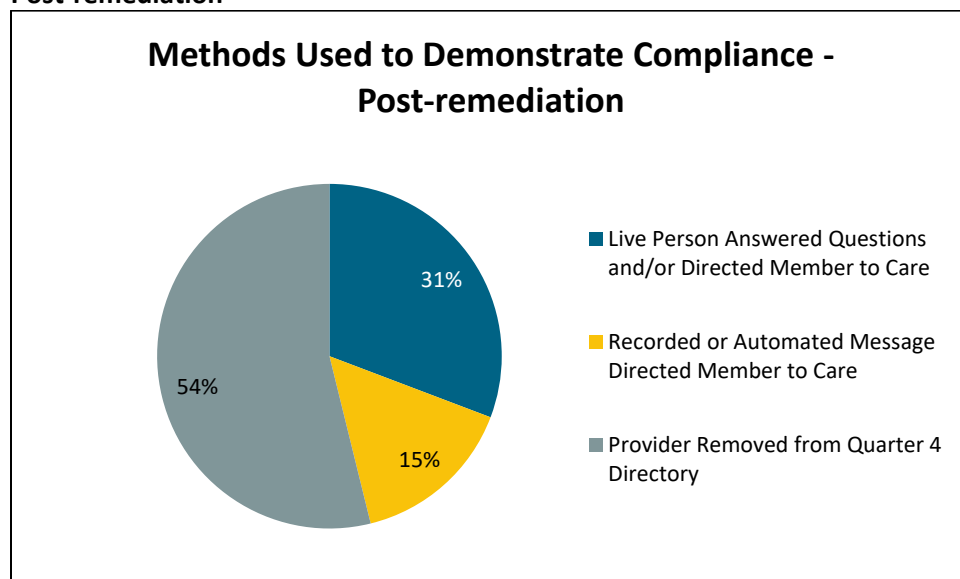
Most frequently, Qlarant noted providers were removed from the provider directory. MCPs should not include providers in their provider directories who are no longer contracted to provide services; removing them eliminates member confusion when searching for a provider.

Table 70 includes the total percentage of 2024 provider surveys that were compliant with the 24/7 access to care requirement for ABH, in aggregate. Results from quarters 1-3 and quarter 4 have been combined into an aggregate year-end compliance rating.

Table 70. MHP ABH 24/7 Access to Care Provider Compliance - Aggregate Year-end Total for 2024

MY 2024 Access to Care – 24/7	MHP ABH
Provider Compliance	95.0%
Confidence Level	High

Year-end results combine compliant providers from surveys conducted in quarters 1-3 and in quarter 4, post-remediation.
Level of confidence scale for MCP compliance: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

MHP ABH achieved a compliance rating of 95.0%, which exceeded the BMS-established goal of 90.0% by five percentage points. The MCP achieved a high confidence level rating.

Conclusion

Qlarant conducted quarterly surveys evaluating provider compliance with 24/7 access requirements. Aggregate summary conclusions for the 24/7 Access to Care Focus Study are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 71-75 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- The MHT MCP average compliance with the 24/7 access to care requirement was 77.5% for surveys conducted during quarters 1-3 2024. This rate fell short of the 90.0% goal by 12.5 percentage points.

- Most frequently, unsuccessful contact with the provider or practice was the reason for noncompliance (87%). In most cases, unsuccessful contact was due to the phone number not being in service.
- MHT MCPs had opportunity to remediate any finding that led to noncompliance during quarters 1-3 2024. Qlarant's resurvey of noncompliant providers during quarter 4 found a post-remediation compliance average of 81.9%.
- The aggregate year-end compliance rating for the MHT MCPs was 95.8% (high confidence). This rate encompasses compliant providers from quarters 1-3 surveys and the quarter 4 resurvey. Individual MHT MCP compliance ranged from 93.3%-100%. All MHT MCPs exceeded the 90.0% goal by year-end.
- MHP ABH compliance with the 24/7 access to care requirement was 73.3% for surveys conducted during quarters 1-3 2024. This rate fell short of the 90.0% goal by 16.7 percentage points.
- Most frequently, unsuccessful contact with the provider or practice was the reason for noncompliance (75%). In most cases, unsuccessful contact was due to no answer/no automated message, incorrect phone number/does not reach intended provider, and provider retired or not at location.
- MHP ABH had opportunity to remediate any finding that led to noncompliance during quarters 1-3 2024. Qlarant's resurvey of noncompliant providers during quarter 4 found a post-remediation compliance rating of 81.3%.
- The aggregate year-end compliance rating for MHP ABH was 95.0% (high confidence). This rate encompasses compliant providers from quarters 1-3 surveys and the quarter 4 resurvey. The MHP ABH year-end compliance rate exceeded the 90.0% goal by 5.0 percentage points.

MCP Quality, Access, Timeliness Assessment

Quality, Access, Timeliness

Qlarant identified strengths and weaknesses for each MCP based on the results of the EQR activities. These strengths and weaknesses correspond to the quality, access, and timeliness of services provided to members. Qlarant adopted the following definitions for these domains:

Quality, as stated in the federal regulations as it pertains to EQR, is the degree to which an MCP "increases the likelihood of desired outcomes of its enrollees through: (1) Its structural and operational characteristics. (2) The provision of services that are consistent with current professional, evidenced-based-knowledge. [and] (3) Interventions for performance improvement." [33]

Access (or accessibility), as it pertains to EQR, "means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services)." [34] Qlarant further defines enrollee access as ease of ability to schedule provider appointments, obtain health plan or provider information, and receive communications on enrollee rights and grievance and appeal procedures.

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[33] CFR's quality definition
[34] CFR's access definition

Timely, as defined by the Institute of Medicine is "reducing waits and sometimes harmful delays for those who receive and those who give care." [35] Long waits to obtain care in provider offices or emergency departments and long waits to obtain procedures or results may result in physical harm. Qlarant expands the timeliness definition to encompass meeting state standards and timeframes for obtaining provider appointments and resolving and issuing notice for standard and expedited grievances and appeals.

Tables 71-75 highlight strengths and weaknesses for each MCP. Identified strengths and weaknesses correspond to the quality, access, and/or timeliness of services delivered to MCP members. Only applicable domains for each strength or weakness are identified with a (★) or (●) indicating a positive or negative impact as described below. Not all domains were impacted by each strength or weakness. The absence of a symbol indicates no impact. Where appropriate, weaknesses include recommendations.

> ★ The MCP strength identified positively impacts quality, access, and/or timeliness.
> ● The MCP weakness identified negatively impacts quality, access, and/or timeliness.

Examples of the quality, access, and timeliness analysis include:

- If the MCP demonstrated full compliance in the Quality Assessment and Performance Improvement Program Standard, performance would be identified with a ★ in the quality domain.
- If the MCP did *not* provide female enrollees with direct access to a women's health specialist to provide routine and preventive health care services, performance would be identified with a ● in the access domain
- If the MCP demonstrated statistically significant improvement in an Annual Dental Visits PIP measure, performance would be identified with a ★ in all three domains as the PIP is a quality project, which focuses on improving access to preventive dental care in a timely manner.

MHT ABH

Table 71. MHT ABH Strengths, Weaknesses, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
			MHT ABH - PERFORMANCE IMPROVEMENT PROJECT VALIDATION
			Lead Screening in Children PIP
★	★	★	**Strength.** ABH received an overall PIP validation score of 100% (high confidence). The MCP completed a barrier analysis and identified member, provider, and MCP barriers to target with interventions. The MCP adhered to acceptable methodology for all phases of design, data collection, and analysis.
			Follow-Up After Emergency Department Visit for Mental Illness PIP

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[35] Timeliness definition from the National Center for Biotechnology Information at the National Library of Medicine

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
⬤	⬤	⬤	**Weakness.** ABH received an overall PIP validation score of 86% (moderate confidence). The MCP's MY 2023 performance in the PIP measure declined compared to the MY 2022 baseline rate. **Recommendation.** ABH should use the Plan-Do-Study-Act or a similar quality improvement approach to analyze barriers and the success of current intervention strategies, and make adjustments to intervention strategies as needed to improve performance.
Care for Adolescents PIP			
★	★	★	**Strength.** ABH received an overall PIP validation score of 100% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. ABH demonstrated statistically significant improvement in the Child and Adolescent Well-Care Visits measure for 12-17 Year Olds and 18-21 Year Olds.
MHT ABH - PERFORMANCE MEASURE VALIDATION			
★	★	★	**Strength.** ABH received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as "reportable."
MHT ABH - SYSTEMS PERFORMANCE REVIEW			
MCO Standards			
★	★	★	**Strength.** ABH received a score of 100% in the MCO Standards, contributing to the MCP's overall high confidence score. The MCP provided evidence of compliance with the following requirements: Availability of Services, Assurances of Adequate Capacity and Services, Coordination and Continuity of Care, Coverage and Authorization of Services, Provider Selection, Confidentiality, Subcontractual Relationships and Delegation, Practice Guidelines, and Health Information Systems.
Program Integrity Requirements Under the Contract			
★			**Strength.** ABH received a score of 100% (high confidence) in the Program Integrity Requirements Under the Contract Standard. The MCP provided evidence of internal controls, policies, and procedures that all appear to adequately prevent and detect fraud, waste, and abuse.
MHT ABH - NETWORK ADEQUACY VALIDATION			
★	★		**Strength.** ABH maintains information systems and processes that are capable of collecting and reporting accurate data for each provider network adequacy indicator.
The state's SFY 2023 provider network adequacy assessment did not align with MCP contract specifications; therefore, Qlarant was unable to accurately assess MCP strengths and weaknesses related to the NAV activity. Qlarant's overall recommendation is to improve alignment and expectations between the MCPs, state, and state vendor. Qlarant is actively working with the state to improve the assessment and validation processes for SFY 2024. The NAV activity evaluating SFY 2024 will produce more meaningful assessments and recommendations.			
MHT ABH - ENCOUNTER DATA VALIDATION			

Qlarant

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
🔴			**Weakness.** ABH scored 91.4% in the encounter data validation study; this score provides a moderate level of confidence in the MCP's encounter data. While an improvement over the MY 2022 rate of 89.7%, there is still an opportunity for improvement. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record. **Recommendation.** ABH should follow up and educate the noncompliant providers with diagnosis documentation requirements.
MHT ABH - GRIEVANCE, DENIAL, AND APPEAL FOCUS STUDY			
Grievance Acknowledgement and Resolution Notification			
⭐	⭐	⭐	**Strength.** ABH scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Denial Resolution Notification			
⭐	⭐	⭐	**Strength.** ABH scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
Appeal Acknowledgement and Resolution Notification			
⭐	⭐	⭐	**Strength.** ABH scored a 100% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification. The right to and procedures for requesting a state fair hearing were also communicated to members.
MHT ABH – 24/7 ACCESS TO CARE SURVEY FOCUS STUDY			
🔴	🔴	🔴	**Weakness.** ABH scored 81.7% (moderate confidence) in provider compliance with the 24/7 access to care requirement during quarters 1-3 2024. **Recommendation.** ABH should ensure 24/7 access to care requirements are clearly communicated to providers and provider directories are routinely updated. This may include educating providers on access requirements and reporting directory changes/updates, removing providers that are no longer contracted, and conducting routine audits to verify contact information and access compliance.
⭐	⭐	⭐	**Strength.** ABH conducted remediation activities. The MCP's year-end score was 96.7% (high confidence). This aggregate score includes compliant providers from quarters 1-3 and post-remediation quarter 4 2024. Overall, the surveyed providers demonstrated compliance by the year's end.

MHT HHO

Table 72. MHT HHO Strengths, Weaknesses, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHT HHO - PERFORMANCE IMPROVEMENT PROJECT VALIDATION			
HHO did not participate in the PIP activity due to its contract start date of August 1, 2024.			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHT HHO - PERFORMANCE MEASURE VALIDATION			
HHO did not participate in the PMV activity due to its contract start date of August 1, 2024.			
MHT HHO - SYSTEMS PERFORMANCE REVIEW			
HHO did not participate in the SPR activity due to its contract start date of August 1, 2024.			
MHT HHO - NETWORK ADEQUACY VALIDATION			
HHO did not participate in the NAV activity due to its contract start date of August 1, 2024.			
MHT HHO - ENCOUNTER DATA VALIDATION			
HHO did not participate in the EDV activity due to its contract start date of August 1, 2024.			
MHT HHO - GRIEVANCE, DENIAL, AND APPEAL FOCUS STUDY			
HHO did not participate in the focus study due to its contract start date of August 1, 2024.			
MHT HHO – 24/7 ACCESS TO CARE SURVEY FOCUS STUDY			
●	●	●	**Weakness.** HHO scored 68.3% (low confidence) in provider compliance with the 24/7 access to care requirement during quarter 3 2024. **Recommendation.** HHO should ensure 24/7 access to care requirements are clearly communicated to providers and provider directories are routinely updated. This may include educating providers on access requirements and reporting directory changes/updates, removing providers that are no longer contracted, and conducting routine audits to verify contact information and access compliance.
★	★	★	**Strength.** HHO conducted remediation activities. The MCP's year-end score was 93.3% (high confidence). This aggregate score includes compliant providers from quarter 3 and post-remediation quarter 4 2024. Overall, the surveyed providers demonstrated compliance by the year's end.

MHT THP

Table 73. MHT THP Strengths, Weaknesses, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHT THP - PERFORMANCE IMPROVEMENT PROJECT VALIDATION			
Lead Screening in Children PIP			
★	★	★	**Strength.** THP received an overall PIP validation score of 100% (high confidence). The MCP completed a barrier analysis and identified member, provider, and MCP barriers to target with interventions. THP adhered to acceptable methodology for all phases of design, data collection, and analysis.
Follow-Up After Emergency Department Visit for Mental Illness PIP			
★	★	★	**Strength.** THP received an overall PIP validation score of 94% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. While not statistically significant, THP demonstrated improvement in the PIP measure.

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
🔴	🔴	🔴	**Weakness.** THP failed to achieve statistically significant improvement in the PIP measure. **Recommendation.** THP should use the Plan-Do-Study-Act or a similar quality improvement approach to further analyze barriers and the success of current intervention strategies, and make adjustments to intervention strategies as needed to achieve statistically significant improvement.
Promoting Health and Wellness in Children and Adolescents PIP			
★	★	★	**Strength.** THP received an overall PIP validation score of 100% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. THP demonstrated statistically significant improvement in the PIP measures: Child and Adolescent Well-Care Visits (Total) and Weight Assessment and Counseling for Nutrition - BMI Percentile Documentation (Total) and Counseling for Nutrition (Total). The MCP sustained improvement in the first two measures throughout the duration of the PIP.
MHT THP - PERFORMANCE MEASURE VALIDATION			
★	★	★	**Strength.** THP received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as "reportable."
MHT THP - SYSTEMS PERFORMANCE REVIEW			
MCO Standards			
★	★	★	**Strength.** THP received a score of 100% in the MCO Standards, contributing to the MCP's overall high confidence score. The MCP provided evidence of compliance with the following requirements: Availability of Services, Assurances of Adequate Capacity and Services, Coordination and Continuity of Care, Coverage and Authorization of Services, Provider Selection, Confidentiality, Subcontractual Relationships and Delegation, Practice Guidelines, and Health Information Systems.
Program Integrity Requirements Under the Contract			
★			**Strength.** THP received a score of 100% (high confidence) in the Program Integrity Requirements Under the Contract Standard. The MCP provided evidence of internal controls, policies, and procedures that all appear to adequately prevent and detect fraud, waste, and abuse.
MHT THP - NETWORK ADEQUACY VALIDATION			
★	★		**Strength.** THP maintains information systems and processes that are capable of collecting and reporting accurate data for each provider network adequacy indicator.
The state's SFY 2023 provider network adequacy assessment did not align with MCP contract specifications; therefore, Qlarant was unable to accurately assess MCP strengths and weaknesses related to the NAV activity. Qlarant's overall recommendation is to improve alignment and expectations between the MCPs, state, and state vendor. Qlarant is actively working with the state to improve the assessment and validation processes for SFY 2024. The NAV activity evaluating SFY 2024 will produce more meaningful assessments and recommendations.			
MHT THP - ENCOUNTER DATA VALIDATION			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
🔴			**Weakness.** THP scored 94.7% in the encounter data validation study; this score provides a moderate level of confidence in the MCP's encounter data. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record. **Recommendation.** THP should follow up and educate the noncompliant providers with diagnosis documentation requirements.
MHT THP - GRIEVANCE, DENIAL, AND APPEAL FOCUS STUDY			
Grievance Acknowledgement and Resolution Notification			
⭐	⭐	⭐	**Strength.** THP scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Denial Resolution Notification			
⭐	⭐	⭐	**Strength.** THP scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
Appeal Acknowledgement and Resolution Notification			
⭐	⭐	⭐	**Strength.** THP scored a 95.0% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification. The right to and procedures for requesting a state fair hearing were also communicated to members.
🔴			**Weakness.** THP did not consistently include the date of appeal resolution within its letters to members. **Recommendation.** THP should ensure all appeal resolution templates, including those used by delegates, include a field for the date of appeal resolution.
MHT THP – 24/7 ACCESS TO CARE SURVEY FOCUS STUDY			
🔴	🔴	🔴	**Weakness.** THP scored 80.0% (moderate confidence) in provider compliance with the 24/7 access to care requirement during quarters 1-3 2024. **Recommendation.** THP should ensure 24/7 access to care requirements are clearly communicated to providers and provider directories are routinely updated. This may include educating providers on access requirements and reporting directory changes/updates, removing providers that are no longer contracted, and conducting routine audits to verify contact information and access compliance.
⭐	⭐	⭐	**Strength.** THP conducted remediation activities. The MCP's year-end score was 100% (high confidence). This aggregate score includes compliant providers from quarters 1-3 and post-remediation quarter 4 2024. All surveyed providers demonstrated compliance by the year's end.

MHT WWV

Table 74. MHT WWV Strengths, Weaknesses, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHT WWV - PERFORMANCE IMPROVEMENT PROJECT VALIDATION			
Lead Screening in Children PIP			
★	★	★	**Strength.** WWV received an overall PIP validation score of 92% (high confidence). The MCP completed a barrier analysis and identified member, provider, and MCP barriers to target with interventions.
●			**Weakness.** WWV provided an aim statement that is not answerable or measurable; the statement did not clearly specify the population or the time period. **Recommendation.** WWV should revise the PIP aim statement to clarify the focus of the PIP and establish the framework for data collection and analysis.
Follow-Up After Emergency Department Visit for Mental Illness PIP			
★	★	★	**Strength.** WWV received an overall PIP validation score of 90% (high confidence). While not statistically significant, WWV demonstrated improvement in the PIP measure.
●			**Weakness.** WWV did not report using a quality improvement tool or conduct a root cause analysis to identify root causes and barriers to improvement. The MCP did not fully articulate how some interventions address barriers. **Recommendation.** WWV should provide additional details to describe its quality improvement process and strategy to address root causes or barriers. Additionally, intervention descriptions should address how barriers are being addressed. The intervention should tie directly to the barrier.
●	●	●	**Weakness.** WWV failed to achieve statistically significant improvement in the PIP measure. **Recommendation.** WWV should use the Plan-Do-Study-Act or a similar quality improvement approach to analyze barriers and the success of current intervention strategies, and make adjustments to intervention strategies as needed to achieve statistically significant improvement.
Immunizations for Adolescents PIP			
●	●	●	**Weakness.** WWV received an overall PIP validation score of 82% (moderate confidence). The MCP's MY 2023 performance in the PIP measures declined compared to the MY 2020 baseline rates. **Recommendation.** WWV should use the Plan-Do-Study-Act or a similar quality improvement approach to analyze barriers and the success of current intervention strategies, and make adjustments to intervention strategies as needed to improve performance.
MHT WWV - PERFORMANCE MEASURE VALIDATION			
★	★	★	**Strength.** WWV received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as "reportable."
MHT WWV - SYSTEMS PERFORMANCE REVIEW			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MCO Standards			
★	★	★	**Strength.** WWV received a score of 100% in the MCO Standards, contributing to the MCP's overall high confidence score. The MCP provided evidence of compliance with the following requirements: Availability of Services, Assurances of Adequate Capacity and Services, Coordination and Continuity of Care, Coverage and Authorization of Services, Provider Selection, Confidentiality, Subcontractual Relationships and Delegation, Practice Guidelines, and Health Information Systems.
Program Integrity Requirements Under the Contract			
★			**Strength.** WWV received a score of 100% (high confidence) in the Program Integrity Requirements Under the Contract Standard. The MCP provided evidence of internal controls, policies, and procedures that all appear to adequately prevent and detect fraud, waste, and abuse.
MHT WWV - NETWORK ADEQUACY VALIDATION			
★	★		**Strength.** WWV maintains information systems and processes that are capable of collecting and reporting accurate data for each provider network adequacy indicator.
The state's SFY 2023 provider network adequacy assessment did not align with MCP contract specifications; therefore, Qlarant was unable to accurately assess MCP strengths and weaknesses related to the NAV activity. Qlarant's overall recommendation is to improve alignment and expectations between the MCPs, state, and state vendor. Qlarant is actively working with the state to improve the assessment and validation processes for SFY 2024. The NAV activity evaluating SFY 2024 will produce more meaningful assessments and recommendations.			
MHT WWV - ENCOUNTER DATA VALIDATION			
★			**Strength.** WWV achieved an encounter data accuracy, or match rate, of 95.5%. Stakeholders can have high confidence in the MCP's encounter/claims data.
MHT WWV - GRIEVANCE, DENIAL, AND APPEAL FOCUS STUDY			
Grievance Acknowledgement and Resolution Notification			
★	★	★	**Strength.** WWV scored a 100% compliance rating for processing grievances, including timely acknowledgment and resolution.
Denial Resolution Notification			
★	★	★	**Strength.** WWV scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
Appeal Acknowledgement and Resolution Notification			
★	★	★	**Strength.** WWV scored a 100% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification. The right to and procedures for requesting a state fair hearing were also communicated to members.
MHT WWV – 24/7 ACCESS TO CARE SURVEY FOCUS STUDY			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
🔴	🔴	🔴	**Weakness.** WWV scored 80.0% (moderate confidence) in provider compliance with the 24/7 access to care requirement during quarters 1-3 2024. **Recommendation.** WWV should ensure 24/7 access to care requirements are clearly communicated to providers and provider directories are routinely updated. This may include educating providers on access requirements and reporting directory changes/updates, removing providers that are no longer contracted, and conducting routine audits to verify contact information and access compliance.
⭐	⭐	⭐	**Strength.** WWV conducted remediation activities. The MCP's year-end score was 93.3% (high confidence). This aggregate score includes compliant providers from quarters 1-3 and post-remediation quarter 4 2024. Overall, the surveyed providers demonstrated compliance by the year's end.

MHP ABH

Table 75. MHP ABH Strengths, Opportunities, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHP ABH - PERFORMANCE IMPROVEMENT PROJECT VALIDATION			
Lead Screening in Children PIP			
⭐	⭐	⭐	**Strength.** ABH received an overall PIP validation score of 100% (high confidence). The MCP completed a barrier analysis and identified member, provider, and MCP barriers to target with interventions. ABH adhered to acceptable methodology for all phases of design, data collection, and analysis.
Care for Adolescents PIP			
⭐	⭐	⭐	**Strength.** ABH received an overall PIP validation score of 95% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. ABH demonstrated statistically significant improvement in the Child and Adolescent Well-Care Visits measure for 12-17 Year Olds and 18-21 Year Olds.
Reducing Out-of-State Placement for Children in Foster Care PIP			
🔴	🔴	🔴	**Weakness.** ABH received an overall PIP validation score of 81% (moderate confidence). The MCP failed to improve performance in its Reducing Out-of-State Placement for Children in Foster Care measure. **Recommendation.** ABH should continue with intervention strategies and make adjustments as needed by using a Plan-Do-Study-Act or similar quality improvement approach.
MHP ABH - PERFORMANCE MEASURE VALIDATION			
⭐	⭐	⭐	**Strength.** ABH received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as "reportable."
MHP ABH - SYSTEMS PERFORMANCE REVIEW			
MCO Standards			

Qlarant

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
★	★	★	**Strength.** ABH received a score of 100% in the MCO Standards, contributing to the MCP's overall high confidence score. The MCP provided evidence of compliance with the following requirements: Availability of Services, Assurances of Adequate Capacity and Services, Coordination and Continuity of Care, Coverage and Authorization of Services, Provider Selection, Confidentiality, Subcontractual Relationships and Delegation, Practice Guidelines, and Health Information Systems.
Program Integrity Requirements Under the Contract			
★			**Strength.** ABH received a score of 100% (high confidence) in the Program Integrity Requirements Under the Contract Standard. The MCP provided evidence of internal controls, policies, and procedures that all appear to adequately prevent and detect fraud, waste, and abuse.
MHP ABH - NETWORK ADEQUACY VALIDATION			
★	★		**Strength.** ABH maintains information systems and processes that are capable of collecting and reporting accurate data for each provider network adequacy indicator.
The state's SFY 2023 provider network adequacy assessment did not align with MCP contract specifications; therefore, Qlarant was unable to accurately assess MCP strengths and weaknesses related to the NAV activity. Qlarant's overall recommendation is to improve alignment and expectations between the MCPs, state, and state vendor. Qlarant is actively working with the state to improve the assessment and validation processes for SFY 2024. The NAV activity evaluating SFY 2024 will produce more meaningful assessments and recommendations.			
MHP ABH - ENCOUNTER DATA VALIDATION			
🔴			**Weakness.** ABH scored 59.4% in the encounter data validation study; this score provides no level of confidence in the MCP's encounter data. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record. **Recommendation.** ABH should follow up and educate the noncompliant providers with diagnosis documentation requirements.
MHP ABH - GRIEVANCE, DENIAL, AND APPEAL FOCUS STUDY			
Grievance Acknowledgement and Resolution Notification			
★	★	★	**Strength.** ABH scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Denial Resolution Notification			
★	★	★	**Strength.** ABH scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
Appeal Acknowledgement and Resolution Notification			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
★	★	★	**Strength.** ABH scored a 100% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification and communicated required information to members, including the right to a fair hearing.
			**MHP ABH – 24/7 ACCESS TO CARE SURVEY FOCUS STUDY**
●	●	●	**Weakness.** ABH scored 73.3% (low confidence) in provider compliance with the 24/7 access to care requirement during quarters 1-3 2024. **Recommendation.** ABH should ensure 24/7 access to care requirements are clearly communicated to providers and provider directories are routinely updated. This may include educating providers on access requirements and reporting directory changes/updates, removing providers that are no longer contracted, and conducting routine audits to verify contact information and access compliance.
★	★	★	**Strength.** ABH conducted remediation activities. The MCP's year-end score was 95.0% (high confidence). This aggregate score includes compliant providers from quarters 1-3 and post-remediation quarter 4 2024. Overall, the surveyed providers demonstrated compliance by the year's end.

Assessment of Previous Recommendations

During the course of conducting 2024 EQR activities, Qlarant evaluated MCP compliance in addressing previous annual recommendations.[36] Assessment outcomes, included in Tables 76-79, identify if the MCP adequately addressed 2023 recommendations. Color coded symbols specify results:

- ⌃ The MCP adequately addressed the recommendation.
- ◉ The MCP demonstrated some improvement, but did not fully address the recommendation.
- ⌄ The MCP did not adequately address the recommendation.

MHT ABH

Qlarant made recommendations for ABH during the 2023 EQR. The 2024 assessment evaluated the MCP's response to these recommendations. Table 76 includes follow-up assessment results.

Table 76. MHT ABH Assessment of Previous Annual Recommendations

2023 Recommendation	2024 Assessment
MHT ABH - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
There were no formal 2023 recommendations for ABH.	
MHT ABH - PERFORMANCE MEASURE VALIDATION	
There were no formal 2023 recommendations for ABH.	
MHT ABH - SYSTEMS PERFORMANCE REVIEW	

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[36] In some instances one recommendation may summarize or capture multiple, but similar, issues. The number of recommendations per MCP should not be used to gauge MCP performance alone.

2023 Recommendation	2024 Assessment
There were no formal 2023 recommendations for ABH.	
MHT ABH - NETWORK ADEQUACY VALIDATION	
Not applicable. The NAV task was conducted for the first time in 2024.	
MHT ABH - ENCOUNTER DATA VALIDATION	
ABH scored 89.7% in the 2023 (MY 2022) encounter data validation study. Lower performance, compared to MY 2021, was attributed to a decline in diagnosis code match rates. ABH should follow up and educate noncompliant provider with diagnosis documentation requirements.	⊙ ABH scored 91.4% in the 2024 (MY 2023) encounter data validation study. While performance improved compared to the previous annual rate, there continues to be opportunity for improvement. This recommendation remains in place.
MHT ABH - GRIEVANCE, DENIAL, AND APPEAL FOCUS STUDY	
There were no formal 2023 recommendations for ABH.	
MHT ABH - 24/7 ACCESS TO CARE SURVEY FOCUS STUDY	
Due to a change in the 2024 methodology for the 24/7 access to care survey focus study, an assessment of 2023 recommendations is limited. It is noted that ABH's year-end score was 96.7% (high confidence). This aggregate score includes compliant providers from quarters 1-3 and post-remediation quarter 4 2024.	

MHT HHO

An assessment of previous annual recommendations is not applicable to HHO due to its contract start date of August 1, 2024.

MHT THP

Qlarant made recommendations for THP during the 2023 EQR. The 2024 assessment evaluated the MCP's response to these recommendations. Table 77 includes follow-up assessment results.

Table 77. MHT THP Assessment of Previous Annual Recommendations

2023 Recommendation	2024 Assessment
MHT THP - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
There were no formal 2023 recommendations for THP.	
MHT THP - PERFORMANCE MEASURE VALIDATION	
There were no formal 2023 recommendations for THP.	
MHT THP - SYSTEMS PERFORMANCE REVIEW	
Information Requirements Standard	
THP's Member Handbook specified the member must file an appeal within 10 calendar days to continue benefits during the appeal process. The MCP should amend the "Appeals" section of the Member Handbook and state the request for appeal must be filed within 13 calendar days, rather than 10 calendar days, to continue benefits, consistent with BMS requirements.	⛰ THP amended the "Appeals" section of its Member Handbook to state the request for appeal must be filed within 13 calendar days to continue benefits.
MHT THP - NETWORK ADEQUACY VALIDATION	
Not applicable. The NAV task was conducted for the first time in 2024.	
MHT THP - ENCOUNTER DATA VALIDATION	
There were no formal 2023 recommendations for THP.	

2023 Recommendation	2024 Assessment
MHT THP - GRIEVANCE, DENIAL, AND APPEAL FOCUS STUDY	
Appeal Acknowledgement and Resolution Notification	
THP scored a 97.5% compliance rating for processing appeals. A random sample review found the MCP did not consistently acknowledge appeals in a timely manner, nor did resolution notices consistently include the date of appeal resolution. THP should monitor and ensure all appeals are acknowledged in a timely manner and ensure all appeal resolution templates, including those used by delegates, include a field for the date of appeal resolution.	○ A random sample review found THP consistently acknowledged appeals in a timely manner; however, resolution notices did not consistently include the date of appeal resolution. Even though THP improved in the acknowledgement of appeals measure, overall compliance declined due to the number of sampled letters that did not include the date of appeal resolution. Overall compliance declined from 97.5% in SFY 2023 to 95.0% in SFY 2024. THP should ensure all appeal resolution templates, including those used by delegates, include a field for the date of appeal resolution. The MCP continues to have opportunity for improvement. This recommendation related to the date of appeal resolution remains in place.
MHT THP - 24/7 ACCESS TO CARE SURVEY FOCUS STUDY	
Due to a change in the 2024 methodology for the 24/7 access to care survey focus study, an assessment of 2023 recommendations is limited. It is noted that the THP's year-end score was 100% (high confidence). This aggregate score includes compliant providers from quarters 1-3 and post-remediation quarter 4 2024.	

MHT WWV

Qlarant made recommendations for WWV during the 2023 EQR. The 2024 assessment evaluated the MCP's response to these recommendations. Table 78 includes follow-up assessment results.

Table 78. MHT WWV Assessment of Previous Annual Recommendations

2023 Recommendation	2024 Assessment
MHT WWV - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Immunizations for Adolescents PIP	
WWV received an overall PIP validation score of 90.0% for its 2023 Immunizations for Adolescents PIP submission that included MY 2022 performance measure results. While the MCP achieved some improvement in PIP measure performance, it was not statistically significant. WWV should continue efforts to examine barriers and modify current intervention strategies, or implement new ones to achieve statistically significant improvement.	⅄ WWV received an overall PIP validation score of 82.0% for its 2024 PIP submission. MY 2023 PIP measure results did not compare favorably to baseline performance. The MCP continues to have opportunity for improvement. This recommendation remains in place.
MHT WWV - PERFORMANCE MEASURE VALIDATION	
There were no formal 2023 recommendations for WWV.	
MHT WWV - SYSTEMS PERFORMANCE REVIEW	
There were no formal 2023 recommendations for WWV.	
MHT WWV - NETWORK ADEQUACY VALIDATION	
Not applicable. The NAV task was conducted for the first time in 2024.	
MHT WWV - ENCOUNTER DATA VALIDATION	
There were no formal 2023 recommendations for WWV.	

2023 Recommendation	2024 Assessment
MHT WWV - GRIEVANCE, DENIAL, AND APPEAL FOCUS STUDY	
Denial Resolution Notification	
WWV scored a 98.3% compliance rating for processing denial resolution notifications. WWV did not eliminate outdated language that required verbal appeals be followed by written/signed appeals in all of its denial resolution notices. WWV should ensure that denial resolution notice templates do not have any outdated language. MCPs are prohibited from requiring verbal appeals be followed by written/signed appeals.	⬈ WWV amended its denial resolution notice templates and removed the outdated language. In the sample records reviewed, there were no instances of language that required verbal appeals be followed by written/signed appeals.
MHT WWV - 24/7 ACCESS TO CARE SURVEY FOCUS STUDY	
Due to a change in the 2024 methodology for the 24/7 access to care survey focus study, an assessment of 2023 recommendations is limited. It is noted that WWV's year-end score was 93.3% (high confidence). This aggregate score includes compliant providers from quarters 1-3 and post-remediation quarter 4 2024.	

MHP ABH

Qlarant made recommendations for MHP ABH during the 2023 EQR. The 2024 assessment evaluated the MCP's response to these recommendations. Table 79 includes follow-up assessment results.

Table 79. MHP ABH Assessment of Previous Annual Recommendations

2023 Recommendation	2024 Assessment
MHP ABH - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Care for Adolescents PIP	
ABH received an overall PIP validation score of 86.3% on its 2023 Care for Adolescents PIP submission that included MY 2022 performance measure results. Performance declined in all PIP measures in which remeasurement results were available. ABH should continue with intervention strategies and make adjustments as needed by using a Plan-Do-Study-Act or similar quality improvement approach. The MCP should also continue to work with the State to address barriers in obtaining immunization data from the West Virginia Statewide Immunization Information System.	⬈ ABH scored an overall PIP validation score of 95.0% on its 2024 PIP submission. MY 2023 PIP measure results for Child and Adolescent Well-Care Visits - 12-17 Year Olds and 18-21 Year Olds improved, compared to baseline performance. The improvements were statistically significant.
Reducing Out-of-State Placement for Children in Foster Care PIP	
ABH received an overall PIP validation score of 81.1% on its 2023 Reducing Out-of-State Placement for Children in Foster Care PIP submission that included MY 2022 performance measure results. Performance declined in the PIP measure. ABH should continue with intervention strategies and make adjustments as needed by using a Plan-Do-Study-Act or similar quality improvement approach.	⬇ ABH scored an overall PIP validation score of 81.1% on its 2024 PIP submission. MY 2023 PIP measure results did not improve or compare favorably to baseline performance. The MCP continues to have opportunity for improvement. This recommendation remains in place.
MHP ABH - PERFORMANCE MEASURE VALIDATION	

2023 Recommendation	2024 Assessment
There were no formal 2023 recommendations for ABH.	
MHP ABH - SYSTEMS PERFORMANCE REVIEW	
There were no formal 2023 recommendations for ABH.	
MHP ABH - NETWORK ADEQUACY VALIDATION	
Not applicable. The NAV task was conducted for the first time in 2024.	
MHP ABH - ENCOUNTER DATA VALIDATION	
ABH scored 60.5% in the 2023 (MY 2022) encounter data validation study. Poor performance was primarily attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed. ABH should follow up and educate the noncompliant provider with diagnosis documentation requirements.	⛛ ABH scored 59.4% in the 2024 (MY 2023) encounter data validation study. Performance declined further when compared to the previous year. Again, poor performance was primarily attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed. This recommendation remains in place. *Post audit, ABH met with the high-volume provider to provide education on collecting and submitting appropriate diagnosis documentation. Additionally, Qlarant and ABH met to investigate barriers and amended review criteria for behavioral health claims and medical record request specifications to provide clarification for future EDV activities.*
MHP ABH - GRIEVANCE, DENIAL, AND APPEAL FOCUS STUDY	
There were no formal 2023 recommendations for ABH.	
MHP ABH - 24/7 ACCESS TO CARE SURVEY FOCUS STUDY	
Due to a change in the 2024 methodology for the 24/7 access to care survey focus study, an assessment of 2023 recommendations is limited. It is noted that ABH's year-end score was 95.0% (high confidence). This aggregate score includes compliant providers from quarters 1-3 and post-remediation quarter 4 2024.	

State Recommendations

As identified in the introduction of this report, the State aims to deliver high quality, accessible care to managed care members. To achieve this goal, BMS and WVCHIP developed a framework to focus quality improvement efforts for the managed care programs. Table 80 identifies goals and objectives described in the *West Virginia Managed Care Quality Strategy*, published in 2024.

Table 80. West Virginia Managed Care Program Goals and Objectives

Goal	Objective
1. Improve the health and wellness of West Virginia's Medicaid and WVCHIP populations through use of preventive services.	1. Increase the number of enrollees receiving preventive care to meet or exceed the NCQA Quality Compass National Medicaid Average. 2. Increase the number of enrollees attending well and preventive visits to meet or exceed the NCQA Quality Compass National Medicaid Average. 3. Increase the usage of timely maternal and child health services.

Goal	Objective
2. Reduce the burden of chronic disease.	1. Increase the number of enrollees receiving treatment for respiratory conditions to meet or exceed the NCQA Quality Compass National Medicaid Average. 2. Increase the number of enrollees receiving diabetes care to meet or exceed the NCQA Quality Compass National Medicaid Average. 3. Increase the number of enrollees receiving treatment for hypertension to meet or exceed the NCQA Quality Compass National Medicaid Average.
3. Improve behavioral health outcomes.	1. Increase the number of enrollees receiving follow up care after behavioral health treatment to meet or exceed the NCQA Quality Compass National Medicaid Average. 2. Increase the number of enrollees receiving behavioral health care and treatment.
4. Reduce the burden of substance use disorders.	1. Increase the number of enrollees receiving treatment for substance use disorders to meet or exceed the NCQA Quality Compass National Medicaid Average. 2. Improve the coordination of care for enrollees receiving substance use disorder treatment.
5. Provide supports for whole-person wellness and empower individuals to self-manage their health.	1. Increase the number of enrollees receiving smoking cessation services to meet or exceed the NCQA Quality Compass National Medicaid Average. 2. Increase the number of enrollees receiving weight management counseling to meet or exceed the NCQA Quality Compass National Medicaid Average.

Source: *West Virginia Department of Human Services Managed Care Quality Strategy*[37]

Recommendations on How the State Can Target Quality Strategy Goals and Objectives

The intent of the Quality Strategy is to provide an overarching framework for BMS to drive quality and performance improvement among its contracted MCPs, with the ultimate goal of improving health outcomes for its members. In many instances, MCPs have developed strategies to meet and achieve goals. An analysis of HEDIS and CAHPS survey measures included in Appendix A1 and A2, respectively, demonstrate MCP averages are meeting and exceeding national average benchmarks in many measures relating to the effectiveness of care, access and availability of services, preventive care utilization, and member experience.

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[37] WV Managed Care Quality Strategy, 2024-2027

HEDIS and CAHPS Measure Performance

Figure 34 illustrates equal to or better than national average performance for the WV MCPs in select HEDIS measures.

Figure 34. MY 2023 HEDIS – WV MCP Average Performance (Medicaid and CHIP combined) Compared to Benchmarks

HEDIS - WV MCP Average Performance

37%

63%

- < National Average
- = or > National Average
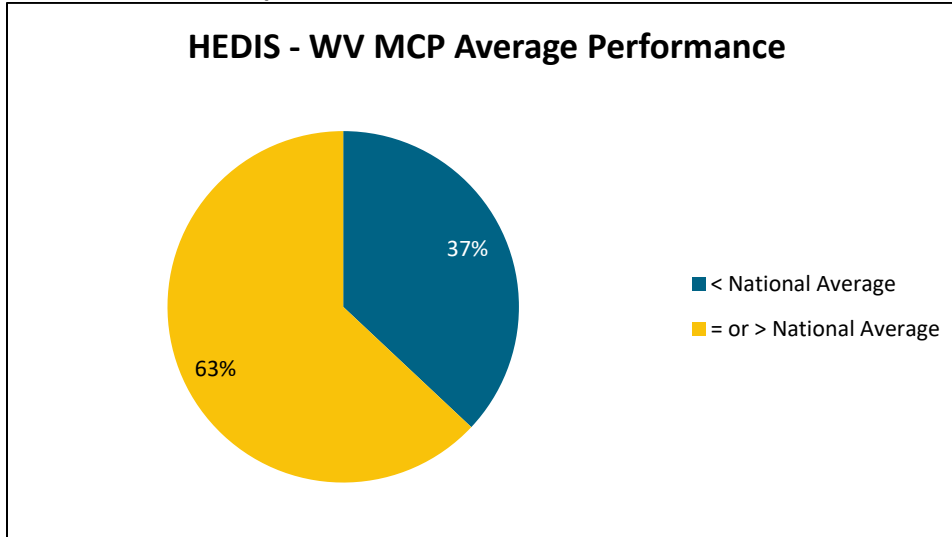
Benchmark: NCQA Quality Compass HMO national average

The WV Medicaid MCP averages performed as well as or better than national average benchmarks in 63% of select HEDIS measures.

Figure 35 illustrates equal to or better than national average performance for WV MCPs in select CAHPS survey measures.

Figure 35. MY 2023 CAHPS Survey – WV MCP Average Performance (Medicaid and CHIP combined) Compared to Benchmarks

CAHPS - WV MCP Average Performance

14%

86%

- < National Average
- = or > National Average

Benchmark: NCQA Quality Compass HMO national average

Qlarant
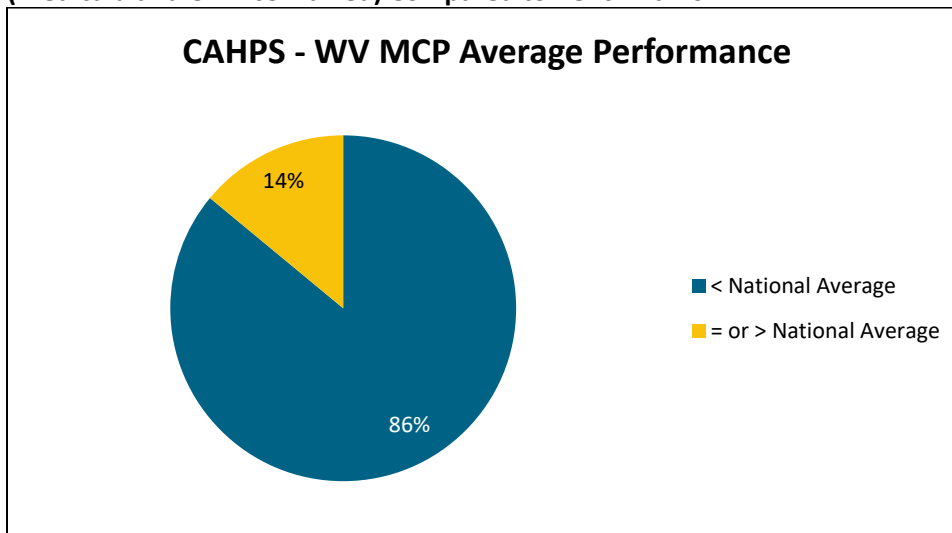
The West Virginia Medicaid MCP averages performed as well as or better than national average benchmarks in 86% of select CAHPS survey measures.

Progress Toward Meeting Quality Strategy Goals

While the MCPs are demonstrating their commitment to quality and improving health outcomes and experiences, there continues to be opportunity to achieve additional improvements. Qlarant makes several recommendations below for BMS to consider. Recommendations describe how the State can target Quality Strategy goals and objectives to better support improvement in the quality, timeliness, and accessibility of health care services furnished to managed care members.

The 2024 – 2027 quality strategy identifies 45 total indicators distributed across 5 goals. BMS used MHT MCP average rates as baseline performance and identified a performance target for each indicator. The NCQA HMO national average for MY 2022 is the target performance established for most indicators; while target rates for some indicators are 66.67th, 75th, 90th, and 95th percentile NCQA National HMO benchmarks for MY 2022. For a few indicators target performance is identified as "TBD" or "maintain."

Qlarant used MCP HEDIS rates for MY 2023 to calculate a weighted MHT average for 38 quality strategy indicators; rates were unavailable for 7 of 45 indicators. To evaluate MHT progress in achieving goals identified in the quality strategy, Qlarant compared the MHT average to the NCQA National HMO benchmark percentile identified in the quality strategy. NCQA advised a break in trending or cautioned trending for several HEDIS indicators. To ensure MHT performance is evaluated accurately, Qlarant compared MY 2023 MHT averages to NCQA benchmarks for MY 2023, not MY 2022 benchmarks published in the quality strategy.

When compared to performance target percentiles established in the quality strategy, MY 2023 MHT averages met or exceeded targets for 6 indicators (16%) and fell short for the remaining 32 indicators (84%). However, when compared only to the NCQA National HMO average, MHT average rates for 55% of indicators met or exceeded the benchmark. Figure 36 displays MHT average performance for MY 2023, aggregated by goal, compared to NCQA National HMO averages and performance targets established in the quality strategy.

Figure 36. MHT MCP Average Progress Toward Quality Strategy Goals
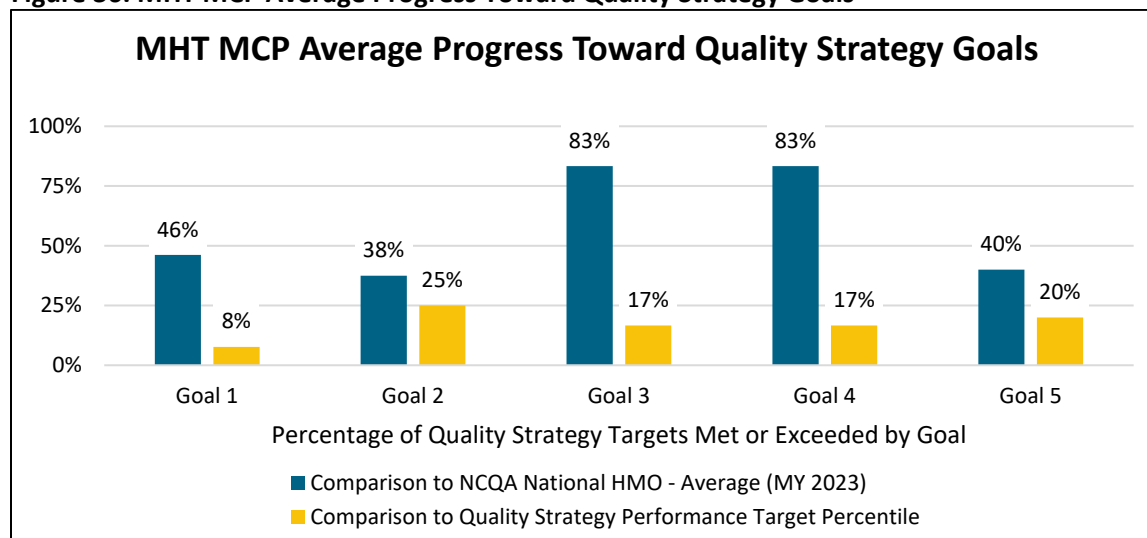
Quality Strategy Recommendations

Goal 1: Improve the health and wellness of the State's Medicaid and CHIP populations through use of preventive services

The MY 2023 MHT average met quality strategy performance targets for 1 of 13 Goal 1 indicators (8%). Lead Screening in Children was the only indicator to meet target performance; this indicator is also reported by MCPs for the state-mandated Lead Screening in Children PIP. For two indicators that fell below the performance target, Well-Child Visits in the First 30 Months of Life: 0-15 Months and Immunizations for Adolescents – Combination 2, MCPs have reported ongoing challenges with data availability and accuracy in the State's immunization registry, which has potentially negatively impacted HEDIS rates and PIP performance. BMS has worked to facilitate improved MCP access to the registry; however, new concerns of missing data have been identified. In addition, MCPs have reported data issues and missing newborn claims in their quarterly PIP updates as challenges or barriers to performance improvement. **Qlarant recommends** BMS maintain open communication with MCPs about data concerns and continue collaboration with the State's vendor responsible for enrollment and claims and the State immunization registry to remedy data-related issues.

Goal 2: Reduce the burden of chronic disease

The MY 2023 MHT average met quality strategy performance targets for 2 of 8 Goal 2 indicators (25%). MHT MCPs performed well in the Controlling High Blood Pressure indicator and achieved an average rate that exceeds the NCQA National HMO 75th percentile benchmark for MY 2023. While the aim of Goal 2 is to reduce the burden of chronic disease, the Appropriate Testing for Pharyngitis and Appropriate Treatment for Upper Respiratory Infection indicators target acute illness. **Qlarant recommends** BMS reevaluate Goal 2 with the next quality strategy update and consider replacing acute illness indicators with indicators specific to chronic disease. Examples of CMS Core Set indicators BMS may consider include Asthma Medication Ratio, PQI 15 Asthma in Younger Adults Admission Rate, and PQI 01 Diabetes Short-Term Complications Admission Rate.

Goal 3: Improve behavioral health outcomes

The MY 2023 MHT average met quality strategy performance targets for 1 of 6 Goal 3 indicators (17%). The single indicator that met the target was Follow-Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase. Performance in Screening for Depression and Follow-Up Plan: Age 18+ and Screening for Depression and Follow-Up Plan: Ages 12-17 indicators could not be assessed because rates were not calculated or reported by the state for MY 2023. **Qlarant recommends** BMS calculate and report the Screening for Depression and Follow-Up Plan indicators for MY 2024 or replace them with other behavioral health indicators. One behavioral health indicator to consider is Follow-Up After Emergency Department Visit for Mental Illness; this indicator is reported on by each MCP in the state-mandated PIP.

Goal 4: Reduce burden of SUD

The MY 2023 MHT average met quality strategy performance targets for 1 of 6 Goal 4 indicators (17%). Three (3) of 6 quality indicators selected by BMS for Goal 4 are HEDIS indicators not included in the CMS Core Set or Quality Rating System mandatory measure set. **Qlarant recommends** BMS reevaluate Goal 4 with the next quality strategy update and consider including CMS Core Set and/or Quality Rating System measures to promote alignment in quality measurement. Examples of measures that would promote alignment include Initiation and Engagement of Substance Use Disorder Treatment, Use of Pharmacotherapy for Opioid Use Disorder, and Metabolic Monitoring for Children and Adolescents on

Antipsychotics. BMS may also find benefit in exploring other measures of performance, such as network adequacy for SUD providers and reasons for appeals and grievances.

Goal 5: Provide supports for whole-person wellness and empower individuals to self-manage their health
The MY 2023 MHT average met quality strategy performance targets for 1 of 5 Goal 5 indicators (20%). Goal 5 includes indicators for the Medical Assistance with Smoking and Tobacco Use Cessation and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measures. Medical Assistance with Smoking and Tobacco Use Cessation indicators are also included in the adult version of the CAHPS 5.1H Health Plan Survey. To promote alignment in quality measurement, **Qlarant recommends** BMS consider including one or more indicators from the child version of the CAHPS 5.1H Health Plan Survey with Chronic Conditions Supplemental Items. Examples of indicators that may support Goal 5 include Family Centered Care: Personal Doctor Who Knows Child (composite) and Coordination of Care and Services (composite). Adult and Child CAHPS 5.1H Health Plan Survey measures are included in the CMS Core Set and Quality Rating System mandatory measure set.

PIP Recommendations

BMS requires MCPs to conduct two state-mandated PIPs and a single MCP-selected PIP. Excluding HHO, all MCP-selected PIPs target Goal 1 and have been reported on by the MCP for at least 4 years. **Qlarant recommends** BMS require MCPs to close their current MCP-selected PIPs after MY 2024 or MY 2025 reporting and introduce new PIPs to target Goals 2, 3, 4, or 5.

After MCPs have reported five years of remeasurement results and statistically significant improvement in at least one measure in the Annual Dental Visits PIP, the State elected to close the PIP and introduce a new topic. MCPs are reporting on a new State-mandated PIP, Lead Screening in Children. **Qlarant recommends** the State include this priority area and measure in its revised Quality Strategy. This new PIP targets Goal 1, which includes promoting a health care delivery system that focuses on increasing child access to primary care and improving child wellness.

NAV Recommendations

Results obtained from the 2024 NAV EQR activity serve as valuable baseline data for the state and highlighted several opportunities for improvement. Validation results revealed inconsistent interpretation of state requirements between MCPs and state vendors and misalignment between state requirements and assessment methodologies. To achieve high confidence in State network adequacy assessments, **Qlarant recommends** BMS establish clear compliance criteria and data consistency standards in MCP contracts and collaborate with MCPs and state partners to align network adequacy goals and expectations. At minimum, the MCP contract should be amended to include WVCHIP enrollees in MHT network adequacy assessments and network adequacy assessment methodology should be revised to exclude closed-panel providers and assess adult and pediatric enrollees separately. **Qlarant recommends** BMS to use State network adequacy assessment results, along with other quality indicators, to develop and implement maximum appointment wait time standards and incorporate MCP compliance with those standards into the quality strategy framework.

Conclusion

As West Virginia's contracted EQRO, Qlarant evaluated the MHT and MHP managed care programs to assess compliance with federal and state-specific requirements. Review and validation activities occurred over the course of 2024 and assessed MY 2023 and MY 2024 performance, as applicable. Qlarant evaluated each participating MCP and found:

- MCPs conduct PIPs in a methodical manner.
  - o All MHT MCPs reported baseline performance in their Lead Screening in Children PIPs.
  - o All MHT MCPs reported remeasurement results for the Follow-Up After Emergency Department Visit for Mental Illness PIP. While ABH's performance declined, THP and WWV improved performance compared to baseline. The improvements, however, were not statistically significant.
  - o For the MCP-selected PIPs, two of three MHT MCPs demonstrated improvement.
    - ABH achieved statistically significant improvement in two of its Care for Adolescents PIP measures: Adolescents Well-Care Visits 12-17 Year Olds and 18-21 Year Olds.
    - THP achieved statistically significant improvement in all three of its Promoting Health and Wellness in Children and Adolescents PIP measures: Child and Adolescent Well-Care Visits (Total) and Weight Assessment and Counseling for Nutrition - BMI Percentile Documentation (Total) and Counseling for Nutrition (Total)
    - WWV failed to improve in its Immunizations for Adolescents PIP when comparing MY 2023 performance to baseline.
  - o MHP ABH reported baseline performance in its Lead Screening in Children PIP.
  - o MHP ABH achieved statistically significant improvement in two of its Care for Adolescents PIP measures: Adolescents Well-Care Visits 12-17 Year Olds and 18-21 Year Olds.
  - o MHP ABH failed to improve in its Reducing Out-of-State Placement for Foster Care PIP.
- MCPs had appropriate systems in place to process accurate claims and encounters, as demonstrated in the PMV activity. Measure results were assessed as "reportable." All MCPs achieved validation scores of 100%. ABH and WWV performed equal to or better than the MHT averages in 64% and 58% of the performance measures, respectively. THP did not perform as well, having performed equal to or better than the MHT averages in 26% of the measures.
- MCPs demonstrated full compliance with federal and state requirements in the SPR. All MCPs achieved 100% compliance with the MCO Standards and Program Integrity Requirements Under the Contract.
- Qlarant validated 99 network adequacy indicators to provide BMS with a level of confidence in their vendor's provider network assessment; 97 indicators received a validation rating of moderate confidence and 2 indicators received a validation rating of low confidence. Qlarant's assessment of all indicators generated a rating of moderate confidence in state and MCP data collection procedures (83.3%), moderate confidence in state network adequacy methods (61.3%), and no confidence in state network adequacy results (1%). These results identify significant opportunity for improvement.
- An evaluation of claims data yielded an overall moderate level of encounter data accuracy, as evidenced by supporting medical record documentation in the EDV activity. The MHT MCP average match rate was 93.9%. MHP ABH's performance was poor; the MCP achieved an overall

match rate of 59.4%. This score was primarily attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed.

- Overall, the MHT MCPs performed well in resolving and/or providing timely notice to members for grievances, denials, and appeals, having scored averages of 100%, 100%, and 98.3%, respectively. MHP ABH's performance was assessed as 100% for each of the review categories.
- The MHT MCP average compliance rating with the 24/7 access to care requirement was 77.5% during quarters 1-3 2024. Post-remediation, the MHT MCP year-end average compliance rating in surveyed providers was 95.8% (high confidence). The MHP ABH compliance rating with the 24/7 access to care requirement was 73.3% during quarters 1-3 2024. Post-remediation, the MHP ABH year-end compliance rating in surveyed providers was 95.0% (high confidence).
- MCP averages for the selected HEDIS and CAHPS survey measures, identified in Appendix A1 and A2, respectively, compared favorably to national average benchmarks for the majority of measures.

West Virginia's managed care programs continue to make strides and improve the quality of and access to health care services for its Medicaid and CHIP members. These beneficial gains are expected to improve health outcomes in the populations served. All MCPs demonstrate their commitment to quality and quickly respond to recommendations or requests for corrective actions. BMS should continue to monitor, assess, and improve priority areas and consider Qlarant recommendations, which target Quality Strategy goals and objectives to better support improvement in the quality, timeliness, and accessibility of health care services furnished to West Virginia's managed care members.

Appendix 1 – HEDIS® Rates

The West Virginia Bureau for Medical Services requires Mountain Health Trust (MHT) managed care plans (MCPs) to maintain NCQA Health Plan Accreditation and submit annual HEDIS® rates to NCQA.[38,39] All MCPs complied with the submission requirement for measurement year (MY) 2023.

Qlarant used HEDIS rates published by NCQA for each MCP to calculate the MHT MCP average for each indicator. Qlarant compared HEDIS rates to NCQA Quality Compass National Medicaid Health Maintenance Organization (HMO) benchmarks for MY 2023 and generated a diamond rating, as defined below, to indicate performance for each MCP.[40]

Qlarant Diamond Rating System
♦♦♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national 90th percentile.
♦♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national 75th percentile, but does not meet the 90th percentile.
♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national average, but does not meet the 75th percentile.
♦ Rate is below the NCQA Quality Compass HMO national average.

Table 1 displays MY 2023 HEDIS rates and Qlarant's diamond rating for each MCP.

Table 1. Appendix 1 – MY 2023 HEDIS Rates

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (3 months-17 Yrs)	Admin	64.21 ♦	68.33 ♦	65.86 ♦	65.79 ♦
(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (18-64 Yrs)	Admin	27.86 ♦	37.11 ♦	33.49 ♦	32.82 ♦
(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Total)	Admin	50.02 ♦	52.59 ♦	51.54 ♦	51.28 ♦

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[38] The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications were developed by and are owned by NCQA.
[39] Highmark Health Options West Virginia did not submit HEDIS rates for MY 2023 due to its contract start date of August 1, 2024.
[40] Quality Compass is a registered trademark of NCQA.

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(AAP) Adults' Access to Preventive/Ambulatory Health Services (20-44)	Admin	74.15 ♦♦	73.63 ♦♦	75.92 ♦♦	74.70 ♦♦
(AAP) Adults' Access to Preventive/Ambulatory Health Services (45-64)	Admin	81.24 ♦♦	80.53 ♦♦	81.99 ♦♦	81.31 ♦♦
(AAP) Adults' Access to Preventive/Ambulatory Health Services (65+)	Admin	64.62 ♦	75.00 ♦	65.73 ♦	68.40 ♦
(AAP) Adults' Access to Preventive/Ambulatory Health Services (Total)	Admin	76.92 ♦♦	76.33 ♦♦	78.12 ♦♦	77.21 ♦♦
(ADD) Follow-Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	Admin	63.70 ♦♦♦	48.42 ♦	62.74 ♦♦♦	59.50 ♦♦♦
(ADD) Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	Admin	57.14 ♦♦♦♦	47.98 ♦♦	54.03 ♦♦♦	54.36 ♦♦♦
(AIS-E) Adult Immunization Status - Influenza (19-65)	ECDS	8.56 ♦	11.47 ♦	8.41 ♦	9.33 ♦
(AIS-E) Adult Immunization Status - Td/Tdap (19-65)	ECDS	33.84 ♦	35.19 ♦	33.21 ♦	33.98 ♦
(AIS-E) Adult Immunization Status - Zoster (50-65)	ECDS	4.16 ♦	7.04 ♦	2.96 ♦	4.58 ♦
(AMB) Ambulatory Care - Emergency Dept Visits/1000 MM (Total)	Admin	649.00 ♦♦♦	639.55 ♦♦	625.10 ♦♦	637.32 ♦♦
(AMB) Ambulatory Care - Outpatient Visits/1000 MM (Total)	Admin	4538.37 ♦♦	4264.39 ♦♦	4799.06 ♦♦♦	4568.24 ♦♦♦
(AMM) Antidepressant Medication Management - Effective Acute Phase Treatment	Admin	62.14 ♦	73.20 ♦♦♦	64.67 ♦♦	66.23 ♦♦
(AMM) Antidepressant Medication Management - Effective Continuation Phase Treatment	Admin	43.23 ♦	58.19 ♦♦♦	44.98 ♦	48.12 ♦♦
(AMR) Asthma Medication Ratio (5-11 Yrs)	Admin	81.46 ♦♦♦	71.91 ♦	84.06 ♦♦♦	80.06 ♦♦
(AMR) Asthma Medication Ratio (12-18 Yrs)	Admin	74.45 ♦♦	66.36 ♦	75.54 ♦♦♦	73.09 ♦♦
(AMR) Asthma Medication Ratio (19-50 Yrs)	Admin	65.45 ♦♦	50.70 ♦	65.57 ♦♦	61.04 ♦
(AMR) Asthma Medication Ratio (51-64 Yrs)	Admin	64.50 ♦♦	50.96 ♦	64.69 ♦♦	60.31 ♦
(AMR) Asthma Medication Ratio (Total)	Admin	69.91 ♦♦	55.57 ♦	69.75 ♦♦	65.81 ♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (1-11 Yrs)	Admin	73.18 ♦♦♦♦	45.13 ♦♦♦	58.88 ♦♦♦♦	64.18 ♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (12-17 Yrs)	Admin	75.19 ♦♦♦♦	47.32 ♦♦	65.71 ♦♦♦♦	67.53 ♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (Total)	Admin	74.56 ♦♦♦♦	46.59 ♦♦♦	63.82 ♦♦♦♦	66.49 ♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (1-11 Yrs)	Admin	79.80 ♦♦♦♦	60.18 ♦♦♦	75.70 ♦♦♦♦	74.71 ♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (12-17 Yrs)	Admin	87.37 ♦♦♦♦	71.43 ♦♦♦	87.14 ♦♦♦♦	84.24 ♦♦♦♦

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (Total)	Admin	84.98 ♦♦♦♦	67.66 ♦♦♦	83.98 ♦♦♦♦	81.28 ♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (1-11 Yrs)	Admin	74.17 ♦♦♦♦	46.90 ♦♦♦	62.62 ♦♦♦♦	65.90 ♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (12-17 Yrs)	Admin	75.65 ♦♦♦♦	48.66 ♦♦	66.07 ♦♦♦♦	68.13 ♦♦♦♦
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (Total)	Admin	75.18 ♦♦♦♦	48.07 ♦♦♦	65.12 ♦♦♦♦	67.44 ♦♦♦♦
(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1-11 Yrs)	Admin	59.29 ♦♦	40.00 ♦	40.30 ♦	50.38 ♦
(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12-17 Yrs)	Admin	63.46 ♦♦	44.76 ♦	59.33 ♦	58.91 ♦
(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	Admin	62.17 ♦♦	43.13 ♦	53.46 ♦	56.21 ♦
(AXR) Antibiotic Utilization for Respiratory Conditions (3m-17)	Admin	38.86 ♦♦♦♦	38.15 ♦♦♦♦	40.51 ♦♦♦♦	39.39 ♦♦♦♦
(AXR) Antibiotic Utilization for Respiratory Conditions (18-64)	Admin	31.31 ♦♦♦♦	32.93 ♦♦♦♦	35.21 ♦♦♦♦	33.41 ♦♦♦♦
(AXR) Antibiotic Utilization for Respiratory Conditions (65+)	Admin	27.66 ♦♦♦♦	43.18 ♦♦♦♦	15.25 ♦♦	27.33 ♦♦♦♦
(AXR) Antibiotic Utilization for Respiratory Conditions (Total)	Admin	36.14 ♦♦♦♦	35.70 ♦♦♦♦	38.30 ♦♦♦♦	36.94 ♦♦♦♦
(BCS-E) Breast Cancer Screening	ECDS	46.50 ♦	47.93 ♦	48.96 ♦	47.83 ♦
(BPD) Blood Pressure Control for Patients with Diabetes	Hybrid	76.89 ♦♦♦	69.34 ♦♦	74.94 ♦♦♦	73.97 ♦♦♦
(CBP) Controlling High Blood Pressure	Hybrid	71.53 ♦♦♦	66.91 ♦♦	72.75 ♦♦♦♦	70.75 ♦♦♦
(CCS) Cervical Cancer Screening	Hybrid	46.23 ♦	45.74 ♦	51.58 ♦	48.19 ♦
(CHL) Chlamydia Screening in Women (16-20 Yrs)	Admin	38.73 ♦	35.46 ♦	36.62 ♦	37.26 ♦
(CHL) Chlamydia Screening in Women (21-24 Yrs)	Admin	58.07 ♦	52.43 ♦	55.86 ♦	55.70 ♦
(CHL) Chlamydia Screening in Women (Total)	Admin	45.50 ♦	43.53 ♦	45.40 ♦	45.03 ♦
(CIS) Childhood Immunization Status - Combination 3	Hybrid	71.78 ♦♦♦	68.37 ♦♦	70.07 ♦♦♦	70.27 ♦♦♦
(CIS) Childhood Immunization Status - Combination 7	Hybrid	61.07 ♦♦♦	62.04 ♦♦♦	61.31 ♦♦♦	61.40 ♦♦♦
(CIS) Childhood Immunization Status - Combination 10	Hybrid	25.55 ♦	20.19 ♦	22.38 ♦	22.98 ♦
(CIS) Childhood Immunization Status - DTaP	Hybrid	77.86 ♦♦♦	73.24 ♦♦	75.43 ♦♦♦	75.77 ♦♦♦
(CIS) Childhood Immunization Status - Hepatitis A	Hybrid	87.59 ♦♦♦♦	83.21 ♦♦	87.59 ♦♦♦♦	86.57 ♦♦♦
(CIS) Childhood Immunization Status - Hepatitis B	Hybrid	91.97 ♦♦♦♦	88.56 ♦♦	91.73 ♦♦♦♦	91.07 ♦♦♦
(CIS) Childhood Immunization Status - HiB	Hybrid	90.27 ♦♦♦♦	86.62 ♦♦	88.81 ♦♦♦	88.81 ♦♦♦
(CIS) Childhood Immunization Status - Influenza	Hybrid	32.85 ♦	25.06 ♦	28.95 ♦	29.41 ♦

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(CIS) Childhood Immunization Status - IPV	Hybrid	90.51 ♦♦♦	87.35 ♦♦	89.05 ♦♦♦	89.17 ♦♦♦
(CIS) Childhood Immunization Status - MMR	Hybrid	89.78 ♦♦♦♦	82.97 ♦	89.29 ♦♦♦	87.98 ♦♦♦
(CIS) Childhood Immunization Status - Pneumococcal Conjugate	Hybrid	79.81 ♦♦♦♦	75.43 ♦♦	76.64 ♦♦♦	77.47 ♦♦♦
(CIS) Childhood Immunization Status - Rotavirus	Hybrid	75.91 ♦♦♦	74.45 ♦♦♦	75.18 ♦♦♦	75.27 ♦♦♦
(CIS) Childhood Immunization Status - VZV	Hybrid	88.08 ♦♦♦	82.73 ♦	88.56 ♦♦♦	87.03 ♦♦♦
(COL) Colorectal Cancer Screening (Age 46-50)	Admin	20.29 ♦	20.30 ♦	22.11 ♦	20.98 ♦
(COL) Colorectal Cancer Screening (Age 51-75)	Admin	33.12 ♦	34.10 ♦	34.84 ♦	34.04 ♦
(COL) Colorectal Cancer Screening (Total)	Admin	29.55 ♦	30.26 ♦	31.13 ♦	30.34 ♦
(COU) Risk of Continued Opioid Use >= 15 Days (18-64 Yrs)	Admin; ❖	6.62 ♦	8.14 ♦	6.96 ♦	7.15 ♦
(COU) Risk of Continued Opioid Use >= 15 Days (65 Yrs)	Admin; ❖	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(COU) Risk of Continued Opioid Use >= 15 Days (Total)	Admin; ❖	6.63 ♦	8.13 ♦	6.96 ♦	7.15 ♦
(COU) Risk of Continued Opioid Use >= 31 Days (18-64 Yrs)	Admin; ❖	3.38 ♦♦	4.01 ♦	3.61 ♦♦	3.64 ♦
(COU) Risk of Continued Opioid Use >= 31 Days (65 Yrs)	Admin; ❖	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(COU) Risk of Continued Opioid Use >= 31 Days (Total)	Admin; ❖	3.38 ♦♦	4.01 ♦	3.61 ♦♦	3.64 ♦♦
(CRE) Cardiac Rehabilitation - Achievement (18-64 Yrs)	Admin	2.55 ♦♦♦	0.67 ♦	1.66 ♦♦	1.64 ♦♦
(CRE) Cardiac Rehabilitation - Achievement (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(CRE) Cardiac Rehabilitation - Achievement (Total)	Admin	2.54 ♦♦♦	0.67 ♦	1.65 ♦	1.64 ♦
(CRE) Cardiac Rehabilitation - Engagement 1 (18-64 Yrs)	Admin	4.25 ♦	4.49 ♦	3.31 ♦	4.00 ♦
(CRE) Cardiac Rehabilitation - Engagement 1 (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(CRE) Cardiac Rehabilitation - Engagement 1 (Total)	Admin	4.24 ♦	4.49 ♦	3.31 ♦	4.00 ♦
(CRE) Cardiac Rehabilitation - Engagement 2 (18-64 Yrs)	Admin	3.82 ♦	3.37 ♦	2.69 ♦	3.29 ♦
(CRE) Cardiac Rehabilitation - Engagement 2 (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(CRE) Cardiac Rehabilitation - Engagement 2 (Total)	Admin	3.81 ♦	3.37 ♦	2.69 ♦	3.28 ♦
(CRE) Cardiac Rehabilitation - Initiation (18-64 Yrs)	Admin	2.12 ♦	2.92 ♦	2.90 ♦	2.64 ♦
(CRE) Cardiac Rehabilitation - Initiation (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(CRE) Cardiac Rehabilitation - Initiation (Total)	Admin	2.12 ♦	2.92 ♦	2.89 ♦	2.64 ♦
(CWP) Appropriate Testing for Pharyngitis (3-17 Yrs)	Admin	79.33 ♦	81.52 ♦	82.39 ♦♦	81.10 ♦
(CWP) Appropriate Testing for Pharyngitis (18-64 Yrs)	Admin	68.11 ♦	74.28 ♦♦	74.15 ♦♦	72.58 ♦♦
(CWP) Appropriate Testing for Pharyngitis (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(CWP) Appropriate Testing for Pharyngitis (Total)	Admin	76.96 ♦	79.20 ♦♦	80.04 ♦♦	78.82 ♦♦
(DMH) Diagnosed Mental Health Disorders (1-17)	Admin	35.15	26.02	26.50	29.83
(DMH) Diagnosed Mental Health Disorders (18-64)	Admin	44.53	43.03	43.04	43.53

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(DMH) Diagnosed Mental Health Disorders (65+)	Admin	36.65	35.66	28.14	33.52
(DMH) Diagnosed Mental Health Disorders (Total)	Admin	40.30	37.24	36.31	37.97
(EED) Eye Exam for Patients with Diabetes	Hybrid	42.58 ♦	43.55 ♦	41.61 ♦	42.50 ♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 7-Day Follow-Up (13-17 Yrs)	Admin	17.91 ♦	D<30	16.28 ♦	17.27 ♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 7-Day Follow-Up (18+ Yrs)	Admin	38.72 ♦♦♦♦	38.26 ♦♦♦♦	40.50 ♦♦♦♦	39.22 ♦♦♦♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 7-Day Follow-Up (Total)	Admin	37.65 ♦♦♦♦	37.99 ♦♦♦♦	39.74 ♦♦♦♦	38.50 ♦♦♦♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up (13-17 Yrs)	Admin	43.28 ♦♦♦	D<30	20.93 ♦	34.55 ♦♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up (18+ Yrs)	Admin	49.80 ♦♦♦♦	48.67 ♦♦♦	49.62 ♦♦♦	49.39 ♦♦♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up (Total)	Admin	49.46 ♦♦♦♦	48.31 ♦♦♦	48.71 ♦♦♦	48.85 ♦♦♦
(FUH) Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up (6-17 Yrs)	Admin	45.67 ♦	39.44 ♦	48.94 ♦♦	45.51 ♦
(FUH) Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up (18-64 Yrs)	Admin	32.13 ♦	36.08 ♦♦	35.54 ♦♦	34.45 ♦♦
(FUH) Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up (65+ Yrs)	Admin	D<30	D<30	D<30	NA
(FUH) Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up (Total)	Admin	38.07 ♦	36.68 ♦	38.56 ♦♦	37.89 ♦
(FUH) Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up (6-17 Yrs)	Admin	73.92 ♦♦	71.11 ♦♦	78.01 ♦♦	74.44 ♦♦
(FUH) Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up (18-64 Yrs)	Admin	55.66 ♦♦	60.57 ♦♦	60.12 ♦♦	58.62 ♦♦
(FUH) Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up (65+ Yrs)	Admin	D<30	D<30	D<30	NA
(FUH) Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up (Total)	Admin	63.66 ♦♦	62.59 ♦♦	64.16 ♦♦	63.56 ♦♦
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (13-17 Yrs)	Admin	D<30	D<30	D<30	NA
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (18-64 Yrs)	Admin	34.36 ♦♦	43.52 ♦♦♦	37.44 ♦♦	39.37 ♦♦

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (Total)	Admin	34.12 ♦♦	43.46 ♦♦♦	37.18 ♦♦	39.20 ♦♦
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (13-17 Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (18-64 Yrs)	Admin	60.19 ♦♦	63.94 ♦♦♦	58.84 ♦♦	61.52 ♦♦
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (Total)	Admin	59.76 ♦♦	63.85 ♦♦♦	58.43 ♦♦	61.25 ♦♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (6-17 Yrs)	Admin	47.00 ♦	46.96 ♦	37.32 ♦	44.20 ♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (18-64 Yrs)	Admin	30.38 ♦	27.47 ♦	31.86 ♦	30.14 ♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (Total)	Admin	38.19 ♦	32.04 ♦	33.42 ♦	35.06 ♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (6-17 Yrs)	Admin	71.50 ♦♦	73.91 ♦♦	64.11 ♦	69.75 ♦♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (18-64 Yrs)	Admin	46.12 ♦	46.40 ♦	48.18 ♦	46.99 ♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (Total)	Admin	58.05 ♦♦	52.86 ♦	52.74 ♦	54.95 ♦♦
(GSD) Glycemic Status Assessment for Patients with Diabetes - Glycemic Status <8.0%	Hybrid	62.04 ♦♦♦	59.12 ♦♦	60.83 ♦♦♦	60.74 ♦♦
(GSD) Glycemic Status Assessment for Patients with Diabetes - Glycemic Status >9.0%	Admin; ❖	28.95 ♦♦♦	31.39 ♦♦	31.14 ♦♦	30.48 ♦♦
(HDO) Use of Opioids at High Dosage	Admin; ❖	0.61 ♦♦♦♦	1.20 ♦♦♦	0.94 ♦♦♦	0.91 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Alcohol (Age 13-17)	Admin	19.70 ♦♦♦♦	D$^{<30}$	D$^{<30}$	NA

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Alcohol (Age 18-64)	Admin	17.79 ♦♦♦	17.78 ♦♦♦	19.77 ♦♦♦	18.56 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Alcohol (Age 65+)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Alcohol (Total)	Admin	17.86 ♦♦♦	17.59 ♦♦♦	19.52 ♦♦♦	18.42 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Opioid (Age 13-17)	Admin	19.44 ♦	D$^{<30}$	D$^{<30}$	NA
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Opioid (Age 18-64)	Admin	42.94 ♦♦♦	49.02 ♦♦♦	51.44 ♦♦♦♦	47.67 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Opioid (Age 65+)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Opioid (Total)	Admin	42.55 ♦♦♦	49.00 ♦♦♦	50.97 ♦♦♦♦	47.36 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Other (Age 13-17)	Admin	17.07 ♦♦♦	1.39 ♦	12.05 ♦	13.33 ♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Other (Age 18-64)	Admin	26.09 ♦♦♦♦	20.39 ♦♦♦	19.78 ♦♦♦	21.99 ♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Other (Age 65+)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Other (Total)	Admin	25.17 ♦♦♦♦	19.85 ♦♦♦	19.36 ♦♦♦	21.45 ♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Total (Age 13-17)	Admin	17.74 ♦♦♦	2.27 ♦	9.86 ♦	13.33 ♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Total (Age 18-64)	Admin	30.36 ♦♦♦♦	29.95 ♦♦♦♦	29.53 ♦♦♦♦	29.94 ♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Total (Age 65+)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Total (Total)	Admin	29.60 ♦♦♦♦	29.54 ♦♦♦♦	28.91 ♦♦♦♦	29.34 ♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Alcohol (Age 13-17)	Admin	51.52 ♦♦♦♦	D$^{<30}$	D$^{<30}$	NA
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Alcohol (Age 18-64)	Admin	46.64 ♦♦♦	41.50 ♦	46.79 ♦♦♦	45.17 ♦♦

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Alcohol (Age 65+)	Admin	D<30	D<30	D<30	NA
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Alcohol (Total)	Admin	46.91 ♦♦♦	41.28 ♦	46.62 ♦♦♦	45.15 ♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Opioid (Age 13-17)	Admin	30.56 ♦	D<30	D<30	NA
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Opioid (Age 18-64)	Admin	63.29 ♦♦	68.58 ♦♦♦	72.70 ♦♦♦♦	68.05 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Opioid (Age 65+)	Admin	D<30	D<30	D<30	NA
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Opioid (Total)	Admin	62.79 ♦♦	68.53 ♦♦♦	72.17 ♦♦♦♦	67.68 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Other (Age 13-17)	Admin	43.21 ♦♦	31.94 ♦	40.36 ♦	40.76 ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Other (Age 18-64)	Admin	54.58 ♦♦♦♦	49.88 ♦♦♦	49.73 ♦♦♦	51.33 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Other (Age 65+)	Admin	D<30	D<30	D<30	NA
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Other (Total)	Admin	53.42 ♦♦♦	49.37 ♦♦♦	49.21 ♦♦♦	50.66 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Total (Age 13-17)	Admin	43.44 ♦♦	30.68 ♦	37.56 ♦	40.00 ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Total (Age 18-64)	Admin	55.99 ♦♦♦♦	54.68 ♦♦♦♦	56.06 ♦♦♦♦	55.60 ♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Total (Age 65+)	Admin	D<30	D<30	D<30	NA
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Total (Total)	Admin	55.25 ♦♦♦♦	54.31 ♦♦♦	55.48 ♦♦♦♦	55.04 ♦♦♦♦
(IMA) Immunizations for Adolescents - Combination 1	Hybrid	80.29 ♦♦	81.51 ♦♦	82.24 ♦♦	81.30 ♦♦
(IMA) Immunizations for Adolescents - Combination 2	Hybrid	29.20 ♦	21.90 ♦	29.68 ♦	27.95 ♦
(IMA) Immunizations for Adolescents - HPV	Hybrid	30.41 ♦	23.11 ♦	29.93 ♦	28.78 ♦
(IMA) Immunizations for Adolescents - Meningococcal	Hybrid	81.51 ♦♦	82.48 ♦♦	82.97 ♦♦	82.28 ♦♦
(IMA) Immunizations for Adolescents - Tdap/Td	Hybrid	82.73 ♦	82.73 ♦	84.91 ♦♦	83.59 ♦
(KED) Kidney Health Evaluation for Patients with Diabetes (18-64 Yrs)	Admin	33.94 ♦	31.51 ♦	33.75 ♦	33.17 ♦

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(KED) Kidney Health Evaluation for Patients with Diabetes (65-74 Yrs)	Admin	30.77 ♦	22.86 ♦	30.00 ♦	27.88 ♦
(KED) Kidney Health Evaluation for Patients with Diabetes (75-85 Yrs)	Admin	D<30	D<30	D<30	NA
(KED) Kidney Health Evaluation for Patients with Diabetes (Total)	Admin	33.93 ♦	31.46 ♦	33.73 ♦	33.14 ♦
(LBP) Use of Imaging Studies for Low Back Pain (18-64)	Admin	64.75 ♦	62.21 ♦	64.52 ♦	63.93 ♦
(LBP) Use of Imaging Studies for Low Back Pain (65-75)	Admin	D<30	D<30	D<30	NA
(LBP) Use of Imaging Studies for Low Back Pain (Total)	Admin	64.87 ♦	62.01 ♦	64.51 ♦	63.90 ♦
(LSC) Lead Screening in Children	Hybrid[41]	70.07 ♦♦	59.77 ♦	61.79 ♦♦	64.23 ♦♦
(MSC) Adult Survey: Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers to Quit	Survey	72.09 ♦	66.67 ♦	69.87 ♦	69.52 ♦
(MSC) Adult Survey: Medical Assistance with Smoking and Tobacco Use Cessation - Discussing Cessation Medications	Survey	48.34 ♦	46.70 ♦	42.48 ♦	46.18 ♦
(MSC) Adult Survey: Medical Assistance with Smoking and Tobacco Use Cessation - Discussing Cessation Strategies	Survey	45.33 ♦	42.38 ♦	37.01 ♦	42.04 ♦
(MSC) Adult Survey: Medical Assistance with Smoking and Tobacco Use Cessation - Supplemental Data - % Current Smokers	Survey	44.19	40.54	39.32	41.49
(NCS) Non-Recommended Cervical Cancer Screening in Adolescent Females	Admin; ❖	1.40 ♦	0.89 ♦	1.26 ♦	1.24 ♦
(PBH) Persistence of Beta-Blocker Treatment after a Heart Attack	Admin	56.86 ♦♦	80.00 ♦♦♦♦	52.27 ♦	62.86 ♦♦
(PCE) Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	Admin	86.40 ♦♦	88.50 ♦♦♦	81.76 ♦♦	85.26 ♦♦
(PCE) Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	Admin	83.35 ♦♦♦♦	82.43 ♦♦♦	77.35 ♦♦♦	80.86 ♦♦♦
(PCR) Plan All-Cause Readmissions (18-44)	Admin; ❖	1.09 ♦	0.95 ♦ ♦	0.87 ♦♦♦	0.97 ♦♦
(PCR) Plan All-Cause Readmissions (45-54)	Admin; ❖	1.06 ♦	0.96 ♦ ♦	0.86 ♦♦♦	0.96 ♦♦
(PCR) Plan All-Cause Readmissions (55-64)	Admin; ❖	0.89 ♦ ♦	0.87 ♦ ♦	0.93 ♦	0.90 ♦♦
(PCR) Plan All-Cause Readmissions (18-64)	Admin; ❖	1.01 ♦	0.93 ♦ ♦	0.89 ♦♦♦	0.94 ♦♦
(PDS-E) Postpartum Depression Screening and Follow-Up - Depression Screening	ECDS	0.77 ♦	No data	No data	NA
(PDS-E) Postpartum Depression Screening and Follow-Up - Follow-Up on Positive Screen	ECDS	D<30	No data	No data	NA
(PND-E) Prenatal Depression Screening and Follow-Up - Depression Screening	ECDS	27.44 ♦♦♦	No data	No data	NA

[41] THP and WWV chose to calculate and report this measure using administrative data only.

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(PND-E) Prenatal Depression Screening and Follow-Up - Follow-Up on Positive Screen	ECDS	66.67 ♦♦♦♦	No data	No data	NA
(POD) Pharmacotherapy for Opioid Use Disorder (16-64 Yrs)	Admin	19.40 ♦	28.17 ♦♦	19.38 ♦	22.29 ♦
(POD) Pharmacotherapy for Opioid Use Disorder (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(POD) Pharmacotherapy for Opioid Use Disorder (Total)	Admin	19.40 ♦	28.17 ♦♦	19.38 ♦	22.29 ♦
(PPC) Prenatal and Postpartum Care - Postpartum Care	Hybrid	82.73 ♦♦	81.27 ♦♦	82.73 ♦♦	82.37 ♦♦
(PPC) Prenatal and Postpartum Care - Timeliness of Prenatal Care	Hybrid	89.54 ♦♦♦	85.16 ♦♦	88.81 ♦♦♦	88.14 ♦♦
(PRS-E) Prenatal Immunization Status – Combination	ECDS	12.34 ♦	14.72 ♦	9.51 ♦	11.70 ♦
(PRS-E) Prenatal Immunization Status – Influenza	ECDS	16.98 ♦	18.38 ♦	13.31 ♦	15.74 ♦
(PRS-E) Prenatal Immunization Status - Tdap	ECDS	51.72 ♦	52.13 ♦	45.02 ♦	48.94 ♦
(SAA) Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Admin	57.71 ♦	71.32 ♦♦♦	62.20 ♦♦	63.82 ♦♦
(SMC) Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	Admin	83.33 ♦♦	85.37 ♦♦♦	92.11 ♦♦♦♦	86.96 ♦♦♦
(SMD) Diabetes Monitoring for People with Diabetes and Schizophrenia	Admin	80.32 ♦♦♦♦	73.24 ♦♦	85.65 ♦♦♦♦	79.87 ♦♦♦♦
(SPC) Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (21-75 Yrs Male)	Admin	81.97 ♦♦	84.59 ♦♦	84.50 ♦♦	83.67 ♦♦
(SPC) Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (40-75 Yrs Female)	Admin	83.57 ♦♦♦	85.19 ♦♦♦♦	81.69 ♦♦	83.31 ♦♦♦
(SPC) Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy (Total)	Admin	82.75 ♦♦	84.87 ♦♦♦	83.09 ♦♦	83.50 ♦♦
(SPC) Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (21-75 Yrs Male)	Admin	65.30 ♦	79.07 ♦♦♦	71.20 ♦♦	71.61 ♦♦
(SPC) Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (40-75 Yrs Female)	Admin	65.17 ♦	78.10 ♦♦♦	67.13 ♦	69.68 ♦
(SPC) Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (Total)	Admin	65.24 ♦	78.60 ♦♦♦	69.20 ♦	70.66 ♦
(SPD) Statin Therapy for Patients with Diabetes - Received Statin Therapy	Admin	65.94 ♦♦	64.52 ♦♦	67.34 ♦♦	66.05 ♦♦
(SPD) Statin Therapy for Patients with Diabetes - Statin Adherence 80%	Admin	66.35 ♦	77.21 ♦♦♦	66.12 ♦	69.35 ♦♦
(SPR) Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Admin	23.32 ♦	25.22 ♦♦	25.00 ♦♦	24.48 ♦♦

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications	Admin	85.44 ♦♦♦	81.04 ♦	85.58 ♦♦♦	84.13 ♦♦
(UOP) Use of Opioids from Multiple Providers - Multiple Pharmacies	Admin; ❖	1.64 ♦♦♦	1.48 ♦♦♦	1.10 ♦♦♦♦	1.39 ♦♦♦♦
(UOP) Use of Opioids from Multiple Providers - Multiple Prescribers and Multiple Pharmacies	Admin; ❖	0.57 ♦♦♦♦	0.70 ♦♦♦	0.60 ♦♦♦♦	0.62 ♦♦♦♦
(UOP) Use of Opioids from Multiple Providers - Multiple Prescribers	Admin; ❖	8.90 ♦♦♦♦	9.45 ♦♦♦♦	10.46 ♦♦♦♦	9.65 ♦♦♦♦
(URI) Appropriate Treatment for Upper Respiratory Infection (3 Months-17 Yrs)	Admin	83.83 ♦	86.86 ♦	83.66 ♦	84.39 ♦
(URI) Appropriate Treatment for Upper Respiratory Infection (18-64 Yrs)	Admin	65.51 ♦	69.87 ♦	66.80 ♦	67.23 ♦
(URI) Appropriate Treatment for Upper Respiratory Infection (65+ Yrs)	Admin	D$^{<30}$	D$^{<30}$	D$^{<30}$	NA
(URI) Appropriate Treatment for Upper Respiratory Infection (Total)	Admin	79.33 ♦	81.10 ♦	78.53 ♦	79.38 ♦
(W30) Well-Child Visits in the First 30 Months of Life (0-15 Months)	Admin	60.64 ♦♦	52.40 ♦	49.69 ♦	54.23 ♦
(W30) Well-Child Visits in the First 30 Months of Life (15-30 Months)	Admin	76.75 ♦♦♦	68.09 ♦	74.29 ♦♦♦	73.75 ♦♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (3-11 Yrs)	Hybrid	93.52 ♦♦♦♦	92.49 ♦♦♦♦	91.76 ♦♦♦♦	92.65 ♦♦♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (12-17 Yrs)	Hybrid	92.07 ♦♦♦♦	87.34 ♦♦	90.38 ♦♦♦	90.57 ♦♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	Hybrid	92.94 ♦♦♦♦	90.51 ♦♦♦	91.24 ♦♦♦♦	91.82 ♦♦♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (3-11 Yrs)	Hybrid	78.95 ♦♦	81.03 ♦♦♦	76.08 ♦♦	78.30 ♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (12-17 Yrs)	Hybrid	72.56 ♦♦	74.68 ♦♦	69.87 ♦♦	71.89 ♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	Hybrid	76.40 ♦♦	78.59 ♦♦	73.72 ♦♦	75.81 ♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (3-11 Yrs)	Hybrid	76.92 ♦♦♦	77.87 ♦♦♦	73.33 ♦♦	75.77 ♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (12-17 Yrs)	Hybrid	73.17 ♦♦	72.78 ♦♦	75.00 ♦♦	73.81 ♦♦

Indicator	Method	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	Hybrid	75.43 ♦♦	75.91 ♦♦	73.97 ♦♦	74.97 ♦♦
(WCV) Child and Adolescent Well-Care Visits (3-11 Yrs)	Admin	67.23 ♦♦♦	59.90 ♦♦	61.93 ♦♦	63.66 ♦♦
(WCV) Child and Adolescent Well-Care Visits (12-17 Yrs)	Admin	58.92 ♦♦♦	49.11 ♦	50.86 ♦	53.87 ♦♦
(WCV) Child and Adolescent Well-Care Visits (18-21 Yrs)	Admin	32.54 ♦♦	26.56 ♦	25.14 ♦	28.23 ♦
(WCV) Child and Adolescent Well-Care Visits (Total)	Admin	59.68 ♦♦♦	51.47 ♦	52.42 ♦♦	55.18 ♦♦

DMH and MSC (% Current Smokers) indicators measure prevalence and neither a higher nor lower rate indicates better performance; therefore, Qlarant did not assign a diamond rating.

Admin – measure calculated using administrative data.

ECDS – measure calculated using NCQA's electronic clinical data systems (ECDS) reporting standards.

Hybrid – measure calculated using administrative and medical record review data.

Survey – measure calculated using survey data.

❖ – a lower rate indicates better performance.

D$^{<30}$ – small denominator; MCP followed specifications, but the denominator was too small (fewer than 30) to report a valid rate.

No data – MCP did not report measure data to NCQA.

NA – not available; average could not be calculated due to insufficient data for two or more MCPs.

Appendix 2 – CAHPS® Survey Results

The West Virginia Bureau for Medical Services (BMS) requires Mountain Health Trust (MHT) managed care plans (MCPs) to annually conduct Adult Medicaid CAHPS® Health Plan Survey Version 5.1 and Child Medicaid CAHPS Health Plan Survey Version 5.1.[42,43] In addition to survey results, BMS requires MCPs submit an analysis of performance and action plan for certain results with opportunities for improvement.

For measurement year (MY) 2023, MCPs submitted results of the following surveys to Qlarant and BMS:

- Aetna Better Health of West Virginia (ABH)
    - Adult Medicaid CAHPS Health Plan Survey 5.1
    - CAHPS Health Plan Survey 5.1H – Child Medicaid with Children with Chronic Conditions (CCC) Supplemental Item Set
- The Health Plan of West Virginia (THP)
    - CAHPS Health Plan Survey 5.1H – Adult Medicaid
    - CAHPS Health Plan Survey 5.1H – Child Medicaid with CCC Supplemental Item Set
- Wellpoint West Virginia (WWV)
    - CAHPS Health Plan Survey 5.1H – Adult Medicaid
    - CAHPS Health Plan Survey 5.1H – Child Medicaid with Children

Qlarant used CAHPS Survey results published by NCQA for each MCP to calculate the MHT MCP average for each indicator. Qlarant compared Survey results to NCQA Quality Compass National Medicaid Health Maintenance Organization (HMO) benchmarks for MY 2023 and generated a diamond rating, as defined below, to indicate performance for each MCP.[44]

Qlarant Diamond Rating System
♦♦♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national 90th percentile.
♦♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national 75th percentile, but does not meet the 90th percentile.
♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national average, but does not meet the 75th percentile.
♦ Rate is below the NCQA Quality Compass HMO national average.

Table 1 displays MY 2023 CAHPS Survey results and Qlarant's diamond rating for each MCP.

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[42] The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

[43] Highmark Health Options West Virginia did not conduct CAHPS Surveys for MY 2023 due to its contract start date of August 1, 2024.

[44] Quality Compass is a registered trademark of the National Committee for Quality Assurance (NCQA).

Table 1. Appendix 2 – MY 2023 CAHPS Health Plan Survey Version 5.1 Results

Indicator	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
CAHPS Health Plan Survey – Adult Medicaid 5.1				
Adult Survey: Coordination of Care (Usually + Always)	90.57 ♦♦♦♦	85.00 ♦	D$^{<100}$	87.86 ♦♦
Adult Survey: Customer Service (Usually + Always)	D$^{<100}$	D$^{<100}$	D$^{<100}$	NA
Adult Survey: Getting Care Quickly (Usually + Always)	86.39 ♦♦♦	83.51 ♦♦	D$^{<100}$	84.95 ♦♦♦
Adult Survey: Getting Needed Care (Usually + Always)	85.68 ♦♦♦	84.39 ♦♦	81.56 ♦♦	83.88 ♦♦
Adult Survey: How Well Doctors Communicate (Usually + Always)	94.31 ♦♦	92.60 ♦	94.99 ♦♦♦	93.97 ♦♦
Adult Survey: In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? (Usually + Always)	84.25 ♦♦♦	82.98 ♦♦	79.53 ♦♦	82.37 ♦♦
Adult Survey: In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? (Usually + Always)	82.93 ♦♦♦	82.27 ♦♦	D$^{<100}$	82.58 ♦♦
Adult Survey: In the last 6 months, how often did your health plan's customer service give you the information or help you needed? (Usually + Always)	D$^{<100}$	D$^{<100}$	D$^{<100}$	NA
Adult Survey: In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? (Usually + Always)	D$^{<100}$	D$^{<100}$	D$^{<100}$	NA
Adult Survey: In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? (Usually + Always)	94.32 ♦♦	90.97 ♦	93.57 ♦♦	92.99 ♦♦
Adult Survey: In the last 6 months, how often did your personal doctor listen carefully to you? (Usually + Always)	94.89 ♦♦♦	91.67 ♦	96.43 ♦♦♦♦	94.28 ♦♦
Adult Survey: In the last 6 months, how often did your personal doctor show respect for what you had to say? (Usually + Always)	95.43 ♦♦	94.87 ♦♦	96.43 ♦♦♦	95.54 ♦♦
Adult Survey: In the last 6 months, how often did your personal doctor spend enough time with you? (Usually + Always)	92.61 ♦♦	92.90 ♦♦♦	93.53 ♦♦♦	92.98 ♦♦♦
Adult Survey: In the last 6 months, how often was it easy to get the care, tests or treatment you needed? (Usually + Always)	88.44 ♦♦♦	86.50 ♦♦	86.21 ♦♦	87.11 ♦♦
Adult Survey: In the last 6 months, how often were the forms from your health plan easy to fill out? (No + Usually + Always)	97.23 ♦♦♦♦	97.11 ♦♦♦♦	94.23 ♦	96.3 ♦♦♦
Adult Survey: In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? (Usually + Always)	D$^{<100}$	D$^{<100}$	D$^{<100}$	NA
Adult Survey: Rating of All Health Care (8+9+10)	76.16 ♦♦	72.22 ♦	72.73 ♦	73.79 ♦
Adult Survey: Rating of All Health Care (9+10)	56.40 ♦	56.17 ♦	53.85 ♦	55.56 ♦
Adult Survey: Rating of Health Plan (8+9+10)	78.74 ♦♦	79.53 ♦♦	70.33 ♦	76.57 ♦
Adult Survey: Rating of Health Plan (9+10)	61.02 ♦	66.54 ♦♦♦	55.98 ♦	61.51 ♦♦
Adult Survey: Rating of Personal Doctor (8+9+10)	84.51 ♦♦	85.29 ♦♦	82.56 ♦	84.21 ♦♦

Indicator	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
Adult Survey: Rating of Personal Doctor (9+10)	71.83 ♦♦	71.57 ♦♦	66.86 ♦	70.29 ♦♦
Adult Survey: Rating of Specialist Seen Most Often (8+9+10)	77.50 ♦	77.61 ♦	D<100	77.56 ♦
Adult Survey: Rating of Specialist Seen Most Often (9+10)	63.33 ♦	62.69 ♦	D<100	62.99 ♦
CAHPS Health Plan Survey – Child Medicaid 5.1 CCC Supplemental Item Set				
Child Survey - CCC Population: Access to specialized services (Usually + Always)	D<100	D<100	No data	NA
Child Survey - CCC Population: Coordination of Care (Usually + Always)	84.04 ♦♦	89.74 ♦♦♦♦	No data	86.23 ♦♦
Child Survey - CCC Population: Coordination of Care for Children with Chronic Conditions (Yes)	77.00 ♦♦	D<100	No data	NA
Child Survey - CCC Population: Customer Service (Usually + Always)	D<100	D<100	No data	NA
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get special medical equipment or devices for your child? (Yes)	D<100	D<100	No data	NA
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get this therapy for your child? (Yes)	D<100	D<100	No data	NA
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get this treatment for your child? (Yes)	59.79 ♦♦	D<100	No data	NA
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get your child's prescription medicines? (Yes)	61.02 ♦	57.59 ♦	No data	59.72 ♦
Child Survey - CCC Population: Does your child's personal doctor understand how these medical, behavioral or other health conditions affect your child's day-to-day life? (Yes)	95.45 ♦♦♦	94.08 ♦♦	No data	94.95 ♦♦
Child Survey - CCC Population: Does your child's personal doctor understand how your child's medical, behavior or other health conditions affect your family's day-to-day life? (Yes)	93.16 ♦♦♦♦	91.45 ♦♦	No data	92.53 ♦♦♦
Child Survey - CCC Population: Family-Centered Care: Personal Doctor Knows Child (Yes)	93.48 ♦♦♦	93.38 ♦♦♦	No data	93.43 ♦♦♦
Child Survey - CCC Population: Getting Care Quickly (Usually + Always)	95.12 ♦♦♦♦	93.44 ♦♦♦♦	No data	94.28 ♦♦♦♦
Child Survey - CCC Population: Getting Needed Care (Usually + Always)	88.00 ♦♦♦	90.17 ♦♦♦♦	No data	89.09 ♦♦♦
Child Survey - CCC Population: How Well Doctors Communicate (Usually + Always)	96.09 ♦♦♦	97.33 ♦♦♦♦	No data	96.71 ♦♦♦♦
Child Survey - CCC Population: In the last 6 months, did anyone from your child's health plan, doctor's office or clinic help coordinate your child's care among these different providers or services? (Yes)	57.58 ♦	55.05 ♦	No data	56.68 ♦
Child Survey - CCC Population: In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare? (Yes)	D<100	D<100	No data	NA
Child Survey - CCC Population: In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing or behaving? (Yes)	91.84 ♦♦	94.61 ♦♦♦♦	No data	92.84 ♦♦♦

Indicator	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
Child Survey - CCC Population: In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? (Usually + Always)	D$^{<100}$	D$^{<100}$	No data	NA
Child Survey - CCC Population: In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? (Usually + Always)	D$^{<100}$	D$^{<100}$	No data	NA
Child Survey - CCC Population: In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed? (Usually + Always)	84.57 ♦♦♦	84.07 ♦♦	No data	84.36 ♦♦
Child Survey - CCC Population: In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers? (Usually + Always)	93.49 ♦♦♦	95.74 ♦♦♦♦	No data	94.62 ♦♦♦♦
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand? (Usually + Always)	96.94 ♦♦♦	97.63 ♦♦♦♦	No data	97.19 ♦♦♦♦
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor listen carefully to you? (Usually + Always)	95.93 ♦♦	97.63 ♦♦♦♦	No data	96.55 ♦♦♦
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor show respect for what you had to say? (Usually + Always)	97.96 ♦♦♦	98.22 ♦♦♦	No data	98.06 ♦♦♦
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor spend enough time with your child? (Usually + Always)	93.54 ♦♦♦	95.83 ♦♦♦♦	No data	94.37 ♦♦♦
Child Survey - CCC Population: In the last 6 months, how often was it easy to get prescription medications for your child through his or her plan? (Usually + Always)	87.90 ♦	90.82 ♦♦	No data	89.36 ♦♦
Child Survey - CCC Population: In the last 6 months, how often was it easy to get special medical equipment or devices for your child? (Usually + Always)	D<100	D<100	No data	NA
Child Survey - CCC Population: In the last 6 months, how often was it easy to get the care, tests or treatment your child needed? (Usually + Always)	91.44 ♦♦	96.28 ♦♦♦♦	No data	93.33 ♦♦♦
Child Survey - CCC Population: In the last 6 months, how often was it easy to get this therapy for your child? (Usually + Always)	D$^{<100}$	D$^{<100}$	No data	NA
Child Survey - CCC Population: In the last 6 months, how often was it easy to get this treatment or counseling for your child? (Usually + Always)	82.05 ♦♦♦♦	D$^{<100}$	No data	NA
Child Survey - CCC Population: In the last 6 months, how often were the forms from your child's health plan easy to fill out? (No + Usually + Always)	97.49 ♦♦♦♦	96.63 ♦♦♦♦	No data	97.17 ♦♦♦♦
Child Survey - CCC Population: In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed? (Usually + Always)	93.91 ♦♦♦♦	90.96 ♦♦♦	No data	92.81 ♦♦♦♦
Child Survey - CCC Population: In the last 6 months, when your child needed care right away, how often did you get care as soon as he or she needed? (Usually + Always)	96.34 ♦♦♦♦	D$^{<100}$	No data	NA
Child Survey - CCC Population: Rating of All Health Care (8+9+10)	86.64 ♦♦	88.24 ♦♦♦	No data	87.27 ♦♦

Indicator	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
Child Survey - CCC Population: Rating of All Health Care (9+10)	71.23 ♦♦♦	69.52 ♦♦	No data	70.56 ♦♦
Child Survey - CCC Population: Rating of Health Plan (8+9+10)	83.15 ♦♦	88.73 ♦♦♦♦	No data	85.22 ♦♦♦
Child Survey - CCC Population: Rating of Health Plan (9+10)	69.34 ♦♦	74.18 ♦♦♦	No data	71.13 ♦♦♦
Child Survey - CCC Population: Rating of Personal Doctor (8+9+10)	89.74 ♦♦	91.09 ♦♦♦	No data	90.24 ♦♦
Child Survey - CCC Population: Rating of Personal Doctor (9+10)	79.77 ♦♦♦	81.19 ♦♦♦♦	No data	80.29 ♦♦♦
Child Survey - CCC Population: Rating of Specialist Seen Most often (8+9+10)	83.75 ♦	83.18 ♦	No data	83.52 ♦
Child Survey - CCC Population: Rating of Specialist Seen Most often (9+10)	70.63 ♦	71.96 ♦	No data	71.16 ♦
CAHPS Health Plan Survey – Child Medicaid 5.1				
Child Survey - General Population: Coordination of Care (Usually + Always)	90.48 ♦♦♦♦	83.00 ♦	D$^{<100}$	87.17 ♦♦♦
Child Survey - General Population: Customer Service (Usually + Always)	D$^{<100}$	D$^{<100}$	D$^{<100}$	NA
Child Survey - General Population: Getting Care Quickly (Usually + Always)	92.81 ♦♦♦♦	92.33 ♦♦♦♦	92.10 ♦♦♦♦	92.41 ♦♦♦♦
Child Survey - General Population: Getting Needed Care (Usually + Always)	90.38 ♦♦♦♦♦	86.79 ♦♦♦	91.78 ♦♦♦♦♦	89.65 ♦♦♦♦
Child Survey - General Population: How Well Doctors Communicate (Usually + Always)	96.33 ♦♦♦	96.32 ♦♦♦	96.74 ♦♦♦♦♦	96.46 ♦♦♦
Child Survey - General Population: In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? (Usually + Always)	D$^{<100}$	D$^{<100}$	D$^{<100}$	NA
Child Survey - General Population: In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? (Usually + Always)	D$^{<100}$	D$^{<100}$	D$^{<100}$	NA
Child Survey - General Population: In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed? (Usually + Always)	85.00 ♦♦♦	D$^{<100}$	D$^{<100}$	NA
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand? (Usually + Always)	97.07 ♦♦♦	97.89 ♦♦♦♦♦	98.31 ♦♦♦♦♦	97.69 ♦♦♦♦
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor listen carefully to you? (Usually + Always)	96.64 ♦♦♦	96.32 ♦♦	97.18 ♦♦♦	96.69 ♦♦♦
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor show respect for what you had to say? (Usually + Always)	97.49 ♦♦	97.37 ♦♦	97.18 ♦♦	97.36 ♦♦
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor spend enough time with your child? (Usually + Always)	94.12 ♦♦♦♦	93.68 ♦♦♦	94.32 ♦♦♦♦	94.04 ♦♦♦
Child Survey - General Population: In the last 6 months, how often was it easy to get the care, tests or treatment your child needed? (Usually + Always)	95.76 ♦♦♦♦	96.08 ♦♦♦♦	94.22 ♦♦♦	95.43 ♦♦♦♦
Child Survey - General Population: In the last 6 months, how often were the forms from your child's health plan easy to fill out? (No + Usually + Always)	98.80 ♦♦♦♦	96.90 ♦♦♦	95.97 ♦♦	97.37 ♦♦♦♦

Indicator	ABH MY 2023 (%)	THP MY 2023 (%)	WWV MY 2023 (%)	MHT Average MY 2023 (%)
Child Survey - General Population: In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed? (Usually + Always)	90.54 ♦♦♦♦	89.42 ♦♦♦♦	91.98 ♦♦♦♦	90.58 ♦♦♦♦
Child Survey - General Population: In the last 6 months, when your child needed care right away, how often did you get care as soon as he or she needed? (Usually + Always)	95.08 ♦♦♦	95.24 ♦♦♦	D$^{<100}$	95.15 ♦♦♦
Child Survey - General Population: Rating of All Health Care (8+9+10)	88.98 ♦♦	90.15 ♦♦♦	83.24 ♦	87.75 ♦♦
Child Survey - General Population: Rating of All Health Care (9+10)	73.73 ♦♦♦	72.91 ♦♦	64.74 ♦	70.92 ♦♦
Child Survey - General Population: Rating of Health Plan (8+9+10)	87.16 ♦♦	91.58 ♦♦♦♦	87.30 ♦♦	88.6 ♦♦
Child Survey - General Population: Rating of Health Plan (9+10)	69.55 ♦	76.56 ♦♦♦	73.41 ♦♦	72.91 ♦♦
Child Survey - General Population: Rating of Personal Doctor (8+9+10)	90.58 ♦♦	91.24 ♦♦	92.80 ♦♦♦♦	91.45 ♦♦
Child Survey - General Population: Rating of Personal Doctor (9+10)	79.22 ♦♦	81.27 ♦♦♦	82.63 ♦♦♦♦	80.88 ♦♦♦
Child Survey - General Population: Rating of Specialist Seen Most often (8+9+10)	D$^{<100}$	D$^{<100}$	D$^{<100}$	NA
Child Survey - General Population: Rating of Specialist Seen Most often (9+10)	D$^{<100}$	D$^{<100}$	D$^{<100}$	NA

D$^{<100}$ – small denominator; MCP followed specifications, but the denominator was too small (fewer than 100) to report a valid rate.

No data – MCP did not report measure data to NCQA.

NA – not available; average could not be calculated due to insufficient data for two or more MCPs.

Appendix 3 – Network Adequacy Indicators and Validation Results

The West Virginia Bureau for Medical Services (BMS) requires Mountain Health Trust (MHT) and Mountain Health Promise (MHP) managed care plans (MCPs) to annually submit provider network files, geographic data maps, and provider-to-enrollee ratio worksheets. To ensure beneficiaries have adequate access to services, BMS evaluates each MCP's network against BMS' network requirements and provides an assessment of network adequacy.[45]

Network Adequacy Indicators

Qlarant reviewed network requirements in the state fiscal year (SFY) 2023 MCP contract and identified 99 network adequacy indicators for validation. Indicators identified for validation by Qlarant for SFY 2023 are displayed in Table 1.

Table 1. Appendix 3 – Network Adequacy Indicators

Provider Category	Provider Type	Network Adequacy Indicator
Network Capacity: Provider-to-Enrollee Ratio Standards		
PCP (Adult enrollee standard)	PCP	One (1) age appropriate active provider who is accepting new patients for every 500 adult enrollees per county
PCP (Pediatric enrollee standard)	PCP	One (1) age appropriate active provider who is accepting new patients for every 250 pediatric enrollees per county
OB/GYN	OB/GYN or CNM	One (1) active provider who is accepting new patients for every 1,000 enrollees per county
Geographic Accessibility: Time and Travel Distance Standards		
PCP (Adult enrollee standard)	PCP	Two (2) active providers accepting new patients within 20 miles or 30 minutes travel time
PCP (Pediatric enrollee standard)	PCP	Two (2) active providers accepting new patients within 20 miles or 30 minutes travel time
OB/GYN	OB/GYN or CNM	Two (2) active providers accepting new patients within 25 miles or 30 minutes travel time

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[45] Highmark Health Options West Virginia is not included in this quality review activity due to its contract start date of August 1, 2024.

Provider Category	Provider Type	Network Adequacy Indicator
Frequently-Used Specialist (Adult enrollee standard)	Allergy, Audiology, Cardiology, Dermatology, Gastroenterology, General Surgery, Neurology, Occupational Therapy, Oncology, Ophthalmology, Orthopedics, Orthopedic Surgeon, Otolaryngology/Otorhinolaryngology, Physical Medicine and Rehabilitation Specialist, Physical Therapy, Pulmonology, Speech Therapy	Two (2) active providers accepting new patients within 20 miles or 30 minutes travel time
Frequently-Used Specialist (Pediatric enrollee standard)	Allergy, Audiology, Cardiology, Dermatology, Gastroenterology, General Surgery, Neurology, Occupational Therapy, Oncology, Ophthalmology, Orthopedics, Orthopedic Surgeon, Otolaryngology/Otorhinolaryngology, Physical Medicine and Rehabilitation Specialist, Physical Therapy, Pulmonology, Speech Therapy	Two (2) active providers accepting new patients within 20 miles or 30 minutes travel time
Other Specialist (Adult enrollee standard)	Anesthesiology, Chiropractic, Dialysis, Durable Medical Equipment, Endocrinology, Hematology, Home Health Services, Nephrology, Neurosurgery, Orthotics and Prosthetics, Pathology, Plastic Surgery, Podiatry, Radiology, Thoracic Surgery, Urology	One (1) active provider accepting new patients within 20 miles or 30 minutes travel time
Other Specialist (Pediatric enrollee standard)	Anesthesiology, Chiropractic, Dialysis, Durable Medical Equipment, Endocrinology, Hematology, Home Health Services, Nephrology, Neurosurgery, Orthotics and Prosthetics, Pathology, Plastic Surgery, Podiatry, Radiology, Thoracic Surgery, Urology	One (1) active provider accepting new patients within 20 miles or 30 minutes travel time
Hospital (Adult enrollee standard – urban[+])	Basic Hospital Services, Tertiary Hospital Services[++]	One (1) hospital within 30 miles or 45 minutes travel time
Hospital (Pediatric enrollee standard - urban[+])	Basic Hospital Services, Tertiary Hospital Services[++]	One (1) hospital within 30 miles or 45 minutes travel time
Hospital (Adult enrollee standard - rural[+])	Basic Hospital Services, Tertiary Hospital Services[++]	One (1) hospital within 60 miles or 90 minutes travel time
Hospital (Pediatric enrollee standard - rural[+])	Basic Hospital Services, Tertiary Hospital Services[++]	One (1) hospital within 60 miles or 90 minutes travel time
Essential Community Provider (Adult enrollee standard)	Essential Community Provider (FQHC or RHC)	One (1) provider within 45 miles or 60 minutes travel time

Provider Category	Provider Type	Network Adequacy Indicator
Essential Community Provider (Pediatric enrollee standard)	Essential Community Provider (FQHC or RHC)	One (1) provider within 45 miles or 60 minutes travel time
Behavioral Health Provider (Adult enrollee standard)	Psychologist, Psychiatrist, Licensed Professional Counselor, Licensed Independent Clinical Social Worker	Two (2) providers within 45 miles or 60 minutes travel time
Behavioral Health Provider (Pediatric enrollee standard)	Psychologist, Psychiatrist, Licensed Professional Counselor, Licensed Independent Clinical Social Worker	Two (2) providers within 45 miles or 60 minutes travel time
Behavioral Health Facility (Adult enrollee standard - urban[+])	Adult Inpatient Psychiatric Unit	One (1) hospital within 30 miles or 45 minutes travel time
Behavioral Health Facility (Adult enrollee standard - rural[+])	Adult Inpatient Psychiatric Unit	One (1) provider within 60 miles or 90 minutes travel time
SUD Provider (Adult enrollee standard)	Outpatient SUD Provider	One (1) provider within 45 miles or 60 minutes travel time
SUD Provider (Pediatric enrollee standard)	Outpatient SUD Provider	One (1) provider within 45 miles or 60 minutes travel time
SUD Facility (Adult enrollee standard)	Residential SUD Provider	One (1) provider within 45 miles or 60 minutes travel time
SUD Facility (Pediatric enrollee standard)	Residential SUD Provider	One (1) provider within 45 miles or 60 minutes travel time
General Dentist (Pediatric enrollee standard)	Dentist	Two (2) providers within 25 miles or 30 minutes travel time
Dental Specialist (Pediatric enrollee standard)	Oral Surgeon, Orthodontist	One (1) provider within 45 miles or 60 minutes travel time

Abbreviations: Primary Care Provider (PCP); Obstetrician/Gynecologist (OB/GYN); Certified Nurse Midwife (CNM); Federally Qualified Health Centers (FQHC); Rural Health Clinics (RHC); and Substance Use Disorder (SUD).

[+]The state vendor used Health Resources and Services Administration Federal Office of Rural Health Policy definitions to distinguish between urban and rural. For SFY 2023, 40 WV counties were defined as rural and 15 counties were defined as urban. https://www.hrsa.gov/rural-health/about-us/what-is-rural

[++]Tertiary hospital services include (1) acute care services to pediatric patients in medical and surgical units; (2) obstetrics services; and (3) a neo-natal intensive care unit.

Validation Assessment Results

Findings from Qlarant's assessment of state and MCP data collection procedures and state network adequacy calculation methods and results are summarized in Table 2. Qlarant's assessment findings include indicator-scoring totals for each element. Results are consistent for each MCP, except where specified within the narrative.

Table 2. Appendix 3 – Network Adequacy Indicator Validation Assessment Results

Validation Assessment	Met	Unmet	NA
Assessment of Data Collection Procedures			
1. The state and MCP submitted data sources and years of data needed to calculate the indicators.	99	0	0
Qlarant received MCP and state data as requested.			
2. The state and MCP included all variables needed to calculate the indicators.	99	0	0
Provider data file variables included postal address of provider service locations; provider category, type, and specialty; provider age or gender patient restrictions; and whether the provider is accepting new patients. Beneficiary enrollment file variables included postal address of enrollee residence, enrollee gender, and enrollee date of birth.			
3. State and MCP data was without patterns of missing data.	0	99	0
Qlarant, as well as the state vendor, identified issues maintaining matching provider information between MCP and state data systems. Additionally, the state vendor reported some provider records submitted by the MCP were excluded from the 2024 PNA analysis. The percentage of provider records submitted that were excluded—ABH: 37%, THP: 18%, and WWV: 19%. Provider records were excluded for the following reasons: • Duplicate provider service location. • Provider type not in BMS' standards for network capacity and accessibility. Provider classifications did not consistently align with BMS standards in Appendix I of the MCP contract. • Missing, invalid, or deactivated NPI. • Not located in WV or a bordering state.			
4. State and MCP data enable valid, reliable, and timely calculations.	99	0	0
Qlarant did not identify concerns related to calculation validity, reliability, or timeliness.			
5. State and MCP data collection instruments and systems allow for consistent and accurate data collection.	99	0	0
Qlarant did not identify concerns related to data collection consistency or accuracy.			
6. State and MCP data systems were without significant changes that might affect data accuracy or completeness.	99	0	0
Qlarant did not identify concerns related to data systems affecting accuracy or completeness.			
7. Providers submitted encounter or utilization data for all encounters.	0	0	99
This element was not applicable to any validated indicators.			
8. All LTSS provider services were included in LTSS data submitted.	0	0	99
This element was not applicable to any validated indicators.			
9. Access and availability studies included all call attempts in the denominator.	0	0	99
This element was not applicable to any validated indicators.			

Validation Assessment	Met	Unmet	NA
10. Access and availability study methodology includes process for addressing potential roadblocks in identification.	0	0	99
This element was not applicable to any validated indicators.			
Assessment of Network Adequacy Methods			
11. Methods selected to calculate this indicator were appropriate for the state.	0	99	0

Qlarant determined that overall, methods selected by the state to calculate each indicator were inappropriate for the state and the resulting analysis did not adequately address state compliance standards in the MCP contract. Examples of methodology concerns include, but are not limited to:

- The MCP contract identifies a separate network adequacy standard for adult enrollees and pediatric enrollees for 97 of 99 indicators. Additionally, the MCP contract identifies the pediatric population as enrollees under the age of 21 and the adult population as enrollees age 21 and older. For the purpose of distinguishing between adult and pediatric standards, the PNA report defined the pediatric population as enrollees under the age of 19 and adult population as enrollees age 19 and older, as of October 1, 2023. In addition to the variance in definition of pediatric between the MCP contract and the PNA report, the methodology used for the PNA analysis did not assess adult and pediatric network capacity standards separately, as required in the MCP contract. Instead, adult and pediatric populations were combined and a single statewide ratio was calculated.
- As previously stated, the MCP contract identifies a separate network adequacy standard for adult enrollees and pediatric enrollees for 97 of 99 indicators. Additionally, for the provider-to-enrollee ratios standards, the contract specifies enrollees must have access to an "age appropriate PCP." The state received provider age restriction data from the MCP; however, provider age restrictions were not considered in the calculation methodology. This means all providers, regardless of age restrictions and age appropriateness, were included in PCP-to-enrollee ratio and time and distance standard calculations. This concern does not apply to OB/GYN providers, as BMS established a single provider-to-enrollee ratio that was applicable to all enrollees, regardless of age or gender.
- The MCP contract specifies that only active providers who are accepting new patients (open panel) can be included in network adequacy calculations. The state received provider open/closed panel status from the MCP; however, the calculation methodology was not limited to open panel providers. This means providers who were <u>not</u> accepting new patients were included in network adequacy calculations for all indicators.

| 12. Methods selected to calculate this indicator were appropriate to the state Medicaid and CHIP population(s). | 99 | 0 | 0 |

The SFY 2023 MCP contract specified that network adequacy standards applied to all Medicaid managed care enrollees. Standards for CHIP enrollees were not defined in the contract; therefore, enrollee files submitted by MCPs and the assessment conducted by the state vendor did not include CHIP members. Methods used by the state to calculate network indicators appropriately included MHT managed care beneficiaries who were Medicaid eligible as of October 1, 2023. Specific to ABH—the PNA report identified population specifications unique to ABH: *"ABH indicated their plan leverages the same provider network for both [Mountain Health Promise (MHP)] and MHT programs. As a result, [state vendor] included the MHP populations in our county-level analysis to determine network adequacy. Any ABH network deficiency applies to both programs."* The state extracted beneficiary enrollment data from the WV MMIS.

| 13. Methods selected to generate data needed to calculate this indicator were adequate. | 0 | 99 | 0 |

Qlarant determined that overall, methods selected by the state to generate data needed to calculate each indicator were inadequate and the resulting analysis did not adequately address state compliance standards in the MCP contract. Examples of methodology concerns include, but are not limited to:

- The MCP contract identifies a separate network adequacy standard for adult enrollees and pediatric enrollees for 97 of 99 indicators. Additionally, the MCP contract identifies the pediatric population as enrollees under the age of 21 and the adult population as enrollees age 21 and older. For the purpose of distinguishing between adult and pediatric standards, the PNA report defined the pediatric population as enrollees under the age of 19 and adult population as enrollees age 19 and older, as of October 1, 2023. In addition to the variance in definition of pediatric between the MCP

Validation Assessment	Met	Unmet	NA
contract and the PNA report, the methodology used for the PNA report did not assess adult and pediatric network capacity standards separately, as required in the MCP contract. Instead, adult and pediatric populations were combined and a single statewide ratio was calculated. • As previously stated, the MCP contract identifies a separate network adequacy standard for adult enrollees and pediatric enrollees for 97 of 99 indicators. Additionally, provider-to-enrollee ratios standards, the contract specifies enrollees must have access to an "age appropriate PCP." The state received provider age restriction data from the MCP; however, provider age restrictions were not considered in the calculation methodology. This means all providers, regardless of age restrictions and age appropriateness, were included in PCP-to-enrollee ratio and time and distance standard calculations. This concern does not apply to OB/GYN providers, as BMS established a single provider-to-enrollee ratio that was applicable to all enrollees, regardless of age or gender. • The MCP contract specifies that only active providers who are accepting new patients (open panel) can be included in network adequacy calculations. The state received provider open/closed panel status from the MCP; however, the calculation methodology was not limited to open panel providers. This means providers who were not accepting new patients were included in network adequacy calculations for all indicators.			
14. The system for classifying provider types matched state expectations and follows how the state defines a specialist.	80	0	19
The MCP contract included the following specialist provider definitions: • Provider specialties considered *frequently-used specialists*: Allergy, Audiology, Cardiology, Dermatology, General Surgery, Gastroenterology, Neurology, Occupational Therapy, Oncology, Ophthalmology, Orthopedics, Orthopedic Surgeon, Otolaryngology/Otorhinolaryngology, Physical Therapy, Pulmonology, Physical Medicine and Rehabilitation Specialist, and Speech Therapy. • Provider specialties considered *other specialists*: Anesthesiology, Chiropractic, Dialysis, Durable Medical Equipment (DME), Endocrinology, Hematology, Home Health Services, Nephrology, Neurosurgery, Orthotics and Prosthetics, Pathology, Plastic Surgery, Podiatry, Radiology, Thoracic Surgery, and Urology. • Provider types permitted for MCP designation as PCPs: certified nurse midwives (CNMs); advanced practice nurses, such as nurse practitioners (NPs); physician assistants (PAs); and physicians with the following specialties: general practice; family practice; internal medicine; pediatrics; and OB/GYN. The state's system for classifying provider types was in alignment with the MCP contract; however, Qlarant reviewers noted that the PNA analysis employed a stricter standard for provider types.			
15. The approach for addressing telehealth matches state expectations.	0	0	99
This element was not applicable to any validated indicators. MCP contract section *2.1.1. Network Capable of Full Array of Services* states MCPs *"must promote the use of telehealth/telemedicine in West Virginia to support an adequate provider network and expand the use and availability of telehealth/telemedicine when indicated and appropriate to help ensure geographic accessibility to its enrollees."* However, network adequacy standards for telehealth services were not available for SFY 2023.			
16. The sampling frame contains a complete, recent, and accurate list of the target population.	0	0	99
Sampling was not applicable to any validated indicators.			
17. The sample is representative of the population.	0	0	99
Sampling was not applicable to any validated indicators.			
18. The sample size is large enough to draw statistically significant conclusions.	0	0	99
Sampling was not applicable to any validated indicators.			
19. The selected valid sampling techniques to protect against bias.	0	0	99

Validation Assessment	Met	Unmet	NA
Sampling was not applicable to any validated indicators.			
20. The approach for measuring travel distance matches state expectations.	96	0	3
BMS did not specify the methodology required or expected to calculate geographic accessibility for SFY 2023 and did not address considerations for travel distance specific to public transportation, private vehicles, or other variables. The state vendor reported using the ArcGIS "driving distance" travel mode as the standard to measure travel distance: *Driving distance models the movement of cars and other similar small automobiles, such as pickup trucks, and finds solutions that optimize travel distance. This travel mode obeys one-way roads, avoids illegal turns, and follows other rules that are specific to cars.*[46]			
21. The approach for measuring travel time matches the state's expectations.	96	0	3
BMS did not specify the methodology required or expected to calculate geographic accessibility for SFY 2023 and did not address considerations for travel time specific to public transportation, private vehicles, or other variable. The state vendor reported using the ArcGIS "driving time" travel mode as the standard to measure travel time: *Driving time models the movement of cars and other similar small automobiles, such as pickup trucks, and finds solutions that optimize travel time. This travel mode obeys one-way roads, avoids illegal turns, and follows other rules that are specific to cars.*			
22. The approach to deriving provider-to-enrollee ratios and/or percentage of contracted providers accepting new patients matches state expectations.	0	99	0
Qlarant determined that overall, the state's approach to deriving provider-to-enrollee ratios and percentage of contracted providers accepting new patients does not match state expectations. Examples of Qlarant's concerns include, but are not limited to: - The MCP contract identifies a separate network adequacy standard for adult enrollees and pediatric enrollees for 97 of 99 indicators. Additionally, the MCP contract identifies the pediatric population as enrollees under the age of 21 and the adult population as enrollees age 21 and older. For the purpose of distinguishing between adult and pediatric standards, the PNA report defined the pediatric population as enrollees under the age of 19 and adult population as enrollees age 19 and older, as of October 1, 2023. In addition to the variance in definition of pediatric between the MCP contract and the PNA report, the methodology used for the PNA analysis did not assess adult and pediatric network capacity standards separately, as required in the MCP contract. Instead, adult and pediatric populations were combined and a single statewide ratio was calculated. - As previously stated, the MCP contract identifies a separate network adequacy standard for adult enrollees and pediatric enrollees for 97 of 99 indicators. Additionally, provider-to-enrollee ratios standards, the contract specifies enrollees must have access to an "age appropriate PCP." The state received provider age restriction data from the MCP; however, provider age restrictions were not considered in the calculation methodology. This means all providers, regardless of age restrictions and age appropriateness, were included in PCP-to-enrollee ratio and time and distance standard calculations. This concern does not apply to OB/GYN providers, as BMS established a single provider-to-enrollee ratio that was applicable to all enrollees, regardless of age or gender. - The MCP contract specifies that only active providers who are accepting new patients (open panel) can be included in network adequacy calculations. The state received provider open/closed panel status from the MCP; however, the calculation methodology was not limited to open panel providers. This means providers who were <u>not</u> accepting new patients were included in network adequacy calculations for all indicators. - Specific to ABH—although network adequacy standards included in the SFY 2023 MHP MCP contract align with standards in the MHT contract, network capacity and geographic accessibility should be evaluated separately for MHP enrollees. The PNA report specified MHP enrollees were included with MHT enrollees in the analysis of ABH because both programs share the same provider network.			
23. The approach for determining maximum wait time for an appointment matches state expectations.	0	0	99

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[46] ArcGIS Travel Modes: https://doc.arcgis.com/en/arcgis-online/analyze/travel-modes-analysis-mv.htm.

Validation Assessment	Met	Unmet	NA
This element was not applicable to any validated indicators.			
24. The methods to calculate indicators are rigorous, objective, and unlikely to be subject to manipulation.	99	0	0
Although the state's analysis did not calculate results that were applicable to network indicators identified for SFY 2023 validation, Qlarant determined the methods used were rigorous, objective, and unlikely to be subject to manipulation.			
Assessment of Network Adequacy Results			
25. The state produced valid results – that is, they measured what they intended to measure.	0	99	0
As described in Qlarant's assessment of network adequacy methods findings, the state did not calculate an applicable result for any of the indicators intended for validation; therefore, Qlarant was unable to confirm the validity of the state's results.			
26. The state produced accurate results – that is, their calculated values reflect true values.	0	99	0
As described in Qlarant's assessment of network adequacy methods findings, the state did not calculate an applicable result for any of the indicators intended for validation; therefore, Qlarant was unable to confirm the state's calculated values reflect true values.			
27. The state produced reliable results – that is, their results are reproducible and consistent.	2	97	0
As described in Qlarant's assessment of network adequacy methods findings, the state did not calculate an applicable result for 97 of 99 indicators intended for validation; therefore, results were unavailable for 97 of 99 indicators and Qlarant was unable to confirm reproducibility and consistency. For two (2) of 99 indicators, OB/GYN-to-enrollee ratio and OB/GYN time and distance, Qlarant determined the state's results were reproducible and consistent.			
28. The state accurately interpreted its results.	2	97	0
As described in Qlarant's assessment of network adequacy methods findings, the state did not calculate an applicable result for 97 of 99 indicators intended for validation; therefore, results were unavailable for 97 of 99 indicators and Qlarant was unable to confirm the accuracy of result interpretation. For two (2) of 99 indicators, OB/GYN-to-enrollee ratio and OB/GYN time and distance, Qlarant determined the state's results were accurately interpreted.			