Commonwealth of Virginia Department of Medical Assistance Services

2020 External Quality Review Technical Report—Medallion 4.0

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1. Executive Summary

Overview of External Quality Review

States with Medicaid managed care delivery systems are required to annually provide an assessment of managed care entities' (MCEs') performance related to the quality of, timeliness of, and access to care and services they provide, as mandated by 42 Code of Federal Regulations (CFR) §438.364. To meet this requirement, the Commonwealth of Virginia, Department of Medical Assistance Services (DMAS), contracted with Health Services Advisory Group, Inc. (HSAG), to perform the assessment and produce this annual report.

DMAS contracted with HSAG, its external quality review organization (EQRO), to conduct external quality review (EQR) activities completed during the period of January 1, 2020, through December 31, 2020 (calendar year [CY] 2020). HSAG used the U.S. Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services' (CMS') December 2018 update of its External Quality Review Toolkit for States when preparing this report.[1-1]

DMAS administers the Medallion 4.0 program which includes the Virginia Medicaid program and the Family Access to Medical Insurance Security (FAMIS) program, the Commonwealth's Children's Health Insurance Program (CHIP). DMAS contracted with six privately owned MCEs, hereafter referred to as MCOs, to deliver physical and behavioral health services to Medicaid and CHIP members. The MCOs contracted with DMAS during CY 2020 include Aetna Better Health of Virginia (Aetna); HealthKeepers, Inc. (HealthKeepers); Magellan Complete Care of Virginia (Magellan); Optima Health (Optima); UnitedHealthcare of the Mid-Atlantic, Inc. (United); and Virginia Premier Health Plan, Inc. (VA Premier).

Scope of External Quality Review (EQR) Activities

To conduct this assessment, HSAG used the results of mandatory and optional EQR activities, as described in 42 CFR §438.358. The EQR activities included as part of this assessment were conducted consistent with the associated EQR protocols developed by the Centers for Medicare & Medicaid Services (CMS).[1-2,1-3] The purpose of these activities, in general, is to improve states' ability to oversee and manage MCOs they contract with for services, and help MCOs improve their performance with respect to quality of, timeliness of, and access to care. Effective implementation of the EQR-related activities will facilitate State efforts to purchase high-value care and to achieve higher-performing healthcare delivery systems for their Medicaid and CHIP members. For the CY 2020 assessment,

[1-1] The Centers for Medicare & Medicaid Services. CMS External Quality Review (EQR Protocols, December 2018. Available at: https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-R-305.html. Accessed on: June 27, 2019.

[1-2] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, October 2019.* Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: June 26, 2020.

[1-3] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-3.pdf. Accessed on: Jan 13, 2020.

HSAG used findings from the mandatory and optional EQR activities displayed in Table 1-1 to derive conclusions and make recommendations about the quality of, timeliness of, and access to care and services provided by each MCO. Detailed information about each activity methodology is provided in Appendix A of this report.

Table 1-1—EQR Activities

Activity	Description	CMS Protocol
Validation of Rapid-Cycle Performance Improvement Projects (PIPs)	This activity assesses whether the performance measures (PMs) calculated by an MCO are accurate based on the measure specifications and State reporting requirements.	*Protocol 1:* Validation of Performance Improvement Projects
Performance Measure Validation (PMV)	This activity assesses whether the PMs calculated by an MCO are accurate based on the measure specifications and State reporting requirements.	*Protocol 2:* Validation of Performance Measures
Compliance with Medicaid and CHIP Managed Care Regulations	This activity determines the extent to which a Medicaid and CHIP MCO is in compliance with federal standards and associated state-specific requirements, when applicable.	*Protocol 3*: Review of Compliance with Medicaid and CHIP Managed Care Regulations
Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[1-4] Analysis	This activity assesses member experience with an MCO and its providers and the quality of care members receive.	*Protocol 6:* Administration or Validation of Quality of Care Surveys
Calculation of Additional Performance Measures	This activity calculates quality measures to evaluate the degree to which evidence-based treatment guidelines are followed, where indicated, and to assess the results of care.	*Protocol 7:* Calculation of Additional Performance Measures
Focus Studies	This activity provides information about the healthcare quality for a particular aspect of care across managed care in the state or for subpopulations served by managed care within the state.	*Protocol 9:* Conducting Focus Studies of Health Care Quality
Consumer Decision Support Tools	This activity provides information to help eligible members choose a Medicaid Medallion MCO. The tool shows how well the different MCOs provide care and services in various performance areas.	*Protocol 10:* Assist with Quality Rating of Medicaid and CHIP Managed Care Organizations, Prepaid Inpatient Health Plans (PIHPs), and Prepaid Ambulatory Health Plans (PAHPs)

[1-4] CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Aggregating and Analyzing Statewide Data

For each MCO, HSAG analyzed the results obtained from each EQR activity. From these analyses, HSAG determined which results were applicable to the domains of quality of, access to, and timeliness of care and services. HSAG then analyzed the data to determine if common themes or patterns existed that would allow conclusions about overall quality of, access to, and timeliness of care and services to be drawn for each MCO independently and the overall statewide Medallion 4.0 program. For a detailed, comprehensive discussion of the strengths, weaknesses, conclusions, and recommendations for each MCO, please refer to the results of each activity in Sections 4 through 10 of this report.

Virginia Managed Care Program Findings and Conclusions

HSAG used its analyses and evaluations of EQR activity findings from CY 2020 to comprehensively assess the MCOs' performance in providing quality, timely, and accessible healthcare services to DMAS Medicaid and CHIP members. For each MCO reviewed, HSAG provides a summary of its overall key findings, conclusions, and recommendations based on the MCOs' performance, which can be found in Sections 5 through 10 of this report. The overall findings and conclusions for all MCOs were also compared and analyzed to develop overarching conclusions and recommendations for the Virginia managed care program. Table 1-2 highlights substantive findings and actionable state-specific recommendations, when applicable, for DMAS to further promote its quality strategy goals and objectives. Refer to Sections 4 through10 for more details.

Table 1-2—Virginia Managed Care Program Substantive Findings

Program Strengths
• Children and young adults enrolled in the Medallion 4.0 program were able to access care at least annually for preventive and well visits to stay healthy and reduce unnecessary emergency room (ER) utilization. In addition, *Children and Adolescents' Access to Primary Care Practitioners* was an area of strength for the MCOs, as four of the six MCOs exceeded the 50th percentile for at least one of the four measure indicator rates. These results demonstrate quality and indicate that the MCOs had strong foundations in place to provide preventive and well visits, and timely and accessible healthcare services for their members. Children and adolescents were able to access a PCP at least annually for preventive services and appropriate treatment to stay healthy. The results also suggest that the MCOs maintained an adequate network which met the needs of Virginia children and adolescents.
• Overall, foster children have higher rates of healthcare utilization than comparable non-foster children for most foster care study indicators. Among the 19 study indicators, foster children demonstrated higher rates of healthcare utilization than non-foster children in 16 study indicators, nine of which were statistically significant. Additionally, among the 19 study indicators assessed in HSAG's current study, 12 indicators focused on behavioral healthcare utilization, which helped capture areas of healthcare that are particularly relevant to foster children. The results indicated that the MCOs had a strong foundation in place to provide medically necessary, quality, timely, and accessible healthcare services to foster children.
• Overall, Medallion 4.0 MCO members were able to obtain the services they need to maintain optimal health when diagnosed with diabetes. The MCOs focused efforts on quality outcomes related to proper diabetes management to prevent other serious health complications and reduce

Program Strengths
inpatient utilization and emergency department (ED) use. Three of the MCOs displayed strong performance within the *Comprehensive Diabetes Care* measure, with two of the MCOs exceeding the 75th percentile for the *HbA1c Testing* indicator and the other MCO exceeding the 75th percentile for the *Medical Attention for Nephropathy* indicator. Implementing effective initiatives for chronic diseases has the potential to greatly impact the services and overall health outcomes of Medallion 4.0 members. • MCO performance within the Behavioral Health domain was strong, with all six MCOs exceeding the 50th percentile for at least seven of the 11 (63.6 percent) measure rates. DMAS and the MCOs had dedicated initiatives related to behavioral health and addiction recovery and treatment services resulting in a high level of performance in behavioral health service provision. Program results indicated the MCOs implemented a member-centric approach to behavioral health care and services, reducing the need to access behavioral health care through an ER or in an inpatient setting. These results also indicated that the MCOs had strong foundations in place to provide medically necessary, quality, timely, and accessible behavioral health services for their members. • The Medallion 4.0 MCOs demonstrated strength in the adult CAHPS survey with the top-box score for one measure, *How Well Doctors Communicate*, for all Medallion 4.0 MCO results being statistically significantly higher than the 2020 National Committee for Quality Assurance (NCQA) adult Medicaid national average. Also, two MCOs demonstrated strength in the adult CAHPS survey for *Rating of Health Plan, Rating of All Health Care,* and *Rating of Personal Doctor.* In addition, for the child CAHPS survey, two Medallion 4.0 MCOs scored statistically significantly higher than the 2020 NCQA child Medicaid national average for *Rating of Specialist Seen Most Often,* and one MCO scored statistically significantly higher than the 2020 NCQA child Medicaid national averages for *Getting Needed Care* and *Rating of All Health Care,* indicating effective MCO customer service and provider communication with patients.

Program Weaknesses
• The Virginia rates of asthma admission increased during the beginning of the school year, with peak admissions occurring September through November and remaining above 20 percent throughout the school year, demonstrating opportunities to increase preventive care and medication management for children with asthma prior to the start of the school year. Less than 30 percent of children were on controller or reliever medications prior to their admission (28.42 percent and 24.59 percent, respectively), despite 62.84 percent of children admitted for asthma having had a visit with a qualifying physician within three months prior to their admission. Additionally, approximately half of children admitted were not prescribed a controller or reliever medication to manage asthma during the admission or within seven days following discharge (48.63 percent and 54.46 percent, respectively), demonstrating opportunities to increase preventive care for children with asthma. • PM results demonstrated opportunities for improvement for all MCOs in women's health measures, including breast cancer screening and cervical cancer screening. The Virginia MCOs all had PMs in this domain scoring below the NCQA Healthcare Effectiveness Data and Information Set (HEDIS®)[1-5] 25th percentile. The MCOs have an opportunity for improvement to ensure women receive needed care and recommended screenings.

[1-5] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Program Weaknesses
• Within the Care for Chronic Conditions domain, none of the MCOs exceeded the 25th percentile for the *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit* and *Discussing Cessation Medications* and *Comprehensive Diabetes Care—Controlling High Blood Pressure, Blood Pressure Control (<140/90 mm Hg), Eye Exam (Retinal) Performed, HbA1c Control (<8.0%), HbA1c Poor Control (>9.0%),* and *Medical Attention for Nephropathy* measure rates when compared to benchmarks. These members are not consistently managing their chronic conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity. Members may also not be receiving referrals or assistance from providers to access all available resources focused on assisting individuals in quitting tobacco use.

Program Recommendations	
Recommendation	**Associated 2020–2022 Quality Strategy Goal and/or Objective**
HSAG recommends that the MCOs conduct a focused review to identify the barriers members are experiencing in receiving care for chronic conditions, such as comprehensive diabetes care, controlling high blood pressure, smoking cessation*, and asthma. HSAG recommends that the MCOs identify best practices that have demonstrated success in improving the management of chronic conditions, promote positive health outcomes, and reduce overall Medicaid spending. **Note: Smoking cessation is not a covered service for Medicaid except for pregnant women and the Medicaid Expansion population.*	**Aim 4:** Improved Population Health **Goal 4.4:** Improve Health for Members with Chronic Conditions
HSAG recommends that the MCOs conduct a focused review or other methods to receive direct information from members on their experience with access to care during their interactions with the healthcare system. HSAG recommends that the MCOs use this information to implement targeted interventions to improve the members' experience interacting with the health plan or during visits with their personal doctor.	**Aim 1:** Enhanced Member Care Experience **Goal 1.1**: Increase Member Engagement and Outreach
HSAG recommends that the MCOs consider assigning members diagnosed with a chronic condition to a medical home with a provider who has expertise in the member's diagnosis and has demonstrated successful outcomes for members with the chronic condition. HSAG also recommends consideration of other interventions such as increased use of telehealth for monitoring and managing chronic care.	**Aim: 4:** Improved Population Health **Goal 4.4:** Improve Health for Members with Chronic Conditions
HSAG recommends that the Medallion 4.0 MCOs focus quality improvement efforts on CAHPS measure scores that exhibited a decrease from 2019 to 2020 and were statistically significantly lower than the NCQA national average. In addition, HSAG recommends that the MCOs monitor the measures to ensure there are no significant decreases in rates over time. HSAG recommends	**Aim 1:** Enhanced Member Care Experience **Goal 1.2**: Improve Member Satisfaction

Program Recommendations	
Recommendation	**Associated 2020–2022 Quality Strategy Goal and/or Objective**
that MCO efforts should also focus on improving survey response rates.	
HSAG recommends that the MCOs verify that provider data correctly identify the appropriate provider type and specialty. In addition, HSAG recommends that the MCOs validate the providers' address and telephone numbers as a significant percentage of the sampled cases were disconnected phone numbers, the number was not associated with the provider, or the provider was not a PCP. HSAG also recommends that DMAS implement a process to ensure that the MCOs' provider directories are validated and deficiencies corrected to ensure that members receive correct contact and address information when attempting to access care and services. Finally, HSAG recommends that the MCOs review provider office requirements for new patient scheduling that may present a barrier to members accessing new patient routine and urgent appointments within the DMAS appointment standards.	**Aim 1:** Enhance Member Care Experience **Goal 1.2:** Improve Member Satisfaction **Aim 2:** Effective Patient Care **Goal 2.2:** Ensure Access to Care **Aim 4:** Improved Population Health **Goal 4.3:** Improve Utilization of Wellness, Screening, and Prevention Services for Members **Goal 4.6:** Improve Outcomes for Maternal and Infant Members

2. Introduction to the Annual Technical Report

Methodology for Aggregating and Analyzing EQR Activity Results

For each MCO, HSAG analyzed the results obtained from each EQR activity conducted between January 1, 2020, through December 31, 2020. From these analyses, HSAG determined which results were applicable to the domains of quality of, access to, and timeliness of care and services. HSAG then analyzed the data to determine if common themes or patterns existed that would allow conclusions about overall quality of, access to, and timeliness of care and services to be drawn for each MCO independently and the overall statewide Medallion 4.0 program. For a detailed, comprehensive discussion of the strengths, weaknesses, conclusions, and recommendations for each MCO, please refer to the results of each activity in Section 4 of this report.

Scope of External Quality Review (EQR) Activities

At the request of DMAS, HSAG performed a set of mandatory and optional EQR activities, as described in 42 CFR §438.358. These activities are briefly described below. Refer to Appendix A—Technical Methods of Data Collection and Analysis—MCOs for a detailed description of each activity's methodology.

Mandatory Activities

Validation of Performance Improvement Projects—The MCOs are required to conduct PIPs that have the potential to affect member health, functional status, or satisfaction. To validate each PIP, HSAG obtained the data needed from each MCO's PIP Summary Forms. These forms provide detailed information about the PIPs related to the steps completed and validated by HSAG for the 2020 validation cycle. The results from the CY 2020 PIP validation are presented in this report.

Validation of Performance Measures—The purpose of PMV is to assess the accuracy of PMs reported by the MCOs and to determine the extent to which these measures follow State specifications and reporting requirements.

DMAS contracted with HSAG to conduct the PMV for each MCO, validating the data collection and reporting processes used to calculate the PM rates. DMAS identified a set of PMs that the MCOs are required to calculate and report. Measures are required to be reported following the specifications provided by DMAS. DMAS identified the measurement period as January 1, 2019, through December 31, 2019.

Review of Compliance with Medicaid and CHIP Managed Care Regulations—HSAG conducts compliance monitoring activities at least once during each three-year EQR cycle. During 2020, HSAG did not conduct MCO compliance review activities for the Medallion 4.0 program.

Validation of Network Adequacy—With the May 2016 release of revised federal regulations for managed care, CMS required states to set standards to ensure ongoing state assessment and

certification of MCO, PIHP, and PAHP networks; set threshold standards to establish network adequacy measures for a specified set of providers; establish criteria to develop network adequacy standards for managed long-term services and supports (MLTSS) programs; and ensure the transparency of network adequacy standards. The requirement stipulates that states must establish time and distance standards for the following network provider types: primary care (adult and pediatric), obstetricians/gynecologists, behavioral health, specialist (adult and pediatric), hospital, pharmacy, pediatric dental, and additional provider types when they promote the objectives of the Medicaid program for the provider type to be subject to such time and distance standards. DMAS has implemented network standards in its contracts with the MCOs.

Optional Activities

FAMIS CAHPS Survey—HSAG administers the CAHPS 5.0 Child Medicaid Health Plan Survey to FAMIS members receiving healthcare services through fee-for-service (FFS) or managed care. HSAG analyzes the CAHPS survey data and generates a FAMIS Program Member Satisfaction Report for DMAS.

Calculation of Additional Performance Measures—HSAG calculates one PM (selected by DMAS) for the Medicaid population stratified by geographic region and key demographic variables (race, gender, age, etc.).

Quality Measure Set Validation—HSAG validates rates for PMs selected by DMAS for validation for the Medallion 4.0 MCOs.

Prenatal Care and Birth Outcomes Focus Study—HSAG conducts a focus study that provides quantitative information about prenatal care and associated birth outcomes among Medicaid recipients.

Foster Care Focus Study—HSAG conducts a Foster Care Focus Study to evaluate healthcare utilization among children in foster care under the Medallion 4.0 program.

Dental Utilization in Pregnant Women Data Brief—HSAG produces a data brief describing dental utilization among pregnant women enrolled in the Medicaid or FAMIS MOMS programs.

Consumer Decision Support Tool—HSAG develops Virginia's Consumer Decision Support Tool (i.e., Quality Rating System) to improve healthcare quality and transparency and provide information to consumers to make informed decisions about their care within the Medallion 4.0 program. HSAG uses HEDIS and CAHPS data to compare MCOs to one another in key performance areas.

Performance Withhold Program (PWP)—HSAG develops a methodology to calculate the MCO results for the PWP for DMAS. The 2020 PWP will use HEDIS and non-HEDIS measures.

Quality Strategy Update—During 2020, DMAS contracted with its EQRO to update the Virginia Quality Strategy. The purpose of the update is to include changes to the Medicaid program including the evolution of CCC to CCC Plus and Medallion 3.0 to Medallion 4.0. The Quality Strategy updates incorporate programmatic changes such as DMAS' focus on care and service integration, a patient-centered approach to care, paying for quality and positive member outcomes, and improved health and wellness.

ARTS Measure Specification Development—HSAG identifies, when available, PMs from existing measure sets or develops PMs for the Addiction and Recovery Treatment Services (ARTS) program.

Organizational Structure of Report

Section 1—Executive Summary

This section of the report presents a summary of the EQR activities. The section also includes high-level findings and conclusions regarding the performance of each MCO.

Section 2—Introduction to the Annual Technical Report

This section of the report presents the scope of the EQR activities and provides a brief description of each section's content.

Section 3—Overview of Virginia's Managed Care Program

This section of the report presents a brief description of the Commonwealth of Virginia's managed care program, services, regions, and populations. This section also presents a brief description of Virginia's quality initiatives.

Section 4—MCO Comparative Information

This section presents methodologically appropriate, comparative information about all MCOs by activity and consistent with the guidance provided in the CMS EQR Protocols. Commonwealth-specific recommendations are also included if applicable. This section includes recommendations for improvements to the quality of healthcare services furnished by the MCOs, including how the Commonwealth can target goals and objectives in the Quality Strategy to better support improvement in the quality of, timeliness of, and access to healthcare services furnished to members.

This section presents MCO-specific results and conclusions of the compliance with standards review activity. DMAS conducts Compliance with Standards Monitoring reviews using a three-year cycle. During 2020 the Commonwealth of Virginia monitored the MCOs' implementation of contract requirements and the MCOs' corrective action plans (CAPs) from prior years' compliance reviews.

Section 5—Validation of Performance Improvement Projects

This section presents MCO-specific results and conclusions of the validation of PIP activity. It includes the following:

- Overview

- Objectives
- MCO-specific results including strengths and recommendations for improvement in the quality of, timeliness of, and access to healthcare services furnished to members
- Assessment of how effectively the MCO addressed the recommendations for quality improvement made by the EQR the prior year
- Conclusions and recommendations

Section 6—Validation of Performance Measures

This section presents MCO-specific results and conclusions of the validation of PMs activity. It includes the following:

- Overview
- Objectives
- MCO-specific results including strengths and recommendations for improvement in the quality of, timeliness of, and access to healthcare services furnished to members
- Assessment of how effectively the MCO addressed the recommendations for quality improvement made by the EQR the prior year
- Conclusions and recommendations

Section 7—Review of Compliance With Medicaid and CHIP Managed Care Regulations

Section 8—Member Experience of Care Survey

This section presents MCO-specific results and conclusions of the member experience of care surveys activity. It includes the following:

- Overview
- Objectives
- MCO-specific results including strengths and recommendations for improvement in the quality of, timeliness of, and access to healthcare services furnished to members
- Assessment of how effectively the MCO addressed the recommendations for quality improvement made by the EQR the prior year
- Conclusions and recommendations

Section 9—Focus Studies

This section presents aggregate results and conclusions of the focus study activities. It includes the following:

- Overview
- Objectives
- Aggregate results including strengths and recommendations for improvement in the quality of, timeliness of, and access to healthcare services furnished to members
- Assessment of how effectively the MCOs addressed the recommendations for quality improvement made by the EQR the prior year
- Conclusions and recommendations

Appendix A—Technical Methods of Data Collection and Analysis—MCOs

This section of the report presents the objective(s), technical methods of data collection and analysis, and a description of the data obtained (including the time period to which the data applied) for each mandatory and optional activity for the MCOs. It includes:

- Validation of PIPs Methodology
- Validation of PMs Methodology
- FAMIS CAHPS Survey Methodology
- Calculation of Additional PMs Methodology
- Prenatal Care and Birth Outcomes Focus Study Methodology
- Dental Utilization in Pregnant Women Data Brief Methodology
- Foster Care Focus Study Methodology
- Consumer Decision Support Tool Methodology
- PWP Methodology
- ARTS Performance Measure Specification Development Methodology

Appendix B—Quality Strategy Status Assessment

This section of the report presents an assessment of the Commonwealth's progress in achieving the metrics included in the Quality Strategy. Appendix B tracks the aggregate annual results of contractual performance metrics that align with the PMs included in the Quality Strategy to measure improvement.

Appendix C—MCO Quality Strategy Quality Initiatives

This section of the report presents self-reported quality initiatives implemented by the MCOs to achieve the goals and objectives outlined in the Virginia 2017–2019 Quality Strategy.

Appendix D—2020–2022 Quality Strategy Aims, Goals, Objectives, and Metrics

This section of the report presents the Virginia 2020–2022 Quality Strategy aims, goals, objectives, and metrics table.

3. Overview of Virginia's Managed Care Program

Medicaid Managed Care in the Commonwealth of Virginia

The Department of Medical Assistance Services

DMAS is the Commonwealth of Virginia's single State agency that administers all Medicaid and FAMIS health insurance benefit programs in the Commonwealth. Medicaid is delivered to individuals through two models. As of December 2019, approximately 89 percent of Medicaid enrollees received their benefits through the managed care model, and approximately 11 percent of enrollees participated in Medicaid through the FFS model. In 2019, the managed Medicaid populations in Virginia were organized into two programs: Medallion 4.0 and CCC Plus. Table 3-1 displays the DMAS annual enrollment by program.

Table 3-1—CY 2020 Average Annual Program Enrollment

Program	State Fiscal Year (SFY) 2020 Enrollment as of 7/1/2020
Medallion 4.0	1,219,432
CCC Plus	257,607

DMAS contracted with six privately owned MCOs to deliver physical health and behavioral health services to Medicaid and CHIP members. The MCOs contracted with DMAS during CY 2020 are displayed in Table 3-2.

Table 3-2—MCOs in Virginia

MCO	Profile Description	MCO National Committee for Quality Assurance (NCQA) Accreditation Status
Aetna	Aetna is the Medicaid/FAMIS Plus program offered by Aetna, a multistate healthcare benefits company headquartered in Hartford, Connecticut.	Accredited* through 4/2/2021
HealthKeepers	HealthKeepers is a Virginia health maintenance organization (HMO) affiliated with Anthem Blue Cross Blue Shield, a publicly owned, for-profit corporation that operates as a multistate healthcare company, headquartered in Indianapolis, Indiana.	Accredited* through 3/5/2021
Magellan	Magellan is a Medicaid/FAMIS Plus program offered by Magellan Health, Inc., conducting business in Virginia since 1972, headquartered in Scottsdale, Arizona.	Accredited* through 6/29/2023
Optima	Optima is the Medicaid managed care product offered by Optima Health. A subsidiary of Sentara,	Accredited* through 4/26/2021

MCO	Profile Description	MCO National Committee for Quality Assurance (NCQA) Accreditation Status
	Optima is a not-for-profit healthcare organization serving Virginia and northeastern North Carolina, headquartered in Norfolk, Virginia.	
United	United is part of the UnitedHealth Group family of companies, headquartered in Minneapolis, Minnesota. United provides Medicaid managed care and nationally serves more than 6.6 million low-income and medically fragile people, including Dual-Eligible Special Needs Plans (D-SNPs) across 30 states plus Washington, D.C.	Accredited* through 6/22/2023 Long-Term Services and Supports Distinction through 6/22/2023
VA Premier	VA Premier is a local, not-for-profit MCO owned by the Virginia Commonwealth University (VCU) Medical Center, headquartered in Richmond, Virginia.	Commendable** Accreditation through 7/8/2022

*Accredited: The NCQA has awarded an accreditation status of Accredited for service and clinical quality that meet the basic requirements of NCQA's rigorous standards for consumer protection and quality improvement.[3-1]

**Commendable: The NCQA has awarded an accreditation status of Commendable for service and clinical quality that meet NCQA's rigorous requirements for consumer protection and quality improvement.

Medallion 4.0 Program

The Medallion 4.0 program is intended to ensure the delivery of acute and primary care services, prescription drug coverage, and behavioral health services for Virginia's Medicaid Title XIX members and FAMIS members, Virginia's Title XXI CHIP program. The Medallion 4.0 population includes children, low income parents and caretaker relatives living with children, pregnant women, FAMIS members, and current and former foster care and adoption assistance children.

On June 7, 2018, Virginia's Governor, Ralph Northam, signed the State budget, which included expanded eligibility under Medicaid for qualified Virginia adults. Medicaid expansion coverage began on January 1, 2019, and is administered through a comprehensive system of care. Medicaid expansion provides coverage for eligible individuals, including adults ages 19 through 64 who are not Medicare eligible, who have income from 0 percent to 138 percent of the federal poverty level, and who are not already eligible for a mandatory coverage group (i.e., children, caretaker adults, pregnant women, individuals over the age of 65, and individuals who are blind or have a disability).

COVID-19 Response

The COVID-19 pandemic is an ongoing pandemic of coronavirus disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The pandemic became a public health emergency in January 2020 and a was declared a pandemic in March 2020. The first confirmed case in Virginia

[3-1] The National Committee for Quality Assurance. Advertising and Marketing Guidelines: Health Plan Accreditation. Available at: https://www.ncqa.org/wp-content/uploads/2018/08/20180804_HPA_Advertising_and_Marketing_Guidelines.pdf. Accessed on: Mar 10, 2020.

was declared on March 7, 2020. Governor Northam declared a State of Emergency in the Commonwealth of Virginia on March 12, 2020.

On March 23, 2020, Governor Northam issued Executive Order Fifty-Three closing schools in all 123 Virginia school districts for the remainder of the 2019–2020 school year. The Virginia Department of Education categorizes the operating statuses of the school districts into five categories (Table 3-3):

Table 3-3—Department of Education Operational Categories

Category	Description
In-Person	4+ days of in-person instruction for all students
Partial in-Person	4+ days per week in-person for some students; hybrid or remote for all students
All Hybrid	All students with some in-person and some remote learning, but neither type hitting the 4 days/week threshold
Partial Hybrid	Some students hybrid, none hitting the 4 days/week threshold; all other students fully remote
Fully Remote	Learning is remote for the vast majority of students, while some students may have in-person learning available to them.

As of December 14, 2020, the fall 2020 semester Virginia School Division education operational status was as follows:

- Nine were operating in-person
- Thirty-five were operating partial-in-person
- Twenty-six were operating hybrid
- Ten were operating partial hybrid
- Fifty-two were operating fully remove

The pandemic also had a significant impact on healthcare services. Many provider offices were closed and offered limited telehealth services. Families deferred going to the doctor's office for routine, non-emergency care. On July 2, 2020, DMAS directed each MCO to increase payments to network physicians and non-physician practitioners by 29 percent for certain services provided between March 1 and June 30, 2020. The services included primary care, preventive care; telehealth visits; and Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) screens and treatments.[3-2]

DMAS also implemented flexibilities for care and services for members receiving LTSS. DMAS allowed flexibilities for specific face-to-face visit requirements and other home and community-based services. The flexibilities were designed to maintain provider staffing, maximize access to care, and minimize

[3-2] Georgetown University Health Policy Institute, Center for Children and Families. Redirecting Medicaid MCO Gains to Offset Network Provider Losses in the Time of COVID-19. Available at: https://ccf.georgetown.edu/2020/07/27/redirecting-medicaid-mco-gains-to-offset-network-provider-losses-in-the-time-of-covid-19/. Accessed on: Mar 15, 2021.

viral spread through community contact to protect the most vulnerable populations. Table 3-4 describes some of the flexibilities allowed during the pandemic.[3-3]

Table 3-4—LTSS COVID-19 Flexibilities

Allow providers and MCOs the option to conduct evaluations, assessments, and person-centered planning meetings telephonically or through video-conferencing in lieu of face-to-face meetings.
Allow an electronic method of service delivery (e.g., telephonic/video-conferencing) to be provided remotely in the home setting for case management and monthly for services in the DD waivers as well as care coordination provided in the CCC Plus waiver.
Allow In-home Support services to be delivered via an electronic method or telehealth (i.e., telephonic/video-conferencing) service delivery.
Allow Group Day Services to continue to be provided by and reimbursed to the authorized Day Support provider when provided in residential settings.
Allow Community Engagement (CE)/Community Coaching (CC) to be provided through telephonic/video-conferencing for individuals who have the technological resources and ability to participate with remote CE/CC staff via virtual platforms (e.g., Zoom, UberConference, etc.).
Allow Therapeutic Consultation activities that do not require direct intervention by the behaviorist to be conducted through telephonic/video-conferencing methods.
Allow legally responsible individuals (parents of children under age 18 and spouses) to provide personal care/personal assistance services for reimbursement.

During CY 2020, Virginia experienced a significant impact from the coronavirus disease 2019 (COVID-19) pandemic. Healthcare demand sometimes exceeded and stretched healthcare supply. In response to COVID-19, MCO care coordinators increased their outreach to members, ensuring access to services using telehealth medicine, suspending FAMIS copays, and automatically extending service authorizations and use of out-of-network providers when necessary. Medallion 4.0 MCOs and their care coordinators sent food kits, each containing 21 meals, to members in need of food; provided masks to members; and provided outreach to members who have filled a buprenorphine prescription in the last 45 days and who were missing a refill or set to need a refill in the next 10 days.

In removing face-to-face contact with members due to COVID-19, the challenge was to find alternate means to assess the member without relying on self-reports or information from others. To avoid disconnection with members, MCO care coordinators developed other means of communication such as telephone and telehealth to address members' concerns and meet their needs. The DMAS Care Management Unit used the care coordination mailbox and training webinars to provide frequent, current information pertaining to COVID-19. These COVID-19 webinar sessions had some of the highest attendance records, each with over 600 attendees and all MCOs being represented. The MCOs stated that this frequent communication has been beneficial to them in order to carry out their care coordination roles and responsibilities. Members and their families reported that, despite challenges, they are communicating well telephonically and by email with their MCO care coordinators through the pandemic and its effects.

[3-3] Virginia Department of Medical Assistance Services. Medicaid Memo, 8/11/2020. Available at: https://dbhds.virginia.gov/assets/doc/EI/81020-HCBS-Flexibilities-Extension-Final.pdf. Accessed on: Mar 15, 2021.

Medallion 4.0 care coordinators developed an after-hours process to assist COVID-19 positive or exposed members with nonemergent transportation needs after discharge from the hospital and to ensure dialysis and chemotherapy appointments were not missed. In addition, Medallion 4.0 care coordinators initiated an intense outreach process to support discharge planning and post-acute care for all members who were pending or confirmed COVID-19 positive. To assist members with their pharmaceutical needs during the pandemic, MCO care coordinators temporarily paused new pharmacy lock-ins for the patient utilization and safety program (PUMS) members and conducted outreach calls to high-risk members not using the mail order pharmacy benefit to ensure that members received their medications on time.

Care Coordination

DMAS has expanded care coordination to all geographic areas, populations, and services within the managed care environment and in FFS. DMAS is in the process of developing a new modularized technology called Medicaid Enterprise System (MES) to align the Agency's Information Technology Road Map with CMS' Medicaid Information Technology Architecture (MITA) layers. One of the MES modules is a dynamic care management solution (CRMS), the first phase of which was implemented in July 2020 that will facilitate care coordination activities for all Medicaid enrollees. CRMS collects and facilitates the secure exchange of member-centric data, through data collection, data sharing, and performance management. CRMS will securely capture the member's health summary, improving the quality and safety of care, reducing unnecessary and redundant patient testing, aiding MCOs with proactive care planning, and reducing costs.

Since July 2020, over 80 inbound and outbound interfaces have been established and DMAS has received millions of records with dates from the beginning of the CCC Plus and Medallion 4.0 programs. This data exchange is the first step toward implementing a comprehensive care management solution that DMAS considers to be critical for supporting continuity of care when a member transitions across MCOs and programs.

Care coordination in Medallion 4.0 is not mandatory for every member; however, it is strongly encouraged for the vulnerable populations. The vulnerable populations include children and youth with special health care needs, adults with serious mental illness, members with substance use disorders, children in foster care or adoption assistance, women with a high-risk pregnancy, and members with other complex or multiple chronic conditions. Comprehensive health risk assessments are conducted for children and youth with special health care needs and members in foster care and adoption assistance. The MCOs are required to develop and maintain a program to address and improve the care and access of services among members requiring assessments.

Addiction and Recovery Treatment Services (ARTS)

In 2017, DMAS implemented the ARTS benefit and carved-in all services into the managed care contracts, currently CCC Plus and Medallion 4.0. The ARTS benefit focuses on treatment and recovery services for substance use disorder (SUD), including opioid use disorder (OUD), alcohol use disorder (AUD), and related conditions from SUD. The ARTS benefit expanded coverage of many addiction treatment and recovery services for Medicaid and CHIP members, including medications for opioid use disorder (MOUD) treatment, outpatient treatment, short-term residential treatment, and inpatient withdrawal management services. Outcomes are measured through reductions in SUD, OUD, and AUD ED utilization; reductions in inpatient admissions; increases in the number and type of healthcare

practitioners providing SUD treatment and recovery services; and a decrease in opioid prescriptions. The ARTS benefit is a fully integrated physical and behavioral health continuum of care.

DMAS contracted with Virginia Commonwealth University (VCU) to conduct the 1115 Waiver evaluation of the ARTS benefit. The following ARTS benefit information and findings were reported by VCU from the ARTS Three-Year Synthesis report. On January 1, 2019, Virginia expanded Medicaid enrolling nearly 460,000 members. Of those, approximately 35,000 have received ARTS services. Since the 2020 COVID-19 pandemic began, approximately 91,000 Virginians enrolled in Medicaid, with 40,000 eligible due to Medicaid expansion. An evaluation conducted by the VCU found that of the top 10 telehealth visit diagnoses, number two was for OUD.

DMAS provided a September 2020 report titled, *The Addiction and Recovery Treatment Services (ARTS) Program at Three Years: What Have We Learned?* The report was prepared by the DMAS ARTS Evaluation Team, Department of Health Behavior and Policy, and the VCU School of Medicine. The report included the following findings:[3-4]

- Overall, the number of buprenorphine waivered prescribers in Virginia has more than doubled, from 500 in 2016 to 1,133 in 2019, a 127 percent increase.[3-5]
- Geographic coverage of the State also increased between 2016 and 2019, from 71 counties that had at least one buprenorphine prescriber in 2016 (53 percent) to 91 counties with at least one prescriber in 2019 (68 percent of counties).
- About half of the increase in waivered prescribers between 2016 and 2019 reflects 278 nurse practitioners and physician assistants who received waivers following the passage of the federal Comprehensive Addiction and Recovery Act (CARA) of 2016.
- The Board of Medicine amended the law to allow nurse practitioners with five or more years of experience to apply to practice independently from a supervising physician, further increasing the supply of buprenorphine-waivered prescribers in Virginia.
- The total prescribing capacity has increased further as physicians may now apply to treat up to 275 patients at a time, in contrast to previous limits of up to 30 or 100 patients in 2016. Thus, the total prescribing capacity based on patient limits has increased by 173 percent, from 27,950 patients in 2016 to 76,165 patients in 2019.

Medicaid Outcomes Distributed Research Network (MODRN) Common Data Model

The following are the results of the MODRN Common Data Model comparison of the 2016 Virginia ARTS benefit results to the 2018 results:

- The percentage of Medicaid members with OUD who initiated and engaged with treatment increased from 6.8 percent in 2016 to 26.4 percent in 2018.[3-6] The results suggest an almost four-fold increase in access to OUD treatment following ARTS implementation.

[3-4] ARTS Evaluation Team, Department of Health Behavior and Policy, Virginia Commonwealth University School of Medicine. *The Addiction and Recovery Treatment Services (ARTS) Program at Three Years: What Have We Learned?* Draft Report; Sept 2020.

[3-5] Saunders, Britton, Cunningham et al., Medicaid participation among Buprenorphine waivered prescribers, cited in ARTS Evaluation Team, Department of Health Behavior and Policy, Virginia Commonwealth University School of Medicine. *The Addiction and Recovery Treatment Services (ARTS) Program at Three Years: What Have We Learned?* Draft Report; Sept 2020.

[3-6] Cunningham PJ, Woodcock C, Clark M, et al. Virginia Commonwealth University, The Hilltop Institute, University of Maryland, Baltimore County (UMBC), University of Pittsburgh. Expanding Access to Addiction Treatment Services through Section 1115 Waivers for Substance Use Disorders: Experiences from Virginia and Maryland. April 2020. Available at: https://www.academyhealth.org/sites/default/files/expandingaccesstoaddictiontreatmentthrough1115waivers_april2020.pdf. Accessed on: Jan 15, 2021.

- Among members with any diagnosis of SUD, treatment rates increased from 24 percent in the year prior to ARTS to 49 percent in the two years following ARTS implementation.
- Treatment rates for OUD increased from 46 percent to 64 percent.
- Treatment rates for AUD increased from 15 percent to 44 percent.
- Among members with OUD diagnoses, the percentage receiving MOUD treatment increased from 36 percent before ARTS to 49 percent.[3-7]
- SUD treatment rates among pregnant individuals in the 12 months prior to delivery increased from 30 percent in the first half of 2017 to 40 percent in the second half of 2018.[3-8]
- OUD treatment rates among pregnant individuals increased from 58 percent in the first half of 2017 to 76 percent in the second half of 2018.[3-9]
- Between 2015–16 and 2017–18 (overlapping the time of ARTS implementation), the percentage of Virginians with SUD who reported receiving SUD treatment nearly tripled, from 5.5 percent in 2015–16 to 14.1 percent in 2017–18.[3-10]
- Among those receiving buprenorphine treatment, the percentage receiving psychotherapy or counseling increased from 37 percent before ARTS to 73 percent in the second year of ARTS.
- More than 75 percent of buprenorphine users had a urine drug screen in the second year of ARTS, compared to 35 percent before ARTS.
- The use of case management or care coordination services to assist with other health or social needs increased from 4 percent before ARTS to 46 percent in the second year of ARTS.

The percentage of Medicaid members with OUD who initiated and engaged with treatment increased almost four-fold following the implementation of ARTS benefit.

ARTS Three-Year Outcomes

In the two years since ARTS implementation, there were improvements in behavioral healthcare and substance use disorder treatment resulting in the following:

[3-7] Virginia Commonwealth University, Department of Health Behavior and Policy. Evaluation Report: ARTS Access and Utilization During the Second Year (April 2018–March 2019). February 2020. Available at: https://www.dmas.virginia.gov/files/links/5218/ARTS%202%20year%20report.Feb2020%20FINAL.pdf. Accessed on: Jan 15, 2021.

[3-8] Virginia Commonwealth University, Department of Health Behavior and Policy. Evaluation Report: Diagnosis and Treatment of Substance Use Disorders among Pregnant Women Covered by Medicaid. May 2020. Available at: https://www.dmas.virginia.gov/files/links/5330/Diagnosis%20and%20Treatment%20of%20Substance%20Use%20Disorders%20Among%20Pregnant%20Women%20Covered%20by%20Medicaid.pdf. Accessed on: Jan 15, 2021.

[3-9] Ibid.

[3-10] Substance Abuse and Mental Health Data Archive. Restricted-use Data Analysis System Online Analysis Tool (original analysis from the National Survey of Drug Use and Health). Available at: https://rdas.samhsa.gov/#/. Accessed on: Jan 15, 2021.

Emergency Department Utilization:

- SUD-related ED visits per 100 members with a SUD decreased from 56 in the year prior to ARTS to 52 in the two years following ARTS implementation, a 7.1 percent decrease.[3-11]
- OUD-related ED visits decreased by 32.3 percent, from 31 visits per 100 members with OUD prior to ARTS to 21 visits in the second year of the ARTS benefit.
- The likelihood of having an ED visit decreased by 9.4 percentage points (a 21.1 percent relative decrease) among members with OUD, compared to 0.9 percentage points among beneficiaries with no SUD.[3-12]

Inpatient Utilization

- SUD-related inpatient admission decreased from 31 percent prior to ARTS to 26 percent in the second year after ARTS.[3-13]
- OUD-related inpatient stays decreased from 23 percent in the year prior to ARTS to 16 percent in the second year after ARTS.[3-14]

*In the two years since the implementation of the ARTS benefit, the likelihood of having an ED visit **decreased** by 9.4 percentage points (a 21.1 percent relative decrease) among members with OUD.*

ARTS Member Experience Survey

During 2020, VCU also conducted a member experience survey of 1,097 Medicaid recipients who had an OUD and received either Preferred Office-Based Opioid Treatment (Preferred OBOT), opioid treatment program (OTP), American Society of Addiction Medicine Level 1 (ASAM 1) treatment, or no treatment. Table 3-5 displays the sample frame included in the member experience survey.

Table 3-5—Member Experience Survey Sample Frame

Sample	Sample Definition
Preferred OBOT	Members with two or more claims for Preferred OBOT treatment since July 1, 2019 (and no OBOT claims in the three months prior, regardless of whether the claim included OUD)

[3-11] Virginia Commonwealth University, Department of Health Behavior and Policy. Evaluation Report: ARTS Access and Utilization During the Second Year (April 2018–March 2019). February 2020. Available at: https://www.dmas.virginia.gov/files/links/5218/ARTS%202%20year%20report.Feb2020%20FINAL.pdf. Accessed on: Jan 15, 2021.

[3-12] Barnes A, Cunningham PJ, Saxe-Walker L, et al. Hospital Use Declines After Implementation Of Virginia Medicaid's Addiction And Recovery Treatment Services. *Health Affairs*. 2020;39(2).

[3-13] Virginia Commonwealth University, Department of Health Behavior and Policy. Evaluation Report: ARTS Access and Utilization During the Second Year (April 2018–March 2019). February 2020. Available at: https://www.dmas.virginia.gov/files/links/5218/ARTS%202%20year%20report.Feb2020%20FINAL.pdf. Accessed on: Jan 15, 2021.

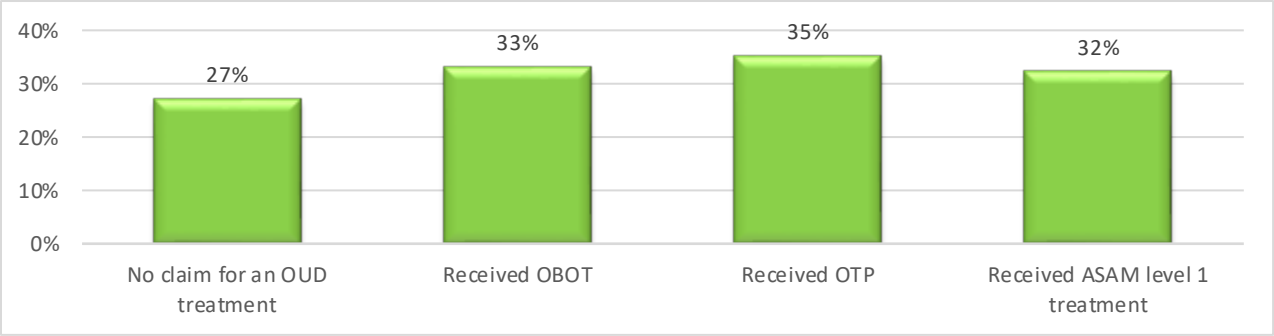
[3-14] Ibid.

Sample	Sample Definition
OTP	Members with two or more claims for OTP visits since July 1, 2019 (and no OTP visit claims in the three months prior, regardless of whether the claims included OUD, and no Preferred OBOT claims)
ASAM 1	Members with two or more claims for ASAM level 1 treatment since July 1, 2019 (and no ASAM level 1 claims in the three months prior, regardless of whether the claim included OUD, and no Preferred OBOT or OTP claims)
Untreated	Members who had received an OUD diagnosis but had no Preferred OBOT, OTP, or ASAM Level 1 claims (untreated)

The VCU ARTS member experience survey had a 22.8 percent total response rate. The majority of respondents were under the age of 55 (74 percent); female (58 percent); non-Hispanic White (76 percent); had at least a high school education (88 percent); or were not currently working (either unemployed, retired, a student, or a homemaker (76 percent). Half of the participants reported being in good or better health and using two or more substances in the past year. Nearly one-fifth of the respondents reported an overnight jail stay, and more than a third reported unstable or no housing.

Figure 3-1 displays information regarding treatment utilization of the 1,097 survey respondents with an OUD diagnosis.

Figure 3-1—Treatment of Members With an OUD Diagnosis



The member experience survey also reviewed member characteristics regarding health disparities. The results found that race/ethnicity, marital status, education, psychological distress, and justice involvement were not significantly associated with receiving any treatment. Table 3-6 displays the findings related to health disparity categories.

Table 3-6—Members With an OUD Diagnosis Experience Survey Disparity Category Responses

Age	Race/Ethnicity	Sex	Employment Status	Housing Status	Justice Involved	Health Status
Those in OUD treatment tended to be	Non-Hispanic Whites made up a bigger share of the ASAM Level 1 and Preferred OBOT	Males were more likely to	Those who were employed were more	Those with stable housing were more likely to be	Those with a night in jail/prison in the past	Those in better health tended to receive treatment in ASAM Level 1

Age	Race/Ethnicity	Sex	Employment Status	Housing Status	Justice Involved	Health Status
working age adults	treatment group than OTP group	be in OTP	likely to be in ASAM 1	in ASAM Level 1	year were most likely to be in ASAM Level 1	
Older adults were much less likely to be treated	Non-Hispanic African Americans made up a bigger share of the OTP treatment group than the ASAM Level 1 and Preferred OBOT treatment groups	Females were more likely to be untreated	Those who were unemployed were in OTP	Those in unstable housing were more likely in Preferred OBOT/OTP		Those in worse psychological distress were more likely to be treated in Preferred OBOTs
	African Americans were more likely to receive treatment from a Preferred OBOT than ASAM Level 1 care compared to non-Hispanic Whites		Those who were out of the labor force were untreated	Those who were homeless were more likely to be in OTP		Members using three or more substances in the past year were more likely to be in treatment than those using one or fewer substances

Figure 3-2 displays information regarding the survey respondents' perceptions of OUD treatment.

Figure 3-2—Members' Perceptions of OUD Treatment

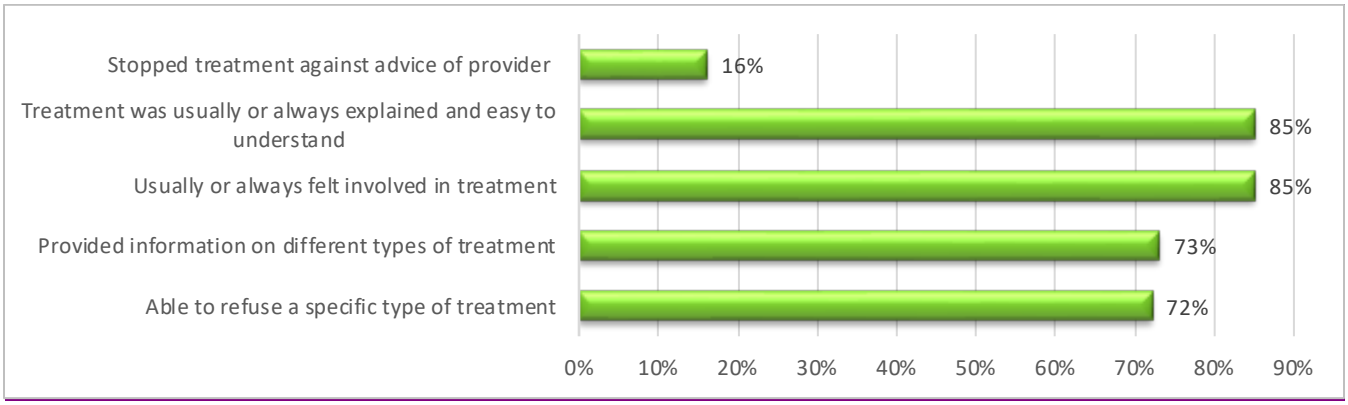


Table 3-7 displays the findings related to member perceptions of OUD treatment based on the member experience survey adjusted associations of members' survey responses of their perceptions of OUD treatment, type of OUD treatment received, and member characteristics.

Table 3-7—Perceptions of OUD Treatment According to Member Characteristics

Race/Ethnicity	Sex	Employment Status	Education Level	Health Status
Non-Hispanic African Americans were less likely than non-Hispanic Whites to report feeling able to refuse treatment ($p < 0.05$)	Males were more likely than females to report feeling they could refuse substance use treatment ($p < 0.05$)	Respondents who were not currently employed were less likely than their employed counterparts to report feeling able to refuse treatment ($p < 0.05$)	Compared to non-high school graduates, high school graduates were more likely to report they were given information on different treatment options ($p < 0.05$)	Psychological distress was associated with lower overall perceptions of treatment on the perceptions of treatment scale created (i.e., explain so can understand, shown respect, felt safe, and felt involved) and an increased likelihood of reporting not receiving information on substance use disorder treatment options, stopping treatment against the advice of a doctor or counselor, and having an unmet need ($p < 0.05$ each) Use of three or more substances in the past year was also associated with an increased likelihood of stopping treatment, having an unmet need, and lower overall perceptions of treatment ($p < 0.05$ each)

Figure 3-3 displays information regarding the utilization of OUD treatment.

Figure 3-3—Utilization of OUD Treatment

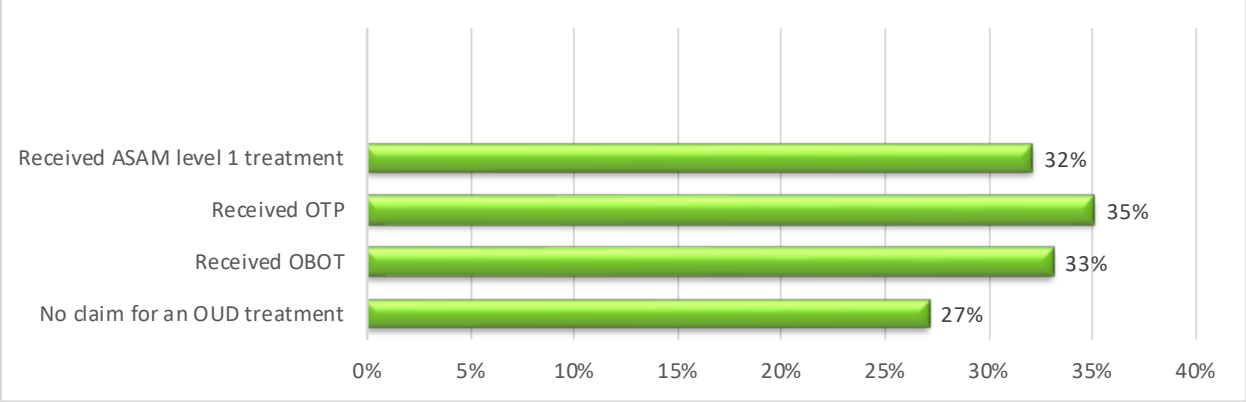


Table 3-8 displays the findings related to member perceptions of OUD treatment based on the member experience survey adjusted associations of members' survey responses regarding the impact of treatment, type of OUD treatment received, and member characteristics:

Table 3-8—Treatment Impact of Members With an OUD Diagnosis

Education Level	Housing Status	Justice Involved	Health Status
Survey respondents with at least some college education reported more positive overall impact from treatment than members with less than a high school education ($p < 0.05$).	Survey participants reporting use of three or more substances in the past year were less likely to report that their housing situation improved due to treatment ($p < 0.05$) Survey participants who were homeless or had unstable housing reported less improvement in their employment situation as a result of receiving treatment ($p < 0.05$ each)	Survey participants who stayed at least one night in a prison or jail in the past year were more likely to report improvement in their housing situation resulting from receiving treatment ($p < 0.05$)	Better health and less psychological distress were positively associated by survey respondents with overall impact as well as specific improvement in employment and housing ($p < 0.05$ each)

Virginia 2017–2019 Quality Strategy

In accordance with 42 CFR §438.340, DMAS implemented a 2017–2019 written quality strategy for assessing and improving the quality of healthcare and services furnished by the MCOs to Virginia Medicaid and Virginia CHIP members under the Virginia Managed Care Program. This strategy was in place through September 30, 2020.

DMAS Mission and Values

DMAS is committed to upholding its core mission and values. Table 3-9 displays DMAS' values while operating its mission to the Commonwealth.

Table 3-9—DMAS Values

DMAS Values	
Service	*We are committed to serving all who are touched by our system with caring, integrity, and respect.*
Collaboration	*We value professional, respectful cooperation to achieve common goals. Everyone's input is welcome.*
Trust	*We are continuously building a culture that is honest, supportive, and fosters integrity.*
Adaptability	*We work together to anticipate and embrace change to meet Virginia's healthcare needs.*

DMAS Values	
Problem solving	*We promote problem-solving processes and respond to challenges with a forward-thinking approach.*

Quality Strategy Purpose

Consistent with its mission, the purpose of DMAS' Quality Strategy is to:

- Establish a comprehensive quality improvement (QI) system that is consistent with the National Quality Strategy and CMS Triple Aim to enhance member care experiences, promote effective patient care, achieve smarter spending, and improve population health.
- Provide a proactive framework for DMAS to implement a coordinated and comprehensive approach to drive quality throughout the Virginia Medicaid and CHIP systems.
- Identify opportunities for improvement in the health outcomes of the enrolled population and improve health and wellness through preventive care services, chronic disease and special needs management, and health promotion.
- Identify opportunities to improve quality of care and quality of service and implement improvement strategies to ensure Virginia Medicaid and CHIP members have access to high-quality and culturally appropriate care.
- Identify creative and efficient models of care delivery that are steeped in best practices and make healthcare more affordable for individuals, families, and the State government.
- Improve member satisfaction with care and services.

Quality Strategy Goals and Objectives

Table 3-10 displays DMAS' 2017 Quality Strategy quality dashboard.

Table 3-10—DMAS' 2017 Quality Strategy Quality Dashboard

Health Aims	Goals	Measure Examples
 **Aim 1:** Build a Wellness Focused, Integrated System of Care	**Goal 1:** Strengthen access to primary care network	**Measure 1.1:** HEDIS *Adults' Access to Primary Care Preventive and Ambulatory Health Services*
		Measure 1.2: HEDIS *Children and Adolescents' Access to Primary Care*
	Goal 2: Decrease inappropriate utilization and total cost of care	**Objective 2.1:** All-Cause PQI Admission Rate
		Objective 2.2: CMS/NQF #1768 *All-Cause Readmissions*
		Objective 2.3: HEDIS *Ambulatory Care—Emergency Department Visits*
		Objective 2.4: *Per Capita Healthcare Expenditures* (future measure)
	Goal 3: Emphasize member experience of care	**Objective 3.1:** CAHPS/HEDIS/NQF #0006: *Member Rating of Health Plan*
	Goal 4: Integration of behavioral, oral and physical health	**Objective 4.1:** CMS/HEDIS/NQF/#0004: *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* (two rates)

Health Aims	Goals	Measure Examples
		Objective 4.2: CMS/NQF #1664 SUB-3 *Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge* and SUB 3a *Alcohol and Other Drug Use Disorder Treatment at Discharge*
		Objective 4.3: HEDIS/NQF #0576 *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*
		Objective 4.4: CMS/NQF #2605 *Follow-Up After Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence*
		Objective 4.5: CMS *Transition of Members Between SUD LOCs, Hospitals, NF, and the Community*
	Goal 5: Encourage appropriate management of prescription medications	**Objective 5.1:** *Use of High-Risk Medications in the Elderly*
		Objective 5.2: NCQA *Use of Multiple Concurrent Antipsychotics in Children and Adolescents*
		Objective 5.3: HEDIS *Follow-Up Care for Children Prescribed ADHD Medication—Initiation and Continuation/Maintenance Phases*
		Objective 5.4: HEDIS *Antidepressant Medication Management—Effective Acute Phase Treatment Effective Continuation Phase Treatment*
		Objective 5.5: PQA *Use of Opioids at High Dosage in Persons Without Cancer*
		Objective 5.6: PQA *Use of Opioids from Multiple Providers in Persons Without Cancer*
		Objective 5.7: PQA *Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer*
 **Aim 2:** Focus on Screening and Prevention	**Goal 6:** Cancers are prevented or diagnosed at the earliest stage possible	**Objective 6.1:** HEDIS/NQF #2372 *Breast Cancer Screening Rate*
		Objective 6.2: NQF #0034 *Colorectal Cancer Screening*
		Objective 6.3: HEDIS/NQF #0032 *Cervical Cancer Screening*
	Goal 7: Prevention of nicotine dependency	**Objective 7.1:** AMA PCPI/NQF #0027 *Tobacco Use—Screening and Cessation*
	Goal 8: Virginians protected against vaccine-preventable diseases	**Objective 8.1:** HEDIS *Childhood Immunization Status (Combination 10)*
		Objective 8.2: HEDIS *Immunizations for Adolescents*
		Objective 8.3: HEDIS *Pneumococcal Vaccination Status for Older Adults*
		Objective 8.4: HEDIS *Flu Vaccination*
	Goal 9: Support consistency of recommended pediatric screenings	**Objective 9.1:** CMS/HEDIS *Annual Preventive Dental Visits*
		Objective 9.2: HEDIS *Well-Child Visits in the First 15 Months of Life*
		Objective 9.3: HEDIS *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
		Objective 9.4: HEDIS *Adolescent Well-Care Visits (12–21 Years)*
		Objective 9.5: OHSU *Developmental Screening in the First Three Years of Life*

Health Aims	Goals	Measure Examples
 **Aim 3:** Achieve Healthier Pregnancies and Healthier Babies	**Goal 10:** Virginians plan their pregnancies	**Objective 10.1:** NQF 2902/OPA *Contraceptive Care—Postpartum Women Ages 15–44*
		Objective 10.2: HEDIS *Postpartum Care Visit*
	Goal 11: Improved pre-term birth rate	**Objective 11.1:** *Early Elective Deliveries Rate*
		Objective 11.2: HEDIS *Timeliness of Prenatal Care*
		Objective 11.3: *Frequency of Ongoing Prenatal Care*
		Objective 11.4: CMS/CDC/PQI *Percent of Live Births <2500 Grams*
 **Aim 4:** Maximize Wellbeing Across the Lifespan	**Goal 12:** Effective management of chronic respiratory disease	**Objective 12.1:** PQI 14 *Asthma Admission Rate (Ages 2–17)*
		Objective 12.2: PQI 15 *Asthma in Younger Adults Admission Rate*
		Objective 12.3: CMS/PQI 05/NQF #0272 PQI *Diabetes Short-term Complication Admission Rate*
	Goal 13: Comprehensive management of diabetes	**Objective 13.1:** HEDIS *Comprehensive Diabetes Care*
		Objective 13.1: PWI 01/NQF #0272 PQI *Diabetes Short-term Complication Admission Rate*
	Goal 14: Effective management of cardiovascular disease	**Objective 14.1:** HEDIS/NQF #0018 *Controlling High Blood Pressure*
	Goal 15: Ensure quality of life for members with intensive healthcare needs	**Objective 15.1:** JLARC *Nursing Facility Diversion Number and Percent of New Members Meeting Nursing Facility Level of Care Criteria Who Opt for Home and Community-Based Services (HCBS) Over Institutional Placement*
		Objective 15.2: *Quality of Life and Member Satisfaction Survey* CMS-Specific
		Objective 15.3: *Assessments and Reassessments*
		Objective 15.4: *Plan of Care and POC Revisions*
		Objective 15.5: *Documentation of Care Goals*
		Objective 15.6: JLARC *Transition of Members Between Community Well, LTSS, and Nursing Facility—Services and Successful Retention in Lower Care Settings*
		Objective 15.7: JLARC *Nursing Facility Residents Hospitalization and Readmission Rate*
		Objective 15.8: *Fall Risk Management Intervention/Managing Fall Risk*
	Goal 16: Provide support for end of life	**Objective 16.1:** *Percent Enrollees with Advanced Directives*

Note: Each objective has targeted metrics to measure progress, as well as outlined interventions to advance the objectives.

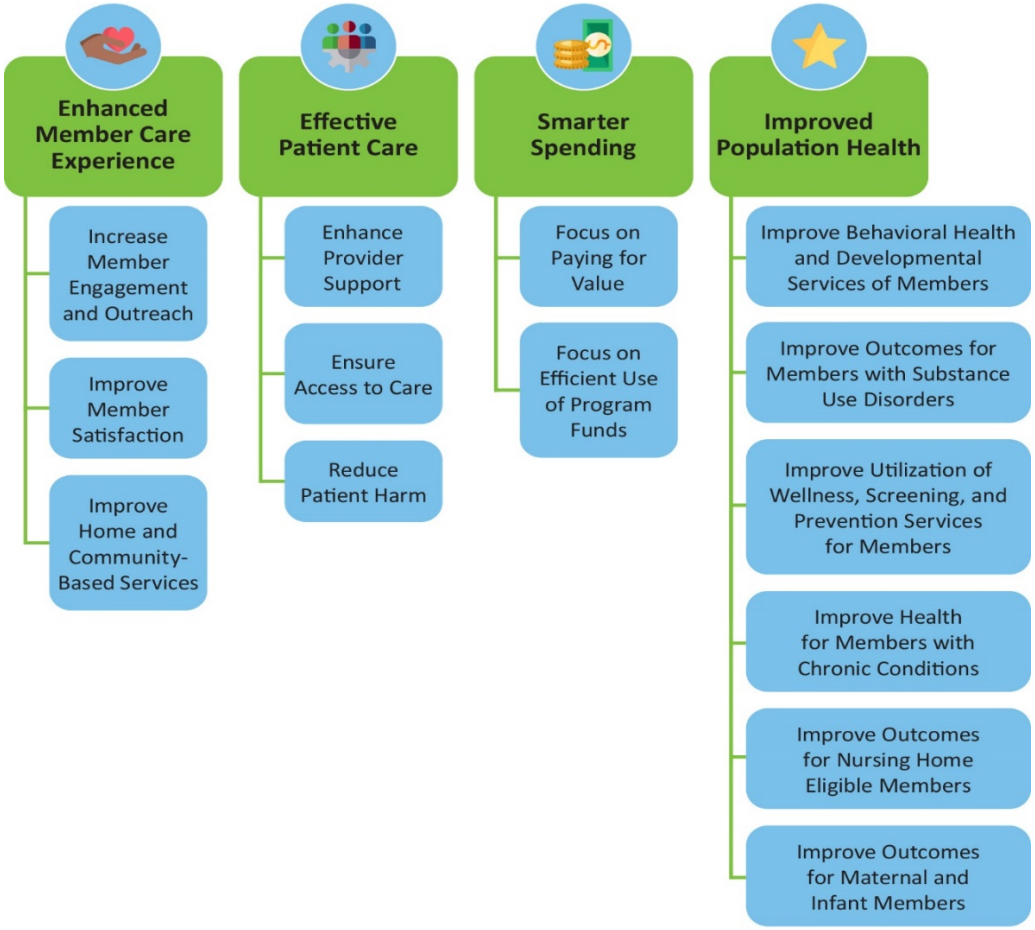
Virginia's 2020–2022 Quality Strategy

In 2020, DMAS worked with its EQRO, HSAG, to develop the fourth edition of its comprehensive Medicaid Quality Strategy in accordance with 42 CFR §438.340. DMAS' objectives are to continually improve the delivery of quality healthcare to all Medicaid and CHIP recipients served by the Virginia Medicaid managed care and FFS programs. The Quality Strategy updates incorporate programmatic changes such as DMAS' focus on care and service integration, a patient-centered approach to care, paying for quality and positive member outcomes, and improved health and wellness. DMAS submitted

the fourth edition to CMS and implemented the new Quality Strategy on October 1, 2020. DMAS' Quality Strategy provides the framework to accomplish its overarching goal of designing and implementing a coordinated and comprehensive system to proactively drive quality throughout the Virginia Medicaid and CHIP system. The Quality Strategy promotes the identification of creative initiatives to continually monitor, assess, and improve access to care along with supporting the provision of quality, satisfaction, and timeliness of services for Virginia Medicaid and CHIP recipients.

Beginning on October 1, 2020, Virginia's 2020–2022 Quality Strategy was implemented and is DMAS' guide to achieving Virginia's mission, vision, values, goals, and objectives. DMAS is committed to upholding its core mission and values which have been consistent across all versions of the DMAS Quality Strategy. Figure 3-4 displays the Virginia 2020–2022 Quality Strategy aims and goals. Appendix D contains DMAS's 2020–2022 Quality Strategy aims, goals, objectives, and metrics.

Figure 3-4—2020–2022 Quality Strategy Aims and Goals



Quality Initiatives

The DMAS considers its Quality Strategy to be its roadmap for the future. The Quality Strategy promotes the identification of creative initiatives to continually monitor, assess, and improve access to care, the quality of care and services, member satisfaction, and the timeliness of service delivery for

Virginia Medicaid and CHIP members. The DMAS Quality Strategy strives to ensure members receive high-quality care that is safe, efficient, patient-centered, timely, value and quality-based, data-driven, and equitable. DMAS conducts oversight of MCOs to promote accountability and transparency for improving health outcomes.

Table 3-11 displays a sample of the initiatives DMAS implemented or continued during CY 2020 that support DMAS' efforts toward achieving the 2017–2019 Virginia Quality Strategy's goals and objectives.

Table 3-11—DMAS Quality Initiatives Driving Improvement

Virginia Quality Strategy Aim and Goal	DMAS Quality Initiative
Aim: Achieve Healthier Pregnancies and Healthier Babies **Goal:** Virginians plan their pregnancies **Performance Measures:** • *Contraceptive Care—Postpartum Women Ages 15–44 years* • *Postpartum Care Visit* **Goal:** Improved pre-term birth rate **Performance Measures:** • *Early Elective Deliveries Rate* • *Timeliness of Prenatal Care* • *Frequency of Ongoing Prenatal Care* • *Percent of Live Births <2,500 Grams*	DMAS and its contracted MCOs have undertaken a variety of initiatives aimed at improving quality outcomes in maternal health, a primary goal of the DMAS Quality Strategy. **Baby Steps Virginia:** The DMAS maternity program, Baby Steps Virginia, actively partners with a variety of stakeholders, including contracted MCOs, to improve maternity outcomes. These efforts have focused on eliminating racial disparities in maternal mortality by 2025, a key goal of Governor Ralph Northam and his administration. The program has five key subgroups all with the aim to promote health equity and quality maternity outcomes: • Eligibility and enrollment • Outreach and information • Community connections • Services and policies • Oversight. During 2020 teams have addressed a variety of topics all with the goal of advancing the holistic well-being of Medicaid and CHIP members including: • Medicaid member outreach • Social media campaign – Newborn screening education – Women, Infants and Children (WIC) enrollment and services – MCO maternity care coordination – Breast feeding awareness – Flu vaccine access
Aim: Focus on Screening and Prevention **Goal:** Support consistency of recommended pediatric screenings **Performance Measure:** • *Adolescent Well-Care Visits* **Goal:** Focus on Screening and Prevention	**Performance Withhold Program:** As part of an effort to align with DMAS' value-based purchasing (VBP) initiatives, the Medallion 4.0 program implemented a performance withhold program (PWP). This program allows MCOs to earn back a 1 percent quality withhold, or a portion thereof. DMAS determined specific criteria and

Virginia Quality Strategy Aim and Goal	DMAS Quality Initiative
Performance Measure: • *Childhood Immunization Status* **Aim: Maximize Wellbeing Across the Lifespan** **Goal:** Effective management of chronic respiratory disease **Performance Measure:** • *Asthma Admission Rate (per 100,000 Member Months)* **Goal:** Effective management of chronic respiratory disease **Performance Measure:** • *Comprehensive Diabetes Care* **Aim: Build a Wellness Focused, Integrated System of Care** **Goal:** Integration of behavioral, oral, and physical health **Performance Measure:** • *Follow-Up After Emergency Department (ED) Visit for Mental Illness* **Aim: Achieve Healthier Pregnancies and Healthier Babies** **Goal:** Virginians plan their pregnancies **Performance Measure:** • *Prenatal and Postpartum Care*	established methodologies for the performance incentive program.
Aim: Focus on Screening and Prevention **Goal:** Support consistency of recommended pediatric screenings **Performance Measures:** • *Annual Preventive Dental Visits* • *Well-Child Visits in the First 15 Months of Life* • *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Live* • *Adolescent Well-Care Visits (12-21 Years)*	**Foster Care Focus Study:** DMAS is committed to improving the quality and timeliness of care for children in foster care. The Commonwealth of Virginia Department of Social Services informs and requires foster parents to ensure that their foster children receive regular primary care and dental visits. DMAS conducts a study of the healthcare utilization among children in foster care compared to children not in foster care who were enrolled in Virginia Medicaid MCOs. The study seeks to demonstrate that foster children have higher rates of healthcare utilization than comparable non-foster children for primary care and dental measures.
Aim: Achieve Healthier Pregnancies and Healthier Babies **Goal:** Improved pre-term birth rate **Performance Measures:** • *Early Elective Deliveries Rate* • *Timeliness of Prenatal Care* • *Frequency of Ongoing Prenatal Care* • *Percent of Live Births <2,500 Grams*	**Birth Outcomes Study:** DMAS conducts an annual study of Medicaid and CHIP prenatal care and associated birth outcomes. The purpose of the study is to determine the extent that women receive early and adequate prenatal care, and the clinical outcomes that are associated with the Medicaid-paid births.

Virginia Quality Strategy Aim and Goal	DMAS Quality Initiative
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Emphasize member experience of care **Performance Measure:** • *CAHPS Member Rating of Health Plan*	**Medicaid Advisory Committee:** The DMAS director established the Medicaid Member Advisory Committee (MAC). This committee provides a formal method for members' voices to be included in the DMAS decision-making process and to inform DMAS change management strategies. The committee is made up entirely of Medicaid-enrolled individuals or an authorized representative of a member. The director of DMAS also designates a DMAS staff member to serve on the committee. The committee members examine and provide input on the impact of DMAS services and programs. The purpose of the committee is to obtain the insight and recommendations of Virginia's Medicaid members in order to help the DMAS director improve the overall experience for all Virginia Medicaid applicants and members. Committee members serve for at least one year. The MAC meetings are scheduled quarterly and are open to the public and include a public comment period during each meeting.
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Integration of behavioral, oral, and physical health **Performance Measure:** • *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* • *Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB Alcohol and Other Drug Use Disorder Treatment at Discharge* • *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* • *Follow-Up After Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence* • *Transition of Members Between SUD LOCs [Levels of Care], Hospitals, NF [Nursing Facilities], and the Community* • *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* • *Use of Opioids at High Dosage in Persons Without Cancer* • *Use of Opioids from Multiple Providers in Persons Without Cancer*	**ARTS Training and Technical Assistance:** • DMAS facilitated over 96 web-based SUD SUPPORT 1010 webinar trainings and technical assistance sessions during 2020 reaching over 4,180 individuals. • DMAS facilitated a Hepatitis C training in collaboration with the Virginia Department of Health, University of Virginia School of Medicine, and University of California San Francisco (UCSF) National Clinician Consultation Center on September 8, 2020. The topics of the webinar included Virginia Medicaid policy updates, Virginia Hepatitis C rates, current treatment rates, Hepatitis C treatment guidelines, interrupted treatment dosage, and clinician resources for treatment. 178 practitioners participated in the training. • DMAS facilitated a webinar on "How to set up a Preferred Office-Based Opioid Treatment Program" on September 23, 2020. The topics of the webinar covered the reasons to invest in this model, how to stand up this model, and DMAS' requirements for reimbursement. 47 practitioners participated. • DMAS facilitated two trainings presented by Dr. Rae-Anne Dougan and Dr. Jeremy Walden from Dougan and Walden Wellness, PLLC. The training sessions provided education for healthcare providers and organizations on understanding race-based trauma and incorporating cultural humility in clinical practice. The two trainings had a total of 1,300 attendees. **Presentations:**

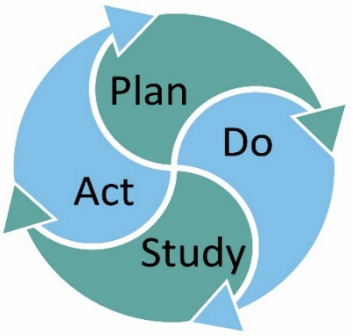
Virginia Quality Strategy Aim and Goal	DMAS Quality Initiative
	• A presentation on ARTS was conducted at the Member Advisory Committee meeting (October 2020). • How to become an OBOT presentation • VCU Project ECHO COVID-19 Flexibilities and Care Coordination (June 2020) • Monthly behavioral health stakeholder calls • Governor's Opioid Commission meeting (September 2020) • ARTS update for Virginia Hospital and Healthcare Association (March 2020) • Monthly SUPPORT Act grant stakeholder presentations: (March – April 2020) • National Association for State Health Policy—SUD and telehealth flexibilities (August 2020) • National Governor's Association—Ensuring access to harm reduction services during COVID-19 (August 2020) **Workgroups and Grant Participation:** • DMAS staff participated in the GA workgroup HB1157 for improvement of maternal and infant health outcomes. • DMAS continued its NASHP MCH PIP Grant focused on increasing SBIRT within health systems. • DMAS participated in the George Mason University Screening, Brief Intervention and Referral to Treatment (SBIRT) Policy Steering Committee to promote screening for pregnant and parenting individuals.

The MCOs' ongoing quality assessment and performance improvement programs objectively and systematically monitor and evaluate the quality and appropriateness of care and services rendered, thereby promoting quality of care and improved health outcomes for their members.

Appendix C provides examples of the quality initiatives the MCOs highlighted as their efforts toward achieving the Virginia Quality Strategy's goals and objectives.

Best and Emerging Practices

The Quality Strategy promotes the identification of creative initiatives to continually monitor, assess, and improve access to care, the quality of care and services, member satisfaction, and the timeliness of service delivery for Virginia Medicaid and CHIP members. The DMAS Quality Strategy strives to ensure members receive high-quality care that is safe, efficient, patient-centered, timely, value and quality-based, data-driven, and equitable. DMAS conducts oversight of MCOs to promote accountability and transparency for improving health outcomes.



Emerging practices can be achieved by incorporating evidence-based guidelines into operational structures, policies, and procedures. Emerging practices are born out of continuous quality improvement efforts to improve a service, health outcome, systems process, or operational procedure. The goal of these efforts is to improve the quality of and access to services and to improve health outcomes. Only through continual measurement and analyses to determine the efficacy of an intervention can an emerging practice be identified. Therefore, DMAS encourages the MCOs to continually track and monitor the effectiveness of quality improvement initiatives and interventions, using a Plan-Do-Study-Act (PDSA) cycle, to determine if the benefit of the intervention outweighs the effort and cost. The DMAS also actively promotes the use of nationally recognized protocols, standards of care, and benchmarks by which MCO performance is measured. Table 3-12 identifies DMAS' identified best and emerging practices.

Table 3-12—DMAS' Best and Emerging Practices

Best and Emerging Practices
Stakeholder Collaboration: DMAS collaborated with stakeholders on a variety of projects supporting pregnant and parenting people. Collaboration was geared toward furthering maternity program quality outcomes and engagement with a variety of partners such as the Virginia Department of Health (VDH), the Virginia Department of Social Services (VDSS), the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Hospital and Healthcare Association (VHHA), and the Virginia Neonatal Perinatal Collaborative (VNPC). **DOULA Benefit Study:** DMAS and VDH worked closely with State stakeholders to both study requirements to operationalize a doula Medicaid benefit and to execute a streamlined statewide doula certification process overseen by VDH. To realize these goals, both agencies actively collaborated with the Office of the Secretary of Health and Human Services along with community members such as doula groups, VHHA, DMAS MCOs, the VNPC, and other key statewide advocacy groups supporting families. The final report was scheduled for release in December 2020. **Prenatal and Parenting Substance Use and Misuse Initiatives:** DMAS worked to promote quality outcomes in services for pregnant and parenting people experiencing substance use and misuse. The DMAS ARTS team partnered with VDH to facilitate a provider training needed to obtain a waiver to prescribe buprenorphine. Forty-three providers utilized this training across the State including obstetrical/gynecological providers, a target group for the series. In 2019, Virginia was one of eight states selected to participate in the National Academy for State Health Policy (NASHP) Maternal and Child Health (MCH) Policy Innovations Program Policy Academy. Through this project, DMAS and VDH partnered with VDSS and the Virginia DBHDS on a statewide collaborative effort to improve Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for pregnant and parenting people via two health system pilot sites. **Policies, Procedures, and Trainings:** DMAS developed ARTS policies, procedures, and training programs focused on: • How to set up an OBOT training. • Guidance on urine drug testing. • Telehealth best practices for SUD treatment trainings.

Table 3-13 identifies the MCOs' self-reported best and emerging practices.

Table 3-13—MCOs' Best and Emerging Practices

MCO	Best and Emerging Practices
Aetna	Launch of Next Best Action Campaigns: Aetna's Next Best Action ("NBA") Program includes a set of analytically driven, member-facing, multi-channel campaigns that focus on personalized, contextualized engagement with members. The corporate-sponsored initiative is designed to help members change their behavior, improve their overall health, and achieve their ambitions. With each NBA, members receive personalized alerts that help them improve their health. For 2020, the NBAs include quality improvement campaigns that target maternity and infant care, flu vaccines, medication adherence, and avoidable ED visits. Pharmacy Hospital Readmission Reduction Program: Aetna's Pharmacy Hospital Readmission Reduction Program is a clinical program that focuses on coordinating care between providers, care managers, and clinical pharmacists when members are discharged from inpatient episodes. Pharmacy technicians utilize the Inpatient Census Report within Aetna Systems to identify eligible members recently discharged from inpatient episodes that meet State criteria. The MCO tracks pharmacy interventions related to post-discharge medication reconciliation, including issues identified through outreach to members and providers. Members included in the report must have an eligible diagnosis, an assigned care manager, and take four or more chronic medications. Behavioral Health High Utilizer Round Pilot Program: Aetna's Behavioral Health High Utilizer Round Program includes representatives from pharmacy, utilization management, behavioral health, care management, and external colleagues focused exclusively on each member's holistic needs. The team continues to round weekly until the member achieves a level of stability in the community. The focus consists of integrating behavioral and physical health along with case management and addressing social determinants of health (SDoH), such as unstable housing, food insecurity, and unemployment that cause overutilization of costly behavioral health inpatient stays. The MCO's pilot program initiated with a private BH [behavioral health] provider to refer Aetna members immediately upon discharge from an inpatient hospitalization with outpatient crisis stabilization services to prevent re-hospitalization and promote engagement in outpatient behavioral health services. Aetna is also actively exploring partnerships with transitional housing agencies, the Department of Behavioral Health and Developmental Services (DBHDS), and the Richmond Redevelopment and Housing Authority.
HealthKeepers	Stepping-Stones Program: HealthKeepers recognizes that barriers in communication, knowledge of, and access to available community resources impact the member's quality of life. Members need support from community-based organizations (CBOs) in addition to their health insurance plan. HealthKeepers wants to be the link that supports both the CBO partners and members, and to bridge the communication gap. HealthKeepers supports CBOs by identifying a CBO need and working to provide supportive funding for things such as a little library for an employment agency, funds to purchase meals for a food bank,

MCO	Best and Emerging Practices
	computers for a housing agency, or blankets and pillows for an emergency shelter. CBOs utilize the funds the best way for their organization and partner with HealthKeepers to share HEDIS information, utilize Aunt Bertha, and refer members for assistance as needed. The CBO follows up with the MCO to share how the support helped. Aunt Bertha (The Community Resource Link) connects anyone in need to free and reduced-cost programs in their local area. They provide free tools and free support to CBOs to manage programs, respond to requests for services, and track/report on outcomes.
Magellan	Sickle Cell Program: Magellan initiated a collaborative management approach with one of its largest health centers in the central region for mutual members living with Sickle Cell Disease. As part of this Sickle Cell collaboration, the health system multidisciplinary care team [members] who work with their mutual members at the clinic, along with the health plan's multidisciplinary staff to include members such as the care coordinator staff, pharmacy director, ARTS care coordinator, recovery support navigators, and Magellan medical directors would meet monthly to discuss members for whom there was a concern either due to the inability of the care coordinator to reach the member, increased ED or inpatient utilization, etc. The team would develop a collaborative approach on how to best assist these members to better manage their condition and live their most vibrant lives. This initiative was so successful, it has since been replicated by other MCO's. Clinic Day: Magellan partners with community providers by holding clinic day events for our members. The Clinic Day offers a fun way to encourage members to: • Obtain the health services they need. • Improve health outcomes. • Improve HEDIS score/close care gaps. • Improve member/provider experience. Magellan's approach includes identification of members in need of care, offering healthcare access to members by connecting them with PCPs and health education. All of these activities contributed to improved overall health outcome and experience. Magellan partners with providers by scheduling member appointments, arranges transportation service, and performs reminder calls. As a result, we reduce administrative burden on provider office staff, decrease no-show rates, and improve member/provider experience. The improvement of members' access to providers and encouraging engagement with members are two areas that Magellan continually innovates. In 2020, Due to the COVID 19 pandemic, Magellan worked with providers to initiate and expand the telehealth option to Clinic Day. This allowed members options to attend the event virtually and receive the same quality of services safely at their home.
Optima	Best practices: • BioIQ FIT program. • Quarterly outreach baby showers (currently virtual).

MCO	Best and Emerging Practices
	• Quarterly outreach member advisory forums (currently virtual). • Care coordination technician outreach. • Dedicated team (CipherHealth) to conduct hospital and ED post-discharge follow-up calls to members to assist with any member-identified concerns (home health, medications, discharge instructions, etc. • Member care gap dashboard shared with provider office partners. • Care management/care coordination care gap dashboard to assist in identifying and closing care gaps when engaging with members. • Quality management reviews of LTSS providers on a quarterly basis. • Behavioral health member engagement program to improve follow-up visits with providers after ED visits. • Long-term care nursing facility discharge rounds with provider to assist care coordination safely transitioning member from nursing facility to community setting. • Partners in Pregnancy (PIP) program. • Performance withhold program monthly tracking grid. • Multidisciplinary team approach to improvement in quality measures, meeting on a monthly basis. • Vendor/partners in care: Emmi, CipherHealth, BioIQ, MDLive, Prealize, Integrated Eye Group (IEG). Emerging practices: • At-home diabetes screening program. • In-home assessments (telehealth during COVID). • Collaboration with vendor to increase pre- and postnatal member engagement, address care gap closures, and coaching support in collaboration with the MCO's care team.
United	Accelerated payment: During the COVID-19 national public health emergency, UnitedHealthcare supported PCPs and FQHCs [federally qualified health centers] through accelerating funds aligned with the Community Plan Primary Care Professional Incentive Program, including adding a capacity building pathways component to the program for provider investment in one of the following areas: • Telemedicine and digital engagement • Novel care strategies • Transitions of care • Collaboration with community organizations • Addressing social needs Health inequalities: UnitedHealthcare is focused on reducing health inequalities. To that end, a cross-functional program fosters a holistic approach in reducing health disparities and enhancing the end-to-end consumer experience. Actions include 1) staff education; 2) provider education; 3) analysis of data outcomes looking for variation by age, gender, ethnicity, and geography to determine appropriate

MCO	Best and Emerging Practices
	population specific interventions; and 4) creation of action plans to address any identified disparities.
VA Premier	Quality NCQA Internal Auditing Team: The corporate, centralized team manages every NCQA program and associated activities for all lines of business. A best practice model has resulted as evidenced by achieving 100 percent on every standard and 100 percent on file audits: • Credentialing & recredentialing • Denials • Case management • Service authorizations • Grievances (internal) • Appeals • Pharmacy These accomplishments were achieved by ensuring zero turnover, consistent interpretation of standards, ongoing organizational training, and a standardized quarterly auditing program with trended outcomes. Quality Management Reviews (QMRs): VA Premier's MLTSS quality improvement team has been recognized, by DMAS, as having "Best Practices" for waiver audit reviews, highlighting the approach, detailed information, and home visit documentation. **Member Outreach & Maternity Program:** This program is identified as a best practice, by organizational program department leaders, for the utilization of a one touchpoint approach during member engagement. Gift card incentives are awarded for program engagement, screening, education, timely prenatal/postpartum visits, and maternity follow-up care. Comprehensive screenings and referrals to the High-Risk OB Care Management Team are performed for high-risk maternity members. Comprehensive postpartum outreach and screening of all births are conducted, including family planning engagement, WIC enrollment, depression screening, pediatrician engagement, and continued enrollment in Medicaid. SDoH screening of members is completed with the initial prenatal assessment to address needs and secure resources. As a result of this program, the low-birth-weight rate decreased from 2.2 percent (FY 2019) to 1.8 percent (FY 2020). Quality Satisfaction Committee (QSC): The QSC is a subcommittee of the Quality Improvement Committee (QIC) which meets on a bimonthly basis ensuring there is a coordination of activities, reduction/elimination in duplication of efforts, and streamlined activities related to member and provider experiences. This includes representatives from operational departments with a direct impact on accreditation, member healthcare outcomes, and member and practitioner/provider experiences. There is oversight of organizational surveys to ensure the health plan is meeting regulatory timelines for completion and submission. There are assigned quality assurance coordinators (QACs) working with departments to conduct barrier analyses to identify areas to improve experiences with the health plan or healthcare providers. Also, the QACs with the departments develop strategic interventions to positively affect member and provider experience rates that fall

MCO	Best and Emerging Practices
	below the benchmark. Outcomes are monitored and tracked over time and reported to the committee. These outcomes are shared with members and providers at least annually. As a result of the QSC, VA Premier has achieved a 4.0 for two consecutive years on the CAHPS Satisfaction Survey. Social Determinants of Health: VA Premier members may be affected by many factors related to SDoH to include, but not limited to, employment, food security, housing stability, education, connection to social supports, health and healthcare, and other environmental factors. VA Premier is dedicated to ensuring our membership is assessed and provided the appropriate referrals and access to address all SDoH needs. In 2020, VA Premier developed an SDoH department to provide a greater focus on this pertinent area of healthcare delivery. In 2021, VA Premier will be updating its clinical documentation system to house member SDoH data in one centralized location. This will allow for greater data aggregation leading to even more targeted community partnerships, referrals, and closed-loop information for comprehensive member care.

Annual Quality Strategy Evaluation

To continually track the progress of achieving the goals and objectives outlined in the 2017–2020 Quality Strategy, HSAG developed the Quality Strategy Status Assessment, as shown in Appendix B. The Quality Strategy Status Assessment lists each of the goals and the objectives used to measure achievement of those goals.

Table 3-14 shows the number of RY 2020 PM rates for which the MCOs scored better than the Virginia aggregate rate and the number or PM rates for which the MCOs performed lower than the Virginia aggregate rate. Please see Section 4 for specific PM rates.

Table 3-14—CY 2020 Summary of Performance Measure Results of the Medallion 4.0 MCOs[1,2]

	Aetna	Health Keepers	Magellan	Optima	United	VA Premier
Number of RY 2020 Rates Performing Better Than the Virginia Aggregate	13	22	6	13	9	28
Number of RY 2020 Rates Performing at or Above the HEDIS 50th Percentile	16	16	8	12	9	16

[1] Certain behavioral health services were provided by a third party, Magellan Behavioral Health of Virginia, during all or a portion of HEDIS 2019.

[2] The number of measures by MCO may not be equal because for some MCO measures, the denominator was too small to report a valid rate.

4. MCO Comparative Information

Comparative Analysis of the MCOs by Activity

In addition to performing a comprehensive assessment of the performance of each MCO, HSAG compared the findings and conclusions established for each MCO to assess the quality, timeliness, and accessibility of the Medallion 4.0 program.

Definitions

HSAG used the following definitions to evaluate and draw conclusions about the performance of the MCOs in each of the domains of quality of, access to, and timeliness of care and services.

Quality

CMS defines "quality" in the final rule at 42 CFR §438.320 as follows:

> Quality, as it pertains to external quality review, means the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its enrollees through its structural and operations characteristics, through the provision of services consistent with current professional evidence-based knowledge, and through interventions for performance improvement.[4-1]

Access

CMS defines "access" in the final 2016 regulations at 42 CFR §438.320 as follows:

> Access, as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care organizations successfully demonstrating and reporting on outcomes information for the availability and timeliness elements defined under §438.68 (network adequacy standards) and §438.206 (availability of services).[4-2]

Timeliness

The NCQA defines "timeliness" relative to utilization decisions as follows: "The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation."[4-3] NCQA further states that the intent of this standard is to minimize any disruption in the provision of healthcare. HSAG extends this definition of timeliness to include other managed care provisions that impact services to enrollees and that require timely response by the MCO—e.g., processing appeals and providing timely care. In the final 2016 Federal Managed Care Regulations, CMS recognized the importance of timeliness of services by incorporating timeliness into the general rule at 42 CFR

[4-1] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register. Code of Federal Regulations*. Title 42, Volume 81, May 6, 2016.
[4-2] Ibid.
[4-3] National Committee for Quality Assurance. *2013 Standards and Guidelines for MBHOs and MCOs*.

§438.206(a) and at 42 CFR §438.68(b), requiring states to develop both time and distance standards for network adequacy.

MCO Comparative and Statewide Aggregate PIP Results

Performance Improvement Project Highlights

Figure 4-1—PIP Strengths and Weaknesses

Strengths	• The Medallion 4.0 MCOs successfully achieved al Module 3 validation criteria for the DMAS-specified PIP topics.
Weaknesses	• The MCOs reported challenges related to COVID-19 in their intervention progress updates, including that interventions were delayed due to the pandemic. To address this challenge, the PIPs were extended.

The MCOs achieved all the Module 3 validation criteria to identify potential interventions and were in the process of testing interventions for the PIPs at the time the report. There were no SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) Aim measure outcomes yet to report. The SMART Aim and Module 4 and Module 5 validation results will be reported in the next annual technical report.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: In 2020, the MCOs successfully achieved all Module 3 validation criteria for the DMAS-specified PIP topics. The MCOs identified potential interventions and were in the process of testing interventions for the PIPs at the time of this report. The MCOs reported challenges related to COVID-19 in their intervention progress updates including that interventions were delayed due to the pandemic. To address this challenge, the PIPs were extended. The new SMART Aim end date for all the PIPs (previously December 31, 2020) is May 31, 2021. The MCOs will continue to test interventions through May 31, 2021, and will report SMART Aim outcomes for each PIP in July 2021.

Recommendations

Weakness: There were no specific identified weaknesses.
Recommendation: As the MCOs continue to test interventions until the PIP's SMART Aim end date and prepare to submit the final Module 4s and Module 5s for validation, HSAG recommends that the MCOs:

- Continue to monitor and report any impact COVID-19 has had on the MCO's PIPs.

- Address all the feedback and recommendations that HSAG provided in the Module 4 plan pre-validation reviews and Module 4 intervention progress check-ins. After reviewing the feedback and/or recommendations, the MCO should contact HSAG with any questions.
- Follow the approved methodology for the PIP and report the PIP's data in alignment with the approved methodology. If the MCO has questions about the approved methodology, it should review the approved Module 2 submission form and contact HSAG.
- Identify and test innovative, actionable changes for the PIPs. If the interventions are not effective, the MCOs should make rapid modifications to the interventions and continue collecting data. If the MCO needs to identify additional potential interventions for the PIP, it should review its process map and FMEA completed in Module 3 to design changes to address gaps and high-priority failures in the process.
- Continually monitor the monthly SMART Aim measure and intervention effectiveness measure data. If the outcomes are not improving over time, the MCO should adjust intervention testing.
- Attend the Module 4 and Module 5 webinar training that HSAG will schedule prior to the submission of these modules for validation.
- Request PIP technical assistance from HSAG as often as needed.

MCO Comparative and Statewide Aggregate Performance Measure Validation (PMV) Results

Monitoring of PMs allows for the assessment of quality of, access to, and timeliness of the care and services provided to Medicaid members. Validation of the MCOs' PM rates reported to the Commonwealth during the preceding 12 months is a mandatory EQR activity set forth in 42 CFR §438.358(b)(ii).

Performance Measure Validation Highlights

Table 4-1—Performance Measure Strengths and Weaknesses

Domain	Strengths	Weaknesses
Children's Preventive Care	HealthKeepers met or exceeded the 50th percentile for three of four measure rates within the domain and exceeded the Virginia aggregate for all four measures.	For Magellan, Optima, and United, all measures fell below the 50th percentile.
	VA Premier met or exceeded the 50th percentile for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure	

Domain	Strengths	Weaknesses
	Aetna met or exceeded the 50th percentile for the *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* measure,	
Access to Care	HealthKeepers and VA Premier demonstrated the highest performance, meeting or exceeding the 50th percentile for four of the five (80.0 percent) measure rates.	United fell below the 50th percentile for all five of the measure rates within this domain.
	Children and Adolescents' Access to Primary Care Practitioners was an area of strength for the MCOs, as four of the six MCOs met or exceeded the 50th percentile for at least one of the four measure rates.	
Care For Chronic Conditions	Three of the MCOs displayed strong performance within the *Comprehensive Diabetes Care* measure, with two of the MCOs exceeding the 75th percentile for the *HbA1c Testing* indicator and the other MCO exceeding the 75th percentile for the *Medical Attention for Nephropathy* indicator.	None of the MCOs met or exceeded the 50th percentile for more than three of the 11 measure rates. Aetna exceeded the 50th percentile for three of 11 (27.3 percent) measure rates, and VA Premier exceeded the 50th percentile for two of 11 (18.2 percent) measure rates.
		MCO performance was particularly low for the *Controlling High Blood Pressure* and *Medical Assistance With Smoking and Tobacco Use Cessation* measures, as none of the MCOs' measure rates met or exceeded the 50th percentiles.
Behavioral Health	All six MCOs met or exceeded the 50th percentile for at least seven of the 11 (63.6 percent) measure rates.	For the *Follow-Up Care for Children Prescribed ADHD Medication* measure. only one MCO met or exceeded the 50th percentile for the *Initiation Phase* indicator, and only two MCOs met or exceeded the 50th percentile for the *Continuation and Maintenance Phase* indicator for this measure.
	Aetna met or exceeded the 50th percentile for all 11 measure rates, and Optima and VA Premier met or exceeded the 50th percentile for nine of the 11 (81.8 percent) measure rates.	
Women's Health		All reportable measure rates for all six of the MCOs fell below the 50th percentile.

As part of performance measurement, the Virginia MCOs were required to submit HEDIS data to NCQA. To ensure that HEDIS rates were accurate and reliable, NCQA required each MCO to undergo an NCQA HEDIS Compliance Audit[4-4] conducted by a certified independent auditor.

Each MCO contracted with an NCQA-licensed organization (LO) to conduct the HEDIS audit. HSAG reviewed the MCO's final audit reports (FARs), information systems (IS) compliance tools, and the Interactive Data Submission System (IDSS) files approved by each MCO's LO. HSAG found that the MCOs' IS and processes were compliant with the applicable IS standards and the HEDIS reporting requirements for the key Medallion 4.0 Medicaid measures for HEDIS 2020.

HSAG's PMV activities included validation of the following measures:

- *Adolescent Well-Care Visits*
- *Asthma Admission Rate (Per 100,000 Member Months)*
- *Childhood Immunization Status—Combination 3*
- *Comprehensive Diabetes Care (excluding HbA1c control < 7.0%)*
- *Follow-Up After Emergency Department Visit for Mental Illness*
- *Prenatal and Postpartum Care*

HSAG contracted with Aqurate Health Data Management, Inc. (Aqurate) for assistance with the validation of the PMs. Using the validation methodology and protocols described in Appendix A, HSAG determined results for each PM. The CMS PMV protocol identifies two possible validation finding designations for PMs: *Report (R)*—measure data were compliant with HEDIS and DMAS specifications and the data were valid as reported; or *Do Not Report (DNR)*—measure data were materially biased. HSAG's validation results for each MCO are summarized in Table 4-2, with all rates validated as reportable.

Table 4-2—HSAG MCO Performance Measure Validation Results

Performance Measures	Aetna	Health Keepers	Magellan	Optima	United	VA Premier
Adolescent Well-Care Visits						
Adolescent Well-Care Visits	43.80%	59.80%	29.93%	42.09%	52.80%	43.07%
Asthma Admission Rate						
Asthma Admission Rate (Per 100,000 Member Months	4.30	5.28	3.74	11.84	2.60	5.37
Childhood Immunization Status						
Combination 3	60.34%	69.59%	50.55%	63.02%	69.10%	65.94%
Comprehensive Diabetes Care						
Hemoglobin A1c (HbA1c) Testing	91.73%	84.91%	91.97%	87.35%	85.92%	88.08%
*HbA1c Poor Control (>9.0%)**	48.42%	48.91%	59.37%	49.39%	45.10%	45.50%
HbA1c Control (<8.0%)	43.55%	44.28%	35.28%	41.85%	45.51%	47.45%
Eye Exam (Retinal) Performed	39.90%	44.77%	27.01%	40.15%	43.67%	53.53%

[4-4] HEDIS Compliance Audit™ is a trademark of the NCQA.

Performance Measures	Aetna	Health Keepers	Magellan	Optima	United	VA Premier
Medical Attention for Nephropathy	91.48%	86.86%	90.02%	86.62%	89.80%	92.21%
Blood Pressure Control (<140/90 mm Hg)	53.04%	49.88%	34.31%	51.34%	55.10%	56.45%
Follow-Up After Emergency Department Visit for Mental Illness						
7-Day Follow-Up—Total	42.40%	53.11%	41.05%	53.39%	41.50%	48.85%
30-Day Follow-Up—Total	57.60%	65.03%	56.17%	63.56%	54.75%	61.55%
Prenatal and Postpartum Care						
Timeliness of Prenatal Care	73.48%	76.16%	54.01%	72.99%	69.59%	75.91%
Postpartum Care	67.40%	63.50%	53.77%	63.50%	63.26%	67.88%

** For this indicator, a lower rate indicates better performance.*

Additionally, HSAG reviewed several aspects crucial to the calculation of PM data: data integration, data control, and documentation of PM calculations. The following are the highlights of HSAG's validation findings:

Data Integration—The steps used to combine various data sources (including claims and encounter data, eligibility data, and other administrative data) must be carefully controlled and validated. HSAG validated the data integration process used by the MCOs, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. HSAG determined that the data integration processes for the MCOs were acceptable.

Data Control—The MCO's organizational infrastructure must support all necessary information systems; its quality assurance practices and backup procedures must be sound to ensure timely and accurate processing of data and to provide data protection in the event of a disaster. HSAG validated the MCO's data control processes and determined that the data control processes in place were acceptable.

Performance Measure Documentation—While interviews and system demonstrations provide supplementary information, most validation review findings were based on documentation provided by the MCOs. HSAG reviewed all related documentation, which included the completed roadmap, job logs, computer programming code, output files, workflow diagrams, narrative descriptions of PM calculations, and other related documentation. HSAG determined that the documentation of PM generation by the MCOs was acceptable.

MCO Comparative and Statewide Aggregate HEDIS Results

As part of performance measurement, the Virginia MCOs also were required to submit HEDIS data to NCQA. To ensure that HEDIS rates were accurate and reliable, NCQA required each MCO to undergo an NCQA HEDIS Compliance Audit conducted by a certified independent auditor.

Each MCO contracted with an NCQA LO to conduct the HEDIS audit. HSAG reviewed the MCO's FARs, IS compliance tools, and the IDSS files approved by each MCO's LO. HSAG found that the MCOs' IS and processes were compliant with the applicable IS standards and the HEDIS reporting requirements for the key Medallion 4.0 Medicaid measures for HEDIS 2020.

Table 4-3 displays, by MCO, the HEDIS 2020 measure rate results compared to the 50th percentiles and the Virginia aggregate, which represents the average of six MCOs' PM rates weighted by the eligible population. Of note, gray-shaded boxes indicate MCO PM rates that were at or above the 50th percentile. Rates indicating better performance than the Virginia aggregates are represented in burgundy font.

Table 4-3—MCO Comparative and Virginia Aggregate HEDIS 2020 Measure Results

Performance Measures	Aetna	Health Keepers	Magellan	Optima	United	VA Premier	Virginia Aggregate
Children's Preventive Care							
Adolescent Well-Care Visits							
Adolescent Well-Care Visits	43.80%	**59.80%**	29.93%	42.09%	**52.80%**	43.07%	**48.98%**
Childhood Immunization Status							
Combination 3	60.34%	**69.59%**	50.55%	63.02%	**69.10%**	65.94%	**66.26%**
Well-Child Visits in the First 15 Months of Life							
Six or More Well-Child Visits	**66.67%**	**67.88%**	18.98%	60.68%	41.36%	**64.48%**	**61.68%**
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life							
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	65.69%	**79.17%**	57.42%	70.47%	69.83%	**73.48%**	**73.43%**
Women's Health							
Breast Cancer Screening							
Breast Cancer Screening	39.76%	**52.43%**	NA	**52.71%**	42.19%	44.60%	**49.43%**
Cervical Cancer Screening							
Cervical Cancer Screening	46.72%	**56.93%**	23.84%	**53.77%**	42.82%	**50.74%**	**50.56%**
Prenatal and Postpartum Care							
Timeliness of Prenatal Care	**73.48%**	**76.16%**	54.01%	72.99%	69.59%	**75.91%**	**73.27%**
Postpartum Care	**67.40%**	63.50%	53.77%	63.50%	63.26%	**67.88%**	**64.23%**
Access to Care							
Adults' Access to Preventive/Ambulatory Health Services							
Total	**76.47%**	**78.72%**	65.76%	**76.81%**	72.34%	**78.14%**	**76.40%**
Children and Adolescents' Access to Primary Care Practitioners							

Performance Measures	Aetna	Health Keepers	Magellan	Optima	United	VA Premier	Virginia Aggregate
12–24 Months	94.66%	**96.57%**	89.26%	**95.86%**	93.13%	**96.02%**	**95.31%**
25 Months–6 Years	87.99%	**91.00%**	78.64%	88.78%	87.77%	**90.13%**	**89.37%**
7–11 Years	91.01%	**92.35%**	NA	90.10%	85.60%	**92.82%**	**91.26%**
12–19 Years	88.34%	**90.42%**	NA	88.18%	79.50%	**91.88%**	**89.32%**
Care for Chronic Conditions							
Asthma Medication Ratio							
Total	64.26%	**66.46%**	NA	63.94%	**72.96%**	64.57%	**65.40%**
Comprehensive Diabetes Care							
Hemoglobin A1c (HbA1c) Testing	**91.73%**	84.91%	**91.97%**	87.35%	85.92%	**88.08%**	**87.69%**
*HbA1c Poor Control (>9.0%)**	**48.42%**	48.91%	59.37%	49.39%	**45.10%**	**45.50%**	**48.43%**
HbA1c Control (<8.0%)	43.55%	**44.28%**	35.28%	41.85%	**45.51%**	**47.45%**	**43.93%**
Eye Exam (Retinal) Performed	39.90%	**44.77%**	27.01%	40.15%	43.67%	**53.53%**	**43.78%**
Medical Attention for Nephropathy	**91.48%**	86.86%	**90.02%**	86.62%	**89.80%**	**92.21%**	**89.14%**
Blood Pressure Control (<140/90 mm Hg)	**53.04%**	49.88%	34.31%	51.34%	**55.10%**	**56.45%**	**51.73%**
Controlling High Blood Pressure							
Controlling High Blood Pressure	**47.45%**	37.23%	27.74%	**44.47%**	**58.15%**	**48.42%**	**44.09%**
Medical Assistance With Smoking and Tobacco Use Cessation							
Advising Smokers and Tobacco Users to Quit	71.30%	NA	65.25%	NA	NA	**73.10%**	**72.32%**
Discussing Cessation Medications	42.36%	NA	46.09%	NA	NA	**53.22%**	**48.02%**
Discussing Cessation Strategies	38.60%	NA	36.21%	NA	NA	**42.94%**	**41.75%**
Behavioral Health							
Antidepressant Medication Management							
Effective Acute Phase Treatment	**55.60%**	51.39%	**58.36%**	**55.20%**	52.69%	**58.29%**	**54.70%**
Effective Continuation Phase Treatment	**40.39%**	34.92%	**50.93%**	**42.00%**	**42.30%**	**41.77%**	**39.89%**
Follow-Up Care for Children Prescribed ADHD Medication							
Initiation Phase	**53.61%**	**42.49%**	30.00%	37.96%	BR	28.04%	**39.00%**
Continuation and Maintenance Phase	**76.92%**	**59.59%**	NA	52.36%	BR	49.15%	**55.33%**
Follow-Up After Emergency Department Visit for Mental Illness							
7-Day Follow-Up—Total	42.40%	**53.11%**	41.05%	**53.39%**	41.50%	**48.85%**	**48.75%**
30-Day Follow-Up—Total	57.60%	**65.03%**	56.17%	**63.56%**	54.75%	**61.55%**	**61.31%**

Performance Measures	Aetna	Health Keepers	Magellan	Optima	United	VA Premier	Virginia Aggregate
Follow-Up After Hospitalization for Mental Illness							
7-Day Follow-Up—Total	35.42%	**43.41%**	23.69%	**40.49%**	36.03%	**40.07%**	**38.74%**
30-Day Follow-Up—Total	58.97%	**64.27%**	43.46%	**64.70%**	58.01%	**61.68%**	**60.89%**
Follow-Up After Emergency Department Visit for Alcohol and Other Drug							
7-Day Follow-Up—Total	12.97%	**13.36%**	**14.58%**	**14.83%**	10.59%	11.82%	**13.11%**
30-Day Follow-Up—Total	19.64%	17.99%	**24.20%**	**21.50%**	17.94%	**20.36%**	**20.04%**
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics							
Total	68.35%	**74.91%**	67.57%	66.85%	72.53%	**78.62%**	**72.83%**

** For this indicator, a lower rate indicates better performance.*
[1] Due to changes in the technical specifications for this measure, NCQA recommends trending between 2002 and prior years be considered with caution.
[2] Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between HEDIS 2019 and prior years; therefore, comparisons to benchmarks are not performed for this measure.
‡ Certain behavioral health services were provided by a third party, Magellan, during all or a portion of HEDIS 2019. As a result, caution should be exercised when making conclusions about MCO performance for measures reported in the Behavioral Health domain.
NA indicates that the MCO followed the specifications, but the denominator was too small to report a valid rate.
BR indicates that the rate was materially biased.
***Note:** MCO measure rates indicating better performance than the Virginia aggregate are represented in burgundy.*

Indicates that the HEDIS 2020 rate was at or above the 50th percentile.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Within the Children's Preventive Care domain, HealthKeepers displayed strong performance, meeting or exceeding the 50th percentile for three of four measure rates within the domain and exceeding the Virginia aggregate for all four measures. VA Premier met or exceeded the 50th percentile for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure, and Aetna met or exceeded the 50th percentile for the *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* measure, indicating that children and young adults are able to access a PCP at least annually for preventive services and appropriate treatment as necessary to stay healthy and reduce unnecessary ER utilization.

Strength: Within the Access to Care domain, HealthKeepers and VA Premier demonstrated the highest performance, meeting or exceeding the 50th percentile for four of the five (80.0 percent) measure rates. Of note, *Children and Adolescents' Access to Primary Care Practitioners* was an area of strength for the MCOs, as four of the six MCOs met or exceeded the 50th percentile for at least one of the four measure rates. This high level of performance indicates access to high-quality and timely care for adolescents and children. The results also suggest that the MCOs maintain network adequacy to meet the needs of Virginia children and adolescents.

Strength: Three of the MCOs displayed strong performance within the *Comprehensive Diabetes Care* measure, with two of the MCOs exceeding the 75th percentile for the *HbA1c Testing* indicator and the other MCO exceeding the 75th percentile for the *Medical Attention for Nephropathy* indicator. Implementing effective initiatives for chronic diseases has the potential to greatly impact the services and overall health outcomes of Medallion 4.0 members.

Strength: MCO performance within the Behavioral Health domain was strong, with all six MCOs meeting or exceeding the 50th percentile for at least seven of the 11 (63.6 percent) measure rates. Of note, Aetna met or exceeded the 50th percentile for all 11 measure rates, and Optima and VA Premier met or exceeded the 50th percentile for nine of the 11 (81.8 percent) measure rates. The strong performance in the behavioral health measures indicates that Virginia and the MCOs have improved member access to behavioral healthcare, potentially as a result of Virginia's focus on the ARTS benefit and the development of member-centric behavioral healthcare and services.

Weaknesses

Weakness: For Magellan, Optima, and United, all measures fell below the 50th percentile in the Children's Preventive Care domain, indicating opportunities for improvement related to well-child/well-care visits and immunizations.

Why the weakness exists: Although children may have adequate access to timely preventive/well-child visits, members are not completing these visits or receiving necessary preventive immunizations. The lack of member participation in preventive/well-child visits and completion of immunizations may be a result of a disparity-driven barrier.

Recommendation: HSAG recommends that the MCOs conduct a root cause analysis to determine why some children have not received well-child visits or immunizations according to the well-visit schedule. HSAG recommends that the MCOs analyze their data and consider if there are disparities within the MCOs' populations that contributed to lower performance for a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, HSAG recommends that the MCOs implement appropriate interventions to increase the number of children who receive a well-child visit or immunizations using interventions that address the root cause of the issue.

Weakness: All reportable measure rates for all six of the MCOs fell below the 50th percentile in the Women's Health domain, demonstrating opportunities for improvement for all MCOs in the *Breast Cancer Screening* and *Cervical Cancer Screening* measures.

Why the weakness exists: All six of the MCOs' PM rates falling below the 25th percentile in the Women's Health domain suggests a lack of access to care or that a disparity may exist in access to care for women.

Recommendation: HSAG recommends that the MCOs conduct a root cause analysis or focus group to determine why women members are not receiving breast or cervical cancer screenings. HSAG recommends that the MCOs consider if there are disparities within the MCOs' populations that contribute to lower performance for a particular race or ethnicity, age group, ZIP Code, etc.

Upon identification of a root cause, HSAG recommends that the MCOs implement appropriate interventions to improve access to and timeliness of cancer screenings.

Weakness: The Access to Care domain represented an area of opportunity for improvement for United, as the MCO fell below the 50th percentile for all five of the measure rates within this domain.

Why the weakness exists: Although adults' and children's access to care is a strength for four of the six MCOs, two MCOs fell below the 10th HEDIS percentile for at least two measure rates. The two MCOs with the demonstrated weakness in access to care may have overall or regional network adequacy issues, or this weakness may be a result of disparities in the population served.

Recommendation: HSAG recommends that both MCOs conduct a root cause analysis to determine why some adults and children are experiencing access to care issues. HSAG recommends that the MCOs identify the best practices of the four MCOs that demonstrated strength in adults' and children's access to care. HSAG recommends that the MCOs consider conducting a focus group to identify barriers that their members are experiencing in accessing care and services in order to implement appropriate interventions.

Weakness: The Care for Chronic Conditions domain represented an area of opportunity for improvement for all six MCOs, as none of the MCOs met or exceeded the 50th percentile for more than three of the 11 measure rates. Aetna exceeded the 50th percentile for three of 11 (27.3 percent) measure rates, and VA Premier exceeded the 50th percentile for two of 11 (18.2 percent) measure rates. MCO performance was particularly low for the *Controlling High Blood Pressure* and *Medical Assistance With Smoking and Tobacco Use Cessation* measures, as none of the MCOs' measure rates met or exceeded the 50th percentiles.

Why the weakness exists: Although members with chronic conditions may have access to care, these members are not consistently managing their conditions according to evidence-based guidelines through the appropriate use of medications, diet and nutrition, or physical activity. Members may also not be receiving referrals or assistance from providers to access all available resources focused on assisting individuals in quitting tobacco use.

Recommendation: HSAG recommends that the MCOs conduct a root cause analysis to determine why members are not maintaining their chronic health condition at optimal levels. Upon identification of a root cause, HSAG recommends that the MCOs implement appropriate interventions to improve the performance related to these chronic conditions. HSAG also recommends that the MCOs work closely with public health and the MCOs' provider network to coordinate available resources related to quitting smoking and tobacco use and obtaining access to smoking cessation medications*.

**Note: Smoking cessation is not a covered service for Medicaid except for pregnant women and for the Medicaid Expansion population.*

Weakness: Magellan and VA Premier demonstrated opportunities for improvement within the Behavioral Health domain for the *Follow-Up Care for Children Prescribed ADHD Medication* measure. In addition, only one MCO met

or exceeded the 50th percentile for the *Initiation Phase* indicator, and only two MCOs met or exceeded the 50th percentile for the *Continuation and Maintenance Phase* indicator for this measure.

Why the weakness exists: The majority of measures in the Behavioral Health domain focus on follow-up care. The PM rates indicate that Magellan and VA Premier may not be focusing resources on follow-up or care coordination activities for members diagnosed with a behavioral health condition.

Recommendation: HSAG recommends that Magellan and VA Premier review their resources, interventions, and activities focused on follow-up care upon discharge for members receiving behavioral health services in the ED or an inpatient setting. In addition, HSAG recommends that the MCOs conduct a root cause analysis to determine barriers to follow-up with children prescribed ADHD medications. HSAG recommends that the MCOs consider if there are disparities within the MCOs' populations that contributed to lower performance for a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause**,** HSAG recommends that the MCOs implement appropriate interventions to ensure appropriate follow-up on prescribing as well as ED and inpatient care to decrease inappropriate utilization.

Compliance With Standards Monitoring

DMAS conducts Compliance With Standards Monitoring reviews using a three-year cycle. During 2020, the EQRO did not conduct Compliance With Standards Monitoring. DMAS monitored the MCOs' implementation of requirements and CAPs from prior years' compliance with standards reviews. During 2020 DMAS also implemented a compliance action with HealthKeepers related to its failure to submit transportation encounter data since the implementation of its new vendor on August 1, 2020.

Statewide Aggregate CAHPS Results

Member Experience Survey Highlights

Figure 4-2—CAHPS Strengths and Weaknesses

CAHPS Strengths

The top-box score for one measure, *How Well Doctors Communicate*, for all MCOs (i.e., the Medallion 4.0 Program) was statistically significantly higher than the 2020 NCQA adult Medicaid national average.

The Medallion 4.0 Program's 2020 top-box score was statistically significantly higher than the 2019 score for one measure, *Rating of Personal Doctor*.

The top-box score for one measure, *Rating of Specialist Seen Most Often*, for all MCOs was statistically significantly higher than the 2020 NCQA child Medicaid national average.

One MCO's 2020 top-box scores were statistically significantly higher than the 2020 NCQA child Medicaid national averages for two additional measures: *Rating of All Health Care* and *Getting Needed Care*.

CAHPS Weaknesses

Based on the top-box scores, one MCO's measure rates were statistically significantly lower than the 2020 NCQA adult Medicaid national averages, including *Rating of Health Plan*, *Rating of All Health Care*, *Getting Needed Care,* and *Customer Service*.

Two MCOs' measure rates were statistically significantly lower than the 2020 NCQA child Medicaid national averages. One MCO scored significantly lower than the 2020 NCQA child Medicaid national average for *Rating of Health Plan* and *Rating of Personal Doctor.* One MCO scored statistically significantly lower than the 2020 NCQA child Medicaid national average for *Getting Care Quickly* and *How Well Doctors Communicate*.

Adult Medicaid

Table 4-4 and Table 4-5 present the 2020 top-box scores for each MCO compared to the 2019 adult Medicaid CAHPS scores for the global ratings and composite measures. The 2020 CAHPS scores for each MCO were also compared to the 2020 adult Medicaid national averages.

Table 4-4—Comparison of 2019 and 2020 Adult Global Top-Box Scores

	Rating of Health Plan		*Rating of All Health Care*		*Rating of Personal Doctor*		*Rating of Specialist Seen Most Often*	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Medallion 4.0 Program	63.0%	62.5%	54.9%	59.0%	65.6%	71.3%▲	67.0%	71.3%
Aetna	60.1%	54.6%	47.2%	47.5%	63.7%	67.7%	63.6%	65.3%
HealthKeepers	64.9%	61.8%	54.5%	64.0%	63.2%	76.1%▲	62.3%+	71.0%+
Magellan	NR	58.3%	NR	53.7%	NR	68.2%	NR	74.8%
Optima	65.0%	72.5%	63.1%+	69.3%+	68.2%+	80.9%+▲	57.8%+	73.2%+
United	47.2%+	65.0%▲	42.3%+	59.1%▲	59.6%+	69.5%	82.4%+	72.4%+
VA Premier	63.1%	61.3%	54.2%	54.5%	66.9%	62.2%	72.4%	72.7%+

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.
▲ Statistically significantly higher in 2020 than in 2019.
▼ Statistically significantly lower in 2020 than in 2019.
"NR" indicates data were not reported.
Cells highlighted in orange represent rates that are statistically significantly higher than the 2020 NCQA national Medicaid averages.
Cells highlighted in gray represent rates that are statistically significantly lower than the 2020 NCQA national Medicaid averages.

Table 4-5—Comparison of 2019 and 2020 Adult Composite Measures Top-Box Scores

	Getting Needed Care		*Getting Care Quickly*		*How Well Doctors Communicate*		*Customer Service*	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Medallion 4.0 Program	85.9%	83.3%	84.9%	82.1%	92.5%	94.6%	89.2%	88.8%
Aetna	80.8%	77.6%	79.9%	82.7%	92.3%	92.9%	81.9%	83.0%
HealthKeepers	84.0%+	85.3%+	80.5%+	84.7%+	92.2%+	95.8%+	88.1%+	91.2%+
Magellan	NR	80.3%	NR	82.1%	NR	91.8%	NR	90.5%
Optima	86.8%+	90.3%+	85.7%+	85.4%+	93.6%+	95.7%+	91.2%+	94.6%+
United	81.7%+	79.8%	75.9%+	81.0%	86.9%+	93.1%	86.6%+	87.1%

	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service	
	2019	2020	2019	2020	2019	2020	2019	2020
VA Premier	88.0%	82.2%	89.1%	76.2%▼	93.0%	95.1%	90.3%	85.5%+

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.
▲ Statistically significantly higher in 2020 than in 2019.
▼ Statistically significantly lower in 2020 than in 2019.
"NR" indicates data were not reported.
Cells highlighted in orange represent rates that are statistically significantly higher than the 2020 NCQA national Medicaid averages.
Cells highlighted in gray represent rates that are statistically significantly lower than the 2020 NCQA national Medicaid averages.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: The top-box score for one measure, *How Well Doctors Communicate*, for all MCOs (i.e., Medallion 4.0 Program) was statistically significantly higher than the 2020 NCQA adult Medicaid national average. In addition, the Medallion 4.0 Program's 2020 top-box score was statistically significantly higher than the 2019 score for one measure, *Rating of Personal Doctor*. Optima was the only MCO with measure rates that were statistically significantly higher than the 2020 NCQA adult Medicaid national averages.

Weaknesses

Weakness: Based on the top-box scores, Aetna was the only MCO with measure rates that were statistically significantly lower than the 2020 NCQA adult Medicaid national averages, including *Rating of Health Plan*, *Rating of All Health Care*, *Getting Needed Care,* and *Customer Service*. In addition, Aetna's *Getting Needed Care* and *Rating of Health Plan* rates declined from the previous year.

Why the weakness exists: Based on the adult survey results, Aetna members indicated that they are not overly satisfied with the health plan or their ability to get care. This may indicate that they are experiencing access to care issues or have a lack of understanding of how to access care and services. Survey results also indicated a lower level of satisfaction with the MCO and the customer service members receive from the MCO, which may be associated with their perception of the ability to receive care or services.

Recommendation: HSAG recommends that the MCO conduct a focus group or other methods to receive direct information from members on their experience with access to care and receiving services, and the customer service they receive from the MCO. Once the MCO gains an understanding of the member's experience, HSAG recommends that the MCO implement appropriate interventions to improve this experience when contacting the health plan and seeking care and services. HSAG recommends that the MCO delve more deeply into those survey categories for which survey results are not only lower than the 2020 NCQA adult Medicaid national average but also where rates are declining.

Child Medicaid

Table 4-6 and Table 4-7 present the 2020 top-box scores for each MCO compared to the 2019 child Medicaid CAHPS scores for the global ratings and composite measures. The 2020 CAHPS scores for each MCO were also compared to the 2020 NCQA child Medicaid national averages.

Table 4-6—Comparison of 2019 and 2020 Child Global Top-Box Scores

	Rating of Health Plan		Rating of All Health Care		Rating of Personal Doctor		Rating of Specialist Seen Most Often	
	2019	2020	2019	2020	2019	2020	2019	2020
Medallion 4.0 Program[4-5]	77.6%	73.8%	73.8%	74.1%	80.5%	76.4%	75.7%	82.4%
Aetna	72.3%	68.5%	66.8%	68.4%	76.2%	75.6%	75.8%	62.9%+
HealthKeepers	80.1%	75.0%	75.9%	71.8%	81.7%	74.5%	78.3%+	83.3%+
Magellan	NR	55.8%	NR	70.3%+	NR	69.1%+	NR	77.8%+
Optima	79.1%	NR	70.6%	NR	82.6%	NR	73.5%+	NR
United	66.9%	74.4%	67.6%	76.8%	75.0%	75.7%	60.9%+	78.9%+
VA Premier	77.8%	76.4%	77.8%	79.2%	79.8%	81.1%	79.5%+	90.0%+

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.

▲ Statistically significantly higher in 2020 than in 2019.

▼ Statistically significantly lower in 2020 than in 2019.

"NR" indicates data were not reported.

Cells highlighted in orange represent rates that are statistically significantly higher than the 2020 NCQA national Medicaid averages.

Cells highlighted in gray represent rates that are statistically significantly lower than the 2020 NCQA national Medicaid averages.

Table 4-7—Comparison of 2019 and 2020 Child Composite Measures Top-Box Scores

	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service	
	2019	2020	2019	2020	2019	2020	2019	2020
Medallion 4.0 Program	86.5%	85.8%	89.8%	89.5%	93.9%	95.2%	88.5%	88.4%
Aetna	90.7%	85.6%	89.8%	92.2%	94.8%	96.8%	90.4%	91.4%+
HealthKeepers	83.5%	83.0%	87.0%	89.1%	91.7%	95.4%	85.9%+	87.8%+
Magellan	NR	82.8%+	NR	91.3%+	NR	92.7%+	NR	90.4%+
Optima	92.5%	NR	93.1%	NR	96.3%	NR	91.7%+	NR
United	77.0%+	79.1%+	82.6%+	80.1%	91.2%+	91.2%	77.3%+	85.4%+

[4-5] HSAG excluded Optima's scores from calculation of the Medallion 4.0 Program top-box scores.

	Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate		Customer Service	
	2019	2020	2019	2020	2019	2020	2019	2020
VA Premier	88.2%	93.7%	93.9%	93.0%	95.8%	96.3%	93.5%+	89.1%+

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.
▲ Statistically significantly higher in 2020 than in 2019.
▼ Statistically significantly lower in 2020 than in 2019.
"NR" indicates data were not reported.
Cells highlighted in orange represent rates that are statistically significantly higher than the 2020 NCQA national Medicaid averages.
Cells highlighted in gray represent rates that are statistically significantly lower than the 2020 NCQA national Medicaid averages.

Summary of Strengths, Weaknesses, and Overall Conclusions

Strengths

Strength: Overall, the top-box score for one measure, *Rating of Specialist Seen Most Often*, for all MCOs (i.e., Medallion 4.0 Program) was statistically significantly higher than the 2020 NCQA child Medicaid national average. Furthermore, VA Premier's 2020 top-box scores were statistically significantly higher than the 2020 NCQA child Medicaid national averages for two additional measures: *Rating of All Health Care* and *Getting Needed Care*.

Weaknesses

Weakness: Magellan and United were the only MCOs with measure rates that were statistically significantly lower than the 2020 NCQA child Medicaid national averages. Magellan scored significantly lower than the 2020 NCQA child Medicaid national average in *Rating of Health Plan* and *Rating of Personal Doctor.* United scored statistically significantly lower than the 2020 NCQA child Medicaid national average in *Getting Care Quickly* and *How Well Doctors Communicate*. In addition, United's rate for *Getting Care Quickly* declined from the prior survey year.

Why the weakness exists: Based on the child survey results, Magellan members indicated that they are not overly satisfied with their health plan or their personal doctor. This may indicate that they are experiencing access to care issues or have a lack of understanding of how to access care and services. United's child survey results indicate a lower level of satisfaction with members' ability to quickly access care and how well doctors communicate, which may be associated with their perception of the ability to receive care or services.

Recommendation: HSAG recommends that the MCOs conduct a focus group or use other methods to receive direct information from members on their experience with access to care and their interactions with the healthcare system. Once an MCO gains an understanding of the member's experience, the MCO should implement appropriate interventions to improve this experience when the member contacts the health plan or receives services from a personal doctor.

FAMIS Program Statewide Aggregate Results

Table 4-8 presents the 2019 and 2020 FAMIS CAHPS top-box scores for the global ratings and composite measures. The FAMIS general child and CCC 2020 CAHPS scores were compared to the 2020 NCQA national child Medicaid and CCC Medicaid averages.[4-6] In addition, a trend analysis was performed that compared the 2020 CAHPS scores to corresponding 2019 CAHPS scores.

Table 4-8—Comparison of 2019 and 2020 FAMIS Program General Child and CCC Top-Box Scores

	General Child		CCC Plus	
Global Ratings	**2019**	**2020**	**2019**	**2020**
Rating of Health Plan	72.4%	73.6%	63.6%	67.9%
Rating of All Health Care	70.6%	71.5%	64.3%	70.7%
Rating of Personal Doctor	72.1%	76.0%	71.0%	75.7%
Rating of Specialist Seen Most Often	78.4%+	76.5%+	68.8%+	73.2%
Composite Measures	**2019**	**2020**	**2019**	**2020**
Getting Needed Care	86.9%	89.0%	87.7%	89.6%
Getting Care Quickly	86.0%	90.8%	94.3%	92.2%
How Well Doctors Communicate	95.1%	95.8%	94.5%	95.7%
Customer Service	81.2%+	85.7%+	85.6%+	85.6%+

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.

▲ Statistically significantly higher in 2020 than in 2019.

▼ Statistically significantly lower in 2020 than in 2019.

Cells highlighted in orange represent rates that are statistically significantly higher than the 2020 NCQA national Medicaid averages.

Cells highlighted in gray represent rates that are statistically significantly lower than the 2020 NCQA national Medicaid averages.

MCO Comparative and Statewide Aggregate Performance Measure Calculation Results

DMAS contracted with HSAG in 2020 to calculate the Agency for Healthcare Research and Quality's (AHRQ's) Pediatric Quality Indicator (PDI): *Asthma Admission Rate* (*PDI 14*) to evaluate inpatient admissions for asthma for children ages 2 to 17 years for the 2019 measurement period. HSAG deviated slightly from the technical specifications to report the rate as per 100,000 member months (MM), in alignment with the approach for reporting AHRQ PQI measures in CMS' *Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) Technical Specifications and Resource Manual for Federal Fiscal Year 2020 Reporting*.[4-7] This measure is important because asthma is the leading chronic

[4-6] For the NCQA national child Medicaid and CCC Medicaid averages, Quality Compass 2020 data were used with permission from NCQA. Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors; and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of the NCQA.

[4-7] Centers for Medicare & Medicaid Services. Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) Technical Specifications and Resource Manual for Federal Fiscal Year 2020 Reporting. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf. Accessed on: Jan 14, 2021.

disease in children, affecting one in 12 U.S. children in 2017.[4-8] In 2013, children missed 13.8 million school days and incurred $3,266 in per-person incremental medical costs between 2008 and 2013 due to asthma.[4-9] Additionally, African Americans are three times more likely to have a stay in a hospital due to asthma.[4-10] While there is no cure for asthma, proper treatment can control symptoms and asthma attacks, leading to a reduction in associated costs.[4-11]

Table 4-9 displays the *PDI-14* PM results calculated for the Virginia FAMIS and Medallion populations, stratified by different demographic, geographic, and clinical factors.

Table 4-9—*PDI-14*: Asthma Admission Rate Measure Results[1]

Rate Stratifications	Results (CY 2019)
Virginia Total Rate (Admissions Per 100,000 MM)	
Virginia Total Rate	7.71
Rates Stratified by Geographic Region (Admissions Per 100,000 MM)	
Central	15.72
Tidewater	5.30
Northern and Winchester	4.37
Charlottesville/Western	7.94
Roanoke/Alleghany	4.12
Southwest	2.95
Unknown	0.00
Rates Stratified by Urban and Rural Designation (Admissions Per 100,000 MM)	
Urban	8.32
Rural	5.65
Rates Stratified by Age (Admissions Per 100,000 MM)	
2–4 Years	12.03
5–11 Years	8.85
12–17 Years	3.62
Rates Stratified by Gender (Admissions Per 100,000 MM)	
Male	8.70
Female	6.67
Rates Stratified by Race (Admissions Per 100,000 MM)	
White	4.66
Black/African American	12.91
Other[2]	4.18
Rates Stratified by Physician Management[3]	
No Visit	10.93%
Visit Within 1 Month	46.99%

[4-8] Asthma and Allergy Foundation of America. *Asthma facts and figures*. 2019. Available at: https://www.aafa.org/asthma-facts/. Accessed on: Nov 6, 2020.
[4-9] Ibid.
[4-10] Ibid.
[4-11] Ibid.

Rate Stratifications	Results (CY 2019)
Visit Within 1–3 Months	15.85%
Visit Within 3–6 Months	15.12%
Visit Within 6–12 Months	11.11%
Rates Stratified by Physician Follow-Up[3]	
No Visit	40.43%
Visit within 14 Days	59.56%
Rates of Active Asthma Medications on Admission Stratified by Therapeutic Classification[4]	
Controller Medication	
Controller Total	28.42%
No Controller Medication	71.58%
Reliever Medication	
Reliever Total	24.59%
No Reliever Medication	75.41%
Rates of Asthma Medications Prescribed on Discharge Stratified by Therapeutic Classification	
Any Controller Medication	
Controller Total	51.37%
No Controller Medication	48.63%
Any Reliever Medication	
Reliever Total	45.54%
No Reliever Medication	54.46%
Rates of Asthma Inpatient Readmissions or ED Visits After Discharge	
Inpatient Readmission	
Within 30 Days of Discharge	4.19%
ED Visit	
Within 30 Days of Discharge	10.38%
Rates of Asthma History[5]	
Prior History of Asthma	74.13%
No Prior History of Asthma	25.87%
Rates of Admissions Stratified by Seasonality[6]	
December–February	21.13%
March–May	27.69%
June–August	14.39%
September–November	36.79%

[1] *For this measure, a lower rate indicates better performance.*

[2] *Please note that due to suppression (i.e., numerators fewer than 11), HSAG combined the Asian, Southeast Asian/Pacific Islander, Hispanic, and More Than One Race/Other/Unknown race categories into the Other race category.*

[3] *A qualifying physician is a PCP, allergist, pulmonologist, or respiratory therapist.*

[4] *A medication is considered active if the date when the medication was dispensed plus days' supply includes the admission date.*

[5] *A member was considered to have a prior history of asthma if he or she had a diagnosis of asthma during the measurement year or the year prior to the measurement year (i.e., January 1, 2018–December 31, 2019) and the diagnosis occurred prior to the admission for asthma.*

[6] *The results presented follow a standard calendar year and display the potential impact of the return to school on asthma admissions.*

The Virginia total asthma admissions rate for CY 2019 for children ages 2 to 17 was 7.71 per 100,000 MM. Regional variation exists in the reportable rates of asthma admissions with more urban regions, such as Central, displaying higher admission rates at 15.72 admissions per 100,000 MM, and more rural regions, such as Southwest and Roanoke/Alleghany, having the lowest admission rates at 2.95 and 4.12 admissions per 100,000 MM, respectively. Rates indicate that children ages 2 to 4 years were more likely to be admitted for asthma. Similar to national rates, asthma admissions in Virginia are the highest among male children of the Black/African-American race.[4-12] While asthma is a treatable condition, it is of note that most children admitted in CY 2019 did not have an active controller or reliever medication on admission (71.58 percent and 75.41 percent, respectively).

National data show that children missed 13.8 million school days in 2013 due to asthma.[4-13] The Virginia rates of asthma admission showed an increase during the beginning of the school year,[4-14] with peak admissions occurring September through November and remaining above 20 percent throughout the school year, demonstrating opportunities to increase preventive care and medication management for children with asthma prior to the start of the school year. Less than 30 percent of children were on controller or reliever medications prior to their admission (28.42 percent and 24.59 percent, respectively), despite 62.84 percent of children admitted for asthma having had a visit with a qualifying physician within three months prior to their admission. Additionally, approximately half of children admitted were not prescribed a controller or reliever medication to manage asthma during the admission or within seven days following discharge (48.63 percent and 54.46 percent, respectively), demonstrating opportunities to increase preventive care for children with asthma.

Focus Studies

DMAS elected to continue the following clinical topics during the 2020 contract year: improving birth outcomes through adequate prenatal care (Birth Outcomes Focus Study), Perinatal Dental Utilization, and improving the health of children in foster care (Foster Care Focus Study). Based on methodological considerations, MCO-specific results produced for each focus study are available in the final activity reports.

MCO Comparative and Statewide Aggregate Consumer Decision Support Tool Results

DMAS contracted with HSAG in 2020 to produce a consumer decision support tool using Virginia Medicaid MCOs' HEDIS data and CAHPS survey results for the Medallion 4.0 MCOs. The Medallion 4.0 Consumer Decision Support Tool demonstrates how the Virginia Medicaid MCOs compare to one another overall and in key performance areas. The tool uses stars to display results for the MCOs, as shown in Table 4-10. Please refer to Appendix A for the detailed methodology used for this tool.

[4-12] Asthma and Allergy Foundation of America. *Asthma facts and figures*. 2019. Available at: https://www.aafa.org/asthma-facts/. Accessed on: Nov 6, 2020.
[4-13] Ibid.
[4-14] In Virginia, in-person K-12 school remained closed due to the 2020 COVID-19 pandemic. For purposes of this report, school year refers to the time frame, regardless of the location where children received educational services.

Table 4-10—Consumer Decision Support Tool Results—Performance Ratings

Rating	MCO Performance Compared to Statewide Average	
★★★★★	**Highest Performance**	The MCO's performance was 1.96 standard deviations or more above the Virginia Medicaid average.
★★★★	**High Performance**	The MCO's performance was between 1 and 1.96 standard deviations above the Virginia Medicaid average.
★★★	**Average Performance**	The MCO's performance was within 1 standard deviation of the Virginia Medicaid average.
★★	**Low Performance**	The MCO's performance was between 1 and 1.96 standard deviations below the Virginia Medicaid average.
★	**Lowest Performance**	The MCO's performance was 1.96 standard deviations or more below the Virginia Medicaid average.

Table 4-11 displays the Medallion 4.0 2020 Consumer Decision Support Tool results for each MCO.

Table 4-11—2020 Consumer Decision Support Tool Results

MCO	Overall Rating*	Getting Care	Medication Management
Aetna	★★	★★★	★★★
HealthKeepers	★★★★	★★★★	★★★
Magellan	★	★★	★★★
Optima	★★★★	★★★★★	★
United	★★	★	★★★
VA Premier	★★★★★	★★★★	★★★★

*The Overall Rating category includes all measures from the other categories (i.e., Getting Care and Medication Management) as well as CAHPS *Rating of All Health Care*, *Rating of Health Plan*, *Rating of Personal Doctor*, and *How Well Doctors Communicate* measures.

Strengths, Weaknesses, and Recommendations

For 2020, the MCOs demonstrated similar performance within the *Medication Management* domain, with four of the six MCOs receiving a three-star rating. The *Overall Rating* and *Getting Care* domains showed large variations in performance between MCOs for 2020, with star ratings ranging from one to five.

Strengths

Strength: Of note, VA Premier demonstrated strength when compared to the other MCOs by receiving the Highest Performance rating in the *Overall Rating* (five stars) and the High Performance rating in the *Getting Care* and *Medication Management* domains (four stars).

Weaknesses

Weakness: United and Magellan demonstrated lowest performance among the MCOs, with two of three domains receiving a low star rating (i.e., one or two stars).

Why the weakness exists: Based on the results, United and Magellan scored low in the *Getting Care* and *Overall Rating* categories, indicating overall opportunities to improve member satisfaction with members' ability to receive care.

Recommendation: HSAG recommends that United and Magellan review processes that may create barriers to members receiving care and result in a lower level of satisfaction overall with these MCOs' performance. HSAG recommends implementing processes to receive direct feedback from members to ensure an understanding of the barriers and to use best practices to improve care and service delivery.

Network Capacity Analysis

With the May 2016 release of revised federal regulations for managed care, CMS required states to set standards to ensure ongoing state assessment and certification of MCO, PIHP, and PAHP networks; set threshold standards to establish network adequacy measures for a specified set of providers; establish criteria to develop network adequacy standards for MLTSS programs; and ensure the transparency of network adequacy standards. The requirement stipulated that states must establish time and distance standards for the following network provider types for the provider type to be subject to such time and distance standards:

- Primary care (adult and pediatric)
- Obstetricians/gynecologists
- Behavioral health
- Specialist (adult and pediatric)
- Hospital
- Pharmacy
- Pediatric dental
- Additional provider types when they promote the objectives of the Medicaid program

DMAS established time and distance standards and additional network capacity requirements in its contracts with the MCOs. DMAS receives monthly MCO network files and conducts internal analysis to determine network adequacy and compliance with contract network requirements. DMAS is prepared to move forward with the mandatory EQRO network adequacy review once the CMS protocol is finalized.

On November 13, 2020, CMS updated the Managed Care Rule to address state concerns and ensure that states have the most effective and accurate standards for their programs. CMS revised the provider-specific network adequacy standards by replacing time and distance standards with a more flexible requirement of a quantitative minimum access standard for specified healthcare providers and LTSS providers. The new requirements include, but are not limited to:

- Minimum provider-to-enrollee ratios.
- Maximum travel time or distance to providers.
- Minimum percentage of contracted providers that are accepting new patients.
- Maximum wait times for an appointment.
- Hours of operation requirements (for example, extended evening or weekend hours).
- Or a combination of these quantitative measures.

In addition, the November 13, 2020, Managed Care Rule changes confirm that states have the authority to define "specialist" in whatever way they deem most appropriate for their programs. And finally, CMS removed the requirement for states to establish standards for additional provider types.

Performance Withhold Program

In 2020, HSAG worked with DMAS to develop and implement a scoring mechanism for the Medallion 4.0 Performance Withhold Program (PWP). The SFY 2020 PWP was an informational-only year (i.e., no funds were withheld) and assessed CY 2019 PM data on five NCQA HEDIS measures and one AHRQ Pediatric Quality Indicator (PDI) measure. Due to the impacts of the COVID-19 pandemic on MCOs' ability to collect and report data, as well as DMAS' ability to appropriately evaluate performance levels and improvement, DMAS determined that SFY 2021, which assesses CY 2020 performance measure data, will be a pay-for-reporting year for the PWP. In preparation for the SFY 2021 PWP, the SFY 2020 PWP assessed whether the MCOs reported valid HEDIS 2020 (i.e., CY 2019) measure rates to NCQA in the required reporting method (i.e., hybrid for *Adolescent Well-Care Visits*, *Childhood Immunization Status*, *Comprehensive Diabetes Care,* and *Prenatal and Postpartum Care*; administrative for *Follow-Up After Emergency Department [ED] Visit for Mental Illness*) and whether the MCO received a *"Reportable (R)"* or "*Small Denominator (NA)*" audit designation for all HEDIS measures and the AHRQ PDI measure. All MCOs met the necessary requirements and would have earned back their entire 1 percent quality withhold for the SFY 2020 PWP. For detailed information related to the PWP, please see the *Medallion 4.0 Performance Withhold Program Methodology (Updated for COVID-19)* on DMAS' website.[4-15]

[4-15] Health Services Advisory Group, Inc. *Revised Medallion 4.0 Performance Withhold Program Methodology*. Available at: https://www.dmas.virginia.gov/files/links/5503/Revised%20Medallion%204.0%20Performance%20Withhold%20Program%20Methodology.pdf. Accessed on: Jan 14, 2021.

5. Validation of Performance Improvement Projects

This section presents HSAG's findings and conclusions from the PIP activities conducted for the MCOs. It provides a discussion of the MCOs' overall strengths and recommendations for improvement related to the quality and timeliness of, and access to care and services. Also included is an assessment of how effectively the MCOs have addressed the recommendations for quality improvement made by HSAG during the previous year. The methodology for each activity can be found in Appendix A—Technical Methods of Data Collection and Analysis—MCOs.

Objective

As part of the State's quality strategy, each MCO is required to conduct PIPs in accordance with 42 CFR §438.330(b)(1) and §438.330(d)(2)(i–iv). As one of the mandatory EQR activities required under the Balanced Budget Act of 1997 (BBA), HSAG, as the State's EQRO, validated the PIPs through an independent review process. To ensure methodological soundness while meeting all State and federal requirements, HSAG follows validation guidelines established in the CMS publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.[5-1] Additionally, HSAG's PIP process facilitates frequent communication with the MCOs. HSAG provides written feedback after each module is validated and provides technical assistance for further guidance. HSAG conducts webinar trainings prior to each module submission and progress check-ins while MCOs test interventions.

DMAS requires the MCOs to conduct two PIPs annually. The topics continued in 2020 were:

- *Timeliness of Prenatal Care*
- *Tobacco Use Cessation in Pregnant Women*

The topics selected by DMAS addressed CMS requirements related to quality outcomes—specifically, the quality and timeliness of care and services.

For each PIP topic, the MCOs defined a Global and SMART Aim. The SMART Aim statement includes the narrowed population, the baseline rate, a set goal for the project, and the end date. HSAG provided the following parameters to the MCOs for establishing the SMART Aim for each PIP:

- **S**pecific: The goal of the project: What is to be accomplished? Who will be involved or affected? Where will it take place?
- **M**easurable: The indicator to measure the goal: What is the measure that will be used? What is the current data figure (i.e., count, percent, or rate) for that measure? What do you want to increase/decrease that number to?

[5-1] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-3.pdf. Accessed on: Jan 13, 2020.

- **A**ttainable: Rationale for setting the goal: Is the achievement you want to attain based on a particular best practice/average score/benchmark? Is the goal attainable (not too low or too high)?
- **R**elevant: The goal addresses the problem to be improved.
- **T**ime-bound: The timeline for achieving the goal.

Approach to PIP Validation

In 2020, HSAG obtained the data needed to conduct the PIP validation from the MCOs' module submission forms. These forms provided detailed information about each of the PIPs and the activities completed.

The MCOs submitted each module according to the approved timeline. After the initial validation of each module, the MCOs received HSAG's feedback and technical assistance and resubmitted the modules until all validation criteria were met. This process ensured that the methodology was sound before the MCO progressed to the next phase of the PIP process.

The goal of HSAG's PIP validation is to ensure that DMAS and key stakeholders can have confidence that any reported improvement is related to and can be directly linked to the quality improvement strategies and activities the MCO conducted during the PIP. HSAG's scoring methodology evaluates whether the MCO executed a methodologically sound improvement project and confirmed that any achieved improvement can be clearly linked to the quality improvement strategies implemented by the MCO.

PIP Validation Scoring

During validation, HSAG determines if criteria for each module are *Achieved.* Any validation criteria not applicable (*N/A*) were not scored. As the PIP progresses, and at the completion of Module 5, HSAG will use the validation findings from modules 1 through 5 for each PIP to determine a level of confidence representing the validity and reliability of the PIP. Using a standardized scoring methodology, HSAG will assign a level of confidence and report the overall validity and reliability of the findings as one of the following:

- ***High confidence*** = The PIP was methodologically sound, the SMART Aim was achieved, the demonstrated improvement was clearly linked to the quality improvement processes conducted and intervention(s) tested, and the MCO accurately summarized the key findings.
- ***Confidence*** = The PIP was methodologically sound, the SMART Aim was achieved, and the MCO accurately summarized the key findings. However, some, but not all, quality improvement processes conducted and/or intervention(s) tested were clearly linked to the demonstrated improvement.
- ***Low confidence*** = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes conducted and/or intervention(s) tested were poorly executed and could not be linked to the improvement.
- ***Reported PIP results were not credible*** = The PIP methodology was not executed as approved.

Training and Implementation

HSAG trained the MCOs on the PIP module submission and validation requirements prior to the submission due dates. HSAG's rapid-cycle PIP validation process facilitates frequent communication with the MCOs. HSAG provides technical assistance throughout the process. At the onset, HSAG provides feedback to ensure that PIPs are well-designed. MCOs also have opportunities for mid-course corrections. In addition to the PIP module training webinars that HSAG provides, the MCOs may seek ongoing technical assistance.

PIP Validation Status

In 2020, all MCOs achieved the Module 3 validation criteria and progressed to testing interventions. HSAG will report the PIP SMART Aim outcomes and validation findings for Module 4 and Module 5 in the next annual EQR report.

Recommendations

The MCOs should evaluate whether interventions have an impact on the SMART Aim results and determine whether changes need to be made. If an intervention is not effective, MCOs should start new interventions and monitor for effectiveness. Interventions should be tested for the PIP through the SMART Aim end date. If MCOs have any questions or need technical assistance with their PIPs, they should reach out to HSAG.

Validation Findings

Aetna

In 2020, Aetna submitted the following topics for validation: *Ensuring Timeliness of Prenatal Care* and *Tobacco Use Cessation in Pregnant Women.* The topics selected addressed CMS' requirements related to quality outcomes—specifically, timeliness and quality of care and services. Table 5-1 displays the SMART Aim for each PIP.

Table 5-1—SMART Aim Statements: Aetna

Ensuring Timeliness of Prenatal Care	
SMART Aim Statement	By 5/31/2021, increase prenatal care visits among members ages 18–29 years in the Central VA region from 14.2% to 21.28%.
Tobacco Use Cessation in Pregnant Women	
SMART Aim Statement	By 5/31/2021, decrease the percentage of identified smokers among pregnant members in the Central VA region from 3.1% to 0.4%.

For each PIP, Aetna completed a process map and a failure modes and effects analysis (FMEA) to determine the areas within its process that demonstrated the greatest need for improvement, have the most impact on the desired outcomes, and can be addressed by potential interventions. Table 5-2 and

Table 5-3 summarize the potential interventions Aetna identified to address high-priority subprocesses and failure modes determined in Module 3.

Table 5-2—Intervention Determination Summary for the *Ensuring Timeliness of Prenatal Care* PIP

Failure Modes	Potential Interventions
Pregnant member less likely to seek care if substance abuse, smoking, or medication is an issue.	Flyer in the MCO's women's health newsletter that includes information on the benefits of engaging in first trimester prenatal care, especially when support is needed for substance use disorder.
Member goes to the doctor when she feels necessary because it is not her first pregnancy.	Telephonic outreach to identified pregnant members; education about the risks of not engaging with an OB/GYN [obstetrician/gynecologist] and the benefits of attending prenatal care appointments.
Transportation issue/missing the appointment.	Telephonic outreach to pregnant members to assess the need for transportation services and provide information/assistance on using transportation.

Table 5-3—Intervention Determination Summary for the Tobacco Use Cessation in Pregnant Women PIP

Failure Modes	Potential Interventions
Provider unaware that member needs smoking cessation counseling.	• Telephonic outreach to pregnant members; education that the member should notify her provider that she smokes. • Collaborate with the American Cancer Society (ACS) to develop a call script. • Collaborate with ACS on a member newsletter.
Member continues to use tobacco.	• Telephonic outreach to pregnant members who are smokers. Provide education regarding the risks of smoking, benefits of quitting, and resources. • Collaborate with ACS to develop a call script, list of resources, and topics.
Member counseled but medical record does not indicate counseling occurred.	Provider newsletter article for OB/GYN providers. Includes ACOG [American College of Obstetricians and Gynecologists]-approved diagnostic and procedure codes for identifying pregnant members who use tobacco and documenting tobacco cessation counseling.
Member identified as a smoker but does not receive information on pharmaceutical treatment options.	Collaborate with ACS and MCO pharmacist to provide targeted face-to-face education with OB/GYNs using academic detailing.

Aetna had progressed to intervention testing using PDSA during the 2020 validation year. Part of the PIP intervention testing process is providing Module 4 progress updates to HSAG for review. Aetna provided the first Module 4 progress updates for both PIPs in July 2020.

For the *Ensuring Timeliness of Prenatal Care* PIP, Aetna submitted Module 4 progress updates for three interventions—Addiction & Pregnancy Support Flyer, Telephonic Outreach, and Transportation Process Improvement. For the *Tobacco Use Cessation in Pregnant Women* PIP, Aetna submitted Module 4 progress updates for three interventions—ACS Newsletter, Telephonic Outreach, and Provider Flyer. At the time of the updates, Aetna did not have intervention evaluation data to report.

Regarding challenges related to the COVID-19 pandemic, in its Module 4 intervention testing progress updates for the Medallion PIPs, Aetna did not report specific challenges due to the pandemic for the *Ensuring Timeliness of Prenatal Care* PIP. Aetna reported for the *Tobacco Use Cessation in Pregnant Women* PIP that its original newsletter did not include language specifying that members should contact their provider for tobacco cessation. Therefore, the MCO needed to revise the newsletter. During the time it took to complete the revision, the COVID-19 pandemic and a restriction to outreach members began. Additionally, Aetna reported not being able to begin the telephone outreach intervention as scheduled due to restrictions put in place as a result of the COVID-19 pandemic.

Strengths, Weaknesses, and Recommendations

At the time of this report, there were no SMART Aim measure results to report. HSAG provides feedback and recommendations to Aetna during the PIP module validation process, Module 4 plan pre-validation reviews, and Module 4 intervention progress check-ins.

Recommendations

Recommendation: HSAG recommends that Aetna:

- Include all the details in the intervention process steps.
- Update the Module 5 Intervention Determination Table with interventions that were not in Module 3.
- Define the intervention effectiveness measure accurately.
- Specify whether claims lag would impact receiving the intervention results.
- Provide the data in the SMART Aim measure run chart correctly.
- Address the Module 4 pre-validation review feedback for the intervention effectiveness measure.
- Provide flyers to members face-to-face.

Assessment of Follow-Up on Prior Recommendations

Table 5-4 includes HSAG's recommendations for improvement and Aetna's actions taken.

Table 5-4—PIP Recommendations and Aetna's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	Aetna's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
The MCOs should address all module validation recommendations in the resubmissions in order to advance to intervention testing for the PIPs as rapidly	• Addressed all module validation recommendations in the resubmission in

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	Aetna's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
as possible. Once in the intervention testing phase of the PIP, MCOs should evaluate interventions and determine quickly whether changes need to be made. If an intervention is not working, MCOs should start new interventions and monitor for effectiveness. Interventions should be tested for the PIP through the SMART Aim end date of December 31, 2020. If MCOs have any questions or need technical assistance with their PIPs, they should reach out to HSAG.	order to advance PIP intervention testing as quickly as possible. • Evaluated and tested interventions closely to determine if changes or abandonment is needed. • Continued to test interventions for the PIP SMART Aims until the end date of December 3, 2020. • Contacted HSAG with any questions or technical assistance as necessary.
HSAG recommended that Aetna should: • Attend all module-specific trainings. • Identify and test innovative, actionable changes for the PIP. • Continually monitor the outcomes and make rapid adjustments, as needed. • Request PIP technical assistance from HSAG as often as needed.	• Attended all module-specific trainings. • Identified and are testing innovative, actionable changes for each PIP. • Monitored the outcomes and made rapid adjustments as necessary. • Requested PIP technical assistance from HSAG as needed.
HSAG Assessment: HSAG has determined that the MCO has not addressed the recommendations in the prior year's annual technical report. Specific efforts for each recommendation were not provided.	

HealthKeepers

In 2020, HealthKeepers submitted the following topics for validation: *Timeliness of Prenatal Care* and *Tobacco Use Cessation in Pregnant Women*. The topics selected addressed CMS' requirements related to quality outcomes—specifically, timeliness and quality of care and services. Table 5-5 displays the SMART Aim for each PIP.

Table 5-5—SMART Aim Statements: HealthKeepers

Timeliness of Prenatal Care	
SMART Aim Statement	By 5/31/2021, increase the percentage of members assigned to Dominion Women's Health who received timely prenatal care during the first trimester, on or before the enrollment start date, or within 42 days of enrollment, from 68.94% to 75%.
Tobacco Use Cessation in Pregnant Women	
SMART Aim Statement	By 5/31/2021, increase the percentage of members who were identified as pregnant tobacco users, screened for tobacco use, and received tobacco cessation interventions from 10.5% to 30%.

For each PIP, HealthKeepers completed a process map and a FMEA to determine the areas within its process that demonstrated the greatest need for improvement, have the most impact on the desired

outcomes, and can be addressed by potential interventions. Table 5-6 and Table 5-7 summarize the potential interventions HealthKeepers identified to address high-priority subprocesses and failure modes determined in Module 3.

Table 5-6—Intervention Determination Summary for the *Timeliness of Prenatal Care* PIP

Failure Modes	Potential Interventions
Member does not have childcare.	Personalized case management collaboration—monthly submission (members who missed a prenatal visit) from provider to MCO for outreach. Case managers assess member's social determinants of health [SDOH], educate on the importance of prenatal care, and provide childcare assistance resources.
Member does not have transportation.	Personalized case management collaboration—monthly submission (members who missed a prenatal visit) from provider to MCO for outreach. Case managers assess member's SDOH and educate on the importance of prenatal care and free transportation benefit. Assist with scheduling an appointment.
OB [obstetrics] provider does not have convenient appointment times.	Discuss with provider the opportunity for an extension or modification of office hours.
Member unable to be contacted.	• Reach members through HealthCrowd—an application to communicate, remind, and educate members on prenatal care. • Member auto-enrolled for New Baby, New Life program with monetary incentive.

Table 5-7—Intervention Determination Summary for the *Tobacco Use Cessation in Pregnant Women* PIP

Failure Modes	Potential Interventions
Member does not heed advice.	Personalized case management collaboration—monthly submission (members who use tobacco) from provider to MCO for outreach. Case managers educate members about the dangers of smoking/tobacco use; different forms of tobacco use (e.g., vaping); and different modalities for cessation, including support groups.
Provider unaware of resources for members.	Obstetrics practice consultant will be "hands on" with the provider, hold meetings to identify appropriate resources, and educate providers on resources.
Member does not attend prenatal care appointment.	Reach members through HealthCrowd—an application to communicate, remind, and educate members on prenatal care and tobacco cessation. Remind members of the incentive for attending prenatal care visits.

HealthKeepers had progressed to intervention testing using PDSA during the 2020 validation year. Part of the PIP intervention testing process is providing Module 4 progress updates to HSAG for review. HealthKeepers provided the first Module 4 progress updates for both PIPs in June 2020.

For the *Timeliness of Prenatal Care* PIP, HealthKeepers submitted a Module 4 progress update for personalized case management and provider collaboration. For the *Tobacco Use Cessation in Pregnant Women* PIP, HealthKeepers also submitted a Module 4 progress update for personalized case management and provider collaboration. At the time of the updates, HealthKeepers did not yet have intervention evaluation data to report.

Related to the COVID-19 pandemic, in its Module 4 intervention testing progress updates, HealthKeepers reported the following challenges for the *Timeliness of Prenatal Care* and *Tobacco Use Cessation in Pregnant Women* PIPs:

- Members do not go into the office if they have symptoms of the virus.
- Members do not want to go into the office.
- Members participate in telehealth; however, this may be limited in comparison to an in-person visit.
- Providers are usually very engaged; however, their focus was geared toward COVID-19-related issues.

Strengths, Weaknesses, and Recommendations

At the time of this report, there were no SMART Aim measure results to report. HSAG provides feedback and recommendations to HealthKeepers during the PIP module validation process, Module 4 plan pre-validation reviews, and Module 4 intervention progress check-ins.

Recommendations

Recommendation: HSAG recommends that HealthKeepers:

- Ensure the targeted population is large enough to impact the SMART Aim.
- Ensure the timing of completed prenatal visits will be sufficient to include women in the SMART Aim.
- Define the intervention effectiveness measure accurately.

Assessment of Follow-Up on Prior Recommendations

Table 5-8 includes HSAG's recommendations for improvement and HealthKeepers' actions taken.

Table 5-8—PIP Recommendations and HealthKeepers' Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	HealthKeepers' Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
The MCOs should address all module validation recommendations in the resubmissions in order to	• Agreed with HSAG's recommendations.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	HealthKeepers' Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
advance to intervention testing for the PIPs as rapidly as possible. Once in the intervention testing phase of the PIP, MCOs should evaluate interventions and determine quickly whether changes need to be made. If an intervention is not working, MCOs should start new interventions and monitor for effectiveness. Interventions should be tested for the PIP through the SMART Aim end date of December 31, 2020. If MCOs have any questions or need technical assistance with their PIPs, they should reach out to HSAG.	
HSAG recommended that HealthKeepers should: • Ensure all data and results are provided accurately. • Attend all module-specific trainings. • Identify and test innovative, actionable changes for the PIP. • Continually monitor the outcomes and make rapid adjustments, as needed. • Request PIP technical assistance from HSAG as often as needed.	• Ensured all data and results are provided as accurately as possible. • Pulled data from claims and sent monthly to the PIP team to evaluate and input into the rolling 12-month table. • Due to data migration, reporting results were negatively impacted from November, January, February, and March 2020. • Attended all module-specific trainings. • Continued to attend the module-specific trainings. • Identified and tested innovative, actionable changes for the PIP. • Initially started and due to challenges was not able to be completed. • Modified interventions for this outcome. • Continually monitored the outcomes and made rapid adjustments, as needed. • Moved from our initial intervention to modified interventions. • Requested PIP technical assistance from HSAG as often as needed. • Continued to request assistance as needed.
HSAG Assessment: HSAG has determined that the MCO addressed the recommendations in the prior year's annual technical report.	

Magellan

In 2020, Magellan submitted the following topics for validation: *Improve Timeliness of Prenatal Care* and *Reduce Tobacco Use in Pregnant Women*. The topics selected addressed CMS' requirements

related to quality outcomes—specifically, timeliness and quality of care and services. Table 5-9 displays the SMART Aim for each PIP.

Table 5-9—SMART Aim Statements: Magellan

Improve Timeliness of Prenatal Care	
SMART Aim Statement	By 5/31/2021, increase the percentage of members seen by the top five selected providers receiving a prenatal visit within their first trimester, on the enrollment date, or within 42 days of enrollment from 31.5% to 81%.
Reduce Tobacco Use in Pregnant Women	
SMART Aim Statement	By 5/31/2021, increase the percentage of pregnant women identified as smokers or tobacco users who receive smoking cessation treatments, including medication and/or counseling, from 94% to 99%.

For each PIP, Magellan completed a process map and a FMEA to determine the areas within its process that demonstrated the greatest need for improvement, have the most impact on the desired outcomes, and can be addressed by potential interventions. Table 5-10 and Table 5-11 summarize the potential interventions Magellan identified to address high-priority subprocesses and failure modes determined in Module 3.

Table 5-10—Intervention Determination Summary for the *Improve Timeliness of Prenatal Care* PIP

Failure Modes	Potential Interventions
Member does not attend appointment.	Enroll member in the prenatal incentive program.
Scheduling an appointment in the first trimester time frame is not possible/first trimester is almost over.	Enroll member in the prenatal incentive program. Partner with provider to find an appropriate time and location for member to attend the prenatal care visit.
Missed the first trimester identification time frame/late notification.	• Member education/communicate with members about the importance of timely prenatal care visits. • Investigate delayed notification and create an action plan.

Table 5-11—Intervention Determination Summary for the *Reduce Tobacco Use in Pregnant Women* PIP

Failure Modes	Potential Interventions
Member cannot stop using tobacco products.	Enroll member in the smoking cessation incentive program—care coordinator provides frequent monitoring.
Member does not go to the appointment or counseling.	Enroll member in the smoking cessation incentive program—care coordinator provides frequent monitoring.
Member is not interested in smoking cessation.	Enroll member in the smoking cessation incentive program—care coordinator provides frequent monitoring.

Magellan had progressed to intervention testing using PDSA during the 2020 validation year. Part of the PIP intervention testing process is providing Module 4 progress updates to HSAG for review. Magellan provided the first Module 4 PIP progress updates in July 2020 and August 2020.

For the *Improve Timeliness of Prenatal Care* PIP, Magellan submitted a Module 4 progress update for a prenatal incentive program. For the *Reduce Tobacco Use in Pregnant Women* PIP**,** Magellan submitted a Module 4 progress update for a tobacco cessation incentive program.

Regarding challenges related to the COVID-19 pandemic, in its Module 4 intervention testing progress updates for the Medallion PIPs, Magellan did not report specific challenges due to the pandemic.

Strengths, Weaknesses, and Recommendations

At the time of this report, there were no SMART Aim measure results to report. HSAG provides feedback and recommendations to Magellan during the PIP module validation process, Module 4 plan pre-validation reviews, and Module 4 intervention progress check-ins.

Recommendations

Recommendation: HSAG recommends that Magellan:

- Include the key driver the intervention is expected to address/impact.
- Provide more details of the step-by-step data collection process.
- Define the intervention effectiveness measure accurately.
- Include how claims lag may impact having real-time data for intervention evaluation.
- Provide the SMART Aim measure run chart correctly.
- Ensure interventions tested for the PIP could impact the SMART Aim.
- Explain major changes in the SMART Aim measure eligible population.

Assessment of Follow-Up on Prior Recommendations

Table 5-12 includes HSAG's recommendations for improvement and Magellan's actions taken.

Table 5-12—PIP Recommendations and Magellan's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	Magellan's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
The MCOs should address all module validation recommendations in the resubmissions in order to advance to intervention testing for the PIPs as rapidly as possible. Once in the intervention testing phase of the PIP, MCOs should evaluate interventions and determine quickly whether changes need to be made. If an intervention is not working, MCOs should start	• Acknowledged the importance of frequent communications and quick changes during the rapid-cycle PIPs. • From 2019 to 2020 during the PIPs' development process, all modules Magellan developed were approved by HSAG.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	Magellan's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
new interventions and monitor for effectiveness. Interventions should be tested for the PIP through the SMART Aim end date of December 31, 2020. If MCOs have any questions or need technical assistance with their PIPs, they should reach out to HSAG.	• Tested interventions and evaluated frequently to make necessary changes. • Documented any impacts due to COVID-19 during our intervention testing period. • Tested interventions until the end of 2020 and communicated with HSAG when the MCO had any questions or needed technical assistance.
HSAG recommended that Magellan should: • Attend all module-specific trainings. • Identify and test innovative, actionable changes for the PIP. • Continually monitor the outcomes and make rapid adjustments, as needed. • Request PIP technical assistance from HSAG as often as needed.	• Magellan had been fully compliant with all PIP activities and continued to work together with HSAG. • Attended all PIP module trainings. • Identified and tested innovative, actionable changes for the PIP. • Continually monitored the outcomes and made rapid adjustments. • Reached out to HSAG for any PIP technical assistance as often as needed.
HSAG Assessment: HSAG has determined that the MCO has not addressed the recommendations in the prior year's annual technical report. Specific efforts for recommendations to monitor outcomes were not provided.	

Optima

In 2020, Optima submitted the following topics for validation: *Timeliness of Prenatal Care* and *Tobacco Use Cessation in Pregnant Women*. The topics selected addressed CMS' requirements related to quality outcomes—specifically, timeliness and quality of care and services. Table 5-13 displays the SMART Aim for each PIP.

Table 5-13—SMART Aim Statements: Optima

Timeliness of Prenatal Care	
SMART Aim Statement	By 5/31/2021, increase timely prenatal visits among pregnant members in Norfolk from 43.49% to 53.49%.
Tobacco Use Cessation in Pregnant Women	
SMART Aim Statement	By 5/31/2021, decrease tobacco use among pregnant members in Norfolk from 13.1% to 5.1%.

For each PIP, Optima completed a process map and a FMEA to determine the areas within its process that demonstrated the greatest need for improvement, have the most impact on the desired outcomes, and can be addressed by potential interventions. Table 5-14 and Table 5-15 summarize the potential

interventions Optima identified to address high-priority subprocesses and failure modes determined in Module 3.

Table 5-14—Intervention Determination Summary for the *Timeliness of Prenatal Care* PIP

Failure Modes	Potential Interventions
Member not interested in information.	• Send pregnancy incentive/benefit card to member when appointment is attended within the required time frame. • Provide members smaller amounts of information over time using a variety of formats.
Lack of open appointments with member's provider.	• Assist members in finding providers with flexible schedules. • Network management department finds providers in the underserved/rural areas.
Member unaware of in-network providers.	• Educate members on the MCO's website search engine. • Case manager assists with scheduling appointments.
Educational materials are not sent to member or not received by member.	• Compare member contact information in the system with the DMAS contact information. • Use a variety of educational formats; e.g., mail, booklets, electronic delivery.
Lack of transportation.	• Educate members on the transportation benefit and contact information for the vendor. • Educate members on the community resources as alternate modes of transportation.

Table 5-15—Intervention Determination Summary for the *Tobacco Use Cessation in Pregnant Women* PIP

Failure Modes	Potential Interventions
Not able to identify pregnant tobacco users.	• Provider education. • Conduct a survey to identify pregnant members who smoke.
Members not interested in tobacco cessation.	• Assess educational needs and effective ways of communication, educational materials, and/or video links.
Members lack familiarity about the need to quit.	• Educate members on the necessity of tobacco cessation during pregnancy. • Discuss benefits of tobacco cessation with the member.
Members do not listen to information.	• Provide evidenced-based information about the side effects of tobacco use during pregnancy.
Members not aware of the side effects of maternal smoking.	• Discuss side effects and mail materials or offer online links. • Offer tobacco cessation counseling as needed.

Optima had progressed to intervention testing using PDSA during the 2020 validation year. Part of the PIP intervention testing process is providing Module 4 progress updates to HSAG for review. Optima provided the first Module 4 PIP progress updates in June 2020 and July 2020.

For the *Timeliness of Prenatal Care* PIP, Optima submitted a Module 4 progress update for a prenatal incentive program. For the *Tobacco Use Cessation in Pregnant Women* PIP, Optima submitted a Module 4 progress update for an intervention to identify pregnant smokers using a telephonic survey. Optima was not able to begin the intervention due to COVID-19 restrictions.

Regarding challenges related to COVID-19, in its Module 4 intervention testing progress updates for the Medallion PIPs, Optima reported the followed challenges for the *Timeliness of Prenatal Care* PIP:

- Due to COVID-19, provider offices significantly scaled back the availability of appointments and were only seeing high-risk pregnant members.
- Members who were able to obtain appointments were hesitant to attend due to fear of contracting COVID-19.

For the *Tobacco Use Cessation in Pregnant Women* PIP, Optima reported the following challenges:

- COVID-19 restrictions imposed barriers as discussed above. Additionally, the main challenge was not being able to proceed with the original approach of performing a member survey directly through the provider offices.
- Another challenge which delayed the process was the change of Televox account representatives; some communications "fell through" and had to be redone.

Strengths, Weaknesses, and Recommendations

At the time of this report, there were no SMART Aim measure results to report. HSAG provides feedback and recommendations to Optima during the PIP module validation process, Module 4 plan pre-validation reviews, and Module 4 intervention progress check-ins.

Recommendations

Recommendation: HSAG recommends that Optima:

- Include the key driver and failure mode the intervention is expected to address/impact.
- Include all the details in the intervention process steps.
- Complete the evaluation plan in Module 4.
- Define the intervention effectiveness measure accurately.
- Include how claims lag may impact having real-time data for intervention evaluation.
- Ensure that the SMART Aim measure run chart data are reported correctly.
- Ensure interventions tested for the PIP will impact the SMART Aim.
- Report intervention evaluation measure results at least monthly.

Assessment of Follow-Up on Prior Recommendations

Table 5-16 includes HSAG's recommendations for improvement and Optima's actions taken.

Table 5-16—PIP Recommendations and Optima's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	Optima's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
The MCOs should address all module validation recommendations in the resubmissions in order to advance to intervention testing for the PIPs as rapidly as possible. Once in the intervention testing phase of the PIP, MCOs should evaluate interventions and determine quickly whether changes need to be made. If an intervention is not working, MCOs should start new interventions and monitor for effectiveness. Interventions should be tested for the PIP through the SMART Aim end date of December 31, 2020. If MCOs have any questions or need technical assistance with their PIPs, they should reach out to HSAG.	The team constantly monitored the effectiveness of the interventions.
HSAG recommended that Optima should: • Provide all data and results accurately. • Attend all module-specific trainings. • Identify and test innovative, actionable changes for the PIP. • Continually monitor the outcomes and make rapid adjustments, as needed. • Request PIP technical assistance from HSAG as often as needed.	HSAG provided technical assistance and meetings on: • 10/4/2019 • 1/27/2020 • 5/26/2020
HSAG Assessment: HSAG has determined that the MCO has not addressed the recommendations in the prior year's annual technical report. Specific efforts for the recommendations to attend training, identify and test changes, and monitor outcomes were not provided.	

United

In 2020, United submitted the following topics for validation: *Timeliness of Prenatal Care* and *Tobacco Use Cessation in Pregnant Women*. The topics selected addressed CMS' requirements related to quality outcomes—specifically, timeliness and quality of care and services. Table 5-17 displays the SMART Aim for each PIP.

Table 5-17—SMART Aim Statements: United

Timeliness of Prenatal Care	
SMART Aim Statement	By 5/31/2021, increase the percentage of women in the Northern & Winchester regions who receive a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date, or within 42 days of enrollment from 43.96% to 68.96%.
Tobacco Use Cessation in Pregnant Women	
SMART Aim Statement	By 5/31/2021, increase the percentage of pregnant women (identified as tobacco users) who receive advice to quit smoking, discussed, or were provided cessation methods/strategies from 19.85% to 24.85%.

For each PIP, United completed a process map and a FMEA to determine the areas within its process that demonstrated the greatest need for improvement, have the most impact on the desired outcomes, and can be addressed by potential interventions. Table 5-18 and Table 5-19 summarize the potential interventions United identified to address high-priority subprocesses and failure modes determined in Module 3.

Table 5-18—Intervention Determination Summary for the *Timeliness of Prenatal Care* PIP

Failure Modes	Potential Interventions
MCO does not have a mechanism to identify non-case-managed members with no prenatal care.	Redesign/reprioritize maternity program. Focus on identifying members with no prenatal care and/or no OB/GYN.
Member does not fully engage with the maternity care program—does not complete full assessment and/or provide responses to care coordinators. Prenatal care visit completion is not confirmed.	• Streamline the initial maternity program member assessment process to enroll and engage members in the maternity incentive program (Baby Blocks). Include incentives to encourage members to complete prenatal care visits at the recommended intervals. • Develop a more robust provider process/education about the obstetrical risk assessment form (OBRAF) submission in order to obtain documentation at the MCO as soon as possible so members can be encouraged to obtain ongoing prenatal care.
Member cannot be reached/reached too late in the pregnancy to receive the appropriate prenatal care.	For members who are not pregnant when enrolling in the MCO (e.g., Medicaid Expansion), develop proactive pre-pregnancy messaging to occur during initial phone introductions/assessments.

Table 5-19—Intervention Determination Summary for the *Tobacco Use Cessation in Pregnant Women* PIP

Failure Modes	Potential Interventions
MCO has minimal information on tobacco use or whether the member was provided tobacco	• Develop a robust provider process/education about submitting the OBRAF to the MCO early in the pregnancy. The form contains information on whether smoking cessation was

Failure Modes	Potential Interventions
cessation advice/strategies by OB/GYN or PCP if the member was not contacted or has not been engaged with case management.	discussed and whether the member was referred, enrolled, or completed or declined assistance. • Determine if additional fields should be developed in "Community Care" to capture data from the OBRAF for reporting/investigate alternate system to capture data. • Investigate other methods of capturing data (i.e., how and by whom members were advised to quit smoking, where given cessation strategies) such as member surveys.
MCO is not notified of pregnancy or notified late in pregnancy. No member outreach/delayed outreach leads to no tobacco cessation advice or strategies provided to the member.	• Define and implement a process to integrate claims data on members who have a history of tobacco use into the case management process. • Member follow-up.
MCO has not identified external resources to offer members/provision of cessation methods and strategies are limited.	• Develop a regional database of tobacco cessation resources and references including counseling, classes, and online programs in the community. Database will be a resource for care coordinators to share options with members. Make database available to providers. • Identify and link members to community-based organizations for free public programs such as educational trainings and materials for smokers.
Case management system, Community Care, does not have a field to document that advice on cessation was provided to the member (except in the notes).	• Define and design programming for Community Care to capture tobacco cessation counseling activities in menu-driven fields. Produce reports to show outcomes.

United had progressed to intervention testing using PDSA during the 2020 validation year. Part of the PIP intervention testing process is providing Module 4 progress updates to HSAG for review. United provided the first Module 4 progress updates for both PIPs in June 2020.

For the *Timeliness of Prenatal Care* PIP, United submitted Module 4 progress updates for a maternity incentive program and an intervention to develop a robust provider OBRAF submission process. For the *Tobacco Use Cessation in Pregnant Women* PIP, United submitted Module 4 progress updates for two interventions—tobacco counseling information submitted through the OBRAF and a process to integrate pharmacy data into the case management workflow. At the time of the updates, United did not yet have intervention evaluation data to report.

Regarding challenges related to COVID-19, United reported for the *Timeliness of Prenatal Care* PIP that there were challenges ensuring projects remained on track due to competing priorities with COVID-19 and member communication approvals; however, the project remained on schedule. United did not report any specific challenges related to COVID-19 for the *Tobacco Use Cessation in Pregnant Women* PIP.

Strengths, Weaknesses, and Recommendations

At the time of this report, there were no SMART Aim measure results to report. HSAG provides feedback and recommendations to United during the PIP module validation process, Module 4 plan pre-validation reviews, and Module 4 intervention progress check-ins.

Recommendations

Recommendation: HSAG recommends that United:

- Include all the details in the intervention process steps—the actual step-by-step process of the intervention that will be tested.
- Prioritize interventions that will impact the SMART Aim.
- Link interventions to priority failure modes from Module 3.
- Link interventions to key drivers from the key driver diagram.
- Provide clarification in the intervention evaluation plan.
- Define the intervention effectiveness measure accurately.

Assessment of Follow-Up on Prior Recommendations

Table 5-20 includes HSAG's recommendations for improvement and United's actions taken.

Table 5-20—PIP Recommendations and United's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	United's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
The MCOs should address all module validation recommendations in the resubmissions in order to advance to intervention testing for the PIPs as rapidly as possible. Once in the intervention testing phase of the PIP, MCOs should evaluate interventions and determine quickly whether changes need to be made. If an intervention is not working, MCOs should start new interventions and monitor for effectiveness. Interventions should be tested for the PIP through the SMART Aim end date of December 31, 2020. If MCOs have any questions or need technical assistance with their PIPs, they should reach out to HSAG.	• Completed and submitted modules 1–3 documents for the *Timeliness of Prenatal Care* and *Tobacco Use Cessation in Pregnant Women* PIPs. • Received validation feedback and recommendations. • Addressed all module feedback or recommendations that were provided by HSAG. • Began Module 4 PIP intervention testing after validation of the modules. • Implemented two interventions for each PIP and continued to monitor results. Began monitoring trends in data to make adjustments. • Made adjustments to metrics for the interventions in order to better capture the intent of the interventions.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	United's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
	• Continued testing interventions and documented challenges through the end of the PIP.
HSAG recommended that United should: • Attend all module-specific trainings. • Identify and test innovative, actionable changes for the PIP. • Continually monitor the outcomes and make rapid adjustments, as needed. • Request PIP technical assistance from HSAG as often as needed.	• Attended all trainings provided by HSAG for PIPs. • Identified and adapted interventions that will produce actionable changes and build on the success of the PIPs. • Tested the adapted intervention through further PDSA cycles. • Evaluated and monitored outcomes using defined testing measures to ensure meaningful and actionable testing results for the PIP interventions. • Reached out for help and clarification and received technical assistance and recommendations from HSAG, as needed.
HSAG Assessment: HSAG has determined that the MCO addressed the recommendations in the prior year's annual technical report.	

VA Premier

In 2020, VA Premier submitted the following topics for validation: *Timeliness of Prenatal Care* and *Tobacco Use Cessation in Pregnant Women*. The topics selected addressed CMS' requirements related to quality outcomes—specifically, timeliness and quality of care and services. Table 5-21 displays the SMART Aim for each PIP.

Table 5-21—SMART Aim Statements: VA Premier

Timeliness of Prenatal Care	
SMART Aim Statement	By 5/31/2021, increase timeliness of prenatal care in the Roanoke region from 55% to 65%.
Tobacco Use Cessation in Pregnant Women	
SMART Aim Statement	By 5/31/2021, decrease the percentage of pregnant members in the Roanoke region who did not receive counselling, medications, or advice on smoking cessation from 93% to 88%.

For each PIP, VA Premier completed a process map and a FMEA to determine the areas within its process that demonstrated the greatest need for improvement, have the most impact on the desired outcomes, and can be addressed by potential interventions. Table 5-22 and Table 5-23 summarize the potential interventions VA Premier identified to address high-priority subprocesses and failure modes determined in Module 3.

Table 5-22—Intervention Determination Summary for the *Timeliness of Prenatal Care* PIP

Failure Modes	Potential Interventions
Member demographic information not accurate in electronic medical record, preventing/delaying Healthy HeartBeats program registration.	Information technology fix in process (Phase II). All updated information will be visible on demographic sheet.
Transportation availability.	• Ensure transportation department has flexibility with scheduling—Roanoke pregnant moms and OB visits are a priority. • Assist with scheduling OB provider appointments and determine if a barrier exists for scheduling. • Network development review of Roanoke OB provider availability to ensure sufficient nearby options.
No prenatal care education—mom does not schedule timely OB appointments.	• Newly identified pregnant members will be contacted for enrollment in Healthy HeartBeats program. Provide education and assistance; schedule next visit. • Neighborhood health center in Roanoke will engage all members of Healthy HeartBeats services and partner as a resource with supporting MCO baby showers and other community initiatives. • Network development review of Roanoke OB provider availability to ensure there are sufficient nearby options.

Table 5-23—Intervention Determination Summary for the *Tobacco Use Cessation in Pregnant Women* PIP

Failure Modes	Potential Interventions
MCO has minimal information on tobacco use or cessation advice/strategies given to member by OB or PCP if member is not contacted/engaged by case management.	• Develop a robust provider process for submitting the OBRAF to the MCO early in the member's pregnancy. The form contains information on whether smoking cessation was discussed and whether the member was referred, enrolled, or completed or refused assistance. • Determine if additional fields need to be developed in Community Care to capture data submitted on OBRAF for easy reporting. Investigate alternate system to capture data from the form. • Investigate other methods of capturing data—how, by whom, and where members were advised to quit smoking (for example, a member survey).
MCO not notified of pregnancy/notified late in pregnancy. No member	Implement a process to integrate claims data on members who have a history of tobacco use into the case management process. Follow up with members.

Failure Modes	Potential Interventions
outreach or delayed outreach/no tobacco cessation advice or strategies provided.	
MCO has not identified external resources, such as cessation classes/provision of cessation methods, and strategies are limited.	• Develop a regional database of tobacco cessation resources and references, including counseling, classes, and online programs offered in the community. • Database will be a resource for care coordinators to share options with members. Make database available to providers. • Identify and link members to community-based organizations for free public programs and support such as free educational training and material for smokers.
Case management system, Community Care, does not have a field to document that cessation advice was given (except in notes).	Define and design programming for Community Care to capture tobacco cessation counseling activities in menu-driven fields. Produce reports to show outcomes.

VA Premier had progressed to intervention testing using PDSA during the 2020 validation year. Part of the PIP intervention testing process is providing Module 4 progress updates to HSAG for review. VA Premier provided the first Module 4 PIP progress updates in June 2020 and July 2020.

For the *Timeliness of Prenatal Care* PIP, VA Premier submitted a Module 4 progress update for increased participation in the Healthy HeartBeats program. For the *Tobacco Use Cessation in Pregnant Women* PIP, VA Premier submitted a Module 4 progress update for member education/increased participation in the Healthy HeartBeats and Quit Now programs.

Regarding challenges related to COVID-19, VA Premier reported for the *Timeliness of Prenatal Care* PIP that home visits were suspended. For the *Tobacco Use Cessation in Pregnant Women* PIP, VA Premier also reported that home visits to members were suspended; however, this did not have a negative impact on the Healthy HeartBeats program participation rate.

Strengths, Weaknesses, and Recommendations

At the time of this report, there were no SMART Aim measure results to report. HSAG provides feedback and recommendations to VA Premier during the PIP module validation process, Module 4 plan pre-validation reviews, and Module 4 intervention progress check-ins.

Recommendations

Recommendation: HSAG recommends that VA Premier:

- Define the intervention effectiveness measure accurately.
- Report the intervention evaluation data for each month.
- Provide more details in the intervention evaluation plan process description.
- Report the SMART Aim measure results following the approved rolling 12-month methodology.

- Include 12 months in the SMART Aim measurement periods.
- Document the intervention title correctly.
- Ensure the baseline data are comparable to the SMART Aim monthly remeasurements.

Assessment of Follow-Up on Prior Recommendations

Table 5-24 includes HSAG's recommendations for improvement and VA Premier's actions taken.

Table 5-24—PIP Recommendations and VA Premier's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for PIPs*	VA Premier's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
The MCOs should address all module validation recommendations in the resubmissions in order to advance to intervention testing for the PIPs as rapidly as possible. Once in the intervention testing phase of the PIP, MCOs should evaluate interventions and determine quickly whether changes need to be made. If an intervention is not working, MCOs should start new interventions and monitor for effectiveness. Interventions should be tested for the PIP through the SMART Aim end date of December 31, 2020. If MCOs have any questions or need technical assistance with their PIPs, they should reach out to HSAG.	• Addressed and submitted validation recommendations in subsequent submissions to advance each PIP to the next stage in the rapid-cycle process. • Received feedback prior to testing. • Continually monitored interventions for effectiveness. • Made changes rapidly, as needed, and provided updates to HSAG.
HSAG recommended that VA Premier should: • Attend all module-specific trainings. • Identify and test innovative, actionable changes for the PIP. • Continually monitor the outcomes and make rapid adjustments, as needed. • Request PIP technical assistance from HSAG as often as needed.	• Coordinated training for key individuals involved in the PIPs process in CY 2020 who had not previously received training. • Continually monitored outcomes and made adjustments for improvement, when needed. • Requested technical assistance, as needed. • Identified and tested innovative, actionable changes. Documented appropriately. • Attended all module-specific trainings, as scheduled.
HSAG Assessment: HSAG has determined that the MCO addressed the recommendations in the prior year's annual technical report.	

6. Validation of Performance Measures

Overview

This section presents HSAG's findings and conclusions from the PMV EQR activities conducted for the MCOs. It provides a discussion of the MCOs' overall strengths and recommendations for improvement related to the quality and timeliness of, and access to care and services. Also included is an assessment of how effectively the MCOs addressed the recommendations for quality improvement made by HSAG during the previous year. The methodology for each activity can be found in Appendix A—Technical Methods of Data Collection and Analysis—MCOs.

Objectives

DMAS uses HEDIS, CMS Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set), and the Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) data whenever possible to measure the MCOs' performance with specific indices of quality, timeliness, and access to care. HSAG conducts NCQA HEDIS Compliance Audits of the MCOs annually and reports the HEDIS results to DMAS as well as to NCQA. HSAG also conducts annual PMV of certain measures such as the CMS Core Measure Sets, MLTSS measures, and measures pertaining to behavioral health and developmental disability programs. As part of the EQR annual technical report, the EQRO trends each MCO's rates over time and also performs a comparison of the MCOs' rates and a comparison of each MCO's rates to selected national benchmarks. The EQRO uses trending to compare rates year-over-year when national benchmarks are not available to determine if improvement in the related measures is occurring.

HSAG validated PM results for each MCO. HSAG validated the data integration, data control, and PM documentation during the PMV process.

As part of performance measurement, the Virginia MCOs also were required to submit HEDIS data to NCQA. To ensure that HEDIS rates were accurate and reliable, NCQA required each MCO to undergo an NCQA HEDIS Compliance Audit conducted by a certified independent auditor.

Section 4, Table 4-3 displays, by MCO, the HEDIS 2020 measure rates which were used as the basis for the strengths and weaknesses described in the following MCO-specific evaluations.

MCO-Specific HEDIS Measure Results

Aetna

Aetna's HEDIS auditor found that the MCO was fully compliant with all IS standards and determined that Aetna submitted valid and reportable rates for all measures in the scope of the HEDIS audit.

HSAG determined that Aetna followed the measure specifications and produced reportable rates for all measures in the scope of the validation of PMs. Additionally, HSAG found the following based on its PMV:

- *Medical Service Data (Claims/Encounters):* HSAG identified no concerns with Aetna's claims system or processes.
- *Enrollment Data:* HSAG identified no concerns with Aetna's eligibility system or processes.
- *Provider Data:* The MCO's HEDIS auditor approved the mapping of clinic and urgent care facilities to PCPs. Aetna explained that these mappings were accepted by the HEDIS auditor because Aetna was able to demonstrate that the majority of all practitioners at these facilities were PCPs. HSAG identified no other concerns with Aetna's provider data systems or processes.
- *Medical Record Review Process:* HSAG identified no concerns with Aetna's medical record review processes.
- *Supplemental Data:* HSAG identified no concerns with Aetna's supplemental data systems and processes other than the failure to include the Signify supplemental data source in Aetna's Roadmap submission.
- *Data Integration:* HSAG identified no concerns with Aetna's procedures for data integration and measure production.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Within the Care for Chronic Conditions domain, Aetna displayed strong performance within the *Comprehensive Diabetes Care* measure, exceeding the 75th percentile for the *HbA1c Testing* measure indicator. The results indicate that Aetna is encouraging providers to follow evidence-based clinical guidelines for this indicator and that members are being encouraged to complete recommended care and services thereby reducing adverse member outcomes and unnecessary emergency room utilization.

Strength: Aetna performed well within the Behavioral Health domain with 3 of 11 measure rates ranking at or above the 75th percentile (*Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase)* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total)* and all measures in the domain at or above the 50th percentile. Aetna's strong performance in the behavioral health measures indicates that the MCO has improved members' access to behavioral healthcare, potentially as a result of Virginia's focus on the ARTS benefit and the development of member-centric behavioral healthcare and services.

Weaknesses

Weakness: The following HEDIS 2020 measure rates fell below the HEDIS 2020 25th percentile and were determined to be opportunities for improvement for Aetna:

- *Adolescent Well-Care Visits*
- *Breast Cancer Screening*
- *Cervical Cancer Screening*

- *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *Eye Exam (Retinal) Performed*, and *Blood Pressure Control (<140/90 mm Hg)*
- *Childhood Immunization Status—Combination 3*
- *Controlling High Blood Pressure*
- *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications,* and *Discussing Cessation Strategies*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*

Why the weakness exists: Although Aetna members may have adequate access to timely care and services, members are not completing timely well-visits, screenings, or recommended care for chronic conditions. The lack of member participation in recommended care and services may be a result of a disparity-driven barrier.

Recommendation: HSAG recommends that Aetna conduct a root cause analysis to determine why members are not consistently completing well-child visits, childhood immunizations, cancer screenings, and care and services for chronic conditions. HSAG recommends that Aetna analyze its data and consider if there are disparities within its populations that contributed to lower performance for a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, HSAG recommends that Aetna implement appropriate interventions to improve the receipt of recommended care and services that impact the health of its members and to reduce unnecessary ED use and inpatient utilization.

Assessment of Follow-Up on Prior Recommendations

Table 6-1 includes HSAG's recommendations for improvement and Aetna's actions taken.

Table 6-1—Prior Recommendations and Aetna's Actions

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	Aetna's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
HSAG recommends that Aetna work closely with Athena and Aetna's HEDIS auditor to ensure the source of each record in the supplemental data is clearly identified so Aetna can ensure this data source is compliant with audit guidelines.	• Worked closely with Athena and the MCO's auditor, Advent. • HEDIS auditor completed primary source verification on Athena. • Pulled records from Athena to verify that they were accurate; this is part of the formal audit from Advent.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	Aetna's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
The following HEDIS 2019 measure rates were determined to be opportunities for improvement for Aetna (i.e., fell below the 25th percentile): • *Adolescent Well-Care Visits* • *Childhood Immunization Status—Combination 3* • *Breast Cancer Screening* • *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* • *Comprehensive Diabetes Care—HbA1c Testing*, *HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *Eye Exam (Retinal) Performed*, *Medical Attention for Nephropathy*, and *Blood Pressure Control (<140/90 mm Hg)* • *Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications* and *Discussing Cessation Strategies* • *Antidepressant Medication Management—Effective Continuation Phase Treatment*	• Engaged in several initiatives to close gaps in care for MCO members, including member outreach calls and ongoing initiatives. • Established internal cross-functional workgroups that collaborated to develop new programs and looked for opportunities to improve established programs to improve outcomes for our members.
HSAG Assessment: HSAG has determined that the MCO addressed the recommendations in the prior year's annual technical report.	

HealthKeepers

HealthKeepers' HEDIS auditor found that the MCO was fully compliant with all IS standards and determined that HealthKeepers submitted valid and reportable rates for all measures in the scope of the HEDIS audit.

HSAG determined that HealthKeepers followed the measure specifications and produced reportable rates for all measures in the scope of the validation of PMs. Additionally, HSAG found the following based on its PMV:

- *Medical Service Data (Claims/Encounters):* HSAG identified no concerns with HealthKeepers' claims system or processes.
- *Enrollment Data:* HSAG identified no concerns with HealthKeepers' eligibility system or processes.

- *Provider Data:* HSAG identified no concerns with HealthKeepers' provider data systems or processes.
- *Medical Record Review Process:* HSAG identified no concerns with HealthKeepers' medical record review processes.
- *Supplemental Data:* HSAG identified no concerns with HealthKeepers' supplemental data systems and processes other than the failure to use the actual legal health record for primary source verification on supplemental data provided by Care Evolution.
- *Data Integration:* HSAG identified no concerns with HealthKeepers' procedures for data integration and measure production.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Within the Access to Care and Children's Preventive Care domains, HealthKeepers ranked at or above the 75th percentile for *Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measures, respectively, indicating that children are able to access a PCP at least annually for preventive services and appropriate treatment as necessary to stay healthy and reduce unnecessary ER utilization.

Strength: Within the Behavioral Health domain, HealthKeepers ranked at or above the 75th percentile for *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total; Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total;* and *Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total* measures. The MCO's strong performance in the behavioral health measures indicates that HealthKeepers has improved members' access to behavioral healthcare, potentially as a result of Virginia's focus on the ARTS benefit and the development of member-centric behavioral healthcare and services.

Weaknesses

Weakness: The following HEDIS 2020 measure rates fell below the HEDIS 2020 25th percentile and were determined to be opportunities for improvement for HealthKeepers:

- *Breast Cancer Screening*
- *Comprehensive Diabetes Care—HbA1c Testing, HbA1c Poor Control (>9.0%), Eye Exam (Retinal) Performed, Medical Attention for Nephropathy,* and *Blood Pressure Control (<140/90 mm Hg)*
- *Controlling High Blood Pressure*

Why the weakness exists: HealthKeepers' PM rate for *Breast Cancer Screening* falling below the HEDIS 2020 25th percentile in the Women's Health domain suggests a lack of access to care or that a disparity may exist in access to care for women. HealthKeepers' members with chronic conditions may have access to care; however, these members are not consistently receiving recommended screenings.

Recommendation: HSAG recommends that HealthKeepers conduct a root cause analysis to determine why members are not consistently receiving cancer screenings or recommended services for comprehensive diabetes care and care and services for chronic conditions. HSAG recommends that HealthKeepers analyze its data and consider if there are disparities within its populations that contributed to lower performance for a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause, HSAG recommends that HealthKeepers implement appropriate interventions to improve the receipt of recommended care and services that impact the health of its members and to reduce unnecessary ED use and inpatient utilization.

Assessment of Follow-Up on Prior Recommendations

Table 6-2 includes HSAG's recommendations for improvement and HealthKeepers' actions taken.

Table 6-2—Prior Recommendations and HealthKeepers' Actions

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	HealthKeepers' Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
HSAG recommends that HealthKeepers work closely with Care Evolution and HealthKeepers' HEDIS auditor to ensure the source of each record in the supplemental data set is clearly identified so HealthKeepers can ensure this data source is compliant with audit guidelines.	• Continued to work with Care Evolution and the MCO's HEDIS auditor to ensure the source of each record in the supplemental data set was clearly identified to ensure this data source was compliant with audit guidelines.
The following HEDIS 2019 measure rates were determined to be opportunities for improvement for HealthKeepers (i.e., fell below the 25th percentile): • *Breast Cancer Screening* • *Cervical Cancer Screening* • *Comprehensive Diabetes Care—HbA1c Testing, HbA1c Poor Control (>9.0%), Eye Exam (Retinal) Performed,* and *Medical Attention for Nephropathy*	• Annually analyzed HEDIS measure rates against national benchmarks and State performance goals to identify opportunities to improve clinical care and service. • Conducted quantitative and qualitative analyses to evaluate the effectiveness of activities in achieving HealthKeepers' clinical and service performance goals. • Took into account, among other things, potential barriers to achieving desired outcomes and interventions or recommended strategies. • Aggregated data to track and trend over time for identification of optimal and suboptimal plan performance. • Recognized the decline in performance with the *Breast Cancer Screening* and

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	HealthKeepers' Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
	Comprehensive Diabetes Care measures and took steps to improve performance. • Implemented the critical performance steering committee and workgroups to implement interventions and monitor performance. • Initiated member incentives for completing breast cancer screening and cervical cancer screening. • Outreached via telephone to schedule appointments. • Focused outreach via text messaging. • Conducted social media campaigns via Facebook and Instagram. • Sent HEDIS alerts in Member 360 and Care Compass. • Used Mammies and Massages: Partnered with regional mammography providers. • Partnered with massage school at ECPI to give 10-minute massages to women who attend clinic day and complete breast cancer screening. The program was on hold due to COVID-19. • Collaborated with the American Cancer Society (ACS). • Implemented the standing order initiative for breast cancer screenings. • Conducted a Fitbit raffle for members on gap-in-care report who completed a breast cancer screening. Drawing will be held in October 2021. • Refreshed administrative HEDIS data (monthly). • Continued HEDIS training for case managers/care coordinators. • Case managers/care coordinators addressed gaps in care with members by using the gap-in-care report. • Educated providers via HEDIS desktop reference guide, Cat II HEDIS coding bulletin, and HEDIS coding booklets.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	HealthKeepers' Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
	• Implemented the critical performance steering committee and workgroups to implement interventions and monitor performance. • Held clinic days. Clinic days are on hold due to COVID-19. • Sent A1c home lab testing kits to diabetic members ages 18–75, with A1c HEDIS gaps in care. Results sent to the member and PCP. • Collaborated with Kroger's The Little Clinic and CVS Minute Clinic for directing members for needed screenings for A1c, blood pressure, nephropathy, and diabetic retinal exams. • Collaborated with vision vendor to close gaps in care related to diabetic retinal eye exams.
HSAG Assessment: HSAG has determined that the MCO addressed the recommendations in the prior year's annual technical report.	

Magellan

Magellan's HEDIS auditor found that the MCO was fully compliant with all IS standards and determined that Magellan submitted valid and reportable rates for all measures in the scope of the HEDIS audit. HSAG determined that Magellan followed the measure specifications and produced reportable rates for all measures in the scope of the validation of PMs. Additionally, HSAG found the following based on its PMV:

- *Medical Service Data (Claims/Encounters):* HSAG identified no concerns with Magellan's claims system or processes.
- *Enrollment Data:* HSAG identified no concerns with Magellan's eligibility system and processes.
- *Provider Data:* HSAG identified no concerns with Magellan's practitioner data systems or processes.
- *Medical Record Review Process:* HSAG identified no concerns with Magellan's medical record review processes.
- *Supplemental Data:* HSAG identified no concerns with Magellan's supplemental data systems and processes.

- *Data Integration:* HSAG identified no concerns with Magellan's procedures for data integration and measure production.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Within the Care for Chronic Conditions domain, Magellan ranked at or above the 75th percentile for the *Comprehensive Diabetes Care—HbA1c Testing* measure. Magellan is encouraging providers to follow evidence-based clinical guidelines and encouraging members to complete recommended care and services thereby reducing adverse member outcomes and unnecessary ER utilization.

Strength: Within the Behavioral Health domain, Magellan ranked above the 75th percentile for *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total and Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* measures. The strong performance in the behavioral health measures indicates that Magellan has improved member access to behavioral healthcare, potentially as a result of Virginia's focus on the ARTS benefit and the development of member-centric behavioral healthcare and services.

Weaknesses

Weakness: The following HEDIS 2020 measure rates fell below the HEDIS 2020 25th percentile and were determined to be opportunities for improvement for Magellan:

- *Adults' Access to Preventive/Ambulatory Health Services*
- *Adolescent Well-Care Visits*
- *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months and 25 Months–6 Years*
- *Controlling High Blood Pressure*
- *Cervical Cancer Screening*
- *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed,* and *Blood Pressure Control (<140/90 mm Hg)*
- *Childhood Immunization Status—Combination 3*
- *Follow-Up After Hospitalization for Mental Illness—7 Day Follow-Up—Total and 30-Day Follow-Up—Total*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*
- *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications,* and *Discussing Cessation Strategies*
- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*

Why the weakness exists: Several of Magellan's PM rates in the Women's Health, Care for Chronic Conditions, Children's Preventive Health, Access to Care, and Behavioral Health domains falling below the HEDIS 2020 25th percentile suggests a lack of access to preventive care, screenings, care for chronic conditions, and behavioral healthcare. Magellan's members are not consistently scheduling or completing follow-up on recommended care or services or scheduling evidence-based care and services. With low performance across several domains, healthcare disparities may exist and members may not have a comprehensive understanding of their healthcare needs or benefits. Magellan members may need the tools to consistently manage their healthcare conditions according to evidence-based guidelines and preventive health schedules.

Recommendation: HSAG recommends that Magellan conduct a root cause analysis or focus groups to identify the reasons why members are not accessing well care, preventive care, behavioral healthcare, and care for chronic conditions. HSAG recommends that Magellan analyze its data and results of any root cause analysis or focus groups to identify opportunities to reduce any disparities within the MCO's populations that contribute to lower performance for a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of root causes, HSAG recommends that Magellan implement appropriate evidence-based interventions to improve access to, and timeliness of care and services across low-scoring healthcare domains.

Assessment of Follow-Up on Prior Recommendations

Table 6-3 includes HSAG's recommendations for improvement and Magellan's actions taken.

Table 6-3—Prior Recommendations and Magellan's' Actions

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	Magellan's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
HSAG recommends that, for future reporting, Magellan review and revise the provider specialty mapping to ensure the mappings are compliant with NCQA guidelines.	• Acknowledged the need to adjust annually the provider specialty mapping to conform to NCQA's HEDIS updates and did so. • Sought validation by its HEDIS auditor prior to rate finalization.
HSAG Assessment: HSAG has determined that the MCO addressed the recommendations in the prior year's annual technical report.	

Optima

Optima's HEDIS auditor found that the MCO was fully compliant with all IS standards and determined that Optima submitted valid and reportable rates for all measures in the scope of the HEDIS audit.

HSAG determined that Optima followed the measure specifications and produced reportable rates for all measures in the scope of the validation of PMs. Additionally, HSAG found the following based on its PMV:

- *Medical Service Data (Claims/Encounters):* HSAG identified no concerns with Optima's claims system or processes.
- *Enrollment Data:* HSAG identified no concerns with Optima's eligibility system or processes.
- *Provider Data:* HSAG identified no concerns with Optima's practitioner data systems or processes.
- *Medical Record Review Process:* HSAG identified no concerns with Optima's medical record review processes.
- *Supplemental Data:* HSAG identified no concerns with Optima's supplemental data systems and processes.
- *Data Integration:* HSAG identified no concerns with Optima's procedures for data integration and measure production.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Within the Behavioral Health domain, Optima displayed strong performance for the *Antidepressant Medication Management—Effective Continuation Phase Treatment, Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total, and Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total* measures, exceeding the 75th percentile. The strong performance in the behavioral health measures indicates that Virginia and the MCOs have improved member access to behavioral healthcare, potentially as a result of Virginia's focus on the ARTS benefit and the development of member-centric behavioral healthcare and services.

Weaknesses

Weakness: The following HEDIS 2020 measure rates fell below the HEDIS 2020 25th percentile and were determined to be opportunities for improvement for Optima:

- *Adolescent Well-Care Visits*
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Childhood Immunization Status—Combination 3*
- *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, Medical Attention for Nephropathy,* and *Blood Pressure Control (<140/90 mm Hg)*
- *Controlling High Blood Pressure*

Why the weakness exists: Optima's performance on several measure rates in the Women's Health, Care for Chronic Conditions, and Children's Preventive Health domains falling below the HEDIS 2020 25th percentile suggests a lack of access to preventive care, screenings, and care for chronic conditions. Optima's

members are not consistently scheduling well-care visits or receiving childhood immunizations according to the recommended schedules. Chronic care PM results indicate that members may not be following up on evidence-based care and services. With low performance across several domains, healthcare disparities may exist, members may not have a comprehensive understanding of their healthcare needs or benefits. Optima members may need the tools to consistently manage their healthcare conditions according to evidence-based guidelines and preventive health schedules.

Recommendation: HSAG recommends that Optima conduct a root cause analysis or focus groups to determine why children are not receiving well-care visits and immunizations according to recommended schedules. HSAG also recommends that Optima conduct similar processes and analyses of data to better understand barriers members experience in receiving care for chronic conditions. HSAG recommends that Optima consider whether there are disparities within the MCO's populations that contribute to lower performance for a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause or causes, HSAG recommends that Optima implement appropriate interventions to improve access to and timeliness of preventive visits, screenings, and recommended services for members diagnosed with a chronic condition.

Assessment of Follow-Up on Prior Recommendations

Table 6-4 includes HSAG's recommendations for improvement and Optima's actions taken.

Table 6-4—Prior Recommendations and Optima's Actions

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	Optima's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
Optima should continue to ensure that provider data mapping meets HEDIS technical specifications.	In February 2020, the MCO's provider mapping was approved by Attest. Optima continued to work in accordance with the HEDIS technical specifications so that the MCO continued to meet compliance going forward.
The following HEDIS 2019 measure rates were determined to be opportunities for improvement for Optima (i.e., fell below the 25th percentile):	
• *Adolescent Well-Care Visits* • *Breast Cancer Screening* • *Comprehensive Diabetes Care—HbA1c Testing, HbA1c Poor Control (>9.0%),*	• Implemented the adolescent well-child visit incentive program. • Implemented EmmiManager utilization educational videos.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	Optima's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
HbA1c Control (<8.0%), *Eye Exam (Retinal) Performed*, *Medical Attention for Nephropathy*, and *Blood Pressure Control (<140/90 mm Hg)* • *Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications* and *Discussing Cessation Strategies*	• Used Tableau care gap reports to identify members with gaps. • Sent postcard reminder to noncompliant women 45+ years on breast cancer screening (sent during birthday month). • Sent list of noncompliant women for birthday month to physicians monthly. • Used Emmi interactive voice response (IVR) campaign for mammography reminders in October 2020. • Letter sent to providers of members with mammogram care gap every month. • Reviewed clinical guidelines and updated every two years and as needed. • Notified providers of updated clinical guidelines via newsletter and the provider site. • Posted articles in the member newsletter. • Conducted diabetic eye exam campaign with IEG annually August–September. • Used the Tableau dashboard care gap identification. • Conducted EmmiManager Chronic Care System Training—July 2020 • Used Prealize data utilization in workflow. • Implemented a diabetic eye exam incentive Program—started October 2019. • Sentara Diabetes Class—Improved and enhanced communication with Sentara providers and Optima members about the Sentara diabetes classes offered that "do not require a provider referral." This included updating the website and engaging Sentara hospitals and providers. • Included articles in the member newsletter. • Sent smokers direct mail encouraging smoking cessation from these sources:

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	Optima's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
	employer groups, inpatient referrals, and audio program requests.
HSAG Assessment: HSAG has determined that the MCO addressed the recommendations in the prior year's annual technical report.	

United

United's HEDIS auditor found that the MCO was fully compliant with all IS standards and determined that United submitted valid and reportable rates for all measures in the scope of the HEDIS audit.

HSAG determined that United followed the measure specifications and produced reportable rates for all measures in the scope of the validation of PMs. Additionally, HSAG found the following based on its PMV:

- *Medical Service Data (Claims/Encounters):* HSAG identified no concerns with United's claims system or processes.
- *Enrollment Data:* HSAG identified no concerns with United's eligibility system or processes.
- *Provider Data:* HSAG identified no concerns with United's provider data systems or processes.
- *Medical Record Review Process:* HSAG identified no concerns with United's medical record review processes.
- *Supplemental Data:* HSAG identified no concerns with United's supplemental data systems and processes.
- *Data Integration:* HSAG identified no concerns with United's procedures for data integration and measure production.

Strengths, Weaknesses, and Recommendations

Strengths	**Strength:** Within the Care for Chronic Conditions domain, United displayed strong performance in the *Asthma Medication Ratio—Total* measure, exceeding the 75th percentile. The high level of performance in providing asthma care indicates that United is ensuring that providers follow evidence-based clinical guidelines and that members are being encouraged to complete recommended care and services thereby reducing adverse member outcomes and unnecessary ER utilization.

Strength: Within the Behavioral Health domain, United ranked at or above the 75th percentile for *Antidepressant Medication Management—Effective Continuation Phase Treatment* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* measures. The strong performance in the behavioral health measures indicates that United has improved member access to behavioral healthcare, potentially as a result of Virginia's focus on the ARTS benefit and the development of member-centric behavioral healthcare and services.

Weaknesses

Weakness: HSAG identified that State reporting requirements continue to be a challenge due to the timing as well as the communication flow of the organization.

Recommendation: HSAG recommends that United continue to evaluate its processes and communication flow to identify opportunities for further improvement in meeting State reporting requirements.

Weakness: The following HEDIS 2020 measure rates fell below the HEDIS 2020 25th percentile and were determined to be opportunities for improvement for United:

- *Adult's Access to Preventive/Ambulatory Health Services—Total*
- *Breast Cancer Screening*
- *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months, 7–11 Years, and 12–19 Years*
- *Cervical Cancer Screening*
- *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed* and *Blood Pressure Control (<140/90 mm Hg)*
- *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*

Why the weakness exists: United's PM rates in the Women's Health, Care for Chronic Conditions, Access to Care, and Children's Preventive Health domains falling below the HEDIS 2020 25th percentile suggests a lack of access to preventive care, screenings, and care for chronic conditions. United's members are not consistently scheduling well-child visits or cancer screenings; adults and children are not accessing care or services according to evidence-based recommendations; and members with chronic conditions are not consistently following evidence-based, diagnosis-specific care and recommendations. With low performance across several domains, healthcare disparities may exist, and members may not have a comprehensive understanding of their healthcare needs or benefits. United members may need the tools to consistently manage their healthcare conditions according to evidence-based guidelines and preventive health schedules.

Recommendation: HSAG recommends that United conduct a root cause analysis or focus groups to determine why members are not receiving well-child visits or preventive screenings or accessing care according to recommended schedules. HSAG also recommends that United conduct similar processes and analyses of data to better understand barriers members experience in receiving

care for chronic conditions. HSAG recommends that United consider whether there are disparities within the MCO's populations that contribute to lower performance for a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause or causes, HSAG recommends that United implement appropriate interventions to improve access to and timeliness of preventive visits, screenings, and recommended services for members diagnosed with a chronic condition.

Assessment of Follow-Up on Prior Recommendations

Table 6-5 includes HSAG's recommendations for improvement and United's actions taken.

Table 6-5—Prior Recommendations and United's Actions

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	United's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
HSAG recommends that United work closely with vendors and the HEDIS auditor to ensure the data sources are compliant with audit guidelines to be considered as standard supplemental data sources.	HSAG identified no concerns with United's supplemental data systems and processes. United continued to work with the HEDIS auditor to ensure data sources were compliant for supplemental data.
The following HEDIS 2019 measure rates were determined to be opportunities for improvement for United (i.e., fell below the 25th percentile):	The following were actions taken by United to improve the Medallion 4.0 HEDIS 2019 measures.
• *Childhood Immunization Status—Combination 3* • *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* • *Cervical Cancer Screening* • *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* • *Adults' Access to Preventive/Ambulatory Health Services—Total* • *Children and Adolescents' Access to Primary Care Practitioners—12–24 Months* • *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Medical Attention for Nephropathy,* and *Blood Pressure Control (<140/90 mm Hg)*	• Completed member mailers and IVR outreach call reminders. • Live agent outreached to assist with appointment scheduling. • Implemented provider incentive program to help close gaps in care. Reports delivered to physicians monthly that provided data on noncompliant members for patient outreach. • Used women's health email campaign to encourage members' cervical and breast cancer health screenings. • Included information in member newsletters. • The Healthy First Steps maternity program offered case management services for all pregnant women. High-risk pregnant women received additional outreach.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	United's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
• *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total*	• Used a web-enabled incentive program that encouraged pregnant women and new mothers to attend their appointments. The program used mobile-optimized engagement tools to deliver rewards, appointment reminders, and health education. • Began a new provider incentive for submission of an obstetrical risk assessment form so the health plan received documentation of the first prenatal care appointment and date, plus early notice of high-risk pregnancies. • Members/parents received reminders each year in their or their child's birthday month that encouraged members to have preventive care, including messaging about wellness visits and potential vaccination needs. • Used provider incentive program to help close gaps in care. Reports delivered to physicians monthly that provided data on noncompliant members for patient outreach. • Used member rewards program to incentivize members when they completed a diabetic A1c blood sugar (HbA1c) test or eye exam. • Conducted in-home retinal eye exam for members. • Case management outreached to members for education on disease and appropriate screenings/testing. • Pharmacy checks at point of service for multiple antipsychotics which may be contraindicated.
HSAG Assessment: HSAG has determined that the MCO addressed the recommendations in the prior year's annual technical report.	

VA Premier

VA Premier's HEDIS auditor found that the MCO was fully compliant with all IS standards and determined that VA Premier submitted valid and reportable rates for all measures in the scope of the HEDIS audit.

HSAG determined that VA Premier followed the measure specifications and produced reportable rates for all measures in the scope of the validation of PMs. Additionally, HSAG found the following based on its PMV:

- *Medical Service Data (Claims/Encounters):* HSAG identified no concerns with VA Premier's claims system or processes.
- *Enrollment Data:* HSAG identified no concerns with VA Premier's eligibility system or processes.
- *Provider Data:* HSAG identified no other concerns with VA Premier's practitioner data systems or processes.
- *Medical Record Review Process:* HSAG identified no concerns with VA Premier's medical record review processes.
- *Supplemental Data:* HSAG identified no concerns with VA Premier's supplemental data systems and processes.
- *Data Integration:* HSAG identified no concerns with VA Premier's procedures for data integration and measure production.

Strengths, Weaknesses, and Recommendations

Strengths

Strength: Within the Care for Chronic Conditions domain, VA Premier displayed strong performance in the *Comprehensive Diabetes Care—Medical Attention for Nephropathy* measure, exceeding the 75th percentile. The level of performance in providing medical attention for nephropathy indicates that VA Premier is ensuring that providers follow evidence-based clinical guidelines and that members are being encouraged to complete recommended care and services thereby reducing adverse member outcomes and unnecessary ER utilization.

Strength: Within the Behavioral Health domain, VA Premier ranked at or above the 75th percentile for *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* and *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total* measures. The strong performance in the behavioral health measures indicates that VA Premier has established strong access to behavioral healthcare, potentially as a result of Virginia's focus on the ARTS benefit and the development of member-centric behavioral healthcare and services.

Weaknesses

Weakness: HSAG identified that VA Premier had some challenges in its use and the accuracy of supplemental data sources, such as electronic medical record data from provider offices.

Why the weakness exists: New data sources require the implementation of processes to ensure the accuracy and completion of the data received from the data source.

Recommendation: HSAG recommends that VA Premier continue to conduct primary source validation of a sample of data from each provider office that provides supplemental data through electronic medical record feeds and to review and update any value set code mapping that is implemented, as needed. HSAG also recommends VA Premier explore potential data sources to impact the electronic clinical data system (ECDS) measures and enable future reporting, as VA Premier did not report the ECDS measures.

Weakness: The following HEDIS 2020 measure rates fell below the HEDIS 2020 the 75th percentile and were determined to be opportunities for improvement for VA Premier:

- *Adolescent Well-Care Visits*
- *Breast Cancer Screening*
- *Controlling High Blood Pressure*
- *Cervical Cancer Screening*
- Comprehensive Diabetes Care—*Blood Pressure Control (<140/90 mm Hg)*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*
- *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit*

Why the weakness exists: VA Premier's performance on several measure rates in the Women's Health, Care for Chronic Conditions, Behavioral Health, and Children's Preventive Health domains falling below the HEDIS 2020 25th percentile suggests members may not have adequate access to preventive care, screenings, behavioral healthcare, and care for chronic conditions. VA Premier's members are not consistently scheduling well-care visits or cancer screenings; adults are not accessing care or services according to evidence-based chronic care recommendations; and members with behavioral health diagnosis are not receiving appropriate follow-up after prescribing or assistance with smoking cessation. With low performance across several domains, healthcare disparities may exist, and members may not have a comprehensive understanding of their healthcare needs or benefits. VA Premier members may need the tools to consistently manage their healthcare conditions according to evidence-based guidelines and preventive health schedules.

Recommendation: HSAG recommends that VA Premier conduct root cause or data analysis or conduct focus groups to determine why members are not consistently receiving well visits, preventive screenings, behavioral healthcare, or care for chronic conditions according to recommended schedules. HSAG recommends that VA Premier consider whether there are disparities within the MCO's populations that contribute to lower performance for a particular race or ethnicity, age group, ZIP Code, etc. Upon identification of a root cause or causes, HSAG recommends that VA Premier implement appropriate interventions to improve access to and timeliness of well and preventive visits, screenings, and recommended services for members diagnosed with a behavioral health or chronic condition, and follow-up assistance to ensure services are scheduled and received.

Assessment of Follow-Up on Prior Recommendations

Table 6-6 includes HSAG's recommendations for improvement and VA Premier's actions taken.

Table 6-6—Prior Recommendations and VA Premier's Actions

Prior Year Recommendations *From the CY 2019 EQR Technical Report for Validation of Performance Measures—NCQA HEDIS Compliance Audit (Medicaid)*	VA Premier's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
The following HEDIS 2019 measure rates were determined to be opportunities for improvement for VA Premier (i.e., fell below the 25th percentile): • *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* • *Cervical Cancer Screening* • *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* • *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *Medical Attention for Nephropathy*, and *Blood Pressure Control (<140/90 mm Hg)*	• Generated a monthly measures dashboard as a means of ongoing monitoring and continued to track and trend the success of each measure and adjusted interventions, when needed. • Developed a dedicated quality measures improvement committee. This committee included representatives from each operational area within the organization. This Committee's sole function was to discuss measure improvement opportunities which included monitoring, tracking, and trending of rates month-over-month and year-over-year. Measures were assigned to a business owner and interventions were tracked within an interventions grid and reviewed monthly for any updates or changes. • Conducted wellness events through the MCO's population health program. • Conducted IVR and live telephonic calls. • Completed text messaging campaign • Implemented Healthy Heartbeats program outreach. • Completed postpartum assessment. • Sent postpartum outreach/newborn letter. • Implemented chronic care management program outreach.
HSAG Assessment: HSAG has determined that the MCO addressed the recommendations in the prior year's annual technical report.	

7. Review of Compliance With Medicaid and CHIP Managed Care Regulations

During 2020, HSAG did not conduct MCO operational and systems review activities for the Medallion 4.0 program. During 2020, DMAS monitored the MCOs' implementation of federal and State requirements and corrective action plans from prior years' compliance reviews.

8. Member Experience of Care Survey

Overview

This section presents HSAG's MCO-specific results and conclusions of the member experience of care surveys conducted for the MCOs. It provides a discussion of the MCOs' overall strengths and recommendations for improvement related to the quality and timeliness of, and access to care and services. Also included is an assessment of how effectively the MCOs have addressed the recommendations for quality improvement made by HSAG during the previous year. The methodology for each activity can be found in Appendix A—Technical Methods of Data Collection and Analysis—MCOs.

Objectives

The CAHPS surveys were conducted for Virginia's Medallion 4.0 managed Medicaid population to obtain information on the levels of satisfaction of adult and child Medicaid members. For the Medallion 4.0 MCOs (Aetna, HealthKeepers, Magellan, Optima, United, and VA Premier), the technical method of data collection was conducted through administration of the CAHPS 5.0H Adult Medicaid Health Plan Survey to adult Medicaid members and the CAHPS 5.0H Child Medicaid Health Plan Survey to child Medicaid members enrolled in their respective MCOs.

In accordance with CMS' Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) reporting requirements, the CAHPS survey was administered to a statewide sample of FAMIS members, representative of the entire population of children covered by Virginia's Title XXI program (i.e., CHIP members in FFS or managed care).

MCO-Specific Results

Aetna

Table 8-1 and Table 8-2 present the 2019 and 2020 MCO-specific adult and child Medicaid CAHPS top-box scores for the global ratings and composite measures, respectively. A trend analysis was performed that compared Aetna's 2020 CAHPS scores to its corresponding 2019 CAHPS scores. In addition, the 2020 CAHPS scores for Aetna were compared to the 2020 NCQA national adult and child Medicaid averages.

Table 8-1—Comparison of 2019 and 2020 Adult Medicaid CAHPS Results: Aetna

	2019	2020
Global Ratings		
Rating of Health Plan	60.1%	54.6%
Rating of All Health Care	47.2%	47.5%

	2019	2020
Rating of Personal Doctor	63.7%	67.7%
Rating of Specialist Seen Most Often	63.6%	65.3%
Composite Measures		
Getting Needed Care	80.8%	77.6%
Getting Care Quickly	79.9%	82.7%
How Well Doctors Communicate	92.3%	92.9%
Customer Service	81.9%	83.0%

Cells highlighted in gray represent rates that are statistically significantly lower than the 2020 NCQA national Medicaid averages.

Strengths, Weaknesses, and Recommendations

Aetna's 2019 and 2020 adult Medicaid CAHPS scores were compared for statistically significant differences and revealed the following summary results:

Strengths

Strength: There were no strengths identified for Aetna.

Weaknesses

Weakness: Aetna scored statistically significantly lower than the 2020 NCQA adult Medicaid national average on four measures: *Rating of Health Plan*, *Rating of All Health Care*, *Getting Needed Care*, and *Customer Service*. Aetna did not score statistically significantly higher in 2020 than in 2019 on any measure.

Why the weakness exists: Based on the adult survey results, Aetna members indicated that they are not overly satisfied with the health plan or their ability to get care. This may indicate that they are experiencing access to care issues or have a lack of understanding of how to access care and services. Survey results also indicated a lower level of satisfaction with the MCO and the customer service they receive from the MCO which may be associated with their perception of the ability to receive care or services.

Recommendation: HSAG recommends that Aetna focus quality improvement efforts on measure scores that were statistically significantly lower than the 2020 NCQA Medicaid national averages (i.e., *Rating of Health Plan*, *Rating of All Health Care*, *Getting Needed Care*, and *Customer Service)* for the adult population. HSAG recommends that the MCO conduct a focus group or use other methods to receive direct information from members on their experience with access to care and receiving services, and the customer service they receive from the MCO. Once the MCO gains an understanding of the member's experience, HSAG recommends that the MCO implement appropriate interventions to improve this experience when contacting the health plan and seeking care and services. HSAG recommends that the MCO delve more deeply into those survey categories for which results are not only lower than the 2020 NCQA adult Medicaid national average but also where rates are declining.

Table 8-2—Comparison of 2019 and 2020 Child Medicaid CAHPS Results: Aetna

	2019	2020
Global Ratings		
Rating of Health Plan	72.3%	68.5%
Rating of All Health Care	66.8%	68.4%
Rating of Personal Doctor	76.2%	75.6%
Rating of Specialist Seen Most Often	75.8%	62.9%+
Composite Measures		
Getting Needed Care	90.7%	85.6%
Getting Care Quickly	89.8%	92.2%
How Well Doctors Communicate	94.8%	96.8%
Customer Service	90.4%	91.4%+

+ *Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.*

Strengths, Weaknesses, and Recommendations

Aetna's 2019 and 2020 child Medicaid CAHPS scores were compared for statistically significant differences and revealed the following summary results:

Strengths

Strength: Specific strengths were not identified for Aetna.

Weaknesses

Weakness: Aetna's 2019 and 2020 child Medicaid CAHPS scores were compared for statistically significant differences, and no differences were observed. Aetna exhibited a decrease from 2019 to 2020 for the child population for the *Rating of Health Plan*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Getting Needed Care measures.*

Why the weakness exists: Based on the child survey results, Aetna members indicated a lack of satisfaction with their MCO, their doctor and their ability to receive care and services. The results may indicate that members were experiencing access to care issues or have a lack of understanding of how to access care and services. Survey results also indicate a lower level of satisfaction with the MCO which may be associated with their perception of their ability to receive care or services.

Recommendation: HSAG recommends that HSAG recommends focusing quality improvement on measures that exhibited a decrease from 2019 to 2020 for the child population (i.e., *Rating of Health Plan*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Getting Needed Care).* HSAG recommends that Aetna conduct a root cause analysis of study indicators that have been identified as areas of low performance.

Assessment of Follow-Up on Prior Recommendations

Table 8-3 includes HSAG's recommendations for improvement and Aetna's actions taken.

Table 8-3—CAHPS Survey Recommendations and Aetna's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Aetna's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
HSAG recommends that Aetna focus quality improvement efforts on measure scores that exhibited a decrease from 2018 to 2019 (e.g., *Getting Care Quickly*) and were statistically significantly lower than the NCQA Medicaid national averages. Aetna could conduct a root cause analysis of study indicators that have been identified as areas of low performance.	• Started a CAHPS workgroup in 2020. • The workgroup met biweekly to discuss and identify opportunities for improvement in *Getting Care Quickly* and *Getting Needed Care* composites.
HSAG recommends that Aetna continue to monitor the measures to ensure there are no significant decreases in rates over time.	• Continued to monitor CAHPS composite measures per HSAG recommendations.
HSAG Assessment: HSAG has determined that the MCO has not addressed the recommendations in the prior year's annual technical report. The MCO did not provide specific initiatives or actions implemented for monitoring the measures.	

HealthKeepers

Table 8-4 and Table 8-5 present the 2019 and 2020 MCO-specific adult and child Medicaid CAHPS top-box scores for the global ratings and composite measures, respectively. A trend analysis was performed that compared HealthKeepers 2020 CAHPS scores to its corresponding 2019 CAHPS scores. In addition, the 2020 CAHPS scores for HealthKeepers were compared to the 2020 NCQA national adult and child Medicaid averages.

Table 8-4—Comparison of 2019 and 2020 Adult Medicaid CAHPS Results: HealthKeepers

	2019	2020
Global Ratings		
Rating of Health Plan	64.9%	61.8%
Rating of All Health Care	54.5%	64.0%
Rating of Personal Doctor	63.2%	76.1%▲
Rating of Specialist Seen Most Often	62.3%+	71.0%+
Composite Measures		
Getting Needed Care	84.0%+	85.3%+

	2019	2020
Getting Care Quickly	80.5%+	84.7%+
How Well Doctors Communicate	92.2%+	95.8%+
Customer Service	88.1%+	91.2%+

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.
▲ Statistically significantly higher in 2020 than in 2019.

Strengths, Weaknesses, and Recommendations

HealthKeepers' 2019 and 2020 adult Medicaid CAHPS scores were compared for statistically significant differences and revealed the following summary results:

Strengths

Strength: HealthKeepers scored statistically significantly higher in 2020 than in 2019 on one measure, *Rating of Personal Doctor*.

Weaknesses

Weakness: HealthKeepers' 2019 and 2020 adult Medicaid CAHPS scores were compared for statistically significant differences, and no statistically significantly lower differences were observed. HealthKeepers exhibited a decrease from 2019 to 2020 for the adult population for the *Rating of Health Plan* measure.

Why the weakness exists: Quality improvement efforts focused on the members' experience with care and services did not result in survey response rate improvement.

Recommendation: HSAG recommends that HealthKeepers focus quality improvement efforts on measure scores that exhibited a decrease from 2019 to 2020, including *Rating of Health Plan* for the adult Medicaid population. HSAG recommends that HealthKeepers conduct a root cause analysis of study indicators that have been identified as areas of low performance. HSAG also recommends that HealthKeepers continue to monitor the measures to ensure there are no significant decreases in rates over time.

Table 8-5—Comparison of 2019 and 2020 Child Medicaid CAHPS Results: HealthKeepers

	2019	2020
Global Ratings		
Rating of Health Plan	80.1%	75.0%
Rating of All Health Care	75.9%	71.8%
Rating of Personal Doctor	81.7%	74.5%
Rating of Specialist Seen Most Often	78.3%+	83.3%+

	2019	2020
Composite Measures		
Getting Needed Care	83.5%	83.0%
Getting Care Quickly	87.0%	89.1%
How Well Doctors Communicate	91.7%	95.4%
Customer Service	85.9%+	87.8%+

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.
Cells highlighted in orange represent rates that are statistically significantly higher than the 2020 NCQA national Medicaid averages.

Strengths, Weaknesses, and Recommendations

HealthKeepers' 2019 and 2020 child Medicaid CAHPS scores were compared for statistically significant differences and revealed the following summary results:

Strengths

Strength: HealthKeepers scored statistically significantly higher than the 2020 NCQA child Medicaid national average on one measure, *Rating of Specialist Seen Most Often*.

Weaknesses

Weakness: HealthKeepers did not score statistically significantly higher in 2020 than in 2019 on any measure.

Why the weakness exists: Quality improvement efforts focused on the members' experience with care and services did not result in survey response rate improvement.

Recommendation: HSAG recommends that HealthKeepers focus quality improvement efforts on measure scores that decreased from 2019 to 2020: *Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor,* and *Getting Needed Care* for the child Medicaid population. HSAG recommends that HealthKeepers conduct a root cause analysis of study indicators that have been identified as areas of low performance. HSAG also recommends that HealthKeepers continue to monitor the measures to ensure there are no significant decreases in rates over time.

Assessment of Follow-Up on Prior Recommendations

Table 8-6 includes HSAG's recommendations for improvement and HealthKeepers' actions taken.

Table 8-6—CAHPS Survey Recommendations and HealthKeepers' Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	HealthKeepers' Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
HSAG recommends that HealthKeepers focus quality improvement efforts on measure scores that exhibited a decrease from 2018 to 2019 (e.g., *Getting Needed Care* for the adult Medicaid population, *How Well Doctors Communicate* for the child Medicaid population). HealthKeepers could conduct a root cause analysis of study indicators that have been identified as areas of low performance.	• Took steps to focus quality improvement efforts on measures that declined or fell below the 50th percentile. • Formed the CAHPS workgroup, consisting of associates across the health plan to review the results of the surveys and conduct root-cause analysis studies to identify key drivers and barriers. • Determined priorities and took specific actions for improvement. • Presented the results of the analysis to the Quality Management Committee for discussion and approval. • Implemented interventions/improvements to address the decline in scores. • Held annual internal CAHPS awareness training for all associates. • Educated providers about CAHPS via the newsletter and provider portal. • Gave providers the opportunity to earn CME [continuing medical education] credits by taking a Provider CAHPS awareness training geared to understanding "What Matters Most." • Educated members about CAHPS via Member Advisory Committee meetings, SMS/IVR [short message service/interactive voice response], and social media campaigns. • Reviewed data collected for member complaints, appeals, prior authorization denials, quality of care concerns, and voice of the customer reports to assess the member experience.
HSAG recommends that HealthKeepers continue to monitor the measures to ensure there are no significant decreases in rates over time.	• Continued to focus quality improvement efforts on measures to ensure that there are no significant decreases in rates over time.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	HealthKeepers' Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
	• Continued to conduct root-cause analysis studies to identify key drivers and barriers. • Determined priorities and specific actions to take for improvement.
HSAG Assessment: HSAG has determined that the MCO has addressed the recommendations in the prior year's annual technical report.	

Magellan

Table 8-7 and Table 8-8 present the 2020 MCO-specific adult and child Medicaid CAHPS top-box scores for the global ratings and composite measures, respectively. The 2020 CAHPS scores for Magellan were compared to the 2020 NCQA national adult and child Medicaid averages.

Table 8-7—2020 Adult Medicaid CAHPS Results: Magellan

	2019	2020
Global Ratings		
Rating of Health Plan	NR	58.3%
Rating of All Health Care	NR	53.7%
Rating of Personal Doctor	NR	68.2%
Rating of Specialist Seen Most Often	NR	74.8%
Composite Measures		
Getting Needed Care	NR	80.3%
Getting Care Quickly	NR	82.1%
How Well Doctors Communicate	NR	91.8%
Customer Service	NR	90.5%

▲ *"NR" indicates data were not reported.*

Strengths, Weaknesses, and Recommendations

Magellan's 2020 adult Medicaid CAHPS scores were compared for statistically significant differences, and no differences were observed.

Strengths	**Strength:** Magellan did not have any identified strengths.

Weaknesses

Weakness: Magellan did not have any identified weaknesses.

Table 8-8—2020 Child Medicaid CAHPS Results: Magellan

	2019	2020
Global Ratings		
Rating of Health Plan	NR	55.8%
Rating of All Health Care	NR	70.3%+
Rating of Personal Doctor	NR	69.1%+
Rating of Specialist Seen Most Often	NR	77.8%+
Composite Measures		
Getting Needed Care	NR	82.8%+
Getting Care Quickly	NR	91.3%+
How Well Doctors Communicate	NR	92.7%+
Customer Service	NR	90.4%+

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.
"NR" indicates data were not reported.
Cells highlighted in gray represent rates that are statistically significantly lower than the 2020 NCQA national Medicaid averages.

Strengths, Weaknesses, and Recommendations

Magellan's 2020 child Medicaid CAHPS scores were compared for statistically significant differences and revealed the following summary results:

Strengths

Strength: Magellan did not have any identified strengths.

Weaknesses

Weakness: Magellan scored statistically significantly lower than the 2020 NCQA child Medicaid national average on two measures: *Rating of Health Plan* and *Rating of Personal Doctor*.

Why the weakness exists: Based on the child survey results, Magellan members indicated that they are not overly satisfied with their health plan or their personal doctor. This may indicate that they are experiencing access to care issues or have a lack of understanding of how to access care and services.

Recommendation: HSAG recommends that Magellan focus quality improvement efforts on measure scores that were statistically significantly lower than the NCQA Medicaid national averages. HSAG recommends that Magellan conduct a

root cause analysis of study indicators that have been identified as areas of low performance. HSAG recommends that Magellan focus on increasing response rates to the CAHPS survey for its child population so that there are more than 100 respondents for each measure.

Assessment of Follow-Up on Prior Recommendations

Table 8-9 includes HSAG's recommendations for improvement and Magellan's actions taken.

Table 8-9—CAHPS Survey Recommendations and Magellan's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Magellan's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
No prior year recommendations.	N/A

Optima

Table 8-10 and Table 8-11 present the 2019 and 2020 MCO-specific adult and child Medicaid CAHPS top-box scores for the global ratings and composite measures, respectively. A trend analysis was performed that compared Optima's 2020 CAHPS scores to its corresponding 2019 CAHPS scores.[8-1] In addition, the 2020 CAHPS scores for Optima were compared to the 2020 NCQA national adult and child Medicaid averages.

Table 8-10—Comparison of 2019 and 2020 Adult Medicaid CAHPS Results: Optima

	2019	2020
Global Ratings		
Rating of Health Plan	65.0%	72.5%
Rating of All Health Care	63.1%+	69.3%+
Rating of Personal Doctor	68.2%+	80.9%+▲
Rating of Specialist Seen Most Often	57.8%+	73.2%+
Composite Measures		
Getting Needed Care	86.8%+	90.3%+
Getting Care Quickly	85.7%+	85.4%+
How Well Doctors Communicate	93.6%+	95.7%+
Customer Service	91.2%+	94.6%+

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.
▲ Statistically significantly higher in 2020 than in 2019.
Cells highlighted in orange represent rates that are statistically significantly higher than the 2020 NCQA national Medicaid averages.

[8-1] In 2020, Optima did not administer a separate survey to its child Medicaid population; therefore, caution should be exercised when comparing 2020 results to 2019 results, as the populations were not the same.

Strengths, Weaknesses, and Recommendations

Optima's 2019 and 2020 adult Medicaid CAHPS scores were compared for statistically significant differences and revealed the following summary results:

Strengths

Strength: Optima scored statistically significantly higher than the 2020 NCQA adult Medicaid national average on five measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, *Getting Needed Care*, and *Customer Service*. Optima scored statistically significantly higher in 2020 than in 2019 on one measure, *Rating of Personal Doctor*.

Weaknesses

There were no identified weaknesses for Optima.

Table 8-11—Comparison of 2019 and 2020 Child Medicaid CAHPS Results: Optima

	2019	2020
Global Ratings		
Rating of Health Plan	79.1%	82.4%+
Rating of All Health Care	70.6%	72.7%+
Rating of Personal Doctor	82.6%	84.4%+
Rating of Specialist Seen Most Often	73.5%+	NA
Composite Measures		
Getting Needed Care	92.5%	100.0%+▲
Getting Care Quickly	93.1%	97.9%+
How Well Doctors Communicate	96.3%	94.8%+
Customer Service	91.7%+	NA

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.
▲ Statistically significantly higher in 2020 than in 2019.
Cells highlighted in orange represent rates that are statistically significantly higher than the 2020 NCQA national Medicaid averages.
A "NA" indicates results are suppressed due to fewer than 11 respondents for a measure.
Cells highlighted in gray represent rates that are statistically significantly lower than the 2020 NCQA national Medicaid averages.

Strengths, Weaknesses, and Recommendations

Optima's 2019 and 2020 child Medicaid CAHPS scores were compared for statistically significant differences and revealed the following summary results:

Strengths

Strength: Optima scored statistically significantly higher than the 2020 NCQA child Medicaid national average on two measures: *Getting Needed Care* and

Getting Care Quickly. Optima scored statistically significantly higher in 2020 than in 2019 on one measure, *Getting Needed Care*.

Weaknesses

Weakness: Optima exhibited a decrease from 2019 to 2020 for the child population for the *How Well Doctors Communicate* measure.

Why the weakness exists: Quality improvement efforts focused on the members' experience with care and services did not result in survey response rate improvement.

Recommendation: HSAG recommends that Optima focus quality improvement efforts on measure scores that exhibited a decrease from 2019 to 2020 (i.e., *How Well Doctors Communicate* for the child Medicaid population). HSAG recommends that Optima conduct a root cause analysis of study indicators that have been identified as areas of low performance. HSAG also recommends that Optima focus on increasing response rates to the CAHPS survey for its child population so that there are more than 100 respondents for each measure.

Assessment of Follow-Up on Prior Recommendations

Table 8-12 includes HSAG's recommendations for improvement and Optima's actions taken.

Table 8-12—CAHPS Survey Recommendations and Optima's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	Optima's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
No prior year recommendations.	N/A

United

Table 8-13 and Table 8-14 present the 2020 MCO-specific adult and child Medicaid CAHPS top-box scores for the global ratings and composite measures, respectively. The 2020 CAHPS scores for United were compared to the 2020 NCQA national adult and child Medicaid averages.

Table 8-13—Comparison of 2019 and 2020 Adult Medicaid CAHPS Results: United

	2019	2020
Global Ratings		
Rating of Health Plan	47.2%+	65.0%▲
Rating of All Health Care	42.3%+	59.1%▲
Rating of Personal Doctor	59.6%+	69.5%

	2019	2020
Rating of Specialist Seen Most Often	82.4%+	72.4%+
Composite Measures		
Getting Needed Care	81.7%+	79.8%
Getting Care Quickly	75.9%+	81.0%
How Well Doctors Communicate	86.9%+	93.1%
Customer Service	86.6%+	87.1%

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.
▲ Statistically significantly higher in 2020 than in 2019.

Strengths, Weaknesses, and Recommendations

United's 2019 and 2020 adult Medicaid CAHPS scores were compared for statistically significant differences and revealed the following summary results:

Strengths

Strength: United scored statistically significantly higher in 2020 than in 2019 on two measures: *Rating of Health Plan* and *Rating of All Health Care*.

Weaknesses

Weakness: United did not score statistically significantly higher than the 2020 NCQA adult Medicaid national average on any measure.

Table 8-14—Comparison of 2019 and 2020 Child Medicaid CAHPS Results: United

	2019	2020
Global Ratings		
Rating of Health Plan	66.9%	74.4%
Rating of All Health Care	67.6%	76.8%
Rating of Personal Doctor	75.0%	75.7%
Rating of Specialist Seen Most Often	60.9%+	78.9%+
Composite Measures		
Getting Needed Care	77.0%+	79.1%+
Getting Care Quickly	82.6%+	80.1%
How Well Doctors Communicate	91.2%+	91.2%
Customer Service	77.3%+	85.4%+

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.
Cells highlighted in gray represent rates that are statistically significantly lower than the 2020 NCQA national Medicaid averages.

Strengths, Weaknesses, and Recommendations

United's 2019 and 2020 child Medicaid CAHPS scores were compared for statistically significant differences and revealed the following summary results:

Strengths	**Strength:** No strengths were identified for United.
Weaknesses	**Weakness:** United scored statistically significantly lower than the 2020 NCQA child Medicaid national average on two measures: *Getting Care Quickly* and *How Well Doctors Communicate*. United did not score statistically significantly higher in 2020 than in 2019 on any measure. **Why the weakness exists:** United's members may have challenges in understanding how to get care when needed or they may not be able to identify providers that are available to provide care when needed. **Recommendation:** HSAG recommends that United focus quality improvement efforts on measure scores that were statistically significantly lower than the NCQA Medicaid national averages (i.e., *Getting Care Quickly* and *How Well Doctors Communicate* for the child Medicaid population). HSAG recommends that United conduct a root cause analysis of study indicators that have been identified as areas of low performance. HSAG recommends that United continue to monitor the measures to ensure there are no significant decreases in rates over time.

Assessment of Follow-Up on Prior Recommendations

Table 8-15 includes HSAG's recommendations for improvement and United's actions taken.

Table 8-15—CAHPS Survey Recommendations and United's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	United's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
HSAG recommends that United focus quality improvement efforts on measure scores that were statistically significantly lower than the NCQA Medicaid national averages. United could conduct a root cause analysis of study indicators that have been identified as areas of low performance.	• Presented CAHPS results in the Quality Management Committee meeting to identify indicators that showed low performance. • Identified opportunities from two main topics: 1. Healthcare overall 2. Physician/member communication To address healthcare overall:

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	United's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
	• Supported members through enhanced benefits for greater access to care. • Used care coordination to assist members with navigating in the health system. To address physician/member communication: • Published a list of tips to remind providers to use simple choices in words and information depth to affect the quality of one-to-one communication between the patient and physician. • Published articles for members on how to prepare for their physician office visit to get the most out of the interaction. • Advised members they could change their PCP to ensure they had one that could meet their needs, especially for language and cultural preferences.
HSAG recommends that United continue to monitor the measures to ensure there are no significant decreases in rates over time.	• Continued to monitor rates over time.
HSAG Assessment: HSAG has determined that the MCO has addressed the recommendations in the prior year's annual technical report.	

VA Premier

Table 8-16 and Table 8-17 present the 2019 and 2020 MCO-specific adult and child Medicaid CAHPS top-box scores for the global ratings and composite measures, respectively. A trend analysis was performed that compared VA Premier's 2020 CAHPS scores to its corresponding 2019 CAHPS scores. In addition, the 2020 CAHPS scores for VA Premier were compared to the 2020 NCQA national adult and child Medicaid averages.

Table 8-16—Comparison of 2019 and 2020 Adult Medicaid CAHPS Results: VA Premier

	2019	2020
Global Ratings		
Rating of Health Plan	63.1%	61.3%
Rating of All Health Care	54.2%	54.5%
Rating of Personal Doctor	66.9%	62.2%
Rating of Specialist Seen Most Often	72.4%	72.7%+

	2019	2020
Composite Measures		
Getting Needed Care	88.0%	82.2%
Getting Care Quickly	89.1%	76.2%▼
How Well Doctors Communicate	93.0%	95.1%
Customer Service	90.3%	85.5%+

+ *Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.*
▼ *Statistically significantly lower in 2020 than in 2019.*

Strengths, Weaknesses, and Recommendations

VA Premier's 2019 and 2020 adult Medicaid CAHPS scores were compared for statistically significant differences and revealed the following summary results:

Strengths

Strength: No strengths were identified for VA Premier.

Weaknesses

Weakness: VA Premier did not score statistically significantly higher than the 2020 NCQA adult Medicaid national average on any measure. VA Premier scored statistically significantly lower in 2020 than in 2019 on one measure, *Getting Care Quickly*.

Why the weakness exists: Based on the survey results, VA Premier members may have challenges accessing a provider when needed for care and services.

Recommendation: HSAG recommends that VA Premier focus quality improvement efforts on the measure score that exhibited a statistically significant decrease from 2019 to 2020 (i.e., *Getting Care Quickly* for the adult Medicaid population). HSAG recommends that VA Premier conduct a root cause analysis of study indicators that have been identified as areas of low performance. HSAG recommends that VA Premier continue to monitor the measures to ensure there are no statistically significant decreases in rates over time.

Table 8-17—Comparison of 2019 and 2020 Child Medicaid CAHPS Results: VA Premier

	2019	2020
Global Ratings		
Rating of Health Plan	77.8%	76.4%
Rating of All Health Care	77.8%	79.2%
Rating of Personal Doctor	79.8%	81.1%
Rating of Specialist Seen Most Often	79.5%+	90.0%+
Composite Measures		

	2019	2020
Getting Needed Care	88.2%	93.7%
Getting Care Quickly	93.9%	93.0%
How Well Doctors Communicate	95.8%	96.3%
Customer Service	93.5%+	89.1%+

+ Indicates fewer than 100 respondents for a measure. Caution should be exercised when interpreting these results.
Cells highlighted in orange represent rates that are statistically significantly higher than the 2020 NCQA national Medicaid averages.

Strengths, Weaknesses, and Recommendations

VA Premier's 2019 and 2020 child Medicaid CAHPS scores were compared for statistically significant differences and revealed the following summary results:

Strengths

Strength: VA Premier scored statistically significantly higher than the 2020 NCQA child Medicaid national average on three measures: *Rating of All Health Care*, *Rating of Specialist Seen Most Often*, and *Getting Needed Care*.

Weaknesses

Weakness: VA Premier did not score statistically significantly higher in 2020 than in 2019 on any measure.

Why the weakness exists: Quality improvement efforts focused on the members' experience with care and services did not result in survey response rate improvement.

Recommendation: HSAG recommends that VA Premier conduct a root cause analysis of study indicators that have been identified as areas of low performance. HSAG recommends that VA Premier continue to monitor the measures to ensure there are no statistically significant decreases in rates over time.

Assessment of Follow-Up on Prior Recommendations

Table 8-18 includes HSAG's recommendations for improvement and VA Premier's actions taken.

Table 8-18—CAHPS Survey Recommendations and VA Premier's Response

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	VA Premier's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
HSAG recommends that VA Premier focus quality improvement efforts on measure scores that exhibited a decrease from 2018 to 2019 (e.g., *How Well Doctors Communicate* for the child Medicaid population). VA Premier could conduct a root cause	• The Quality Satisfaction Committee conducted a barrier analysis. • Put in place interventions and monitored interventions.

Prior Year Recommendations *From the CY 2019 EQR Technical Report for CAHPS*	VA Premier's Response *(Note—The narrative within the MCO's Response section was provided by the MCO and has not been altered by HSAG except for minor formatting)*
analysis of study indicators that have been identified as areas of low performance.	• Updated the member website to advise of the ability to discuss healthcare with the provider. • Provider service representatives worked with providers on discussing healthcare with parents and guardians. • Included language on rights to discuss with the provider communication on treatments and patient-centered care in member and provider newsletters. • The Quality Measures Committee reviewed interventions and monitoring. • Created a provider toolkit for improvement to include listening to patient concerns, minimizing wait times, appointment reminders, and pointers on respect and courtesy.
HSAG recommends that VA Premier continue to monitor the measures to ensure there are no significant decreases in rates over time.	• Continued to review and monitor the measures bimonthly at the Quality Satisfaction Committee [meeting], which reports to the Quality Improvement Committee. • The Quality Satisfaction Committee monitored the CAHPS interventions on a bimonthly basis to ensure interventions are having a positive impact on the measures to maintain or exceed benchmarks.
HSAG Assessment: HSAG has determined that the MCO has addressed the recommendations in the prior year's annual technical report.	

9. Focus Studies

This section presents HSAG's findings and conclusions from the focus studies activities conducted for the MCOs. It provides a discussion of the MCOs' overall strengths and recommendations for improvement related to the quality and timeliness of, and access to care and services. Also included is an assessment of how effectively the MCOs have addressed the recommendations for quality improvement made by HSAG during the previous year. The methodology for each study can be found in Appendix A—Technical Methods of Data Collection and Analysis—MCOs.

Overview

DMAS continued to assess the following clinical topics for the 2020 contract year: improving birth outcomes through adequate prenatal care (Birth Outcomes Focus Study); Perinatal Dental Utilization; and improving the health of children in foster care (Foster Care Focus Study).

Improving Birth Outcomes Through Adequate Prenatal Care

The Birth Outcomes Focus Study was designed to address the following questions:

- To what extent do women with births paid by Medicaid receive early and adequate prenatal care?
- What clinical outcomes are associated with Medicaid-paid births?

The Birth Outcomes Focus Study included three study indicators calculated among singleton births occurring during calendar year 2018 (CY 2018) and paid by Virginia Medicaid: percentage of births with early and adequate prenatal care, percentage of births by gestational estimate, and percentage of newborns with low birth weight. Study results include all births paid by DMAS and are not limited to the women in the Medallion 4.0 program. Study indicator results are influenced by a woman's ability to access prenatal care, a fact affected by her enrollment. Additionally, women may have changed service delivery systems or MCOs while pregnant; as such, analytic stratifications in this study reflect the service delivery system (i.e., managed care or FFS), MCO, and Medicaid program in which the woman was enrolled at the time of delivery. Table 9-1 presents study indicator results by service delivery system within each measurement period, as well as whether each indicator's results were statistically significantly different across the measurement periods.

Table 9-1—Overall Study Indicator Findings Among Singleton Births, by Medicaid Delivery System, CY 2016–CY 2018

Study Indicator	CY 2018 National Benchmark*	CY 2016		CY 2017		CY 2018		Statistically Significant Difference (Yes/No)
		n	%	n	%	n	%	
FFS								
Births with Early and Adequate Prenatal Care	77.6%	5,619	70.7	5,366	70.5	6,281	70.2	No
Births with Inadequate Prenatal Care	*N/A*	*1,452*	*18.3*	*1,449*	*19.1*	*1,644*	*18.4*	*No*
Preterm Births (<37 Weeks Gestation)	8.2%	849	10.4	810	10.3	978	10.1	No
Newborns with Low Birth Weight (<2,500g)	6.6%	747	9.2	726	9.2	903	9.3	No
Managed Care								
Births with Early and Adequate Prenatal Care	77.6%	17,141	74.2	16,487	73.0	16,572	73.2	Yes
Births with Inadequate Prenatal Care	*N/A*	*3,678*	*15.9*	*3,762*	*16.7*	*3,724*	*16.4*	*No*
Preterm Births (<37 Weeks Gestation)	8.2%	2,156	9.1	2,082	9.0	2,190	9.1	No
Newborns with Low Birth Weight (<2,500g)	6.6%	2,061	8.7	2,047	8.8	2,181	9.1	No

* The national benchmark for *Births with Early and Adequate Prenatal Care* is the Healthy People 2020 goal, excluding the 2019 update. The national benchmarks for *Preterm Births* and *Newborns with Low Birth Weight* were identified from National Vital Statistics System (NVSS) final data for 2018.

Between the CY 2016 and CY 2018 measurement periods, study indicators related to prenatal care, preterm birth, and low birthweight showed a lack of improvement in results for Virginia Medicaid members. Specifically, overall results for the *Births with Early and Adequate Prenatal Care* indicator decreased across the measurement periods, while *Preterm Births (<37 Weeks Gestation)* indicator results were stable and *Newborns with Low Birth Weight (<2,500g)* indicator results decreased (i.e., the rate of singleton infants born weighing less than 2,500g increased over time).

During 2020, HSAG also initiated the fifth annual Birth Outcomes Focus Study, covering births occurring during CY 2019 and using a methodology similar to prior studies. Results from this study are scheduled to be released in 2021.

Dental Utilization in Pregnant Women Data Brief

As a supplement to the Birth Outcomes Focus Study, DMAS contracted HSAG to provide annual data briefs on dental utilization among pregnant women covered through the Smiles for Children program. During 2020, HSAG completed a Dental Utilization in Pregnant Women Data Brief that reflected all women with deliveries from January 1, 2019, through December 31, 2019 (CY 2019). The current study indicator results are influenced by a woman's ability to access perinatal dental care, a fact affected by her enrollment. Additionally, women may have changed Medicaid delivery systems or MCOs while pregnant; analytic stratifications in this study reflect the service delivery system (i.e., managed care or FFS), MCO, and Medicaid program in which the woman was enrolled at the time of delivery. Table 9-2 presents the number and percentage of deliveries wherein perinatal dental services were received, stratified by the maternal Medicaid program as of the woman's date of delivery.

Table 9-2—Distribution of Women With Perinatal Dental Utilization, by Medicaid Program as of the Date of Delivery

Medicaid Program as of Delivery Date	Count of Deliveries	Percent of Study Population	Count of Deliveries With Any Covered Dental Service	Percent of Deliveries Wherein Perinatal Dental Services Were Received
Any Program	**NR**	**NR**	**NR**	**20.5%**
Medallion 4.0	19,916	64.9%	5,233	26.3%
Medicaid Expansion[1]	1,889	6.2%	298	15.8%
FAMIS MOMS	1,649	5.4%	377	22.9%
FFS[2]	7,162	23.3%	368	5.1%
Not Enrolled on the Date of Delivery	S	S	S	S

[1] *The Medicaid Expansion category includes deliveries among women with Aid Categories 100, 101, 102, 103, 106, or 108, regardless of other benefit package information.*

[2] *The FFS category includes deliveries among 30 women who were only eligible through a limited benefit package (e.g., Plan First).NR indicates that the results were not reported in order to ensure counts and percentages for the suppressed category could not be deduced.*

S indicates that the count and percent were suppressed for those results that should not be made publicly available given the relatively low count of deliveries with any covered dental service (i.e., fewer than 11).

The CY 2019 study results indicated that women enrolled in Medallion 4.0 on their date of delivery accounted for both the largest proportion of deliveries (64.9 percent) and the largest percentage of deliveries wherein the woman used perinatal dental services (26.3 percent of Medallion 4.0 deliveries). While women in FAMIS MOMS only accounted for 5.4 percent of CY 2019 deliveries, 22.9 percent of these women received perinatal dental services.

However, the length of time that a woman was continuously enrolled in Medicaid (e.g., Medallion 4.0, FAMIS MOMS) during her pregnancy may have also contributed to her ability to obtain perinatal dental services under the Smiles for Children program. Of the overall study population, 79.0 percent (n = 24,236) of women were continuously enrolled in Medicaid for at least 90 days prior to and including the day of the delivery, and 86.2 percent (n = 20,888) of these deliveries were among women enrolled in either Medallion 4.0 or FAMIS MOMS as of their delivery date. Among the deliveries for continuously enrolled women, 25.1 percent (n = 6,092) received one or more dental services during the perinatal

period. In contrast, perinatal dental services were received in only 2.9 percent (n = 186) of the deliveries for women who were not continuously enrolled for at least 90 days prior to and including the day of delivery.

Results of the study also identified regional differences in perinatal dental utilization. Table 9-3 presents the number of deliveries among continuously enrolled women, as well as the number and percentage of deliveries wherein women received any perinatal dental service and preventive dental services, stratified by region of residence.

Table 9-3—Dental Utilization Among Continuously Enrolled (CE) Women, by Managed Care Region of Residence

Region of Residence	Count of Deliveries Among CE Women	Deliveries Wherein Any Perinatal Dental Services Were Received		Deliveries Wherein Preventive Dental Services Were Received	
		#	%	#	%
Total	**24,236**	**6,092**	**25.1**	**2,988**	**12.3**
Central	6,359	1,707	26.8	824	13.0
Northern/Winchester	5,171	1,734	33.5	969	18.7
Roanoke/Alleghany	2,384	401	16.8	163	6.8
Southwest	1,309	273	20.9	139	10.6
Tidewater	6,000	1,315	21.9	590	9.8
Western/Charlottesville	3,013	662	22.0	303	10.1

While the Virginia Smiles for Children program provides pregnant women with a critically important opportunity to receive dental services, in CY 2019, relatively few eligible women (i.e., 20.5 percent) received dental services during or after pregnancy, and only 10.0 percent of eligible women received preventive dental services (e.g., a dental cleaning) during the perinatal period.

Further analysis by maternal race and region of residence is needed to determine the extent to which regional findings correlate with demographic characteristics and the availability of dental providers accepting Medicaid. Additionally, women may have received services that are not covered by DMAS (e.g., other public health initiatives[9-1]). However, the regional distribution of perinatal dental utilization may be indicative of regional differences in women's access to dental providers.

[9-1] Perinatal and Infant Oral Health Quality Improvement Expansion Program 2019 Final Progress Narrative. Richmond, VA: Virginia Department of Health. Available at: https://www.mchoralhealth.org/PDFs/H47MC28478.pdf. Accessed on: Sept 1, 2020.

Foster Care Focus Study

HSAG conducted the fourth annual Foster Care Focus Study during 2019, designed to determine the extent to which children in foster care received the expected preventive and therapeutic medical care under managed care service delivery compared to similar children not in foster care.

During 2018–2019, DMAS transitioned the Medallion 3.0 program to the Medallion 4.0 program during the study period. Due to the program change, some children in foster care were transitioned to a different MCO during the study period, and the MCOs participating in Virginia Medicaid changed. Therefore, the current study assessed healthcare utilization among children in foster care compared to utilization among children not in foster care ("non-foster children") who were enrolled with Medicaid MCOs[9-2] and provides baseline data to determine the extent to which MCOs will reach Medallion 4.0 program goals.

To determine the extent to which children in foster care who were continuously enrolled with one or more MCOs throughout the study period utilized healthcare services, HSAG assessed 13 measures, representing 19 study indicators, across the following domains:

- *Primary Care*
- *Oral Health*
- *Behavioral Health*
- *Reproductive Health*
- *Respiratory Health*

Table 9-4 contains study indicator results for the study population and the matched comparison group with *p*-values indicating whether the rate differences between foster and non-foster children are statistically significant.

Table 9-4—Overall Study Indicator Results for Foster Children and the Non-Foster Comparison Group

Measure	Foster Children Rate	Non-Foster Children Rate	*p*
Primary Care			
Children and Adolescents' Annual Access to Primary Care Practitioners (PCPs)	96.8%	93.9%	<0.001*
Oral Health			
Annual Dental Visit	87.4%	66.9%	<0.001*
Preventive Dental Services	82.5%	60.0%	<0.001*

[9-2] Most children in foster care who received Medicaid benefits were transitioned from FFS programs to managed care no later than June 2014. Under Medallion 3.0 and Medallion 4.0, some children in foster care continued to receive Medicaid services on an FFS basis because they met exclusion criteria for managed care participation, such as utilizing Medicaid benefits as secondary insurance or receiving residential care services.

Measure	Foster Children Rate	Non-Foster Children Rate	p
Behavioral Health			
7-Day Follow-Up After Hospitalization for Mental Illness	37.6%	47.2%	0.07
30-Day Follow-Up After Emergency Department (ED) Visit for Mental Illness	94.9%	90.9%	0.63
Metabolic Monitoring for Children and Adolescents on Antipsychotics	36.2%	30.6%	0.47
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	87.8%	68.4%	0.05
Initiation of Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication within 1 Month	86.8%	70.9%	0.02*
Initiation of Follow-Up Care for Children Prescribed ADHD Medication within 2 Months	96.7%	89.3%	<0.001*
Initiation of Follow-Up Care for Children Prescribed ADHD Medication within 3 Months	97.8%	94.2%	<0.001*
Initiation of Follow-Up Care for Children Prescribed ADHD Medication within 6 Months	98.9%	97.1%	0.21
Initiation of Follow-Up Care for Children Prescribed ADHD Medication within 9 Months	100.0%	99.0%	0.33
Substance Use Disorders			
30-Day Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence†	28.6%	33.3%	0.74
Initiation of AOD Abuse or Dependence Treatment	35.3%	42.9%	0.71
Engagement of AOD Abuse or Dependence Treatment	15.7%	2.9%	0.79
Reproductive Health			
Chlamydia Screening Among Women	24.3%	20.4%	0.43
Most Effective or Moderately Effective Method of Contraceptive Care	57.7%	46.7%	0.004*
Long-Acting Reversible Method of Contraceptive Care	9.8%	3.9%	0.003*
Respiratory Health			
Asthma Medication Ratio	92.6%	75.9%	0.03*

** indicates that the rates are statistically different between the foster and non-foster children.*

† This indicator has denominators of 7 and 3 for foster children and non-foster children, respectively, so rates may be unreliable.

P-values were calculated using logistic regression to predict numerator-compliance by foster status while controlling for demographic and health characteristics.

Denominators vary by study indicator; indicator-specific technical specifications are presented as an appendix to the full study report.

Overall, this study demonstrated that foster children have higher rates of healthcare utilization than comparable non-foster children for most study indicators. Among the 19 study indicators, foster children demonstrated higher rates of healthcare utilization than non-foster children in 16 study indicators, nine of which were statistically significant. Additionally, among the 19 study indicators assessed in the current study, 12 indicators focused on behavioral healthcare utilization, which helped capture areas of healthcare that are particularly relevant to foster children.

Study findings showed that rate differences between the groups were greatest among dental measures, where the rates of foster children having annual dental visits and preventive dental services were over 20 percentage points higher than the rates for non-foster children.

During 2020, HSAG also initiated the fifth annual Foster Care Focus Study, covering births occurring during CY 2019 and using a methodology similar to prior studies. Results from this study are scheduled to be released in 2021.

Appendix A. Technical Methods of Data Collection and Analysis—MCOs

This section of the report presents the approved technical methods of data collection and analysis, and a description of the data obtained (including the time period to which the data applied) for each mandatory and optional activity for the MCOs. It includes:

- Rapid-Cycle PIP Validation Approach
- Validation of Performance Measure Methodology
- CAHPS Survey Methodology
- Calculation of Additional Performance Measures Methodology
- Focus Study Methodology
  - Birth Outcomes Focus Study
  - Dental Utilization in Pregnant Women Data Brief
  - Foster Care Focus Study
- Consumer Decision Support Tool Methodology
- Performance Withhold Program Methodology

Rapid-Cycle PIP Validation Approach

HSAG's PIP approach guides MCOs through a process using a rapid-cycle improvement method to pilot small changes rather than implementing one large transformation. Performing small tests of change should require fewer resources and allow more flexibility for adjustments throughout the improvement process. By piloting on a smaller scale, MCOs have an opportunity to determine the effectiveness of changes prior to expanding successful interventions. HSAG developed a series of five modules that MCOs complete as they progress through the PIP.

Module 1—PIP Initiation

The objective of this module is to ask and answer the first fundamental question of the Model for Improvement: "What are we trying to improve?" In Module 1, MCOs outline the project's framework. The framework includes the topic rationale, data supporting the need to improve the selected topic, members who make up the PIP team, and the key driver diagram that defines the aim, factors that influence achievement of the aim, and interventions that can lead to the desired improvement.

Module 2—SMART (Specific, Measurable, Attainable, Relevant, Time-bound) Aim Data Collection

The objective for this module is to ask and answer the second fundamental question of the Model for Improvement: "How will we know that a change is an improvement?" In Module 2, MCOs define how

and when it will be known that improvement is happening. MCOs define the SMART Aim measure, data collection methodology, data collection plan, and develop a SMART Aim measure run chart.

Module 3—Intervention Determination

The objective for this module is to ask and answer the third fundamental question of the Model for Improvement: "What changes can we make that will result in improvement?" In Module 3, MCOs identify potential interventions that can impact the SMART Aim using quality improvement activities. The MCO's PIP team employs a step-by-step process that uses process mapping and failure modes effect analysis (FMEA) to determine interventions that may be tested using Plan-Do-Study-Act (PDSA).

Module 4—PDSA

In Module 4, MCOs test interventions that have the potential to impact the SMART Aim using PDSA cycles. MCOs document details about the change and an evaluation plan. Based on testing, MCOs analyze the data and summarize results. MCOs subsequently determine what needs to be done with the intervention based on what was learned from the test (i.e., adopt, adapt, abandon, continue testing). MCOs complete a Module 4 submission form for each intervention that it tests for the PIP.

Module 5—PIP Conclusions

In Module 5, MCOs summarize key findings, comparison of successful and unsuccessful interventions, and outcomes. MCOs synthesize all data collected, information gathered, and lessons learned to document the impact of the PIP and to consider how any demonstrated improvement can be shared and used as a foundation for further improvement going forward. MCOs submit the PIP's final key driver diagram, SMART Aim run chart with mapped interventions, and FMEA. Additionally, the MCO will update Module 3's intervention determination table if it selected an intervention to test in Module 4 that was not identified in Module 3.

PIP Validation Overview

HSAG's methodology for validating PIPs is a consistent, structured process that uses standardized scoring. HSAG validates PIPs annually to the point of progression using criteria that it developed to align with CMS PIP validation protocols and rapid-cycle improvement principles. The validation process determines if DMAS and other key stakeholders can have confidence in the MCOs' reported PIP results.

HSAG provides DMAS and the MCOs with a PIP Validation Tool for each submitted module that consists of validation criteria necessary for successful completion of a valid PIP. HSAG scores the criteria as *Achieved* or *Not Achieved* and provides detailed written feedback and recommendations. HSAG provides general comments for achieved criteria when enhanced documentation would demonstrate a stronger application of the PIP requirements. HSAG also provides annual MCO-specific PIP Validation Reports that include the validation findings and recommendations for improvement.

Validation of Performance Measure Validation Methodology

Overview

DMAS contracted with HSAG, as its EQRO, to conduct PMV for the MCOs. Title 42 of the Code of Federal Regulations (CFR) §438.350(a) requires states that contract with MCOs, prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), or primary care case management (PCCM) entities to have a qualified EQRO perform an annual EQR that includes validation of contracted entity performance measures (42 CFR §438.358(b)(1)(ii)). HSAG, in conjunction with Aqurate Health Data Management, Inc. (Aqurate), conducted PMV for DMAS, validating the data collection and reporting processes used to calculate the performance measure rates by the MCOs in accordance with the Centers for Medicare & Medicaid Services (CMS) publication, *Protocol 2: Validation of Performance Measures: A Mandatory EQR-Related Activity, October 2019*.

DMAS is responsible for administering the Medicaid program and the Children's Health Insurance Program (CHIP) in the Commonwealth of Virginia. DMAS refers to its CHIP program as Family Access to Medical Insurance Security (FAMIS). The Medallion 4.0 program provides services to the Medicaid and FAMIS populations. The CCC Plus program is an integrated managed care delivery model that includes medical services, nursing, personal care, and behavioral (mental) health services. DMAS contracted with six privately owned MCOs to provide services to members enrolled in the Medallion 4.0 and CCC Plus programs for CY 2019. DMAS identified a set of performance measures that the MCOs are required to calculate and report.

The purpose of the PMV is to assess the accuracy of performance measures reported by the Medallion 4.0 and CCC Plus MCOs and to determine the extent to which performance measures reported by the MCOs follow State specifications and reporting requirements. Table A-1 displays the Medallion 4.0 and CCC Plus MCOs that were included in the PMV.

Table A-1—CY 2019 Medallion 4.0 and CCC Plus MCOs

MCO Name
Aetna Better Health of Virginia
HealthKeepers, Inc.
Magellan Complete Care of Virginia
Optima Health
UnitedHealthcare of the Mid-Atlantic, Inc.
Virginia Premier Health Plan, Inc.

Objectives

The primary objectives of the PMV process are to evaluate the accuracy of the performance measure data collected by the MCO and determine the extent to which the specific performance measures calculated by the MCO (or on behalf of the MCO) followed the specifications established for each performance measure. A measure-specific review was performed on a subset of CCC MCO

performance measures, all part of quality withhold measures, to evaluate the accuracy of reported performance measure data. PMV results provided DMAS additional information for MCO quality withhold payments.

Description of Validation Activities

Pre-Audit Strategy

HSAG conducted the validation activities as outlined in the CMS PMV protocol. To complete the validation activities for MCOs, HSAG obtained a list of the performance measures that were selected by DMAS for validation.

HSAG then prepared a document request letter that was submitted to the MCOs outlining the steps in the PMV process. The document request letter included a request for source code/software programming or process steps used to generate the performance measure data element values for each performance measure, a completed Information Systems Capabilities Assessment Tool (ISCAT), any additional supporting documentation necessary to complete the audit, a timetable for completion, and instructions for submission. HSAG responded to any audit-related questions received directly from the MCOs during the pre-on-site phase.

Approximately two weeks prior to the on-site visit, HSAG provided MCOs with an agenda describing all on-site visit activities and indicating the type of staff needed for each session. HSAG also conducted a pre-on-site conference call with MCOs to discuss on-site logistics and expectations, important deadlines, outstanding documentation, and any outstanding questions from MCOs.

Based on the scope of the validation, HSAG assembled a validation team based on the full complement of skills required for validating the specific performance measures and conducting the PMV for each MCO. The team was composed of a lead auditor and several team members.

Technical Methods of Data Collection and Analysis

The CMS PMV protocol identifies key types of data that should be reviewed as part of the validation process. The following list describes the type of data HSAG reviewed and how HSAG analyzed these data:

- Roadmap and ISCAT—The MCOs submitted a Roadmap for HSAG's review that was to be completed as part of the NCQA HEDIS audit process. HSAG completed a thorough review of the Roadmap, which includes MCO operational and organizational structure; data systems and data reporting structure and processes; and additional information related to HEDIS audit standards. Additionally, the MCOs completed and submit an ISCAT for HSAG's review of the performance measures. The ISCAT supplemented the information included in the Roadmap and address data collection and reporting specifics of non-HEDIS measures. HSAG used responses from the Roadmap and ISCAT to complete the pre-on-site assessment of information systems.
- Medical record documentation—The MCOs will be responsible for completing the medical records review section within the Roadmap for the measures reported using the hybrid method. In addition, HSAG will request that the MCOs submit the following documentation for review: medical record abstraction tools and instructions, training materials for medical record review staff members, and

policies and procedures outlining the processes for monitoring the accuracy of the abstractions performed by the review staff members. HSAG will conduct over-read of 30 records from the hybrid sample for each performance measure. HSAG will follow NCQA's guidelines to validate the integrity of the MRRV processes used by the MCOs and will determine if the findings impact the audit results for any performance measure rate.

- Source code (programming language) for performance measures—The MCOs that calculate the performance measures using internally developed source code will be required to submit source code for each performance measure being validated. HSAG will complete a line-by-line review of the supplied source code to ensure compliance with the measure specifications required by DMAS. HSAG will identify any areas of deviation from the specifications, evaluating the impact to the measure and assessing the degree of bias (if any). MCOs that do not use source code will be required to submit documentation describing the steps taken for performance measure calculation. If the MCOs outsourced programming for HEDIS measure production to an outside vendor, the MCOs will be required to submit the vendor's NCQA measure certification reports.
- Supporting documentation—HSAG will request documentation that provides additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, measure certification reports, and data collection process descriptions. HSAG will review all supporting documentation, identifying issues or areas needing clarification for further follow-up.

On-Site Activities

During the on-site visit, HSAG will collect additional information to compile PMV findings using several methods including interviews, system demonstration, review of data output files that identify numerator and denominator compliance, observation of data processing, and review of data reports. The on-site will be combined for the Medallion 4.0 and CCC Plus programs. The on-site strategies will include:

- **Opening meetings**—These meetings include introductions of the validation team and key MCO staff involved in the calculation or reporting of the performance measures. The purpose of the PMV, required documentation, basic meeting logistics, and queries to be performed will be discussed.
- **Review of ISCAT and Roadmap documentation**—This session is designed to be interactive with key MCO staff so that the validation team obtains a complete picture of all steps taken to generate responses to the ISCAT and Roadmap and can evaluate the degree of compliance with written documentation. HSAG will conduct interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain if written policies and procedures are used and followed in daily practice.
- **Evaluation of enrollment, eligibility, and claims systems and processes**—The evaluation includes a review of the information systems, focusing on the processing of claims, processing of enrollment and disenrollment data. HSAG will conduct interviews with key staff familiar with the processing, monitoring, reporting, and calculation of the performance measures. Key staff may include executive leadership, enrollment specialists, business analysts, customer operations staff, data analytics staff, and other front-line staff familiar with the processing, monitoring, and generation of the performance measures. HSAG will use these interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and verify that written policies and procedures were used and followed in daily practice.
- **Overview of data integration and control procedures**—This session will include a review of the information systems and evaluation of processes used to collect, calculate, and report the

performance measures, including accurate numerator and denominator identification and algorithmic compliance (which will evaluate whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).

HSAG will perform additional validation using primary source verification (PSV) to further validate the data output files. PSV is a review technique used to confirm that the information from the primary source matches the data output file used for reporting. Using this technique, HSAG will assess the processes used to input, transmit, and track the data; confirm entry; and detect errors. HSAG will select cases across measures to verify that the MCOs have system documentation that supports that the MCO appropriately includes records for measure reporting. This technique does not rely on a specific number of cases for review to determine compliance; rather, it is used to detect errors from a small number of cases. If errors are detected, the outcome is determined based on the type of error. For example, the review of one case may be sufficient in detecting a programming language error, and as a result no additional cases related to that issue may be reviewed. In other scenarios, one case error detected may result in the selection of additional cases to better examine the extent of the issue and its impact on reporting.

- **Closing conference**—At the end of each on-site visit, HSAG will summarize preliminary findings, discuss follow-up items, and revisit the documentation requirements for any post-on-site activities.

Post-On-Site Activities

After the on-site visit, HSAG will review any final performance measure rates submitted by the MCOs to DMAS and follow up with each MCO on any outstanding issues identified during the documentation review and/or during the on-site visits. Any issue identified from the rate review will be communicated to the MCO as a corrective action that must be addressed as soon as possible so that the rate can be revised before the PMV report is issued.

HSAG will prepare a separate PMV report for Medallion 4.0 and CCC Plus for each MCO, documenting the validation findings. Based on all validation activities, HSAG will determine the validation result for each performance measure. The CMS PMV protocol identifies possible validation results for performance measures, defined in Table A-2 below.

Table A-2—Validation Results and Definitions for Performance Measures

Designation	Description
Reportable (R)	Measure was compliant with State specifications.
Do Not Report (DNR)	MCO rate was materially biased and should not be reported.

According to the CMS EQR PMV protocol, the validation result for each performance measure is determined by the magnitude of the errors detected for the audit elements, not by the number of errors detected within each audit element. It is possible for an audit element to receive a validation result of DNR when the impact of even a single error associated with that element biased the reported performance measure rate by more than five percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, leading to an audit result of "Reportable" (R).

Any corrective action that cannot be implemented in time will be noted in the MCO's PMV report under "Recommendations." If the corrective action is closely related to accurate rate reporting, HSAG may render a particular measure DNR.

Performance Measure List for SFY 2020

The following table lists the performance measures selected by DMAS, the method (i.e., hybrid or admin) required for data collection, and the specifications that the MCOs are required to use.

Table A-3—Performance Measure List for SFY 2020

Performance Measure	Specifications	Method*
CCC Plus		
Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	HEDIS 2020	Admin
Follow-up after Emergency Department Visit for Mental Illness	HEDIS 2020	Admin
*Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)***	ADULT CORE SET	Admin
Comprehensive Diabetes Care (excluding HbA1c control < 7.0%)	HEDIS 2020	Hybrid*
*Heart Failure Admission Rate (PQI08-AD)***	ADULT CORE SET	Admin
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	HEDIS 2020	Admin
Medallion 4.0		
Adolescent Well-Care Visits	HEDIS 2020	Hybrid
*Asthma Admission Rate (Per 100,000 Member Months)***	AHRQ PDI	Admin
Childhood Immunization Status—Combo 3	HEDIS 2020	Hybrid
Comprehensive Diabetes Care (excluding HbA1c control < 7.0%)	HEDIS 2020	Hybrid
Follow-Up After Emergency Department Visit for Mental Illness	HEDIS 2020	Admin
Prenatal and Postpartum Care	HEDIS 2020	Hybrid

** The administrative (admin) reporting method refers to the review of transactional data (e.g., claims data) for the eligible population. The hybrid reporting method refers to the review of transactional data and medical records/electronic medical records for a sample of the eligible population.*

*** These non HEDIS measures are included in the Performance Withhold Program (PWP).*

CAHPS Survey Methodology

Technical Methods of Data Collection and Analysis

MCO CAHPS

For the Medallion 4.0 MCOs, the technical method of data collection was through administration of the CAHPS 5.0H Adult Medicaid Health Plan Survey to adult Medicaid members and the CAHPS 5.0H Child Medicaid Health Plan Survey to child Medicaid members enrolled in their respective MCO.[A-1] The mode of CAHPS survey data collection varied slightly among the MCOs. Aetna and HealthKeepers used a mail-only survey methodology for their adult and child populations. Magellan, Optima, United, and VA Premier used a mixed-mode survey methodology for their adult and child populations. Following NCQA's standard HEDIS timeline, adult members and parents/caretakers of child members enrolled in each of the MCOs completed the surveys between the time period of January to May 2020.

Each MCO was responsible for contracting with an NCQA-certified survey vendor to conduct CAHPS surveys of the MCO's adult and child Medicaid populations on the MCO's behalf. To support the reliability and validity of the findings, standardized sampling and data collection procedures were followed to select members and distribute surveys.[A-2] These procedures were designed to capture accurate and complete information to promote both the standardized administration of the instruments and the comparability of the resulting data. Data from survey respondents were aggregated into a database for analysis. Each MCO provided HSAG with its NCQA Summary Reports of adult and child Medicaid CAHPS survey results (i.e., summary report produced by NCQA of calculated CAHPS results) and raw data files for purposes of reporting.

The CAHPS 5.0H Surveys include a set of standardized items (40 items for the CAHPS 5.0H Adult Medicaid Health Plan Survey and 41 items for the CAHPS 5.0H Child Medicaid Health Plan Survey without the Children with Chronic Conditions measurement set) that assess members' perspectives on care. For the MCOs, the CAHPS survey questions were categorized into eight measures of member experience.[A-3] These measures included four global ratings and four composite scores. The global ratings reflected members' overall experience with their health plan, all healthcare, personal doctor, and specialist. The composite measures were derived from sets of questions to address different aspects of care (e.g., *Getting Needed Care* and *How Well Doctors Communicate*).

For each of the four global ratings, the percentage of respondents who chose the top experience ratings (a response value of 9 or 10 on a scale of 0 to 10) was calculated. This percentage is referred to as a top-box response or top-box score. For each of the five composite measures, the percentage of

[A-1] HealthKeepers and Magellan administered the CAHPS 5.0H Child Medicaid Health Plan Survey with the CCC measurement set to their child Medicaid populations, while the other MCOs administered the CAHPS 5.0 Child Survey without the chronic conditions measurement set. For purposes of this report, the child Medicaid CAHPS results presented for HealthKeepers and Magellan represent the CAHPS results for their general child populations (i.e., general child CAHPS results).

[A-2] Aetna and HealthKeepers contracted with the Center for the Study of Services (CSS); and Magellan, Optima, United, and VA Premier contracted with SPH Analytics to conduct the CAHPS survey administration and analysis and reporting of survey results for their respective adult and child Medicaid populations.

[A-3] For purposes of this report, CAHPS survey results are not reported for the one individual item measure, *Coordination of Care*. Therefore, reported results are limited to the four global ratings and four composite measures.

respondents who chose a positive response was calculated. CAHPS composite question response choices fell into the following categories: "Never," "Sometimes," "Usually," or "Always." A top-box response or top-box score for the composite measures was defined as a response of "Usually/Always."

The 2020 CAHPS scores for each MCO and the statewide aggregate were compared to the 2020 NCQA Medicaid national averages.[A-4] A statistically significant difference was identified by using the confidence interval for each measure rate. Statistically significant differences are noted with colors. A cell was highlighted in orange if the lower bound of the confidence interval was higher than the national average. However, if the upper bound of the confidence interval was lower than the national average, then a cell was highlighted in grey.

Additionally, a trend analysis was performed for each MCO, where applicable, that compared its 2020 CAHPS scores to its corresponding 2019 scores to determine whether there were statistically significant differences. Scores that were statistically significantly higher in 2020 than in 2019 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2020 than in 2019 are noted with downward (▼) triangles. Scores in 2020 that were not statistically significantly different from scores in 2019 are not noted with triangles.

It is important to note that NCQA requires a minimum of 100 respondents in order to report the CAHPS item as a valid survey result. If the NCQA minimum reporting threshold of 100 respondents was not met, the CAHPS score was denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

FAMIS CAHPS

For the FAMIS CAHPS surveys, the technical method of data collection was through administration of the CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and the CCC measurement set. The CAHPS surveys were conducted per the Centers for Medicare & Medicaid Services' (CMS') CAHPS reporting requirements under the Children's Health Insurance Program Reauthorization Act (CHIPRA). In accordance with CMS' CHIPRA reporting requirements, the CAHPS survey was administered to a statewide sample of FAMIS members, representative of the entire population of children covered by Virginia's Title XXI program (i.e., Children's Health Insurance Program [CHIP] members in FFS or managed care).

Based on NCQA protocol, child members included as eligible for the survey were 17 years of age or younger as of December 31, 2019. A mail-only methodology for data collection was utilized. Parents or caretakers of child members completed the surveys between the time period of March to July 2020. The surveys were administered in English and Spanish. Members identified as Spanish speaking through administrative data received a Spanish version of the survey with the option to complete the survey in English. All other members received an English version of the survey with the option to complete the survey in Spanish.

The CAHPS 5.0 Child Medicaid Health Plan Survey with the CCC measurement set includes a standardized set of 76 items that assess patient perspectives on care. To support the reliability and validity of the findings, standardized sampling and data collection procedures were followed to select

[A-4] Quality Compass 2020 data serve as the source for the 2020 NCQA CAHPS adult Medicaid and child Medicaid national averages.

the general child and children with chronic conditions members and distribute the surveys. These procedures were designed to capture accurate and complete information to promote both the standardized administration of the instrument and the comparability of the resulting data. An analysis of the CAHPS 5.0 Child Medicaid Health Plan Survey results was conducted using NCQA HEDIS Specifications for Survey Measures.[A-5]

For the FAMIS program, the survey questions were categorized into eight measures of member experience.[A-6] These measures included four global ratings and four composite measures. The global measures (also referred to as global ratings) reflected patients' overall experience with their health plan, all healthcare, personal doctor, and specialist. The composite measures were derived from sets of questions to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*).

For each of the four global ratings, the percentage of respondents who chose the top experience ratings (a response value of 9 or 10 on a scale of 0 to 10) was calculated. This percentage is referred to as a top-box response or top-box score. For each of the four composite measures, the percentage of respondents who chose a positive response was calculated. CAHPS composite question response choices fell into the following categories: "Never," "Sometimes," "Usually," or "Always." A top-box response or top-box score for the composite measures was defined as a response of "Usually/Always."

The FAMIS program's general child and CCC populations' survey findings were compared to 2020 NCQA CAHPS child and CCC Medicaid national averages.[A-7] A statistically significant difference was identified by using the confidence interval for each measure rate. Statistically significant differences are noted with colors. A cell was highlighted in orange if the lower bound of the confidence interval was higher than the national average. However, if the upper bound of the confidence interval was lower than the national average, then a cell was highlighted in gray.

NCQA requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result. However, for purposes of reporting the FAMIS CAHPS results, results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. CAHPS scores with fewer than 100 respondents are denoted with a cross (+).

Description of the Data Obtained/Time Period

The CAHPS survey asks members to report on and to evaluate their experiences with healthcare. The survey covers topics important to members, such as the communication skills of providers and the accessibility of services. The CAHPS surveys were administered from January to May 2020 for the Medallion 4.0 MCOs, and from March to July 2020 for the FAMIS program.

[A-5] National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

[A-6] For purposes of this report, CAHPS survey results are not reported for the one individual item measure, *Coordination of Care*, or the five CCC composite measures and items. Therefore, reported results are limited to the four global ratings and four composite measures.

[A-7] The source for the 2020 NCQA national child and CCC Medicaid averages for the general child population and children with chronic conditions population is Quality Compass® 2020 data.

The CAHPS survey response rate is the total number of completed surveys divided by all eligible members of the sample. For the CAHPS 5.0H Adult Medicaid Health Plan Survey, a survey was assigned a disposition code of "completed" if at least three of the following five questions were answered: 3, 10, 19, 23, and 28. For the CAHPS 5.0H Child Medicaid Health Plan Survey without the CCC measurement, a survey was assigned a disposition code of "completed" if at least three of the following five questions were answered: 3, 10, 22, 26, and 31. For the CAHPS 5.0 Child Medicaid Health Plan Survey with the CCC measurement set, a survey was assigned a disposition code of "completed" if at least three of the following five questions were answered: 3, 25, 40, 44, and 49. Eligible members included the entire sample minus ineligible members. For the child population, ineligible members met at least one of the following criteria: they were deceased, they were invalid (they did not meet the eligible population criteria), or they had a language barrier. For the adult population, ineligible members met at least one of the following criteria: they were deceased, they were invalid (they did not meet the eligible population criteria), they had a language barrier, or they were mentally or physically incapacitated. Ineligible members were identified during the survey process. This information was recorded by the survey vendor and provided to HSAG in the data received.

Following the administration of the FAMIS CAHPS surveys, HSAG provided DMAS with an aggregate report of the general child and children with chronic condition populations' CAHPS survey results, representing the CAHPS survey results for the statewide FAMIS program in aggregate (i.e., FAMIS program members enrolled in FFS and managed care).

Calculation of Additional Performance Measures

Project Overview

The Virginia Department of Medical Assistance Services (DMAS) contracts with Health Services Advisory Group, Inc. (HSAG) to calculate one performance measure as part of Task I—Pediatric Quality Indicator (PDI) 14: Asthma Admission Rate (PDI 14). This document provides an overview of the methodology for the calendar year (CY) 2019 PDI 14 performance measure rate calculation.

Performance Measure

DMAS selected the Agency for Healthcare Research and Quality's (AHRQ's) PDI 14 performance measure for the CY 2019 rate calculation. The measure specifications follow AHRQ's PDI Technical Specifications (July 2019). Per the technical measure specifications, PDI 14 measures the number of inpatient hospital admissions for asthma per 100,000 population for members 2 to 17 years of age. HSAG will deviate slightly from the technical specifications to calculate this measure per 100,000 member months. This is in alignment with the approach for reporting AHRQ's Prevention Quality Indicator (PQI) measures in the Centers for Medicare & Medicaid's (CMS') Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set).

The PDI 14 measure denominator consists of the total number of months of enrollment for members 2 to 17 years of age during the measurement period (i.e., January 1, 2019 to December 31, 2019). Age and enrollment are determined on the 15th day of each month. Age is calculated every month to ensure each member is only counted towards the denominator for months they are both enrolled and eligible.

Performance Period

In 2020, PDI 14 measurement rates will be derived using CY 2019 data collected by DMAS and submitted to HSAG. Inpatient hospital admissions from January 1, 2019 to December 31, 2019 will be included in the rate calculations.

Data Collection

The PDI 14 performance measure will be calculated using administrative data sources, including demographic, enrollment, professional claims/encounters, institutional claims/encounters, and pharmacy data for Medicaid managed care eligible individuals from DMAS. DMAS will supply SAS® data sets extracted by claims' paid dates.[A-8] HSAG will retrieve data files from DMAS' secure file transfer protocol (SFTP) site.

HSAG will use SAS software to perform all analytics. Upon receiving data, HSAG will confirm the reasonability and completeness of the data.

Measure Calculation

HSAG will develop SAS program code to calculate the measure rates following the performance measure specifications. A lead analyst and validation analyst will independently calculate the PDI 14 measure rates. The lead analyst will produce production programming code to generate the results and output for DMAS. In parallel with the work being performed by the lead analyst, the validation analyst will create separate code and confirm the rates generated by the lead analyst. The Associate Director overseeing performance measure calculations will perform a final review of the rates, which will include rate review by the Chief Data Officer, as necessary. Prior to rate deliverable submission, HSAG will review the final output for appropriate formatting and numerical reasonability.

A Virginia total measure rate will be calculated, and HSAG will stratify results by managed care geographic region using Federal Information Processing Standards (FIPS) codes. In addition, rates will be stratified by age, race, and gender. To align with NCQA's HEDIS *Technical Specifications for Health Plans, Volume 2*, HSAG will not report rates for any category that is based on fewer than 360 member months (i.e., fewer than 30 members across 12 months of enrollment). Table A-4 presents the PDI 14 performance measure rate stratifications and values for geographic regions, age groups, and gender.

Table A-4—Geographic Regions, Age Groups, and Gender Stratification Values

Stratification	Values
Geographic Regions	Central, Tidewater, Northern and Winchester, Charlottesville Western, Roanoke/Alleghany, and Southwest
Age Groups	2–4, 5–11, 12–17, and Total
Gender	Male, Female

[A-8] SAS is a registered trademark of the SAS Institute, Inc.

For results stratified by race, DMAS provided race categories; however, to increase the utility of these rates, the original race categories were combined into larger groupings as shown in Table A-5, which presents the PDI 14 performance measure race stratifications that may be reported by HSAG with a crosswalk to DMAS' race categories.

Table A-5—Race Category Stratification Values

Reported Race Categories	DMAS' Race Categories
White	White
Black/African American	Black/African American
Asian	Oriental/Asian, Chinese, Japanese, Korean, Vietnamese, Asian Indian, Other Asian
Southeast Asian/Pacific Islander	Native Hawaiian or Other Pacific Islander, Filipino, Guamanian or Chamorro, Samoan
Hispanic	Spanish American/Hispanic
More than One Race/Other/Unknown	American Indian/Alaskan Native, Asian & White, Black/African American & White, Asian & Black/African American, Other, Unknown

In order to supplement the stratifications already provided to DMAS, HSAG will explore additional stratifications that could provide actionable information to DMAS. HSAG will review the results of these supplemental stratifications with DMAS to determine which findings will be included in the final deliverable. The supplemental stratifications are listed in Table A-6.

Table A-6—Additional Stratification Values

Stratification	Values
Demographic Stratifications	
Gender/Race Groups	Gender (Male, Female) by Reported Race Categories (listed in Table 2)
Gender/Age Groups	Gender (Male, Female) by Age Group (listed in Table 1)
Geographic Region by Race	Geographic Regions (listed in Table 1) by Reported Race Categories (listed in Table 2)
Urban/Rural	Whether the admission occurred in an urban or rural setting, based on ZIP code.
Urban/Rural by Race	Urban/Rural Designation by Reported Race Categories (listed in Table 2)
Population	Foster Care, Adoption Assistance
Physician and Medication Management	
Physician Management	Whether or not members had seen a primary care physician (PCP), allergist, pulmonologist, or respiratory therapist prior to admission. Separate stratifications will be reviewed for within 1, 3, 6, and 12 months of admission.

Stratification	Values
Emergency Department (ED) Visits and Observational Visits Prior to Admission	Whether a member had an ED visit or observational visit for asthma within 1, 3, 6, and 12 months before the asthma admission.
Physician Follow-Up After Discharge	No Visit, Visit within 14-Days, Total
Active Medications on Admission based on Therapeutic Classification(s)	A separate rate stratification will be derived based on whether a member had an active prescription for each of the following therapeutic classifications: Controller: Antiasthmatic combinations, Antibody inhibitors, Anti-interleukin-5, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Methylxanthines, Mast cell stabilizers. Reliever: Short-acting inhaled beta-2 agonists.
Active Medications by Age	Active Medications (Any Controller Medication, No Controller Medication, Any Reliever Medication, No Reliever Medication, Any Medication, No Medication) by Age Group (listed in Table 1)
Discharge Drug Therapeutic Classification(s) Prescribed (Within 7 Days of Discharge)	A separate rate stratification will be derived based on whether a member had a prescription for each of the following therapeutic classifications: Controller: Antiasthmatic combinations, Antibody inhibitors, Anti-interleukin-5, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Methylxanthines, Mast cell stabilizers. Reliever: Short-acting inhaled beta-2 agonists.
Discharge Medications by Age	Active Medications (Any Controller Medication, No Controller Medication, Any Reliever Medication, No Reliever Medication, Any Medication, No Medication) by Age Group (listed in Table 1)
Prescription Medications Received During Admission	A separate rate stratification will be derived based on if a member received prescription medications during the admission (e.g., other therapeutic drug classifications, HCPCS codes).

Stratification	Values
Medication History	Whether a member was prescribed a reliever medication, a controller medication, or both before and/or after admission.
Number of Readmissions, ED Visits, and Observational Visits After Discharge	Rate of readmissions within 7-days, 14-days, and 30-days during the measurement period. This stratification will display nine sub-stratifications to indicate how many admissions were followed by an inpatient readmission, ED visit, or observational visit within 7-days, 14-days, and 30-days after the discharge.
Additional Information About Admission	
Asthma History	Whether a member had a new diagnosis of asthma on admission versus a prior history of asthma.
Seasonality of Admission	Winter, Spring, Summer, Fall

Once rates are generated, HSAG will produce a single Microsoft Excel workbook containing numerator, denominator, and rate results. HSAG will denote measure rates based on relatively small numerators (i.e., fewer than 11) within the report. Please note, rates based on small numerators should not be made publicly available. HSAG will also provide DMAS with a member-level file that includes the member's demographic information, flags for the stratifications the member was numerator-positive for, and information about where the admission occurred (i.e., facility name and location).

Birth Outcomes Focus Study Methodology

Purpose

DMAS contracted with HSAG to conduct a focus study that will provide quantitative information about prenatal care and associated birth outcomes among Medicaid recipients. The Birth Outcomes Focus Study addressed the following questions:

- *To what extent do women with births paid by Medicaid receive early and adequate prenatal care?*
- *What clinical outcomes are associated with Medicaid-paid births?*

Study Design

Measurement Period

The study included all singleton births among Virginia Medicaid or FAMIS MOMS members paid by Title XIX or Title XXI during calendar year 2018 (i.e., the measurement year [MY]). Results for MY 2016 and MY 2017 were taken from a previously published report and included in the current study for trending purposes.

Eligible Population

The eligible population consisted of all live births during MY 2018 that were paid by Virginia Medicaid, regardless of whether the births occurred in Virginia. The birth registry contained records of live births; other pregnancy outcomes were excluded from this study.

To aid in reporting for DMAS' waiver evaluation, births covered by the FAMIS MOMS program were further classified into the following strata based on the timing and length of the mother's enrollment prior to delivery:

- Study Population: women covered by FAMIS MOMS on the date of delivery with continuous enrollment in any Medicaid program for a minimum of 61 days prior to, and including, the date of delivery.
- Comparison Group: women covered by FAMIS MOMS on the date of delivery with continuous enrollment of 60 days or less in any Medicaid program prior to the date of delivery.

HSAG used Chi-square tests to assess statistically significant differences between the MY 2018 study population and comparison group results for each indicator within the FAMIS MOMS program. In addition, HSAG used Chi-square tests to determine if statistically significant differences were observed between overall MY 2016 through MY 2018 study indicator results.

Data Collection

HSAG assembled a list of members eligible for the focused study from Medicaid member, claims, and encounter data provided by DMAS. This list was submitted to DMAS for linkage to the VDH birth registry. Members eligible for the data linkage included Virginia Medicaid members with a live birth paid by Title XIX or Title XXI during the MY, regardless of whether the birth occurred in Virginia.[A-9] Deterministic and probabilistic data linkage methods were used by DMAS to match HSAG's list of potential study members to birth registry records.[A-10] DMAS returned a data file to HSAG containing the information from HSAG's original member list and selected birth registry data fields for matched members from both data linkage processes.

All probabilistically or deterministically linked birth registry records were included in the overall eligible population for this focus study. Variations in demographic indicators over time may be attributed to probabilistic data linkage considerations in each MY, in addition to changes in the demographics of women with births paid by Virginia Medicaid.[A-11]

[A-9] The Virginia birth registry contains records of live births; other pregnancy outcomes were not included in this study.

[A-10] The deterministic data linkage sought to match potential study members with birth registry records using only the maternal SSN. The probabilistic data linkage used the Link Plus software program to probabilistically match study members with birth registry records using the following maternal information: last name, first name, SSN, residential street address, city of residence, and five-digit residential ZIP Code.

[A-11] HSAG provided standard instructions for probabilistically linking data during each study period. However, different individuals from DMAS and VDH conducted the probabilistic linkages for the 2017–18 and 2018–19 studies, resulting in a variable percentage of probable birth record linkages that were manually reviewed for each measurement period. As a result, the 2017–18 measurement periods (i.e., births occurring in MY 2016 and MY 2017) have fewer probabilistically linked records that may have been confirmed through manual review. Affected birth records tend to include women without SSNs and with differences in the names listed in the Medicaid and birth registry systems (e.g., hyphenated and/or difficult to spell names).

Indicators

Study indicators were limited to singleton births, defined using the *Plurality* field from the birth registry. Since multiple gestation births are subject to different clinical guidelines, results for multiple births were limited to demographic summaries (e.g., maternal age, Medicaid program, neonatal characteristics) and used for informational purposes only.

Three study indicators were used to assess the study questions among singleton, live births among Virginia Medicaid or FAMIS MOMS members during MY 2018:

- Percentage of births with early and adequate prenatal care—The percentage of births with an Adequacy of Prenatal Care Utilization (APNCU) Index (i.e., the Kotelchuck Index) score greater than or equal to 80 percent (i.e., births scoring in the "Adequate" or "Adequate Plus" categories).
- Percentage of births by gestational estimate—The percentage of births by gestational estimate category, with a focus on births before 37 completed weeks of gestation.
- Percentage of newborns with low birth weight—The percentage of newborns in each of two low birth weight categories (i.e., births at less than 1,500 grams, and births between 1,500 and 2,499 grams).

Results for each study indicator were calculated for all singleton births occurring during MY 2018. For comparison, calendar year 2018 national data available from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)[A-12] were used as benchmarks for selected study indicators.

Deliverables

HSAG presented the focus study findings in a written report and supplied a copy of the analytic dataset to DMAS as an Excel workbook with an accompanying data dictionary. HSAG produced a corresponding PowerPoint slide deck based upon the report for presentation to DMAS and the MCOs at DMAS' quarterly MCO Quality Collaborative meeting.

Dental Utilization in Pregnant Women Data Brief Methodology

DMAS contracted HSAG to assess dental utilization among pregnant women covered by Virginia Medicaid or the FAMIS MOMS program through the Smiles for Children program.

[A-12] Martin JA, Hamilton BE, Osterman MJK, et al. Births: Final Data for 2018. National Vital Statistics Reports. 2019; 68(13). Hyattsville, MD: National Center for Health Statistics. 2019. Available at: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf. Accessed on: Jan 21, 2020.

Methods

Measurement Period

The assessment included all women who were 21 years of age or older with a live or non-live birth (i.e., delivery) occurring between January 1, 2019, and December 31, 2019.

Eligible Population

HSAG identified all women with a delivery during the measurement period and included deliveries among women 21 years of age and older as of the potential start of the prenatal period (i.e., 280 days prior to the date of delivery). Pregnant women younger than 21 years of age are eligible for dental services under a separate benefit, and HSAG excluded 6,383 deliveries among women younger than 21 years of age at the start of the prenatal period from this assessment.

Data Collection

DMAS supplied HSAG with Medicaid and FAMIS MOMS recipient, claims, and encounter data files paid through June 2020, allowing a four-month data run-out period for this assessment.

Study Indicators

HSAG used dental encounter data to assign a series of indicators to each woman with a delivery identifying which dental services, if any, were utilized during the member's perinatal period (i.e., from 280 days prior to delivery to the end of the month following the 60th day after delivery). Dental services were identified and grouped using DentaQuest's covered services and categories:

- Adjunctive Services, including IV sedation and emergency services provided for relief of dental pain
- Crowns
- Diagnostic Services
- Endodontics
- Periodontics
- Preventive Services
- Prosthodontics
- Restorative Services, including Crowns
- Surgery or Extractions

An appendix in the written data brief details the Current Dental Terminology (CDT) procedure codes for dental benefits covered by the Smiles for Children – Over 21 Pregnant Women population, as of the January 1, 2019 version of the DentaQuest Smiles for Children Office Manual.[A-13]

[A-13] DentaQuest, LLC. Smiles for Children, Commonwealth of Virginia Medicaid, FAMIS, FAMIS Plus, Dental Program: Office Reference Manual. January 1, 2019 version.

Deliverables

HSAG presented the study findings to DMAS in a written data brief.

Foster Care Focus Study Methodology

Purpose

Beginning in contract year 2015–2016, DMAS contracted with HSAG to conduct an annual focus study that provides quantitative information about children and adolescents placed in foster care and receiving medical services through Medicaid managed care service delivery. The 2018–2019 Foster Care Focus Study sought to determine the extent to which children in foster care received the expected preventive and therapeutic medical care under managed care service delivery compared to children not in foster care and receiving Medicaid managed care benefits. This is the first annual foster care focus study to include a comparison between children in foster care and their non-foster peers.

Furthermore, DMAS transitioned the Medallion 3.0 program to the Medallion 4.0 program during the study period. Due to the program change, some children in foster care were transitioned to a different managed care organization (MCO) during the study period, and the MCOs participating in Virginia Medicaid changed. Therefore, the current study assessed healthcare utilization among children in foster care compared to utilization among children not in foster care ("non-foster children") who were enrolled with Medicaid MCOs [A-14] and provided baseline data to determine the extent to which MCOs will reach Medallion 4.0 program goals.

Study Design

Measurement Period

The study included children younger than 18 years of age as of January 1, 2018, between January 1, 2018, and December 31, 2018.

Eligible Population

The eligible population included foster children younger than 18 years of age as of January 1, 2018, who were enrolled in Virginia Medicaid under Aid Category "76" (Children in Foster Care) for any length of time during the January 1, 2018, to December 31, 2018, measurement year (MY).

The study population was limited to foster children enrolled in managed care service delivery with any MCO or a combination of MCOs during the measurement year, with enrollment gaps totaling no more

[A-14] Most children in foster care who received Medicaid benefits were transitioned from fee-for-service (FFS) programs to managed care no later than June 2014. Under Medallion 3.0, some children in foster care continued to receive Medicaid services on an FFS basis because they met exclusion criteria for managed care participation, such as utilizing Medicaid benefits as secondary insurance (i.e., Third Party Liability [TPL]) or receiving residential care services.

than 45 days. This limitation ensured that these children were continuously enrolled and covered by Medicaid for study indicators assessing healthcare utilization. Additionally, HSAG compared this group of continuously enrolled foster children to non-foster children meeting the same age and enrollment criteria and sharing similar demographic and health characteristics (i.e., the comparison group).

To identify the non-foster comparison group, HSAG first identified children younger than 18 years of age as of January 1, 2018, and who were continuously enrolled in Medicaid under an aid category other than "076" over the study period. Continuously enrolled foster children were compared to these continuously enrolled non-foster children in order to identify demographic and health characteristics that differed between the populations.

Health characteristics were assessed through primary diagnoses in the claims and encounter data. Diagnoses were grouped using a heuristic approach based on the Clinical Classifications Software (CCS),[A-15] clinical expertise, and historical knowledge of the challenges facing the foster care population.

Next, HSAG used a logistic regression model to predict foster care status based on three demographic characteristics and 14 health characteristics. Then, HSAG calculated propensity scores for the foster and non-foster children continuously enrolled in managed care during the MY. After calculating propensity scores, the foster and non-foster children were exact-matched by age category and MCO. Finally, HSAG matched foster children and non-foster children on their propensity scores within exact-matched groups using the greedy 5→1 algorithm.[A-16] Covariate balance between the matched study population and comparison group was assessed by covariate-level Chi-square tests, an omnibus test, and a standardized differences assessment.

An appendix in the focus study report provides detailed information on the construction of the health characteristics groups, the demographic characteristics considered for propensity score calculations, and interpretation of the covariate balance tests.

Data Collection

HSAG extracted information needed for the study from administrative claims and encounter data as well as member, provider, and enrollment data supplied by DMAS. In addition, DMAS supplied HSAG with dental encounter data from the Medicaid Dental Benefit Manager, DentaQuest, and behavioral health encounter data from Magellan. During July 2019, DMAS provided HSAG with data for claims and encounters paid through June 30, 2019, resulting in a six-month data runout from the end of the measurement period to data extraction.

Indicators

Selected study indicators assessed demographic characteristics among all children in foster care for any length of Medicaid enrollment during the measurement period (i.e., the eligible population). The

[A-15] Agency for Healthcare Research and Quality. Clinical Classifications Software (CCS) for ICD-10-PCS (beta version). Available at: www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp. Accessed on: November 14, 2019.

[A-16] Parsons LS. Reducing Bias in a Propensity Score Matched-Pair Sample Using Greedy Matching Techniques. Available at: https://support.sas.com/resources/papers/proceedings/proceedings/sugi26/p214-26.pdf. Accessed on: July 10, 2019.

remaining study indicators assessing healthcare utilization were limited to the study population and comparison group.

For consistency with other quality initiatives, healthcare utilization measures were based on either the 2019 Core Set of Children's Health Care Quality Measures for Medicaid and Children's Health Insurance Program (CHIP) (Child Core Set), the 2019 Core Set of Adult's Health Care Quality Measures for Medicaid (Adult Core Set), or the HEDIS 2019 technical specifications.[A-17] However, HSAG modified the continuous enrollment criteria for each measure to reflect the ability of children in foster care to move between MCOs during the study period.

HSAG assessed 13 measures, representing 19 study indicators, across the following domains:

- *Primary Care*: One indicator in this category provided information on the degree to which foster children and comparable non-foster children utilized primary care services.
  - Children and Adolescents' Annual Access to PCPs
- *Oral Health*: Two indicators in this category provided information on the degree to which foster children and comparable non-foster children utilized oral health services.
  - Annual Dental Visit
  - Preventive Dental Services
- *Behavioral Health*: Twelve indicators in this category provided information on the degree to which foster children and comparable non-foster children utilized behavioral health services. A subsection encompassing three of the indicators provided information on healthcare utilization related to substance use disorders.
  - Day Follow-Up After Hospitalization for Mental Illness
  - 30-Day Follow-Up After ED Visit for Mental Illness
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics
  - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
  - Follow-Up Care for Children Prescribed ADHD Medication
    - One-Month Follow-Up
    - Two-Month Follow-Up
    - Three-Month Follow-Up
    - Six-Month Follow-Up
    - Nine-Month Follow-Up
- *Substance Use Disorders*
  - 30-Day Follow-Up After ED Visit for AOD Abuse or Dependence
  - Initiation and Engagement of AOD Abuse or Dependence Treatment
    - Initiation
    - Engagement

[A-17] HEDIS 2019 technical specifications align with indicator results reported to NCQA for the measurement period from January 1, 2018, through December 31, 2018.

- *Reproductive Health*: Three indicators in this category provided information on the degree to which foster children and comparable non-foster children utilized reproductive health services.
  - Chlamydia Screening Among Women
  - Contraceptive Care
    - Most Effective or Moderately Effective Method
    - Long-Acting Reversible Method
- *Respiratory Health*: One study indicator in this category provided information on the degree to which foster children and comparable non-foster children utilized respiratory health services.
  - Asthma Medication Ratio

Comparative Analyses

To assess whether indicator rates were statistically different between the study population and the comparison group, HSAG calculated *p*-values using logistic regression to determine the association between foster care status and numerator-compliance while controlling for all demographic and health characteristics used for matching. A *p*-value less than 0.05 was considered statistically significant.

Deliverables

HSAG presented the focus study findings in a written report and supplied a copy of the analytic dataset to DMAS as an Excel workbook with an accompanying data dictionary. HSAG produced a corresponding PowerPoint slide deck based upon the report for presentation to DMAS and the MCOs at DMAS' quarterly MCO Quality Collaborative meeting.

Consumer Decision Support Tool Methodology

Project Overview

DMAS contracted with HSAG to analyze 2020 HEDIS results, including 2020 CAHPS data from six Virginia Medallion 4.0 MCOs for presentation in the 2020 Virginia Medallion 4.0 Consumer Decision Support Tool. The Consumer Decision Support Tool analysis helps support DMAS' public reporting of MCO performance information.

Data Collection

For this activity, HSAG received the MCOs' CAHPS member-level data files and HEDIS data from the MCOs. The CAHPS survey was most recently administered in 2020. The *HEDIS 2020 Specifications for Survey Measures, Volume 3* was used to collect and report on the CAHPS measures. The *HEDIS 2020 Technical Specifications for Health Plans, Volume 2* was used to collect and report on the HEDIS measures.

Reporting Categories

The Medallion 4.0 Consumer Decision Support Tool reporting categories and descriptions of the measures they contain are:

- **Overall Rating:** Includes all HEDIS and CAHPS measures included in the 2020 Consumer Decision Support Tool analysis. This category also includes adult and child CAHPS measures on consumer perceptions of the overall rating of the MCO and their overall health care, as well as items on consumer perceptions about how well their doctors communicate and the overall ratings of personal doctors seen most often.
- **Getting Care:** Includes child and adult CAHPS composites on consumer perceptions regarding the ease of obtaining needed care and how quickly they received that care. This category also includes HEDIS measures that assess adults' and children's access to care, appropriate follow-up for mental illness and alcohol or other drug (AOD) abuse or dependence, and how well MCOs perform related to breast cancer screenings.
- **Medication Management:** Includes HEDIS measures related to medication management for respiratory and behavioral health conditions.

Measures Used In Analysis

DMAS, in collaboration with HSAG, chose measures for this year's Consumer Decision Support Tool based on a number of factors. In an effort to align with the Performance Withhold Program (PWP), the administrative HEDIS measures evaluated as part of the PWP will be included in this analysis, as well as other administrative HEDIS and CAHPS survey measures required by the Medallion 4.0 Managed Care Contract for reporting. Per NCQA specifications, the CAHPS 5.0H Adult Medicaid Health Plan Survey instrument was used for the adult population and the CAHPS 5.0H Child Medicaid Health Plan Survey instrument was used for the child population.

Table A-7 lists the 29 measure indicators, 12 CAHPS and 17 HEDIS, and their associated weights.[A-18] Weights will be applied when calculating the category summary scores and the confidence intervals to ensure that all measures contribute equally in the derivation of the final results. Please see section VI for more detail on comparing MCO performance.

[A-18] Due to the impact of COVID-19 on the MCOs' abilities to collect medical record data, all hybrid measures have been removed from the 2020 Consumer Decision Support Tool analysis. Additionally, the *Rating of Specialist Seen Most Often* (Adult and Child CAHPS), *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications*, and *Discussing Cessation Strategies*, and *Adults' Access to Preventive/Ambulatory Health Services—65+ Years* measures have been removed from the 2020 Consumer Decision Support Tool analysis due to half the MCOs or more having Not Applicable (NA), Not Reported (NR), or Biased Rate (BR) designations.

Table A-7—MCO Medallion 4.0 Consumer Decision Support Tool Reporting Categories, Measures, and Weights

Measures	Measure Weight
Category: Overall Rating [A-19]	
Adult Medicaid—Rating of All Health Care (CAHPS Global Rating)	1
Child Medicaid—Rating of All Health Care (CAHPS Global Rating)	1
Adult Medicaid—Rating of Health Plan (CAHPS Global Rating)	1
Child Medicaid—Rating of Health Plan (CAHPS Global Rating)	1
Child Medicaid—How Well Doctors Communicate (CAHPS Composite)	1
Adult Medicaid—How Well Doctors Communicate (CAHPS Composite)	1
Child Medicaid—Rating of Personal Doctor (CAHPS Global Rating)	1
Adult Medicaid—Rating of Personal Doctor (CAHPS Global Rating)	1
Category: Getting Care	
Child Medicaid—Getting Needed Care (CAHPS Composite)	1
Adult Medicaid—Getting Needed Care (CAHPS Composite)	1
Child Medicaid—Getting Care Quickly (CAHPS Composite)	1
Adult Medicaid—Getting Care Quickly (CAHPS Composite)	1
Adults' Access to Preventive/Ambulatory Health Services	
20–44 Years	1/2
45–64 Years	1/2
Children and Adolescents' Access to Primary Care Practitioners	
12–24 Months	1/4
25 Months–6 Years	1/4
7–11 Years	1/4
12–19 Years	1/4
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total	1
Follow-Up After Emergency Department (ED) Visit for AOD Abuse or Dependence—30-Day Follow-Up—Total	1
Follow-Up After ED Visit for Mental Illness	
7-Day Follow-Up—Total	1/2
30-Day Follow-Up—Total	1/2
Breast Cancer Screening	1

[A-19] To calculate the Overall Rating category, all 29 CAHPS and HEDIS measures are included in the analysis. Please note that the CAHPS measures listed in the Overall Rating reporting category are exclusive to the reporting category.

Measures	Measure Weight
Category: Medication Management	
Antidepressant Medication Management	
Effective Acute Phase Treatment	1/2
Effective Continuation Phase Treatment	1/2
Follow-Up Care for Children Prescribed ADHD Medication	
Initiation Phase	1/2
Continuation and Maintenance Phase	1/2
Asthma Medication Ratio—Total [A-20]	1
Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	1

Missing Values

In general, HEDIS and CAHPS data contain three classes of missing values:

- *Not Reported (NR)*—MCOs chose not to submit data, even though it was possible for them to do so.
- *Biased Rate (BR)*—MCOs' measure rates were determined to be materially biased in a HEDIS Compliance Audit.
- *Not Applicable (NA)*—MCOs were unable to provide a sufficient amount of data (e.g., too few members met the eligibility criteria for a measure).

In developing scores and ratings for the reporting categories, HSAG handled the missing rates for measures as follows:

- Rates with an *NR* designation were assigned the minimum rate.
- Rates with a *BR* designation were assigned the minimum rate.
- Rates with an *NA* designation were assigned the average value.

For measures with an *NA* audit result, HSAG used the mean of non-missing observations across all MCOs. For measures with an *NR* or *BR* audit result, HSAG used the minimum value of the non-missing observations across all MCOs. This minimized the disadvantage for MCOs that were willing but unable to report data and ensured that MCOs did not gain advantage from intentionally failing to report complete and accurate data. If more than half of the plans had an *NR, BR,* or *NA* for any measure, then the measure was excluded from the analysis.

[A-20] The *Asthma Medication Ratio—Total* measure was used in the 2020 Medallion 4.0 Consumer Decision Support Tool instead of *Medication Management for People With Asthma* measure, given that all MCOs reported the *Asthma Medication Ratio—Total* measure for HEDIS 2020 and because the *Medication Management for People With Asthma* measure is no longer endorsed by the National Quality Forum (NQF).

For MCOs with *NR, BR,* and *NA* audit results, HSAG used the average variance of the non-missing observations across all MCOs. This ensured that all rates reflected some level of variability, rather than simply omitting the missing variances in subsequent calculations.

Additionally, HSAG replaced missing values where an MCO reported data for at least 50 percent of the indicators in a reporting category. If an MCO was missing more than 50 percent of the measures that comprised a reporting category, HSAG gave the MCO a designation of "Insufficient Data" for that category.

Comparing MCO Performance

HSAG computed three summary scores for each MCO, as well as the summary mean values for the MCOs as a group. Each score was a standardized score where higher values represented more favorable performance. Summary scores for the three reporting categories (Overall Rating, Getting Care, and Medication Management) were calculated from MCO scores on selected HEDIS measures and CAHPS questions and composites.

1. HEDIS rates were extracted from the auditor-locked IDSS data sets and HSAG calculated the CAHPS rates using the NCQA CAHPS member-level data files. To calculate a rate for a CAHPS measure, HSAG converted each individual question by assigning the top-box responses (i.e., "Usually/Always" and "9/10," where applicable) to a 1 for each individual question, as described in *HEDIS 2020 Volume 3: Specifications for Survey Measures*. All other non-missing responses were assigned a value of 0. HSAG then calculated the percentage of respondents with a top-box response (i.e., a 1). For composite measures, HSAG calculated the composite rate by taking the average percentage for each question within the composite.

2. For each HEDIS and CAHPS measure, HSAG calculated the measure variance. The measure variance for HEDIS measures was calculated as follows:

$$\frac{p_k(1-p_k)}{n_k-1}$$

where: p_k = MCO k score
n_k = number of members in the measure sample for MCO k

For CAHPS global rating measures, the variance was calculated as follows:

$$\frac{1}{n}\frac{\sum_{i=1}^{n}(x_i-\bar{x})^2}{n-1}$$

where: x_i = response of member i
$\bar{x}$ = the mean score for MCO k
n = number of responses in MCO k

For CAHPS composite measures, the variance was calculated as follows:

$$\frac{N}{N-1}\sum_{i=1}^{N}\left(\sum_{j=1}^{m}\frac{1}{m}\frac{(x_{ij}-\bar{x}_j)}{n_j}\right)^2$$

where: j = 1,…,m questions in the composite measure
i = 1….,n_j members responding to question j
x_{ij} = response of member i to question j
$\bar{x}_j$ = MCO mean for question j
N = members responding to at least one question in the composite

3. For MCOs with *NA*, *BR*, and *NR* audit results, HSAG used the average variance of the non-missing rates across all MCOs. This ensured that all rates reflected some level of variability, rather than simply omitting the missing variances in subsequent calculations.

4. HSAG computed the MCO composite mean for each CAHPS and HEDIS measure.

5. Each MCO mean (CAHPS or HEDIS) was standardized by subtracting the mean of the MCO means and dividing by the standard deviation of the MCO means to give each measure equal weight toward the category rating. If the measures were not standardized, a measure with higher variability would contribute disproportionately toward the category rating.

6. HSAG summed the standardized MCO means, weighted by the individual measure weights to derive the MCO category summary measure score.

7. For each MCO *k*, HSAG calculated the category variance, CV_k, as: $CV_k = \sum_{j=1}^{m}\frac{w_j}{c_j^2}V_j$

where: j = 1,…,m HEDIS or CAHPS measures in the summary

V_j = variance for measure j

c_j = group standard deviation for measure j

w_j = measure weight for measure j

8. The summary scores were used to compute the group mean and the difference scores. The group mean was the average of the MCO summary measure scores. The difference score, d_k, was calculated as d_k = MCO k score – group mean.

9. For each MCO *k*, HSAG calculated the variance of the difference scores, $Var(d_k)$, as:

$$Var(d_k) = \frac{P(P-2)}{P^2}CV_k + \frac{1}{P^2}\sum_{k=1}^{P}CV_k$$

where: P = total number of MCOs

CV_k = category variance for MCO *k*

10. The statistical significance of each difference was determined by computing a confidence interval (CI). A 95 percent CI and 68 percent CI were calculated around each difference score to identify plans that were significantly higher than or significantly lower than the mean. Plans with differences significantly above or below zero at the 95 percent confidence level received the top (Highest Performance) and bottom (Lowest Performance) designations, respectively. Plans with differences significantly above or below zero at the 68 percent confidence level, but not at the 95 percent confidence level, received High Performance and Low Performance designations, respectively. A plan was significantly above zero if the lower limit of the CI was greater than zero; and was significantly below zero if the upper limit of the CI was below zero. Plans that do not fall either above or below zero at the 68 percent confidence level received the middle designation (Average Performance). For a given measure, the formulas for calculating the CIs were:

    95% CI = $d_k \pm 1.96\sqrt{Var(d_k)}$

    68% CI = $d_k \pm \sqrt{Var(d_k)}$

A five-level rating scale provides consumers with an easy-to-read "picture" of quality performance across MCOs and presents data in a manner that emphasizes meaningful differences between MCOs. The Consumer Decision Support Tool displays results for each MCO as follows:

Table A-8—Consumer Decision Support Tool Results—Performance Ratings

Rating	MCO Performance Compared to Statewide Average	
★★★★★	**Highest Performance**	The MCO's performance was 1.96 standard deviations or more above the Virginia Medicaid average.
★★★★	**High Performance**	The MCO's performance was between 1 and 1.96 standard deviations above the Virginia Medicaid average.
★★★	**Average Performance**	The MCO's performance was within 1 standard deviation of the Virginia Medicaid average.
★★	**Low Performance**	The MCO's performance was between 1 and 1.96 standard deviations below the Virginia Medicaid average.
★	**Lowest Performance**	The MCO's performance was 1.96 standard deviations or more below the Virginia Medicaid average.

Performance Withhold Program Methodology

Project Overview

DMAS contracted with HSAG, as its EQRO, to establish, implement, and maintain a scoring mechanism, for the managed care Performance Withhold Program (PWP). For the PWP, Medallion 4.0 MCOs' performance is evaluated on five NCQA's HEDIS measures and one Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicator (PDI) measure. HSAG is responsible for collecting MCOs' audited HEDIS measure rates and the AHRQ PDI measure rates from DMAS. HSAG will validate the AHRQ PDI measure in accordance with *EQR Protocol 2: Validation of Performance Measures: A Mandatory Protocol for External Quality Review (EQR), October 2019*. HSAG will derive PWP scores for each measure and calculate the portion of the 1 percent quality withhold earned back for each MCO.

The following sections provide the PWP calculation methodology for SFY 2020 (i.e., the information only year) and SFY 2021 (i.e., the pay-for-reporting year). Due to the impacts of the COVID-19 pandemic on MCOs' abilities to collect and report data, as well as DMAS' ability to appropriately evaluate performance levels and improvement, DMAS has determined that SFY 2021 will be a pay-for-reporting year for the PWP; therefore, the MCOs will be eligible to earn back their quality withhold for sufficiently reporting the required measure rates. DMAS and HSAG will assess the methodology for SFY 2022 once additional information becomes available.

Performance Measures

DMAS selected the following HEDIS measures and AHRQ PDI measure for the SFY 2020 PWP (i.e., the information-only year), as indicated in Table A-9.

Table A-9—SFY 2020 PWP Measures

Indicator	Measure Specifications	Required Reporting Method
Adolescent Well-Care Visits	HEDIS	Hybrid
Asthma Admission Rate (per 100,000 Member Months)	ARHQ PDI	Administrative
Childhood Immunization Status—Combination 3	HEDIS	Hybrid
Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing	HEDIS	Hybrid
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	HEDIS	Hybrid
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	HEDIS	Hybrid
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	HEDIS	Hybrid
Comprehensive Diabetes Care—Medical Attention for Nephropathy	HEDIS	Hybrid
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	HEDIS	Hybrid

Indicator	Measure Specifications	Required Reporting Method
Follow-Up After Emergency Department (ED) Visit for Mental Illness—7-Day Follow-Up—Total	HEDIS	Administrative
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Total	HEDIS	Administrative
Prenatal and Postpartum Care—Timeliness of Prenatal Care	HEDIS	Hybrid
Prenatal and Postpartum Care—Postpartum Care	HEDIS	Hybrid

DMAS selected the following HEDIS measures and AHRQ PDI measure for the SFY 2021 PWP (i.e. the pay-for-reporting year), as indicated in Table A-10. Due to measure specification changes made by NCQA after the start of the CY 2020 measurement period, DMAS must make conforming changes to both the SFY 2021 PWP measures (Table A-10) and corresponding measure weights (Table A-12). These adjustments address NCQA's decision to retire the *Comprehensive Diabetes Care—Medical Attention for Nephropathy* indicator and expand the *Adolescent Well-Care Visits* measure to include children from 3 to 21 years of age to create the *Child and Adolescent Well-Care Visits—Total* measure.

Table A-10—SFY 2021 PWP Measures

Indicator	Measure Specifications	Required Reporting Method
Child and Adolescent Well-Care Visits—Total	HEDIS	Administrative
Asthma Admission Rate (per 100,000 Member Months)	ARHQ PDI	Administrative
Childhood Immunization Status—Combination 3	HEDIS	Hybrid
Comprehensive Diabetes Care—HbA1c Testing	HEDIS	Hybrid
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	HEDIS	Hybrid
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	HEDIS	Hybrid
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	HEDIS	Hybrid
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	HEDIS	Hybrid
Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total	HEDIS	Administrative
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Total	HEDIS	Administrative
Prenatal and Postpartum Care—Timeliness of Prenatal Care	HEDIS	Hybrid
Prenatal and Postpartum Care—Postpartum Care	HEDIS	Hybrid

Performance Period

The SFY 2020 PWP assesses CY 2019 performance measure data. No funds will be withheld for SFY 2020, so these results are presented for informational purposes only. The SFY 2021 PWP assesses CY 2020 performance measure data to determine what portion, if any, the MCOs will earn back from

the funds withheld in SFY 2021 (i.e., the 1 percent of capitation payments withheld from July 1, 2020 through June 30, 2021).

Data Collection

The HEDIS Interactive Data Submission System (IDSS) files for the PWP calculation will be audited as required by NCQA. The auditor-locked IDSS files containing the HEDIS measure rates will be provided to HSAG by the MCOs. Starting with the SFY 2020 PWP, DMAS will contract with HSAG, as their EQRO, to validate the AHRQ PDI measure in accordance with *EQR Protocol 2: Validation of Performance Measures: A Mandatory Protocol for External Quality Review (EQR)*, October 2019. Following the performance measure validation, HSAG will provide the true, audited rates for the AHRQ PDI measure to DMAS.

PWP Calculation

The following sections provide a detailed description of the PWP scoring and quality withhold funds model for the SFY 2020 PWP (i.e., the information-only year) and SFY 2021 PWP (i.e., the pay-for-reporting year). With receipt of audited HEDIS measure rates and validated AHRQ PDI measure rates (i.e., non-HEDIS measure rates), each measure will be scored prior to calculating the amount of the quality withhold, if any, each MCO will earn back. Table A-11 provides the HEDIS and non-HEDIS audit designations that will be eligible or ineligible to receive points in the PWP.

Table A-11—HEDIS and Non-HEDIS Audit Designations

HEDIS Audit Designation	Non-HEDIS Audit Designation
Eligible for Points in Medallion 4.0 PWP Analysis	
Reportable (R)	Reportable (R)
Small Denominator (NA)	
Ineligible for Points in Medallion 4.0 PWP Analysis	
Biased Rate (BR)	Do Not Report (DNR)
Not Required (NQ)	Not Applicable (NA)
No Benefit (NB)	No Benefit (NR)
Not Reported (NR)	
Unaudited (UN)	

As indicated in Table A-11, only measure rates with a "*Reportable (R)*" (HEDIS and non-HEDIS rates) audit result (i.e., the plan produced a reportable rate for the measure in alignment with the technical specifications) or "*Small Denominator (NA)*" (HEDIS rates only) audit result (i.e., the plan followed the specifications but the denominator was too small to report a valid rate) will be included in the PWP calculation. Measure rates with the following audit results will receive a score of zero (i.e., the MCO will not be eligible to earn a portion of the quality withhold back for that measure):

- "*Biased Rate (BR)*" audit result for HEDIS measures or "Do Not Report (DNR)" audit result for non-HEDIS measures (i.e., the calculated rate was materially biased)
- "*Not Required (NQ)*" audit result for HEDIS measures or "Not Applicable (NA)" audit result for non-HEDIS measures (i.e., the plan was not required to report the measure)
- "*No Benefit (NB)*" audit result for HEDIS measures or "No Benefit (NR)" for non-HEDIS measures (i.e., the measure was not reported because the plan did not offer the required benefit)
- "*Not Reported (NR)*" audit result for HEDIS measures (i.e., the plan chose not to report the measure)
- "*Unaudited (UN)*" audit result for HEDIS measures (i.e., the measure was not audited)

SFY 2020 PWP (i.e., the information-only year)

As indicated above, scoring for the SFY 2020 PWP will be based on whether the MCO reported valid HEDIS 2020 (i.e., CY 2019) measure rates to NCQA in the required reporting method as indicated in Table A-9 (i.e., hybrid for *Adolescent Well-Care Visits, Childhood Immunization Status, Comprehensive Diabetes Care*, and *Prenatal and Postpartum Care*; and administrative for *Follow-Up After ED Visit for Mental Illness*) and whether the MCO received an allowable audit designation for the HEDIS and AHRQ PDI measures as indicated in Table A-11. For example, if the MCO receives a "*Reportable (R)*" or "*Small Denominator (NA)*" audit designation for the applicable HEDIS and AHRQ PDI measures and each measure was reported using the required reporting method, then the MCO will have successfully reported on the measure. However, if the MCO received any of the ineligible audit designations outlined in Table A-11, then the MCO will receive a score of zero for that measure (e.g., if the MCO receives a "*Biased Rate [BR]*" audit designation for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* HEDIS measure, then the MCO would receive 0 points for that measure). Table A-12 shows the measure weight associated with each performance measure indicator that will be used to calculate an information-only score for each MCO.

Table A-12—SFY 2021 PWP Measures

Indicator	Measure Weight*
Adolescent Well-Care Visits	16.67%
Asthma Admission Rate (per 100,000 Member Months)	16.67%
Childhood Immunization Status—Combination 3	16.67%
Comprehensive Diabetes Care—HbA1c Testing	2.78%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	2.78%
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	2.78%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	2.78%
Comprehensive Diabetes Care—Medical Attention for Nephropathy	2.78%
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	2.78%
Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total	8.33%
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Total	8.33%

Indicator	Measure Weight*
Prenatal and Postpartum Care—Timeliness of Prenatal Care	8.33%
Prenatal and Postpartum Care—Postpartum Care	8.33%

**Please note, the weights listed in the table are rounded values.*

SFY 2021 PWP (i.e., the pay-for-reporting year)

The SFY 2021 PWP will be based on whether the MCO reported valid HEDIS MY 2020 (i.e., CY 2020) measure rates to NCQA in the required reporting method as indicated in Table A-9 (i.e., hybrid for *Child and Adolescent Well-Care Visits—Total, Childhood Immunization Status, Comprehensive Diabetes Care*, and *Prenatal and Postpartum Care*; and administrative for *Follow-Up After ED Visit for Mental Illness*) and whether the MCO received an allowable audit designation for the applicable HEDIS and AHRQ PDI measures as indicated in Table A-11. For example, if the MCO received a "*Reportable (R)*" or "*Small Denominator (NA)*" audit designation for all five HEDIS measures (11 measure indicators) and the AHRQ PDI measure using the required reporting method, then the MCO will earn back their entire quality withhold. However, if the MCO received any of the ineligible audit designations outlined in Table A-11 or failed to report a measure using the required reporting method, then the MCO will not earn back the portion of their quality withhold attributed to that measure (e.g., if the MCO receives a "*Biased Rate [BR]*" audit designation for the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* HEDIS measure, then the MCO would not receive the 8.33 percent of withheld funds associated with that measure). Table A-13 shows the percentage of withhold associated with each performance measure indicator.

Table A-13—SFY 2021 PWP Measures

Indicator	Measure Weight*
Child and Adolescent Well-Care Visits—Total	16.67%
Asthma Admission Rate (per 100,000 Member Months)	16.67%
Childhood Immunization Status—Combination 3	16.67%
Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing	3.33%
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	3.33%
Comprehensive Diabetes Care—HbA1c Control (<8.0 Percent)	3.33%
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	3.33%
Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)	3.33%
Follow-Up After Emergency Department (ED) Visit for Mental Illness—7-Day Follow-Up—Total	8.33%
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Total	8.33%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	8.33%
Prenatal and Postpartum Care—Postpartum Care	8.33%

**Please note, the weights listed in the table are rounded values.*

Appendix B. 2017–2019 Quality Strategy Status Assessment

Table B-1 provides DMAS's progress on achieving the 2017–2019 Quality Strategy Goals. The table identifies the goals, measures, baseline rate, and the aggregate 2019 remeasurement rate. The reported 2016 baseline rates and the 2019 aggregate remeasurement rates are not comparable due to programmatic and population changes.

Table B-1—Virginia Medicaid 2017–2019 Quality Strategy Status Assessment

Aim: Build a Wellness Focused, Integrated System of Care			
Goal	**Measure**	**2016 Baseline Rate**	**2019 Aggregate Rate**
Strengthen access to primary care network	HEDIS: *Adults' Access to Primary Care (Prevention/Ambulatory Health Services*)	86.48%	83.70%
	HEDIS: *Children and Adolescents' Access to Primary Care*	12–24 Months: 97.70% 25 Months–6 Years: 92.25% 7–11 Years: 94.30% 90.78% 12–19 Years: 91.16%	12–24 Months: 95.51% 25 Months–6 Years: 89.94% 7–11 Years: 92.59% 90.78% 12–19 Years: 90.78%
Decrease inappropriate utilization and total cost of care	*All-cause PQI Admission Rate*	NR	NR
	CMS/National Quality Form (NQF) #1768: *Plan All-Cause Readmissions*	NR	NR
	HEDIS: *Ambulatory Care—Emergency Department Visits*	64.19%	69.28%
	Per Capita Healthcare Expenditures (future measure)	NR	NR
Emphasize member experience of care	CAHPS/HEDIS/NQF #0006: *Member Rating of Health Plan*	78.37%	76.57%

Aim: Build a Wellness Focused, Integrated System of Care			
Goal	**Measure**	**2016 Baseline Rate**	**2019 Aggregate Rate**
Integration of behavioral, oral, and physical health	CMS/HEDIS/NQF #0004: *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* (two rates)	Initiation Total: ND Engagement Total: ND	Initiation Total: 43.73% Engagement Total: 13.25%
	CMS/NQF #1664: *SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge*	NR	NR
	HEDIS/NQF #0576: *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up*	38.95%	30.29%
	CMS/NQF #2605: *Follow-Up After Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence*	NR	The measure was updated to separate mental illness and alcohol and other drugs (AOD) between 2016 and 2019
	CMS: *Transition of Members Between SUD LOCs, hospitals, NF, and the Community*	NR	NR
Encourage appropriate management of prescription medications	*Use of High-Risk Medications in the Elderly*	NR	NR
	NCQA: *Use of Multiple Concurrent Antipsychotics in Children and Adolescents*	2.66%	2.53%
	HEDIS: *Follow-up Care for Children Prescribed ADHD Medication—Initiation and Continuation/Maintenance Phases*	Initiation Phase: 43.97% Continuation and Maintenance Phase: 55.89%	Initiation Phase: 46.25% Continuation and Maintenance Phase: 61.44%
	HEDIS: *Antidepressant Medication Management—Effective Acute Phase Treatment, Effective Continuation Phase Treatment*	Effective Acute Phase Treatment: 53.70%	Effective Acute Phase Treatment: 53.40% Effective Continuation Phase: 37.51%

Aim: Build a Wellness Focused, Integrated System of Care			
Goal	**Measure**	**2016 Baseline Rate**	**2019 Aggregate Rate**
		Effective Continuation Phase: 38.52%	
	PQA: *Use of Opioids at High Dosage in Persons Without Cancer*	NR	NR
	PQA: *Use of Opioids from Multiple Providers in Persons Without Cancer*	NR	NR
	PQA: *Use of Opioids at High Dosage and From Multiple Providers in Persons Without Cancer*	NR	NR
Aim: Focus on Screening and Prevention			
Goal	**Examples of Measures**	**2016 Baseline Rate**	**2019 Aggregate Rate**
Cancers are prevented or diagnosed at the earliest stage possible	HEDIS/NQF #2372: *Breast Cancer Screening*	52.11%	51.43%
	NQF #0034: *Colorectal Cancer Screening*	NR	NR
	HEDIS/NQF #0032: *Cervical Cancer Screening*	65.44%	56.36%
Prevention of nicotine dependency	AMA-PCPI/NQF #0027: *Tobacco Use—Screening and Cessation*	NR	Discussing Cessation Medications: 48.65% Discussing Cessation Strategies: 42.89%
Virginians protected against vaccine-preventable diseases	HEDIS: *Childhood Immunization Status (Combo 10)*	Combo 10: 40.54%	Combo 10: 36.55%
	HEDIS: *Immunizations for Adolescents*	Meningococcal: 59.67% Tdap/Td: 88.93%	Meningococcal: 65.28% Tdap/Td: 90.22%
	HEDIS: *Pneumococcal Vaccination Status for Older Adults*	NR	NR
	HEDIS: *Flu Vaccinations*	Adult: 43.92%	Adult: 48.71%

Aim: Focus on Screening and Prevention			
Goal	**Examples of Measures**	**2016 Baseline Rate**	**2019 Aggregate Rate**
		Child: 56.33%	Child: 52.55%
Support consistency of recommended pediatric screenings	CMS/HEDIS: *Annual Preventive Dental Visits*	ND	ND
	HEDIS: *Well-Child Visits, First 15 Months of Life*	62.06%	63.56%
	HEDIS: *Well-Child Visits in Third, Fourth, Fifth, and Sixth Years of Life*	74.13%	74.88%
	HEDIS: *Adolescent Well-Care Visits (12–21 years)*	50.30%	51.55%
	OHSU: *Developmental Screening in the First 3 Years of Life*	NR	NR

Aim: Achieve Healthier Pregnancies and Healthier Births			
Goal	**Measures**	**2016 Baseline Rate**	**2019 Aggregate Rate**
Virginians plan their pregnancies	NQF 2902/OPA: *Contraceptive Care—Postpartum Women Ages 15–44*	NR	NR
	HEDIS: *Postpartum Care Visit*	64.45%	61.84%
Improved pre-term birth rate	*Early Elective Deliveries Rate*	NR	NR
	HEDIS: *Timeliness of Prenatal Care*	82.22%	80.09%
	HEDIS: *Frequency of Ongoing Prenatal Care*	<20%: 28.52% 21–40%: 12.13% 41–60%: 74% 61–80%: 12.08% ≥81%: 38.53%	Retired HEDIS measure
	CMS/CDC/PQI: *Percent of Live Births <2,500 Grams*	NR	NR

Aim: Maximize Wellbeing Across the Lifespan			
Goal	**Measures**	**2016 Baseline Rate**	**2019 Aggregate Rate**
Effective management of chronic respiratory disease	PQI 14: *Asthma Admission Rate (Ages 2–17)*	NR	NR
	PQI 15: *Asthma in Younger Adults Admission Rate*	NR	NR
	CMS/PQI 05/NQF #0275: *COPD and Asthma in Older Adults Admission Rate* (two measures)	NR	NR
Comprehensive management of diabetes	HEDIS: *Comprehensive Diabetes Care*	Hemoglobin A1c (HbA1c) Testing: 87.37% HbA1c Poor Control (>9.0%): 40.76% HbA1c Control (<8.0%): 51.87% Eye Exam (Retinal) Performed: 55.05% Medical Attention for Nephropathy: 91.52% Blood Pressure Control (<140/90 mm Hg): 59.47%	Hemoglobin A1c (HbA1c) Testing: 86.33% HbA1c Poor Control (>9.0%): 50.94% HbA1c Control (<8.0%): 41.47 Eye Exam (Retinal) Performed: 45.48% Medical Attention for Nephropathy: 88.15% Blood Pressure Control (<140/90 mm Hg): 50.44%
	PQI 01/NQF #0272: *PQI Diabetes Short-Term Complication Admission Rate*	NR	NR
Effective management of cardiovascular disease	HEDIS/NQF #0018: *Controlling High Blood Pressure*	57.40%	55.61%
Ensure quality of life for members with intensive healthcare needs	JLARC: *Nursing Facility Diversion—# and % of New Members Meeting Nursing Facility Level of Care Criteria Who Opt for Home & Community Based Services (HCBS) Over Institutional Placement*	NR	NR

Aim: Maximize Wellbeing Across the Lifespan			
Goal	**Measures**	**2016 Baseline Rate**	**2019 Aggregate Rate**
	Quality of Life and Member Satisfaction Survey CMS-Specific	NR	NR
	Assessments and Reassessments	NR	NR
	Plan of Care and POC Revisions	NR	NR
	Documentation of Care Goals	NR	NR
	JLARC: *Transition of Members Between Community Well, LTSS and Nursing Facility—Services and Successful Retention in Lower Care Settings*	NR	NR
	JLARC: *Nursing Facility Residents Hospitalization and Readmission Rate*	NR	NR
	Fall Risk Management: Intervention/Managing Fall Risk	NR	NR
Provide support for End of Life	*% Enrollees with Advance Directives*	NR	NR

NR: Rates not reported.

ND: Not a covered benefit.

Appendix C. MCO Quality Strategy Quality Initiatives

Table C-1 through Table C-6 provide examples of the quality initiatives the MCOs highlighted as their efforts toward achieving the Virginia Quality Strategy's goals and objectives.

Aetna

Table C-1—Aetna's Quality Strategy Quality Initiatives

Virginia Quality Strategy Aim and Goal	Aetna's Quality Initiative	Performance Metric
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Strengthen access to primary care network	Members will be sent approximately 1-3 messages each month. If a member is in multiple measure campaigns the messages will be staggered. • Short message service (SMS)	(AAP) Adults' Access to Preventive/Ambulatory Health Services (Total)
Aim: Focus on Screening and Prevention **Goal:** Support consistency of recommended pediatric screenings	Members will be sent approximately 1-3 messages each month. If a member is in multiple measure campaigns, the messages will be staggered. • SMS	(W34) Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
Aim: Focus on Screening and Prevention **Goal:** Support consistency of recommended pediatric screenings	Members will be sent approximately 1-3 messages each month. If a member is in multiple measure campaigns, the messages will be staggered. • SMS	(AWC) Adolescent Well-Care Visits
Aim: Maximize Wellbeing Across the Lifespan **Goal:** Effective management of cardiovascular disease	Members will be sent approximately 1-3 messages each month. If a member is in multiple measure campaigns, the messages will be staggered. • Short message service (SMS)	(CBP) Controlling High Blood Pressure
Aim: Build a Wellness Focused, Integrated System of Care	Promote health behavior changes and choices with one or more past visits to the emergency room for avoidable reasons.	(AMB) Ambulatory Care

Virginia Quality Strategy Aim and Goal	Aetna's Quality Initiative	Performance Metric
Goal: Decrease inappropriate utilization and total cost of care	• Direct mail • Text messaging • Interactive voice response (IVR) • Microsite	
Aim: Achieve Healthier Pregnancies and Healthier Births **Goals:** Improved pre-term birth rates	Flyer co-branded with the American Cancer Society to discuss the benefits of quitting smoking/tobacco cessation and the risks of smoking during pregnancy. • Flyer	(PPC) Prenatal and Postpartum Care
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Integration of behavioral, oral and physical health	Improve collaboration and support between utilization management (UM), case management (CM), and behavioral health (BH) departments in working with members.	(FUH) Follow-Up After Hosp For Mental Illness
Aim: Maximize Wellbeing Across the Lifespan **Goal:** Effective management of cardiovascular disease	1. Coordinate monthly over the counter (OTC) benefit to allow members to obtain blood pressure cuff and coordinate 90-day supply of hypertension (HTN) medications. 2. Education on monitoring of blood pressure at home, recording, and frequency of checking blood pressure. 3. Educate member on blood pressure target goals, know when to call, and teach members to "Know Your Numbers". 4.Coordinate follow up with primary care provider as necessary to assist with blood pressure control. • Health risk assessments • Development of the individualized care plan • Ongoing coordination of interdisciplinary care team activities.	(CBP) Controlling High Blood Pressure

Virginia Quality Strategy Aim and Goal	Aetna's Quality Initiative	Performance Metric
	• Hypertension assessment (in Dynamo) • Condition management in care plan (in Dynamo) • KRAMES educational materials utilized	
Aim: Focus on Screening and Prevention **Goal:** Cancers are prevented or diagnosed at the earliest stage possible	Colonoscopy postcard sent to age appropriate members informing them of colorectal screenings and the different options for screening. • Mailing	(COL) Colorectal Cancer Screening
Aim: Focus on Screening and Prevention **Goal:** Virginians protected against vaccine-preventable diseases	Printed message on prescription bag.	(CIS) Childhood Immunization Status (IMA) Immunizations for Adolescents (PNU) Pneumococcal Vaccination Status for Older Adults (FVA) Flu Vaccinations for Adults Ages 18-64
Aim: Maximize Wellbeing Across the Lifespan **Goal:** Comprehensive management of diabetes	Incentive for members that complete a yearly wellness and diabetes exam. • Flyer	(CDC) Comprehensive Diabetes Care
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Decrease inappropriate utilization and total cost of care	Call made to member with one outpatient visit and two or more emergency department visits. • Live call	(AMB) Ambulatory Care
Aim: Achieve Healthier Pregnancies and Healthier Births **Goals:** Improved pre-term birth rates	Flyer outlining unsafe habits during pregnancy. • Flyer	(PPC) Prenatal and Postpartum Care
Aim: Achieve Healthier Pregnancies and Healthier Births	Call to identified pregnant members to provide education and encourage first trimester	(PPC) Prenatal and Postpartum Care

Virginia Quality Strategy Aim and Goal	Aetna's Quality Initiative	Performance Metric
Goals: Improved pre-term birth rates	prenatal care to reduce risk of preterm or low birth weight births. • Live call	
Aim: Focus on Screening and Prevention **Goal:** Support consistency of recommended pediatric screenings **Goal:** Virginian's protected against vaccine-preventable diseases	Mailer sent to members (parents), as a reminder for well child visits with PCP and to keep up to date with immunizations. Monthly mailing based on child's birthday and gaps in care. • Mailing	(ADV) Annual Dental Visit (11-14 Yrs.) (AWC) Adolescent Well-Care Visits (CIS) Childhood Immunization Status (IMA) Immunizations for Adolescents (LSC) Lead Screening in Children (W15) Well-Child Visits in the first 15 Months of Life (6 or more visits) (W34) Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
Aim: Focus on Screening and Prevention **Goal:** Virginians protected against vaccine-preventable diseases	Flu card reminder sent to head of household. • Mailing	(PNU) Pneumococcal Vaccination Status for Older Adults (FVA) Flu Vaccinations for Adults Ages 18-65
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Decrease inappropriate utilization and total cost of care **Goal:** Integration of behavioral, oral and physical health	Letter mailed to identified members providing education of importance of engaging in follow up appointment within 30 days after hospital discharge. • Mailing	(PCR) Plan All-Cause Readmission Rate (EDU) Ambulatory Care – Emergency Department Visits (IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up

Virginia Quality Strategy Aim and Goal	Aetna's Quality Initiative	Performance Metric
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Decrease inappropriate utilization and total cost of care **Goal:** Integration of behavioral, oral and physical health	Outbound caller identification (ID) is updated to identify case management calls to members. Member received education from case manager regarding the importance of engaging in a 30-day post-discharge follow up visit with a PCP or specialist and is provided with assistance with scheduling the appointment if needed. • Live call	(PCR) Plan All-Cause Readmission Rate (EDU) Ambulatory Care – Emergency Department Visits (IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Integration of behavioral, oral and physical health	Integrative round with utilization management, behavioral health, case management, medical management, pharmacy, Plan Sponsor Services (PSS) representation to focus on stabilizing one member at a time who is a high utilizer of behavioral health inpatient hospitalizations. • Call with member	(IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up *Indirectly aligns to various HEDIS metrics to close gaps in care*.
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Integration of behavioral, oral and physical health	Ensure that discharging physicians prescribe psychiatric medications that are on formulary, thereby avoiding delays and lack of continuity with medications. • Fax	(IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Decrease inappropriate utilization and total cost of care	Clinical program focused on coordinating care between providers, case managers and clinical pharmacists as members are discharged from the hospital. • Outreach call	(PCR) Plan All-Cause Readmission Rate (EDU) Ambulatory Care – Emergency Department Visits
Aim: Achieve Healthier Pregnancies and Healthier Births **Goals:** Improved pre-term birth rates	Incentive for members completing all prenatal appointments and post-partum check-up. • Pamphlet	(PPC) Timeliness of Prenatal Care (PPC) Frequency of Ongoing Prenatal Care

Virginia Quality Strategy Aim and Goal	Aetna's Quality Initiative	Performance Metric
Aim: Achieve Healthier Pregnancies and Healthier Births **Goals:** Improved pre-term birth rates	Provider incentive for identifying pregnant members and providing members with prenatal/postpartum care. • Assessment	(PPC) Timeliness of Prenatal Care (PPC) Frequency of Ongoing Prenatal Care
Aim: Focus on Screening and Prevention **Goal:** Virginians protected against vaccine-preventable diseases	Recorded messages for members reminding them to get their free flu shot. • Message recording	(PNU) Pneumococcal Vaccination Status for Older Adults (FVA) Flu Vaccinations for Adults Ages 18-64
Aim: Maximize Wellbeing Across the Lifespan **Goal:** Comprehensive management of diabetes	Q2: Letter sent to members with last date of service for needed tests and diabetes educational booklet. Q3: Reminder sent to members to have their diabetic retinal eye exam. Q4: Reminder card sent to members that have not completed diabetic HEDIS screenings. • Mailing	(CDC) Comprehensive Diabetes Care
Aim: Focus on Screening and Prevention **Goal:** Support consistency of recommended pediatric screenings **Goal:** Virginian's protected against vaccine-preventable diseases	Program that promotes parents to have their child's well child check-up which includes physical exam, immunizations, and growth and development screening. Incentive includes: $10 Walmart gift card, teddy bear, crayons/coloring book, bookmark • Flyer; mailing	(W15) Well-Child Visits in the first 15 Months of Life (6 or more visits) (W34) Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (WCV) Adolescent Well-Care Visits
Aim: Focus on Screening and Prevention **Goal:** Support consistency of recommended pediatric screenings **Goal:** Virginian's protected against vaccine-preventable diseases	Revised Ted E Bear MD program; promotes parents to have their child's well child check-up which includes a physical exam, immunizations, and growth and development screening. Each child receives an enrollment gift (based on age) and a Walmart gift upon completion of well child check-	(W15) Well-Child Visits in the first 15 Months of Life (6 or more visits) (W34) Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (WCV) Adolescent Well-Care Visits

Virginia Quality Strategy Aim and Goal	Aetna's Quality Initiative	Performance Metric
	up (gift cards varies based on age group). • Flyer, mailing	(CIS) Childhood Immunization Status (IMA) Immunizations for Adolescents (PNU) Pneumococcal Vaccination Status for Older Adults (FVA) Flu Vaccinations for Adults Ages 18-64
Aim: Achieve Healthier Pregnancies and Healthier Births **Goals:** Improved pre-term birth rates	Obstetrical packet mailed to member's last seen obstetrician/gynecologist (OB/GYN); provides OB/GYB with billable codes to use for smoking cessation counseling, along with a flow chart on navigating through smoking cessation conversation and patient self-evaluation. • Mailing	(PPC) Timeliness of Prenatal Care (PPC) Frequency of Ongoing Prenatal Care
Aim: Achieve Healthier Pregnancies and Healthier Births **Goals:** Improved pre-term birth rates	Calls made to identified pregnant smokers to inform members of available resources and options to engage in smoking cessation. • Live call	(PPC) Timeliness of Prenatal Care (PPC) Frequency of Ongoing Prenatal Care
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Integration of behavioral, oral and physical health	Provides benchmark of how many members are in treatment. Reports from Pre-Manage are reviewed weekly for recent emergency department admissions for drug or alcohol (ETOH) overdose. These members are outreached by the behavioral health department to assure safety and encourage engagement in outpatient substance use disorder services. • Live Call	(IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up

Virginia Quality Strategy Aim and Goal	Aetna's Quality Initiative	Performance Metric
Aim: Focus on Screening and Prevention **Goal:** Cancers are prevented or diagnosed at the earliest stage possible	Preventive reminder encourages women to receive an annual well woman exam and includes two unique cards. The card for ages 21-39 years focuses on cervical cancer screening. The card for ages 40-74 years focuses on both cervical and breast cancer screenings. • Mailing	(BCS) Breast Cancer Screening (CCS) Cervical Cancer Screening (COL) Colorectal Cancer Screening
Aim: Focus on Screening and Prevention **Goal:** Cancers are prevented or diagnosed at the earliest stage possible	Incentive for members that complete their Papanicolaou test (pap) and mammogram. • Flyer	(BCS) Breast Cancer Screening (CCS) Cervical Cancer Screening (COL) Colorectal Cancer Screening
Aim: Focus on Screening and Prevention **Goal:** Cancers are prevented or diagnosed at the earliest stage possible **Goal:** Virginians protected against vaccine-preventable diseases **Aim:** Maximize Wellbeing Across the Lifespan **Goal:** Comprehensive management of diabetes	Program that incentivizes members for completing various screenings and yearly wellness exams. • Flyer	(BCS) Breast Cancer Screening (CCS) Cervical Cancer Screening (COL) Colorectal Cancer Screening (CDC) Comprehensive Diabetes Care
Aim: Maximize Wellbeing Across the Lifespan **Goal:** Comprehensive management of diabetes **Goal:** Effective management of cardiovascular disease	Tool used to determine patient is exhibiting behavior that indicates that they aren't adherent to medications. Target six medical conditions (diabetes, heart health (hypertension, congestive heart failure and coronary artery disease), and psychosis medications). Analyze what are drivers for nonadherence.	(CDC) Comprehensive Diabetes Care (CBP) Controlling High Blood Pressure

Virginia Quality Strategy Aim and Goal	Aetna's Quality Initiative	Performance Metric
	• IVR • Disease management newsletter • Some cohorts will receive SMS and IVR and other cohorts will receive the mailer.	
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Decrease inappropriate utilization and total cost of care	Reduce 30-day readmissions for members who have been recently discharged from an acute inpatient hospital stay for a subset of conditions through increased follow-up. Reduce readmission by 3-5%. • SMS • IVR • Direct mail • Live Call	(PCR) Plan All-Cause Readmission Rate (EDU) Ambulatory Care – Emergency Department Visits

HealthKeepers

Table C-2—HealthKeepers' Quality Strategy Quality Initiatives

Virginia Quality Strategy Aim and Goal	HealthKeepers' Quality Initiative	Performance Metric
A direct link to the aims and goals in the 2017-2019 Virginia Quality Strategy could not be determined.	HealthKeepers has focused targeted metrics in place to measure progress as well as interventions in place that are in line with the Virginia Quality Strategy including enhance the member care experience; effective patient care; smarter spending; and improve population health.	

Magellan

Table C-3—Magellan's Quality Strategy Quality Initiatives

Virginia Quality Strategy Aim and Goal	Magellan's Quality Initiative	Performance Metric
A direct link to the aims and goals in the 2017-2019 Virginia Quality Strategy could not be determined.	Magellan established in-home assessments using the vendor Inovalon to help capture and ensure the proper clinical profile of its membership. These in-person or telehealth assessments help the MCO to better understand the clinical profile of each member to ensure they are offering relevant services in supporting our members in the best possible way.	
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Integration of behavioral, oral and physical health **Goal:** Strengthen access to primary care network **Goal:** Decrease inappropriate utilization and total cost of care **Goal:** Encourage appropriate management of prescription medications **Aim:** Maximize Wellbeing Across the Lifespan **Goal:** Effective management of chronic respiratory disease **Goal:** Comprehensive management of diabetes	HEDIS intervention is organized by four workgroups: behavioral health, pharmacy, chronic conditions, and women and children. Magellan is working with internal teams, network providers, and vendors to monitor and continue improvement of measure outcomes by identifying members with gaps in care and assisting members to receive health services they need.	(IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up (AAP) Adults' Access to Primary Care (Preventive/Ambulatory Health Services) (PCR) Plan All-Cause Readmission Rate (EDU) Ambulatory Care – Emergency Department Visits Use of Multiple Concurrent Antipsychotics in Children and Adolescents (ADD) Follow-up Care for Children Prescribed ADHD Medications – Initiation and Continuation/Maintenance Phase

Virginia Quality Strategy Aim and Goal	Magellan's Quality Initiative	Performance Metric
Goal: Effective management of cardiovascular disease **Aim:** Focus on Screening and Prevention **Goal:** Support consistency of recommended pediatric screenings **Goal:** Virginian's plan their pregnancies **Goal:** Improved pre-term birth rate **Goal:** Virginian's protected against vaccine-preventable diseases		(OHD) Use of Opioids at High Dosage in Persons Without Cancer (AMM) Antidepressant Medication Management – Effective Acute Phase Treatment and Continuation/Maintenance Phases (PQI15) Asthma Admission Rate (CDC) Comprehensive Diabetes Care (CBP) Controlling High Blood Pressure (PDENT) Annual Preventive Dental Visits (W15) Well-Child Visits First 15 Months of Life (W34) Well-Child Visits in 3rd, 4th, 5th, and 6th Years of Life (AWC) Adolescent Well-Care Visits (12-21 Years) (PPC) Post-Partum Care Visit (PPC) Timeliness of Prenatal Care (PPC) Frequency of Ongoing Prenatal Care (LBW) Percent of Live Births <2,500 Grams (CIS) Childhood Immunization Status

Virginia Quality Strategy Aim and Goal	Magellan's Quality Initiative	Performance Metric
		(IMA) Immunizations for Adolescents (PNU) Pneumococcal Vaccination Status for Older Adults (FVA) Flu Vaccinations for Adults Ages 18-64
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Strengthen access to primary care network	Magellan ensures all members receive transportation needed to health care services. Even during the COVID-19 pandemic, all members, even members diagnosed with COVID-19, receive the same quality transportation services.	(AAP) Adults' Access to Primary Care (Preventive/Ambulatory Health Services) Children and Adolescents' Access to Primary Care
A direct link to the aims and goals in the 2017-2019 Virginia Quality Strategy could not be determined.	Member engagement begins with member outreach. Successful outreach is critical to Magellan's members' overall health outcomes. Magellan uses Lexis Nexis to obtain the most current member contact information to boost successful member outreach and engagement.	
Aim: Build a Wellness Focused Integrated System of Care **Goal:** Decrease inappropriate utilization and total cost of care	Magellan established a process to identify factors such as network, age, and other relevant membership cohorts that impact low-acuity non-emergent emergency room visits, hospital readmission, and potential preventable hospital admission rates and implement interventions to improve the rates.	(PCR) Plan All-Cause Readmission Rate (EDU) Ambulatory Care – Emergency Department Visits
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Integration of behavioral, oral and physical health	Magellan's integrated care pilot program was developed and implemented in partnership with a Community Services Board (CSB) to improve healthcare quality and cost outcomes for members with behavioral	(IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up

Virginia Quality Strategy Aim and Goal	Magellan's Quality Initiative	Performance Metric
	health, substance use, and physical health comorbidities.	
A direct link to the aims and goals in the 2017-2019 Virginia Quality Strategy could not be determined.	Magellan offers services that are not generally covered through Medicaid fee-for-service. Magellan members have access to the following benefits: • Dental • Vision • Bicycle helmets • Over-the-counter products • Complete care counts member incentive program • Smart phone • On to Better Health Behavioral Health Resources • Clickotine program to quit smoking • Environmental modifications • Community connections • Post discharge meals • Personal care attendant support • Transition of care for children in foster care and for adults • Caring for care givers program	
Aim: Achieve Healthier Pregnancies and Healthier Births **Goal:** Improved pre-term birth rate	Early identification of pregnancy is critical to prenatal care for members and their unborn children. To improve early identification and health outcomes for maternal and infant members, Magellan designed a pregnancy notification form for members and providers. Upon confirmation of a positive pregnancy, the form can be completed by members or providers. This form allows the Magellan pregnancy care team	(PPC) Timeliness of Prenatal Care (PPC) Frequency of Ongoing Prenatal Care

Virginia Quality Strategy Aim and Goal	Magellan's Quality Initiative	Performance Metric
	to coordinate prenatal visits and provide support to pregnant members.	
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Integration of behavioral, oral and physical health **Goal:** Strengthen access to primary care network **Goal:** Decrease inappropriate utilization and total cost of care **Goal:** Encourage appropriate management of prescription medications **Aim:** Maximize Wellbeing Across the Lifespan **Goal:** Effective management of chronic respiratory disease **Goal:** Comprehensive management of diabetes **Goal**: Effective management of cardiovascular disease **Aim:** Focus on Screening and Prevention **Goal:** Support consistency of recommended pediatric screenings **Goal:** Virginian's plan their pregnancies	Magellan sends out personalized text messages with health tips and reminders based on the member's age and specific risk factors to our members. Text message campaign topics are diabetes, maternal health, pediatric health, individual preventive health, and COVID-19.	(IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up (AAP) Adults' Access to Primary Care (Preventive/Ambulatory Health Services) Children and Adolescents' Access to Primary Care (PCR) Plan All-Cause Readmission Rate (EDU) Ambulatory Care – Emergency Department Visits Use of Multiple Concurrent Antipsychotics in Children and Adolescents (ADD) Follow-up Care for Children Prescribed ADHD Medications – Initiation and Continuation/Maintenance Phase (OHD) Use of Opioids at High Dosage in Persons Without Cancer (PQI15) Asthma Admission Rate (CDC) Comprehensive Diabetes Care (CBP) Controlling High Blood Pressure

Virginia Quality Strategy Aim and Goal	Magellan's Quality Initiative	Performance Metric
Goal: Improved pre-term birth rate **Goal:** Virginian's protected against vaccine-preventable diseases		(PDENT) Annual Preventive Dental Visits (W15) Well-Child Visits First 15 Months of Life (W34) Well-Child Visits in 3rd, 4th, 5th, and 6th Years of Life (AWC) Adolescent Well-Care Visits (12-21 Years) (PPC) Post-Partum Care Visit (PPC) Timeliness of Prenatal Care (PPC) Frequency of Ongoing Prenatal Care (LBW) Percent of Live Births <2,500 Grams (CIS) Childhood Immunization Status (IMA) Immunizations for Adolescents (PNU) Pneumococcal Vaccination Status for Older Adults (FVA) Flu Vaccinations for Adults Ages 18-64

Optima

Table C-4—Optima's Quality Strategy Quality Initiatives

Virginia Quality Strategy Aim and Goal	Optima's Quality Initiative	Performance Metric
Aim: Build a Wellness Focused, Integrated System of Care **Goal 1.2:** Emphasize member experience of care *The quality initiatives may impact other Quality Strategy aims and goals.*	• Outreach baby showers • Outreach member advisory forums (virtual currently) • Care coordination technician member outreach • Continued and increased outreach to members through the vendor EMMI for IVR calls and educational videos as well as live calls by the population care team • Member portal through BioIQ so members can have immediate access to their fecal immunochemical test (FIT) results • Care coordinators work with members to close gaps in care by utilizing gaps in care reports • Use of PreManage/Collective Medical reports to identify members with high utilization of ED and inpatient admissions to improve access to most appropriate levels of care/services • Dedicated team (CipherHealth) to conduct hospital and ED post-discharge follow-up calls to members to assist with any member-identified concerns (home health, medications, discharge instructions, etc. • Implementation of in-home testing and assessments for	CAHPS Member Rating of Health Plan

Virginia Quality Strategy Aim and Goal	Optima's Quality Initiative	Performance Metric
	members through Matrix in-home assessment (IHA)	
Aim: Build a Wellness Focused, Integrated System of Care **Goal :** Emphasize member experience of care	• Annual care coordination program satisfaction surveys and develop action plan • Customer service training for care coordinators • Implemented a member portal through BioIQ so members can have immediate access to their FIT results • CAHPS action planning to improve measures	CAHPS Member Rating of Health Plan
Aim: Maximize Wellbeing Across the Lifespan **Goal:** Comprehensive diabetes management **Aim:** Focus on Screening and Prevention **Goal:** Cancers are diagnosed at the earliest stage possible **Aim:** Maximize Wellbeing Across the Lifespan **Goal:** Ensure quality of life for members with intensive healthcare needs	• Provide at-home testing for diabetes care • Continued services and improvement to provide at-home testing for colorectal cancer screening • Implementation of in-home testing and assessments for members through Matrix IHA	(CDC) Comprehensive Diabetes Care (BCS) Breast Cancer Screening (COL) Colorectal Screening (CCS) Cervical Cancer Screening Assessments and Reassessments
A direct link to the aims and goals in the 2017-2019 Virginia Quality Strategy could not be determined.	• Member care gap dashboard shared with provider office partners • Provider education meetings • Provider portal enhancements • Relationships with clearinghouses that allows for better electronic data	

Virginia Quality Strategy Aim and Goal	Optima's Quality Initiative	Performance Metric
	interchangeability for claims processing • COVID-19 mitigation meetings held with pediatricians in June, July, and August from the Children's Hospital King's Daughters (CHKD), Sentara Medical Group and Sentara Quality Care Network to discuss vaccine counseling, well-visits, patient communication, visit coding, telehealth, providers-sharing of best practices with each other.	
Aim: Maximize Wellbeing Across the Lifespan **Goal:** Comprehensive diabetes management **Aim:** Focus on Screening and Prevention **Goal:** Cancers are diagnosed at the earliest stage possible **Aim:** Maximize Wellbeing Across the Lifespan **Goal:** Ensure quality of life for members with intensive healthcare needs	• Provider network access evaluation • Provide at-home testing for diabetes care • Continued services and improvement to provide at-home testing for colorectal cancer screening • In-home assessments (telehealth during COVID) • Hospital and ED post-discharge follow-up calls to members to assist with scheduling appointment with PCP, MDLive or specialists as needed • Personal care authorization end dates were extended 60 days during COVID • Members were not removed from the Waiver during COVID • Respiratory related durable medical equipment (DME) and supplies did not require an authorization during COVID • Members who were hospitalized did not require	(CDC) Comprehensive Diabetes Care (BCS) Breast Cancer Screening (COL) Colorectal Screening (BCS) Cervical Cancer Screening Assessments and Reassessments

Virginia Quality Strategy Aim and Goal	Optima's Quality Initiative	Performance Metric
	a screening to be placed in a nursing facility during COVID • Home health and hospice did not require an authorization during COVID • Out of network policy relaxed during COVID	
A direct link to the aims and goals in the 2017-2019 Virginia Quality Strategy could not be determined.	• Critical incident process and reporting • Mandatory Adult Protective Service/Child Protective Service (APS/CPS) reporting policy	
A direct link to the aims and goals in the 2017-2019 Virginia Quality Strategy could not be determined.	• Quality management reviews (QMRs) of LTSS providers • Value-based arrangement discussions and agreements with providers	
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Integration of behavior, oral and physical health **Goal:** Decrease inappropriate utilization and total cost of care	• Mental health skill building Initiative to identify members making progress from the service and actively transition members who are not benefiting from the service to a more appropriate service • Use of PreManage/Collective Medical reports to identify members with high utilization of emergency department and inpatient admissions to improve access to most appropriate levels of care/services • Updating contracts and payment structures for DME providers	(IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up (PCR) Plan All-Cause Readmission Rate (EDU) Ambulatory Care – Emergency Department Visits
Aim: Build a Wellness Focused, Integrated System of Care	• The behavioral health program with MDLIVE and the BH team • Use of PreManage reports to identify members with BH	(IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Virginia Quality Strategy Aim and Goal	Optima's Quality Initiative	Performance Metric
Goal: Integration of behavior, oral and physical health	ED visit utilization to improve follow-up appointment compliance and access to most appropriate levels of care/services	(FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Integration of behavior, oral and physical health	• Optima behavioral health team outreach to assist with scheduling treatment services	(IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up
Aim: Maximize Wellbeing Across the Lifespan **Goal:** Comprehensive diabetes management **Goal:** Ensure quality of life for members with intensive healthcare needs **Aim:** Focus on Screening and Prevention **Goal:** Cancers are diagnosed at the earliest stage possible **Aim:** Build a Wellness Focused, Integrated System of Care **Goal:** Decrease inappropriate utilization and total cost of care	• Continued colorectal cancer screening program (FIT) • Engagement of members with the mobile van for mammograms • Diabetic eye exam incentive program • Diabetic eye exam PopCare campaign • Care coordinators work with members to close gaps in care by utilizing gaps in care reports • Use of PreManage/Collective Medical reports to identify members with high utilization of emergency department and inpatient admissions to improve access to most appropriate levels of care/services • Dedicated team (CipherHealth) to conduct hospital and emergency department post-discharge follow-up calls to members to assist with any member-identified concerns (home health, medications, discharge instructions, etc.	(CDC) Comprehensive Diabetes Care Assessments and Reassessments (BCS) Breast Cancer Screening (COL) Colorectal Screening (CCS) Cervical Cancer Screening (PCR) Plan All-Cause Readmission Rate (EDU) Ambulatory Care – Emergency Department Visits

Virginia Quality Strategy Aim and Goal	Optima's Quality Initiative	Performance Metric
	• Implementation of in-home testing and assessments for members through Matrix IHA	
Aim: Maximize Wellbeing Across the Lifespan **Goal:** Ensure quality of life for members with intensive healthcare needs	• Complex case management services by the clinical team • Clinical care services team utilization of Prealize Predictive Analytics for member engagement into care coordination/case management services • Implementation of in-home testing and assessments for members through Matrix IHA with referrals to Optima case management teams if needed	Assessments and Reassessments
Aim: Maximize Wellbeing Across the Lifespan **Goal:** Ensure quality of life for members with intensive healthcare needs	• Care coordinators attend nursing facility Minimum Data Set (MDS) meetings, identify and transition eligible members back to community • Long-term care nursing facility discharge rounds with provider to assist care coordinator in safely transitioning member from a nursing facility to community setting • Critical incidents submitted to quality improvement for care concern investigations	Assessments and Reassessments (TRC) Transition of Members Between Community Well, LTSS and Nursing Facility – Services and Successful Retention in Lower Care Settings
Aim: Achieve Healthier Pregnancies and Healthier Births **Goal:** Improved pre-term birth rate	• Outreach baby showers • Prenatal and postpartum incentive program • Referrals to Partners in Pregnancy case management program • Case manager to assist in scheduling prenatal/postpartum visits, managing chronic conditions, providing care	(PPC) Timeliness of Prenatal Care (PPC) Frequency of Ongoing Prenatal Care (LBW) Percent of Live Births <2,500 Grams

Virginia Quality Strategy Aim and Goal	Optima's Quality Initiative	Performance Metric
	coordination and case management as well as providing support and education during the prenatal and postpartum period • Continued and increased outreach to members through the vendor EMMI for educational videos as well as live calls by the partners in pregnancy team	

United

Table C-5—United's Quality Strategy Quality Initiatives

Virginia Quality Strategy Aim and Goal	United's Quality Initiative	Performance Metric
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Emphasize member experience of care **Goal:** Integration of behavioral, oral and physical health **Goal:** Decrease inappropriate utilization and total cost of care **Goal:** Strengthen access to primary care network **Aim:** Maximize Wellbeing Across the Lifespan **Goal:** Ensure quality of life for members with intensive healthcare needs	UnitedHealthcare (Medallion and CCC Plus) has quality integrated into all facets of the health plan in order to provide quality services to members, ensure they have appropriate access to care and to improve health outcomes. To meet the goals and objectives in the Virginia Quality Strategy, UnitedHealthcare monitors rates for multiple quality measures, including those on the DMAS Quality Strategy Quality Dashboard. Initiatives UnitedHealthcare has implemented to meet the Quality Strategy include, but were not limited to: *Enhanced Member Care Experience:*	CAHPS Member Rating of Health Plan (IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up (PCR) Plan All-Cause Readmission Rate (EDU) Ambulatory Care – Emergency Department Visits (AAP) Adults' Access to Primary Care (Preventive/Ambulatory Health Services) Children and Adolescents' Access to Primary Care

Virginia Quality Strategy Aim and Goal	United's Quality Initiative	Performance Metric
Aim: Focus on Screening and Prevention **Goal:** Support consistency of recommended pediatric screenings	Within the health plan, care coordination integrates physical and behavioral health, and incorporates medical management (pharmacy services) in the members' care management plans. These care plans focus on member goals for positive health outcomes and aim to improve appropriate use of services and reduce inappropriate utilization. UnitedHealthcare also coordinates member access to HCBS services and monitors provider and member satisfaction with those services. *Effective Patient Care:* UnitedHealthcare maintains network adequacy, so members have appropriate access to care. We ensure we are meeting DMAS network adequacy standards. We ensure providers have the most current information on benefits and resources to support the members. UnitedHealthcare partners with providers for member support such as 1) providing PCPs with data on members with gaps in care, 2) identifying emergency department visits through the emergency department Care Coordination (EDCC) interface and working with emergency departments on adequate discharge plans and follow-up appointments, 3) coordinating transportation to appointments, and 4) partnering with Federally Qualified Health Centers (FQHCs) for member care and support of community events.	Assessments and Reassessments (PDENT) Annual Preventive Dental Visits (W15) Well-Child Visits First 15 Months of Life (W34) Well-Child Visits in 3rd, 4th, 5th, and 6th Years of Life (AWC) Adolescent Well-Care Visits (12-21 Years)

Virginia Quality Strategy Aim and Goal	United's Quality Initiative	Performance Metric
	Smarter Spending: UnitedHealthcare continually monitors to ensure we are operating as efficiently and effectively as possible. There is also focus on medically unnecessary or potentially preventable spending for hospital admissions, hospital readmissions, and emergency department visits. UnitedHealthcare initiated a Community Plan Primary Care Provider Incentive Program which is a value-based incentive program with the goal of compensating primary care providers for performance for key member outcome measures. UnitedHealthcare assists in the identification of members who need preventive services so primary care providers can appropriately outreach and schedule appointments with these members. *Improved Population Health:* Through a variety of methodologies UnitedHealthcare provides member education and outreach, with appropriate focus on special populations. Many of these outreach programs are outlined in the performance measure validation section on HEDIS measure activities. UnitedHealthcare is continually reviewing metrics to identify where outreach is most needed.	

Virginia Quality Strategy Aim and Goal	United's Quality Initiative	Performance Metric
	In addition, UnitedHealthcare has supported and encouraged the use of telemedicine through the pandemic to assist members with continued access to care. The purpose of all these activities is to improve the overall health of United's members.	

VA Premier

Table C-6—VA Premier's Quality Strategy Quality Initiatives

Virginia Quality Strategy Aim and Goal	VA Premier's Quality Initiative	Performance Metric
Aim: Build a Wellness Focused, Integrated System of Care **Goal:** Emphasize member experience of care **Goal:** Decrease inappropriate utilization and total cost of care **Goals:** Integration of behavioral, oral and physical health	Corporate quality and safety strategy: Quadruple Aim • Population Health – improving population health with value-based care • Patient/member engagement – improving patient care and engagement • Cost reduction – reducing total cost of care while improving quality • Provider engagement – Improving provider engagement across the continuum of care The MCO strives to meet the needs of underserved and vulnerable populations, in Virginia, by delivering quality-driven, culturally sensitive, and financially viable healthcare to	CAHPS Member Rating of Health Plan (PCR) Plan All-Cause Readmission Rate (EDU) Ambulatory Care – Emergency Department Visits (IET) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (FUH) Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up

Virginia Quality Strategy Aim and Goal	VA Premier's Quality Initiative	Performance Metric
	all members. The quality improvement program has an ongoing commitment to promote excellence in healthcare, enhance personal wellness, continuously improve member experiences and outcomes, and provide access to care in a safe and cost-effective manner. The MCO initiatives are aimed at achieving goals and objectives aligned with Virginia Premier's quality strategy: Quadruple Aim (adopted in 2019) and designed to inspire healthy living through innovation, strategic partnerships, and industry-leading healthcare across the continuum of care. Initiatives developed and implemented by the MCO to meet goals and objectives in the Virginia Quality Strategy include, but are not limited to, the following: • Quality improvement program • Quality improvement committee (QIC) structure and governance • HEDIS performance monitoring and targeted improvement plan • Population health program to include year-long engagement with members to close care gaps • Medical outreach/health education • Value-based purchasing • Member safety initiatives • Member/provider satisfaction surveys	

Virginia Quality Strategy Aim and Goal	VA Premier's Quality Initiative	Performance Metric
	• Member/provider outreach/engagement • Cultural competency and healthcare disparities analyses and evaluations • Culturally and linguistically appropriate services (CLAS) competency provider training • Utilization management program • Patient utilization management and safety (PUMS) program • Behavioral health/ARTS benefit • Reducing readmissions • Reducing emergency department utilization • Case management program • Chronic care management program • Maternity health/disparities • Social determinants of health (SDOH) The various initiatives span a multitude of areas as all departments ultimately contribute to quality outcomes for the MCO's members and providers.	

Appendix D. 2020–2022 Quality Strategy Aims, Goals, Objectives, and Metrics

Appendix D provides DMAS's 2020–2022 Quality Strategy aims, goals, objectives, and quality measures.

Table D-1—DMAS' 2020 Quality Strategy Goals and Objectives

AIM	Goal	Objective	Measure Name	Metric specifications
Aim 1: Enhance Member Care Experience	**Goal 1.1:** Improve Member Satisfaction	Increase Timely Access to Care	**Metric 1.2.1:** Getting Care Quickly Q6	CMS Adult Core Set: CPA-AD
		Increase Member Satisfaction	**Metric 1.2.2:** Enrollees' Ratings	CMS Adult Core Set: CPA-AD
		Increase Member Satisfaction with Care	**Metric 1.2.3:** Rating of All Health Care	CMS Adult Core Set: CPA-AD
	Goal 1.3: Improve Home and Community-Based Services	Ensure Patient-Centered Care and Services	**Metric 1.3.1:** Number and Percent of Waiver Individuals Who Have Service Plans That are Adequate and Appropriate to Their Needs and Personal Goals	Quality Management Review (QMR)
		Ensure Access to Care	**Metric 1.3.2:** Number and Percent of Individuals Who Received Services in the Scope Specified in the Service Plan	Quality Management Review (QMR)
Aim 2: Effective Patient Care	**Goal 2.1:** Enhance Provider Support	Maintain Provider Engagement	**Metric 2.1.1:** Rating of Personal Doctor	CMS Adult Core Set: CPA-AD
	Goal 2.2: Ensure Access to Care	Improve Health Communication	**Metric 2.1.2:** How Well Doctors Communicate	CMS Adult Core Set: CPA-AD
		Increase Access to Care	**Metric 2.2.3:** Getting Needed Care	CMS Adult Core Set: CPA-AD
Aim 3: Smarter Spending	**Goal 3.1:** Focus on Paying for Value	Decrease Potentially Preventable Admissions	**Metric 3.1.1:** Frequency of Potentially Preventable Admissions	VBP Reporting Team

AIM	Goal	Objective	Measure Name	Metric specifications
		Decrease Emergency Department Visits	**Metric 3.1.2:** Frequency of Emergency Department Visits	VBP Reporting Team
		Decrease Potentially Preventable Readmissions	**Metric 3.1.3:** Frequency of Potentially Preventable Readmissions	VBP Reporting Team
		Decrease Emergency Department Visits	**Metric 3.1.4:** Ambulatory Care: Emergency (ED) Visits	NCQA HEDIS
	Goal 3.2: Focus on Efficient Use of Program Funds	Ensure High-Value Appropriate Care	**Metric 3.2.3:** Monitor MLR annually by managed care program and aggregate total	Finance Team Reporting
Aim 4: Improved Population Health	**Goal 4.1:** Improve Behavioral Health and Developmental Services of Members	Increase Follow-Up Visits After Hospitalization for Mental Illness	**Metric 4.1.1:** Follow-Up After Hospitalization for Mental Illness	CMS Adult Core Set: FUH-AD
		Increase Follow-Up Visits After Emergency Department Visit for Mental Illness	**Metric 4.1.2:** Follow-Up After Emergency Department Visit for Mental Illness	CMS Adult Core Set: FUM-AD
		Increase Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication	**Metric 4.1.3:** Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	CMS Child Core Set: ADD-CH
		Increase Mental Health Utilization	**Metric 4.1.4:** Monitor Mental Health Utilization	NCQA HEDIS MPT
		Increase Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.	**Metric 4.1.5:** Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	CMS Child Core Set: APP-CH
	Goal 4.2: Improve Outcomes for Members with Substance Use Disorders	Increase Identification of Alcohol and Other Drug Services	**Metric 4.2.1:** Monitor Identification of Alcohol and Other Drug Services	NCQA HEDIS IAD
		Increase Follow-Up After Emergency Department Visit for Alcohol and	**Metric 4.2.2:** Follow-Up After Emergency Department Visit for	CMS Adult Core Set: FUA-AD

AIM	Goal	Objective	Measure Name	Metric specifications
		Other Drug Abuse or Dependence	Alcohol and Other Drug Abuse or Dependence	
		Decrease Use of Opioids at High Dosage in Persons Without Cancer	**Metric 4.2.3:** Use of Opioids at High Dosage in Persons Without Cancer	CMS Adult Core Set: OHD-AD
		Increase Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	**Metric 4.2.4:** Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	CMS Adult Core Set: IET-AD
	Goal 4.3: Improve Utilization of Wellness, Screening, and Prevention Services for Members	Increase Percentage of Eligibles who Receive Preventive Dental Services	**Metric 4.3.1:** Percentage of Eligibles who Receive Preventive Dental Services	CMS Child Core Set: PDENT-CH
		Increase Adults' Access to Preventive/Ambulatory Health Services	**Metric 4.3.2:** Adults' Access to Preventive/Ambulatory Health Services	NCQA HEDIS AAP
		Increase Child and Adolescent Well-Care Visits	**Metric 4.3.4:** Child and Adolescent Well-Care Visits	CMS Child Core Set AWC-CH
	Goal 4.4: Improve Health for Members with Chronic Conditions	Decrease Heart Failure Admission Rate	**Metric 4.4.1:** PQI 08: Heart Failure Admission Rate	CMS Adult Core Set PQI08-AD
		Decrease Asthma Admission Rate	**Metric 4.4.2:** PDI 14: Asthma Admission Rate (Ages 2–17)	AHRQ Quality Indicators PDI 14
		Decrease COPD and Asthma in Older Adults' Admission Rate	**Metric 4.4.3:** PQI 05: COPD and Asthma in Older Adults' Admission Rate	CMS Adult Core Set PQI05-AD
		Decrease Diabetes Poor Control	**Metric 4.4.4:** Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	CMS Adult Core Set HPC-AD
		Increase Control of High Blood Pressure	**Metric 4.4.5:** Controlling High Blood Pressure	CMS Adult Core Set CBP-AD

AIM	Goal	Objective	Measure Name	Metric specifications
	Goal 4.5: Improve Outcomes for Nursing Home Eligible Members	Decrease Use of High-Risk Medications in Older Adults (Elderly)	**Metric 4.5.1:** Use of High-Risk Medications in Older Adults (Elderly)	NCQA HEDIS DAE
	Goal 4.6: Improve Outcomes for Maternal and Infant Members	Increase Postpartum Care	**Metric 4.6.1:** Prenatal and Postpartum Care: Postpartum Care	CMS Adult Core Set PPC-AD
		Increase Timeliness of Prenatal Care	**Metric 4.6.2:** Prenatal and Postpartum Care: Timeliness of Prenatal Care	CMS Child Core Set PPC-CH
		Increase Childhood Immunization Status	**Metric 4.6.3:** Childhood Immunization Status	CMS Child Core Set CIS-CH
		Decrease Low Birth Weight Babies	**Metric 4.6.4:** Live Births Weighing Less than 2,500 Grams	CMS Child Core Set LBW-CH
		Increase Well-Child Visits	**Metric 4.6.5:** Well-Child Visits in the First 30 Months of Life	CMS Child Core Set W30-CH