



Department of
Medicaid

HEDIS 2019 Aggregate Report
for
**The Ohio Medicaid Managed Care
Program**

October 2019



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1. Executive Summary

The Ohio Department of Medicaid (ODM) has established quality measures and standards to evaluate managed care plan (MCP) performance in key program areas. The selected measures align with specific priorities, goals, and/or focus areas of the Ohio Medicaid Quality Strategy and include measures in the Healthcare Effectiveness Data and Information Set (HEDIS). ODM contracted with Health Services Advisory Group, Inc. (HSAG) during state fiscal year (SFY) 2019. One of HSAG's contracted requirements was to produce this MCP HEDIS aggregate report for Ohio's Medicaid managed care program, which consists of HEDIS performance measure results and the audit validation methodology.

For SFY 2019, ODM required each contracted MCP to collect and report on 66 measure indicators for HEDIS 2019 (measurement year 2018) specified in the provider agreement as well as in the SFY 2019 ODM Specifications for the Submission of Managed Care Plan Self-Reported, Audited HEDIS Results (see Section 2, Table 2-1). The measurement set includes 15 rates with minimum performance standards (MPS) used for compliance assessment. The measurement set also includes reporting-only measures, some of which have multiple indicators. Measures were grouped into the following population streams:

- Healthy Children/Adults
- Women's Health
- Behavioral Health
- Chronic Conditions

Each MCP contracted with an independent licensed organization (LO) and underwent a National Committee for Quality Assurance (NCQA) HEDIS Compliance Audit for HEDIS 2019. To ensure that each MCP calculated its rates based on complete and accurate data and according to NCQA's established standards, and that each MCP's independent auditors performed the audit using NCQA's guidelines, HSAG reviewed the final audit reports (FARs) produced for each MCP by the MCP's independent auditor. Details associated with HSAG's validation are found in Appendix A of this report. Once the MCP's compliance with NCQA's established standards was examined, HSAG also objectively analyzed the MCP's HEDIS 2019 results and evaluated each MCP's current performance levels relative to national Medicaid percentiles.¹⁻¹

This report includes validation and performance results for the following five MCPs:

- Buckeye Health Plan (Buckeye)
- CareSource
- Molina Healthcare of Ohio, Inc. (Molina)
- Paramount Advantage (Paramount)
- UnitedHealthcare Community Plan of Ohio, Inc. (UnitedHealthcare)

¹⁻¹ For calendar year (CY) 2014–2018 results, NCQA's Quality Compass benchmarks were used, where appropriate.

Summary of Validation Results

Based on a review of the FARs issued by each MCP's independent auditor, HSAG found that the MCPs were determined to be *Fully Compliant* with all seven of the applicable NCQA Information System (IS) standards.

The MCPs' independent auditors determined that the rates reported by the MCPs were calculated in accordance with NCQA's defined specifications and there were no data collection or reporting issues identified by the MCPs' independent auditors.

Summary of Performance Results

National Percentile Rankings

Figure 1-1 presents the percentage of MCP-specific and statewide rates by percentile ranking for the 15 performance measure rates that have an established MPS for compliance assessment. Percentile ranking results in this figure are derived by comparing performance measure rates to national Medicaid benchmarks. Detailed discussion of these results, as well as the audited rates for the quality withhold measures and reporting-only measures, are provided by population stream in subsequent sections of this report.

Figure 1-1—Percentage of Measures/Indicators by Percentile Ranking

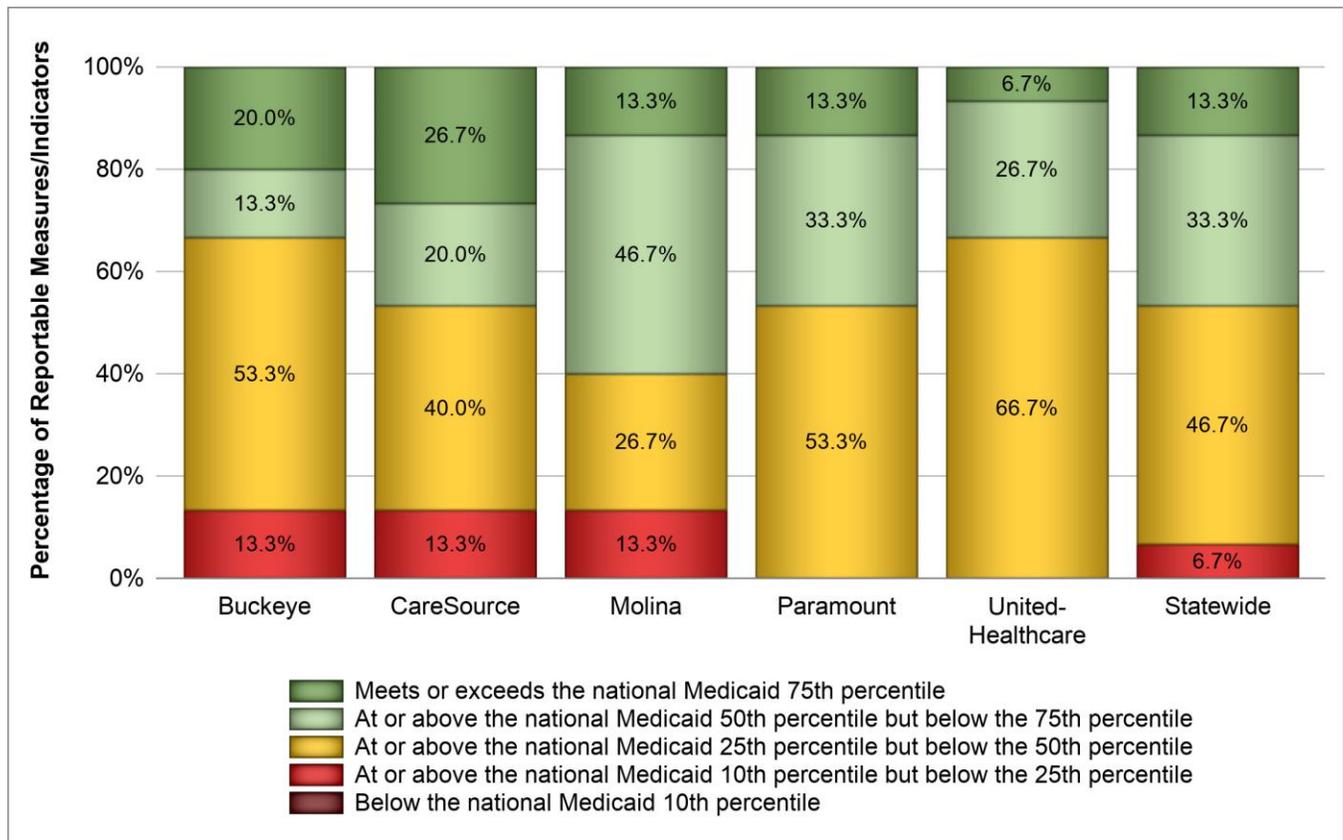


Table 1-1 presents the number of MCP rates and statewide averages by star ranking category for the performance measure rates for which an MPS was established.

Table 1-1—Number of MCP Rates and Statewide Averages by Percentile Ranking

MCP	<P10	P10 to <P25	P25 to <P50	P50 to <P75	>P75
	★	★★	★★★	★★★★	★★★★★
Buckeye	0	2	8	2	3
CareSource	0	2	6	3	4
Molina	0	2	4	7	2
Paramount	0	0	8	5	2
UnitedHealthcare	0	0	10	4	1
Statewide	0	1	7	5	2

Rates for the following two measure indicators with an MPS ranked at or above the national Medicaid 50th percentile for all five MCPs and the statewide average:

- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total*
- *Medication Management for People With Asthma—Medication Compliance 75 Percent—Total*

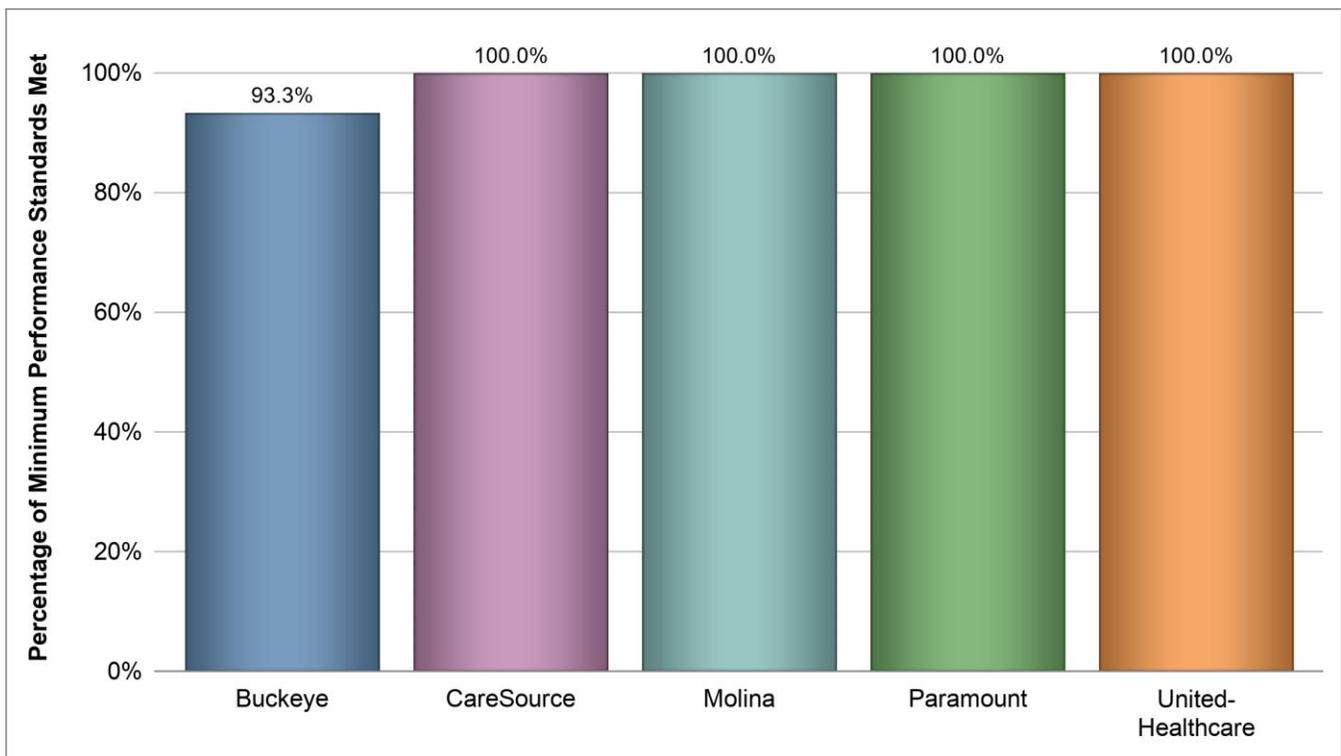
Compared to the other MCPs, Molina had the highest percentage of rates (60.0 percent) ranking at or above the national Medicaid 50th percentile but also had two rates (13.3 percent) fall below the national Medicaid 25th percentile. Conversely, Buckeye, CareSource, Paramount, and UnitedHealthcare each had more than half of their rates fall below the 50th percentile for HEDIS 2019.

Although none of the statewide averages were below the national Medicaid 10th percentile, statewide performance was below the national Medicaid 25th percentile for the *Adult Body Mass Index (BMI) Assessment* measure indicator.

Minimum Performance Standards

Figure 1-2 presents the overall percentage of MPS met for each MCP.

Figure 1-2—Percentage of MPS Met



All MCPs demonstrated an increase in the percentage of measure indicators with rates that met an MPS from HEDIS 2018 to HEDIS 2019. Specifically, CareSource, Molina, Paramount, and UnitedHealthcare met all 15 of the MPS for HEDIS 2019 (up from approximately 84 percent for CareSource and 95 percent for Molina, Paramount, and UnitedHealthcare for HEDIS 2018). Buckeye met approximately 93 percent of the MPS for HEDIS 2019 (up from approximately 84 percent for HEDIS 2018).

Table 1-2 presents the overall number of measure indicators that met or exceeded the MPS by MCP for each population stream. The total number of measure indicators with established MPS for each population stream is presented for comparison.

Table 1-2—Number of MPS Met by Population Stream

Population Stream	Buckeye	CareSource	Molina	Paramount	United Healthcare	Measures with an MPS
Healthy Children/Adults	6	7	7	7	7	7
Women’s Health	4	4	4	4	4	4
Behavioral Health	2	2	2	2	2	2
Chronic Conditions	2	2	2	2	2	2
Total	14	15	15	15	15	15

CareSource, Molina, Paramount, and UnitedHealthcare met all 15 MPS that could be compared to national Medicaid benchmarks, and all MCPs met all of the MPS in the Women’s Health, Behavioral Health, and Chronic Conditions population streams.

In contrast, Buckeye did not meet the MPS for the *Children and Adolescents’ Access to Primary Care Practitioners—25 Months to 6 Years* measure indicator in the Healthy Children/Adults population stream.

2. Report Structure

This section briefly describes the structure and content of the remainder of this report. The report contains the MCPs’ CY 2018 (HEDIS 2019) audited rates and rankings for the Medicaid managed care populations, as well as the statewide averages calculated based on the MCP-specific rates. Statewide averages were weighted according to each MCP’s eligible population reported for the measures.

HSAG reviewed the HEDIS performance measures that were required by ODM for MCPs to report. All measures followed the definitions outlined in the *HEDIS 2019 Technical Specifications, Volume 2*. These measures are listed in Table 2-1 and are grouped according to population streams defined by ODM. The four population streams are (1) Healthy Children/Adults, (2) Women’s Health, (3) Behavioral Health, and (4) Chronic Conditions. Table 2-1 also denotes measures that are quality withhold or reporting-only. Measures that are quality withhold measures or report-only measures do not have an MPS.

Table 2-1—Selected HEDIS Measures by Population Stream

Performance Measures
Healthy Children/Adults
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits¹</i>
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life¹</i>
<i>Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months, 25 Months–6 Years, 7–11 Years, and 12–19 Years</i>
<i>Childhood Immunization Status²—Combination 2, Combination 3, and Combination 10</i>
<i>Annual Dental Visit—Total²</i>
<i>Adolescent Well-Care Visits¹</i>
<i>Immunizations for Adolescents²—Combination 1 and Human Papilloma Virus (HPV)</i>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total², and Counseling for Physical Activity—Total²</i>
<i>Appropriate Testing for Children With Pharyngitis²</i>
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>
<i>Adult BMI Assessment</i>
<i>Ambulatory Care—Emergency Department (ED) Visits—Total²</i>
<i>Inpatient Utilization—General Hospital/Acute Care—Total²</i>
Women’s Health
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care</i>
<i>Chlamydia Screening in Women—Total²</i>
<i>Cervical Cancer Screening</i>
<i>Breast Cancer Screening</i>

Performance Measures
Behavioral Health
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total¹ and 30-Day Follow-Up—Total²</i>
<i>Follow-Up After ED Visit for Mental Illness²—7-Day Follow-Up—Total and 30-Day Follow-Up—Total</i>
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i>
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total¹</i>
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment²</i>
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication²—Initiation Phase and Continuation and Maintenance Phase</i>
<i>Mental Health Utilization²—Any Service, Inpatient, Intensive Outpatient or Partial Hospitalization, Outpatient, ED, and Telehealth</i>
<i>Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment—Initiation of AOD Treatment—Total¹ and Engagement of AOD Treatment—Total²</i>
<i>Follow-Up After ED Visit for AOD Abuse or Dependence²—7-Day Follow-Up—Total and 30-Day Follow-Up—Total</i>
<i>Risk of Continued Opioid Use²—At Least 15 Days Covered—Total and At Least 31 Days Covered—Total</i>
<i>Use of Opioids at High Dosage²</i>
<i>Use of Opioids From Multiple Providers²—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies</i>
Chronic Conditions
<i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing¹, HbA1c Control (<8.0%)², HbA1c Poor Control (>9.0%)¹, Blood Pressure Control (<140/90 mm Hg)¹, Eye Exam (Retinal) Performed¹, and Medical Attention for Nephropathy²</i>
<i>Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total¹</i>
<i>Statin Therapy for Patients With Diabetes—Received Statin Therapy</i>
<i>Medication Management for People With Asthma—Medication Compliance 50 Percent—Total² and Medication Compliance 75 Percent—Total</i>
<i>Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation²—Systemic Corticosteroid and Bronchodilator</i>
<i>Controlling High Blood Pressure¹</i>
<i>Annual Monitoring for Patients on Persistent Medication—Total²</i>

¹ Quality withhold measure/indicator

² Reporting-only measure/indicator

Sections 3 through 6 of this report present detailed results of these measures by population stream. In each section, HSAG objectively analyzes the MCP’s CY 2018 rates and evaluates each MCP’s performance levels relative to the national Medicaid benchmarks. The comparative results are displayed using a star ranking approach.

Table 2-2 presents the ranking, based on a 5-star rating system, by comparing the MCP’s rate to NCQA’s Quality Compass national Medicaid health maintenance organization (HMO) percentiles for HEDIS 2018, where applicable. Of note, the rate for the *Medication Management for People With Asthma—Medication Compliance 50 Percent—Total* indicator was compared to NCQA’s Audit Means and Percentiles national Medicaid HMO percentiles for HEDIS 2018 since this indicator is not published in Quality Compass. It should be noted that, due to licensing restraints, some benchmark values were not displayed. In these instances, only star rating categories were used for comparative purposes.

Table 2-2—Star Ranking and Corresponding Percentile Performance Levels

Ranking	Description
★★★★★	At or above the national Medicaid 90th percentile
	At or above the national Medicaid 75th percentile but below the 90th percentile
★★★★	At or above the national Medicaid 50th percentile but below the 75th percentile
★★★	At or above the national Medicaid 25th percentile but below the 50th percentile
★★	At or above the national Medicaid 10th percentile but below the 25th percentile
★	Below the national Medicaid 10th percentile

In each results section, each measure begins with a description of the measure, followed by the CY 2018 MCP-specific rates and statewide average for the measure. If the measure allows a hybrid data collection methodology (i.e., the MCPs can use both administrative data and medical record abstracted data to calculate and report a rate), the percentages of the rates derived from administrative data (Admin%) and medical record abstracted data (MRR%) are also displayed. The sum of these percentages is always 100 percent unless otherwise noted (e.g., due to rounding, the sum may not equal 100 percent). The ranking results are displayed based on a comparison of the MCP-specific rates to the national Medicaid benchmarks for the specific measures. The benchmarks (if applicable) and the corresponding star rating categories are presented in a table below the rate table.

Additionally, for each performance measure, HSAG also presented a trending figure for the MCP-specific rates and statewide averages for the current year as well as the prior four years (where data are available and when applicable). In these figures, the national Medicaid 50th percentiles and the MPS developed by ODM are also displayed for comparison, when applicable. Further, the figures also include a break in trending for HEDIS 2019 (i.e., the CY 2017 and CY 2018 data points are not connected), when applicable, which represents NCQA’s recommendation to break trending for measures due to technical specification changes. Per NCQA’s recommendation, the following measures had a break in trending for HEDIS 2019: *Follow-Up After ED Visit for Mental Illness, Mental Health Utilization, Use of Opioids at High Dosage, Use of Opioids From Multiple Providers, and Controlling High Blood*

*Pressure.*²⁻¹ For measures with a break in trending, HSAG presented NCQA’s Quality Compass national Medicaid 50th percentile for HEDIS 2019 on the trending figure for each measure as a reference, where applicable.

Appendix A describes in detail HSAG’s validation methodology that supports the performance measure results presented in this report. Each MCP’s IS compliance findings are also summarized in this appendix.

²⁻¹ A trending figure is not presented for *Use of Opioids at High Dosage* and *Use of Opioids From Multiple Providers*, given that the CY 2018 rate is a percent, while the historical rates were presented as permillage.

3. Healthy Children/Adults

This section contains CY 2018 (HEDIS 2019) results and rankings for the MCPs, as well as statewide averages for the Healthy Children/Adults population stream. Thirteen measures (a total of 21 rates) are presented in this section.

Healthy Children/Adults
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits¹</i>
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life¹</i>
<i>Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months, 25 Months–6 Years, 7–11 Years, and 12–19 Years</i>
<i>Childhood Immunization Status²—Combination 2, Combination 3, and Combination 10</i>
<i>Annual Dental Visit—Total²</i>
<i>Adolescent Well-Care Visits¹</i>
<i>Immunizations for Adolescents²—Combination 1 and HPV</i>
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total², and Counseling for Physical Activity—Total²</i>
<i>Appropriate Testing for Children With Pharyngitis²</i>
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>
<i>Adult BMI Assessment</i>
<i>Ambulatory Care—ED Visits—Total²</i>
<i>Inpatient Utilization—General Hospital/Acute Care—Total²</i>

¹ Quality withhold measure/indicator

² Reporting-only measure/indicator

Well-Child Visits in the First 15 Months of Life—Six or More Visits

Well-Child Visits in the First 15 Months of Life measures the number of well-child visits with a primary care practitioner (PCP) that each child member has during the first 15 months of life. This information is reported via seven indicators, each referring to the percentage of members receiving a successive number of well-child visits (i.e., from zero visits to at least six visits). Only the *Six or More Visits* indicator was required for reporting. Table 3-1 presents the CY 2018 MCP-specific rates and the statewide average for the *Six or More Visits* indicator.

Table 3-1—Well-Child Visits in the First 15 Months of Life—Six or More Visits (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	90.8%	9.2%	65.9%	★★★★
CareSource	100.0%	0.0%	56.9%	★★
Molina	93.3%	6.7%	58.4%	★★
Paramount	89.1%	10.9%	62.8%	★★★★
UnitedHealthcare	86.9%	13.1%	59.5%	★★★★
Statewide	95.6%	4.4%	59.1%	★★★★

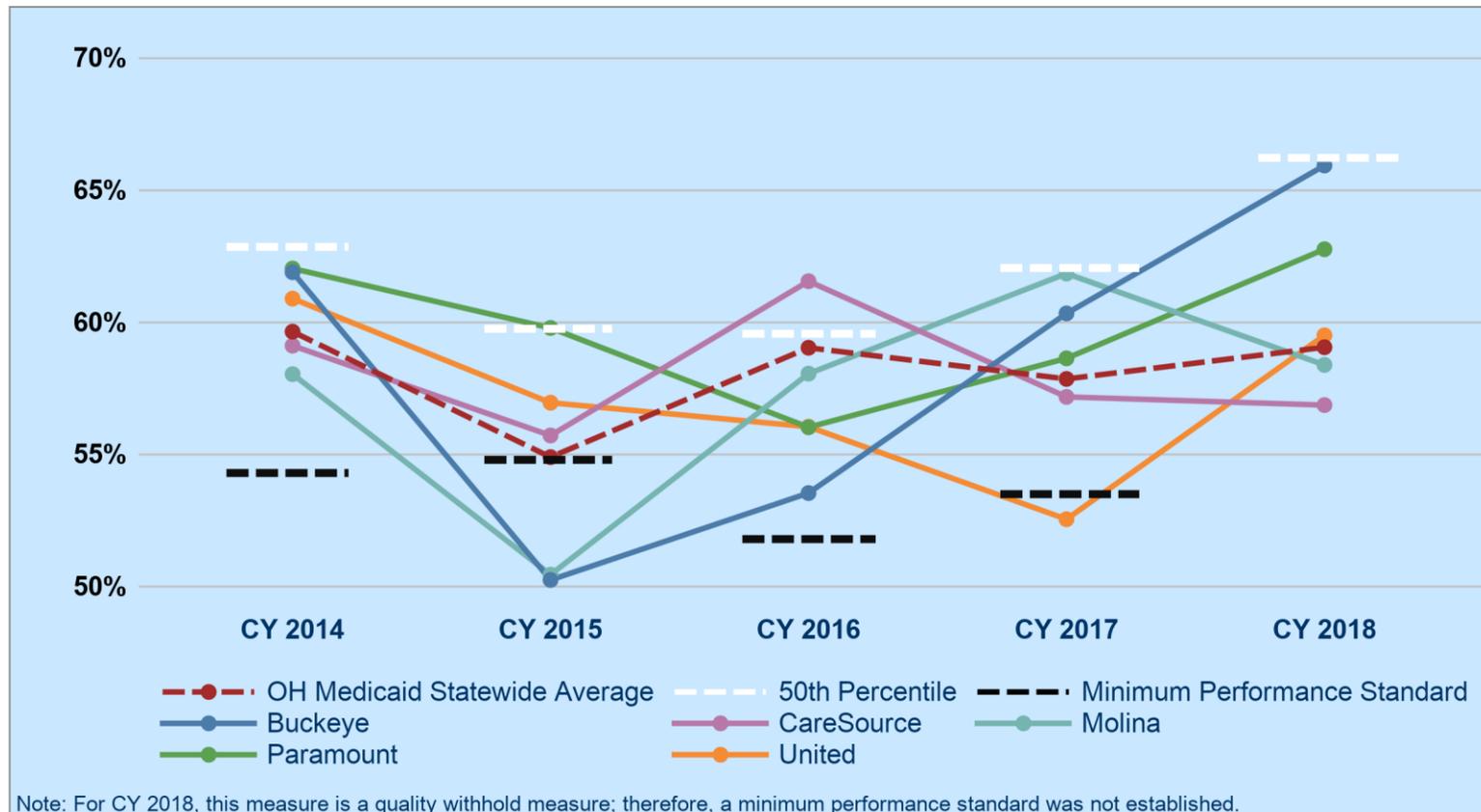
Table 3-1a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<51.6%	51.6%	58.5%	66.2%	71.3%	75.4%	64.1%
Star Rating Category	★	★★	★★★★	★★★★★	★★★★★		

Table 3-1 shows that the statewide average and three MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining two MCPs’ rates falling below the 25th percentile. The rates for all MCPs ranged from 56.9 percent to 65.9 percent of eligible children who received six or more well-child visits during their first 15 months of life. Four of five MCPs calculated this indicator using the hybrid method, with two of the four MCPs reporting at least 90 percent of their numerator-compliant cases identified using administrative data.

Figure 3-1 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-1—Well-Child Visits in the First 15 Months of Life—Six or More Visits, CY 2014–2018



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 measures the percentage of members 3 to 6 years of age who received one or more well-child visits with a PCP during the measurement year. Table 3-2 presents the CY 2018 MCP-specific rates and the statewide average for this measure.

Table 3-2—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	91.8%	8.2%	67.9%	★★★
CareSource	98.0%	2.0%	74.7%	★★★★★
Molina	99.3%	0.7%	69.6%	★★★
Paramount	95.9%	4.1%	71.0%	★★★
UnitedHealthcare	98.0%	2.0%	68.9%	★★★
Statewide	97.2%	2.8%	72.2%	★★★

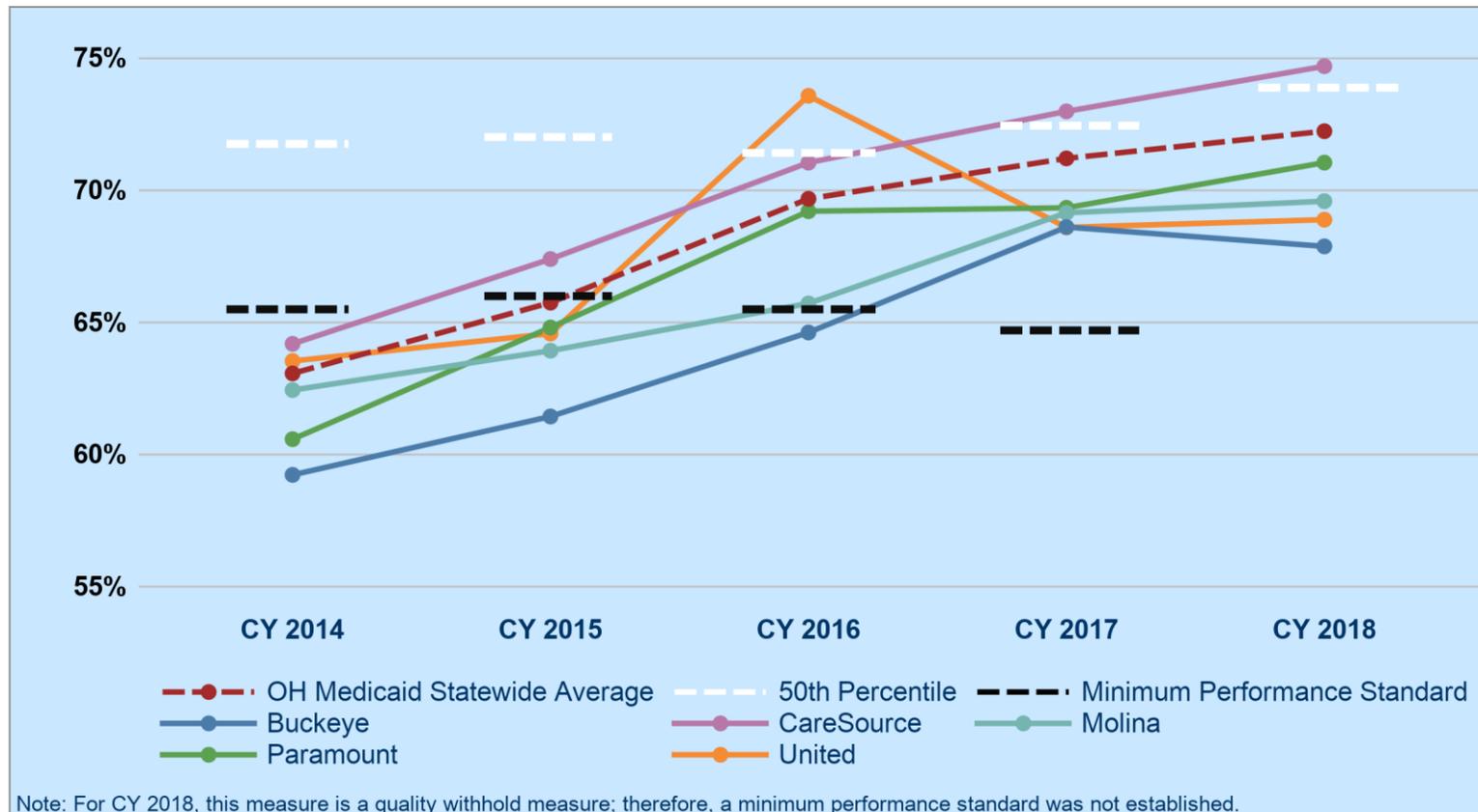
Table 3-2a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<61.1%	61.1%	67.2%	73.9%	79.3%	83.7%	73.0%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-2 shows that the statewide average and four MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining MCP’s rate ranking above the 50th percentile. The rates for all MCPs ranged from 67.9 percent to 74.7 percent of eligible children receiving one or more well-child visit with a PCP. All MCPs calculated this indicator using the hybrid method, with all MCPs reporting at least 91 percent of their rates derived from administrative data.

Figure 3-2 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-2—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, CY 2014–2018



Children and Adolescents’ Access to Primary Care Practitioners

Children and Adolescents’ Access to Primary Care Practitioners measures the percentage of members 12 months to 19 years of age who had a visit with a PCP. This measure has four age-stratified indicators: *12–24 Months*, *25 Months–6 Years*, *7–11 Years*, and *12–19 Years*. All four indicators are required for reporting.

12–24 Months

Table 3-3 presents the CY 2018 MCP-specific rates and the statewide average for the *12–24 Months* indicator.

Table 3-3—Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	93.4%	★★
CareSource	94.7%	★★★
Molina	94.5%	★★★
Paramount	94.8%	★★★
UnitedHealthcare	94.1%	★★★
Statewide	94.4%	★★★

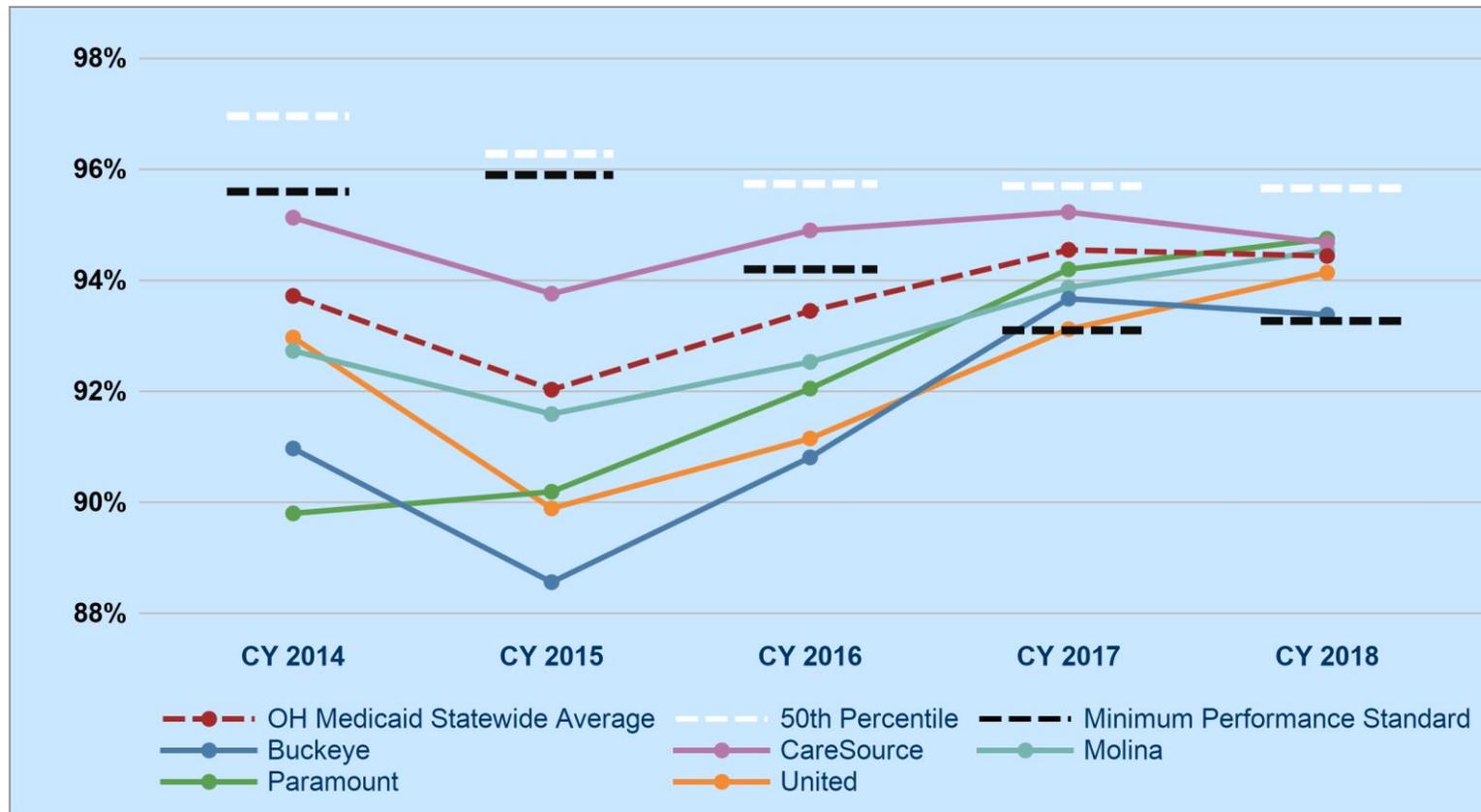
Table 3-3a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<91.0%	91.0%	93.6%	95.7%	97.0%	97.7%	94.7%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-3 shows that the statewide average and four MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining MCP’s rate falling below the 25th percentile. The rates for all MCPs ranged from 93.4 percent to 94.8 percent of eligible children ages 12 to 24 months who had a visit with a PCP during the measurement year.

Figure 3-3 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-3—Children and Adolescents’ Access to Primary Care Practitioners—12–24 Months, CY 2014–2018



25 Months–6 Years

Table 3-4 presents the CY 2018 MCP-specific rates and the statewide average for the 25 Months–6 Years indicator.

Table 3-4—Children and Adolescents’ Access to Primary Care Practitioners—25 Months–6 Years (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	84.8%	★★★
CareSource	86.3%	★★★
Molina	88.0%	★★★★
Paramount	87.1%	★★★
UnitedHealthcare	86.9%	★★★
Statewide	86.4%	★★★

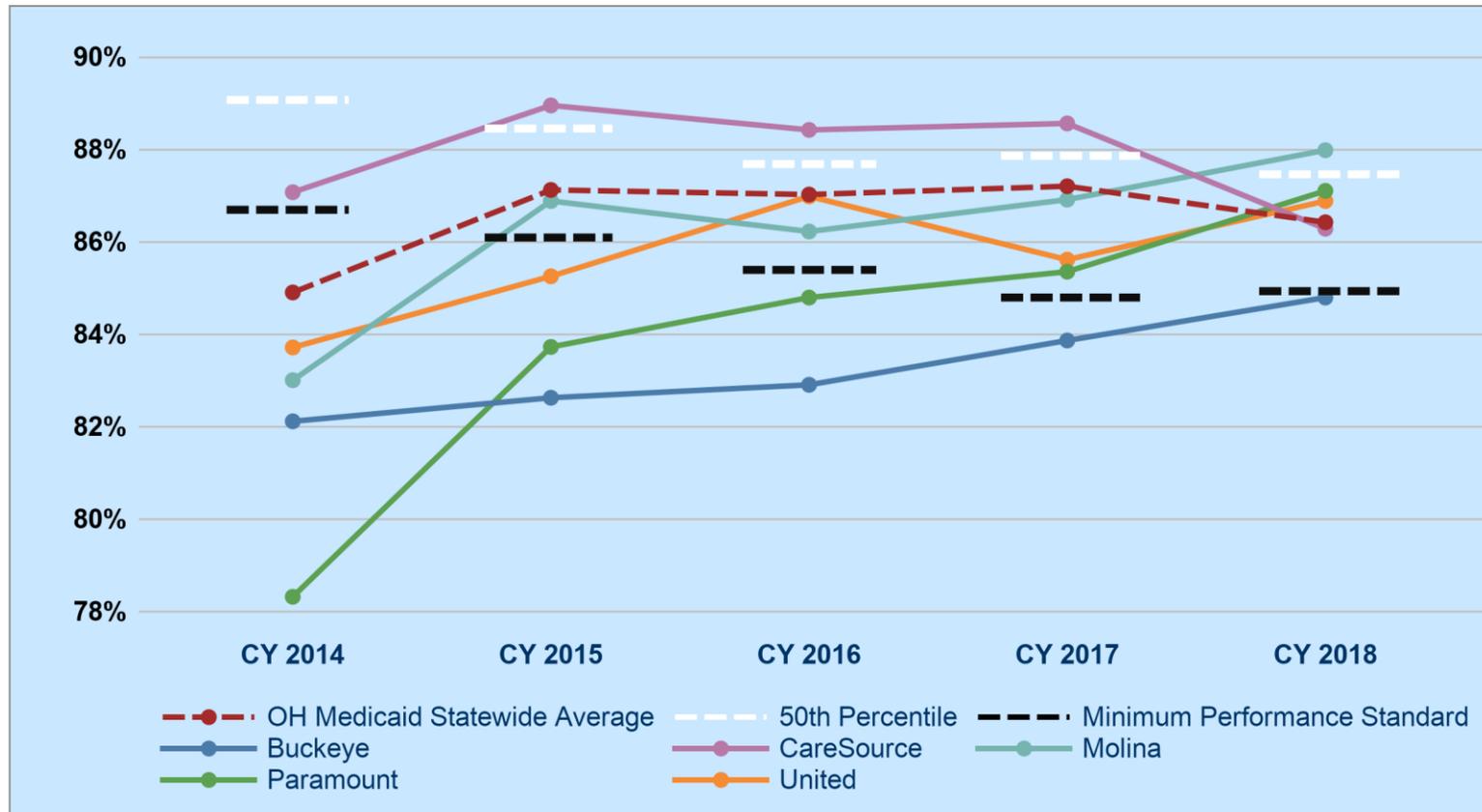
Table 3-4a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<80.7%	80.7%	84.4%	87.5%	90.5%	92.9%	86.6%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-4 shows that the statewide average and four MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining MCP’s rate ranking above the 50th percentile. The rates for all MCPs ranged from 84.8 percent to 88.0 percent of eligible children ages 25 months to 6 years who had a visit with a PCP during the measurement year.

Figure 3-4 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-4—Children and Adolescents’ Access to Primary Care Practitioners—25 Months–6 Years, CY 2014–2018



7–11 Years

Table 3-5 presents the CY 2018 MCP-specific rates and the statewide average for the 7–11 Years indicator.

Table 3-5—Children and Adolescents’ Access to Primary Care Practitioners—7–11 Years (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	88.1%	★★★
CareSource	89.2%	★★★
Molina	91.7%	★★★★
Paramount	89.4%	★★★
UnitedHealthcare	88.9%	★★★
Statewide	89.4%	★★★

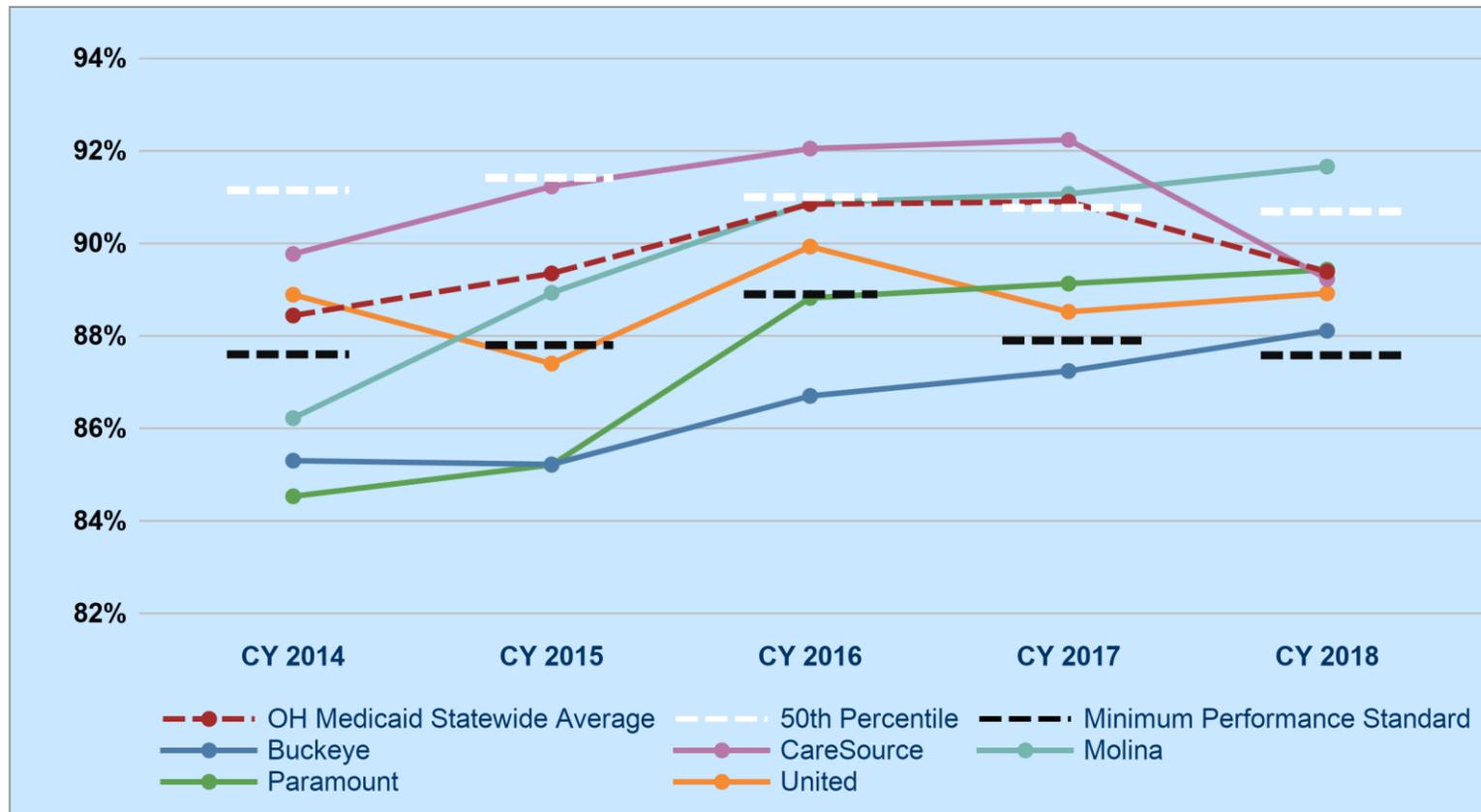
Table 3-5a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<83.3%	83.3%	87.7%	90.7%	93.0%	96.2%	90.0%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-5 shows that the statewide average and four MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining MCP’s rate ranking above the 50th percentile. The rates for all MCPs ranged from 88.1 percent to 91.7 percent of eligible children ages 7 to 11 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Figure 3-5 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-5—Children and Adolescents’ Access to Primary Care Practitioners—7–11 Years, CY 2014–2018



12–19 Years

Table 3-6 presents the CY 2018 MCP-specific rates and the statewide average for the *12–19 Years* indicator.

Table 3-6—Children and Adolescents’ Access to Primary Care Practitioners—12–19 Years (Methodology—Administrative)¹

MCP	Reported Rate	Ranking
Buckeye	88.0%	★★★
CareSource	89.3%	★★★
Molina	91.0%	★★★★
Paramount	89.6%	★★★★
UnitedHealthcare	88.5%	★★★
Statewide	89.2%	★★★

¹ Performance rankings were determined before rounding.

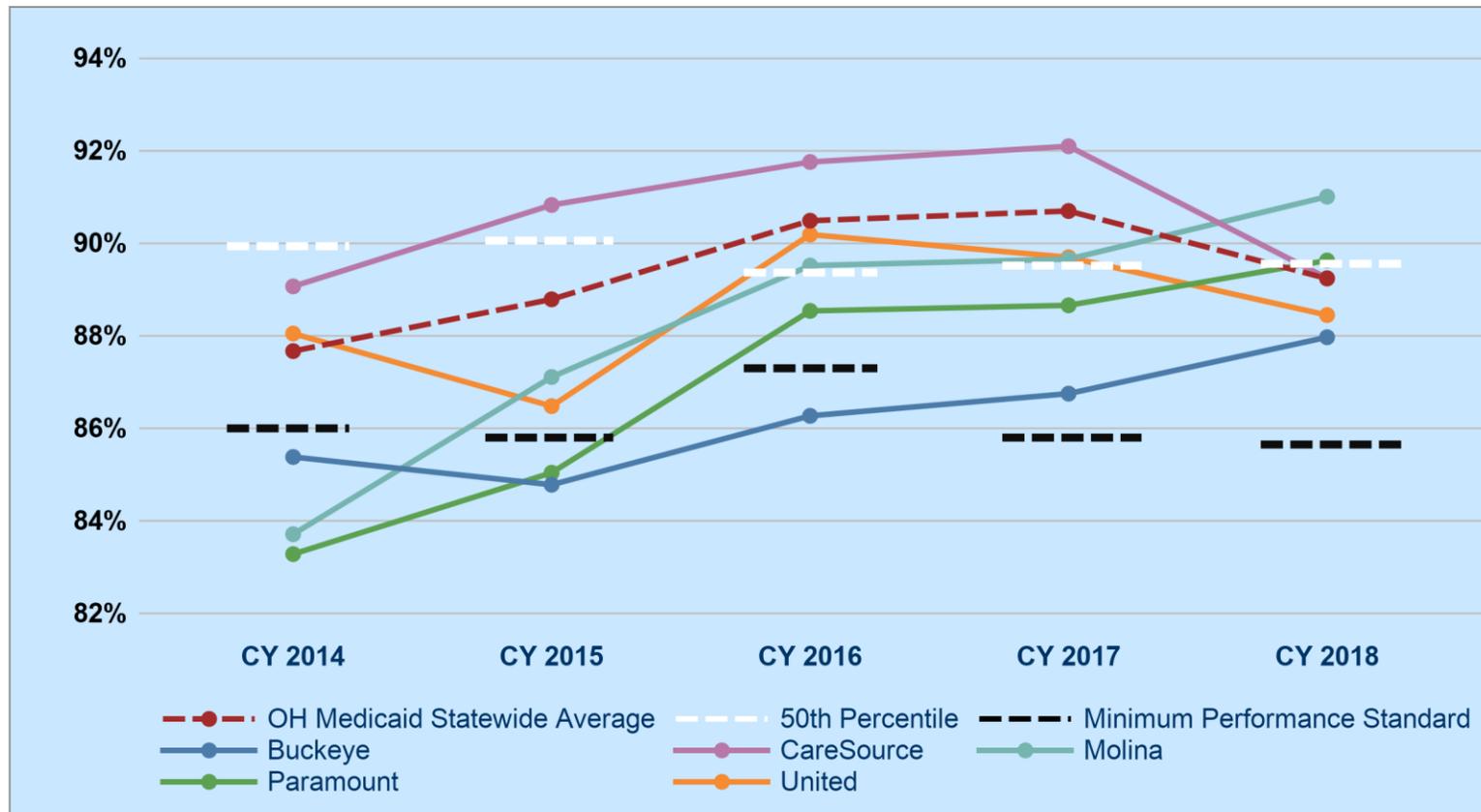
Table 3-6a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<81.6%	81.6%	85.8%	89.6%	92.1%	94.8%	88.5%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-6 shows that the statewide average and three MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining two MCPs’ rates ranking at or above the 50th percentile. The rates for all MCPs ranged from 88.0 percent to 91.0 percent of eligible children ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Figure 3-6 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-6—Children and Adolescents’ Access to Primary Care Practitioners—12–19 Years, CY 2014–2018



Childhood Immunization Status

Childhood Immunization Status measures the percentage of members 2 years of age who had various kinds of vaccines by their second birthday. For SFY 2019, ODM required the MCPs to report *Combinations 2, 3, and 10* as reporting-only measures. *Combination 2* includes the antigen vaccines including four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenzae type B (HiB); three hepatitis B (HepB); and one chicken pox (VZV). *Combination 3* includes the vaccines for *Combination 2* along with four pneumococcal conjugate (PCV), and *Combination 10* includes the vaccines for *Combination 3* plus one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines.

Combination 2

Table 3-7 presents the CY 2018 MCP-specific rates and the statewide average for the *Combination 2* indicator.

Table 3-7—Childhood Immunization Status—Combination 2 (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	49.2%	50.8%	64.7%	★★
CareSource	93.5%	6.5%	67.4%	★★
Molina	93.7%	6.3%	65.5%	★★
Paramount	92.4%	7.6%	70.6%	★★★★
UnitedHealthcare	93.6%	6.4%	64.2%	★★
Statewide	87.5%	12.5%	66.8%	★★

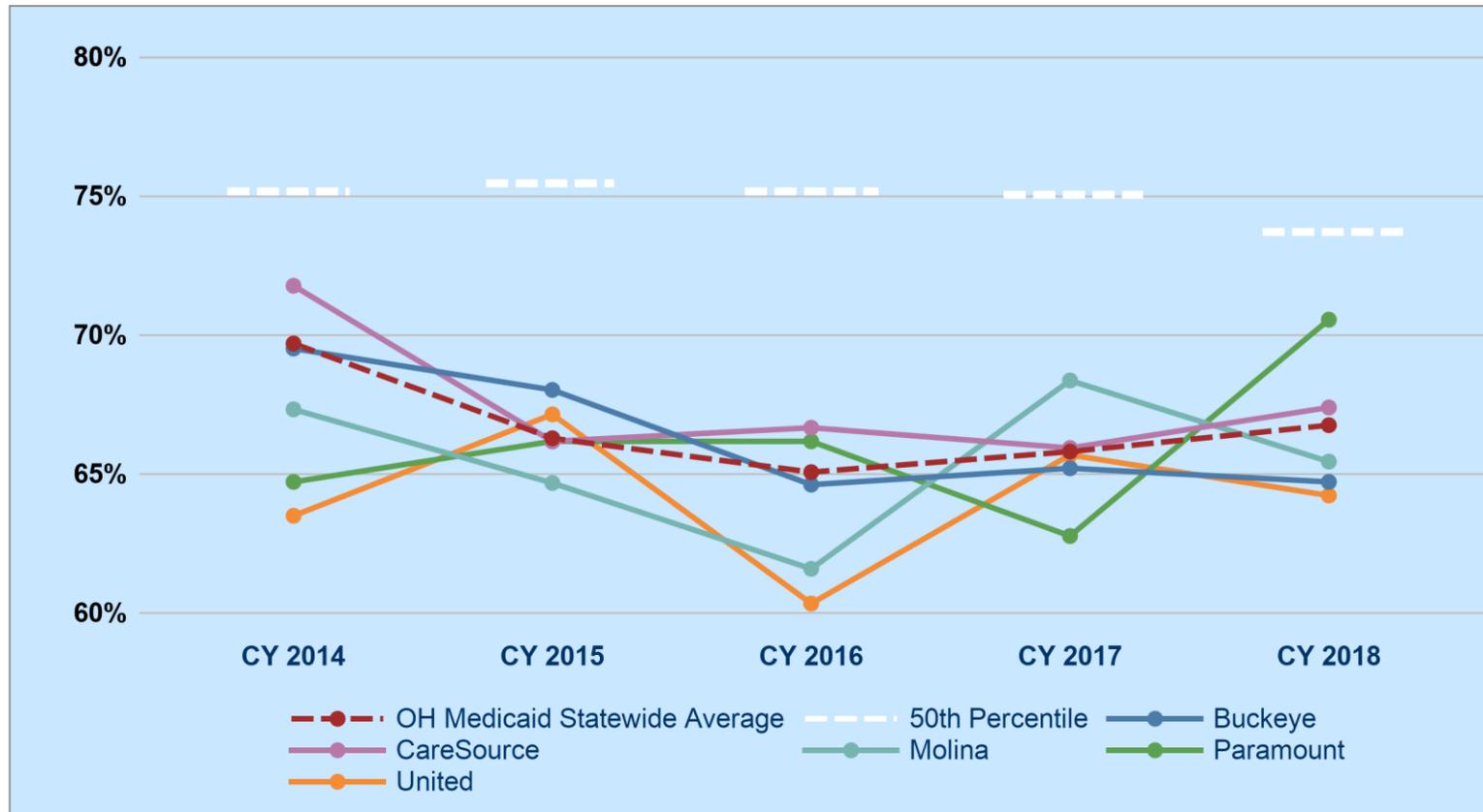
Table 3-7a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<64.1%	64.1%	69.8%	73.7%	78.1%	81.9%	72.9%
Star Rating Category	★	★★	★★★★	★★★★★	★★★★★		

Table 3-7 shows that the statewide average and four MCPs' rates ranked above the 10th percentile but below the 25th percentile, with the remaining MCP's rate ranking above the 25th percentile. The rates for all MCPs ranged from 64.2 percent to 70.6 percent of eligible members receiving *Combination 2* immunizations by their second birthday. All MCPs calculated this measure using the hybrid method, with four of the five MCPs reporting at least 92 percent of their numerator-compliant cases identified using administrative data.

Figure 3-7 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-7—Childhood Immunization Status—Combination 2, CY 2014–2018



Combination 3

Table 3-8 presents the CY 2018 MCP-specific rates and the statewide average for the *Combination 3* indicator.

Table 3-8—Childhood Immunization Status—Combination 3 (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	48.8%	51.2%	61.8%	★★
CareSource	93.6%	6.4%	64.7%	★★
Molina	96.5%	3.5%	63.3%	★★
Paramount	93.5%	6.5%	66.9%	★★★
UnitedHealthcare	92.4%	7.6%	60.6%	★★
Statewide	87.9%	12.1%	63.9%	★★

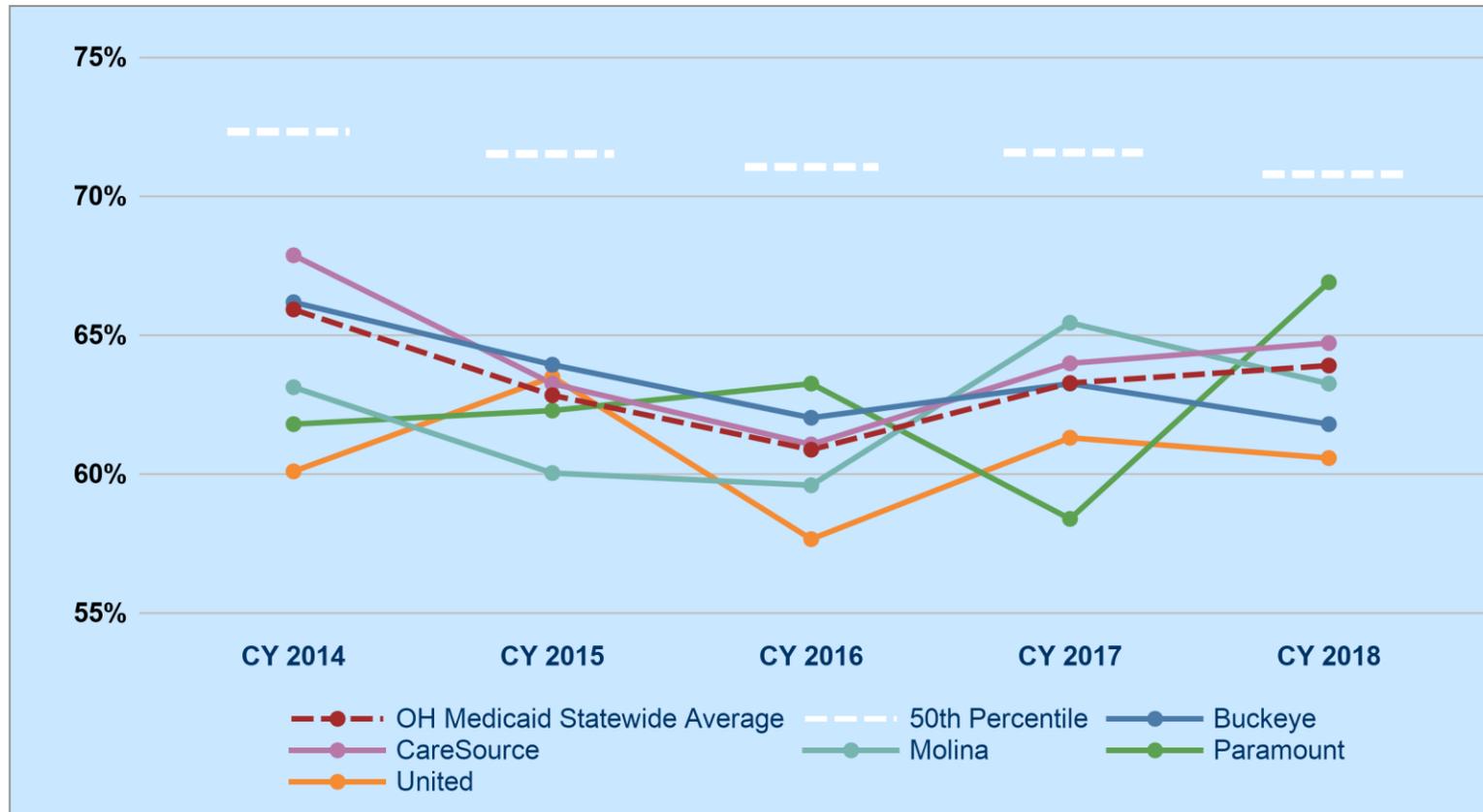
Table 3-8a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<58.4%	58.4%	65.5%	70.8%	74.7%	79.6%	69.4%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-8 shows that the statewide average and four MCPs’ rates ranked above the 10th percentile but below the 25th percentile, with the remaining MCP’s rate ranking above the 25th percentile. The rates for all MCPs ranged from 60.6 percent to 66.9 percent of eligible members receiving all *Combination 2* immunizations and four PCV vaccines by their second birthday. All MCPs calculated this measure using the hybrid method, with four of the five MCPs reporting at least 92 percent of their numerator-compliant cases identified using administrative data.

Figure 3-8 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-8—Childhood Immunization Status—Combination 3, CY 2014–2018



Combination 10

Table 3-9 presents the CY 2018 MCP-specific rates and the statewide average for the *Combination 10* indicator.

Table 3-9—Childhood Immunization Status—Combination 10 (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	50.4%	49.6%	27.5%	★★
CareSource	95.4%	4.6%	26.5%	★★
Molina	96.9%	3.1%	31.1%	★★★★
Paramount	93.1%	6.9%	35.0%	★★★★
UnitedHealthcare	93.2%	6.8%	28.7%	★★★★
Statewide	89.1%	10.9%	28.2%	★★★★

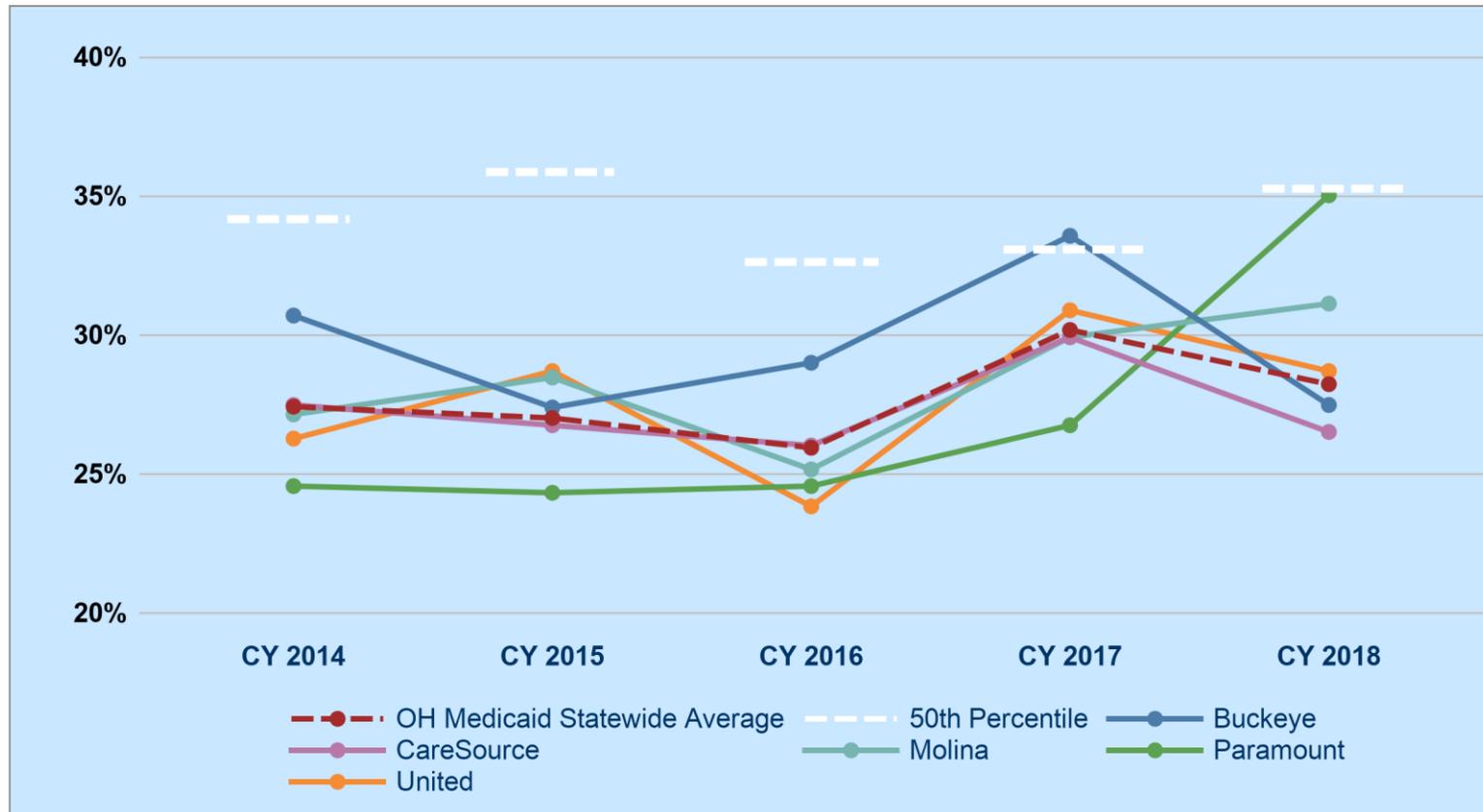
Table 3-9a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<23.7%	23.7%	27.7%	35.3%	40.9%	48.4%	35.4%
Star Rating Category	★	★★	★★★★	★★★★★	★★★★★		

Table 3-9 shows that the statewide average and three MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining two MCPs’ rates falling below the 25th percentile. The rates for all MCPs ranged from 26.5 percent to 35.0 percent of eligible members receiving all *Childhood Immunization Status* vaccines by their second birthday. All MCPs calculated this measure using the hybrid method, with four of the five MCPs reporting at least 93 percent of their numerator-compliant cases identified using administrative data.

Figure 3-9 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-9—Childhood Immunization Status—Combination 10, CY 2014–2018



Annual Dental Visit—Total

Annual Dental Visit—Total measures the percentage of members 2 to 20 years of age who had at least one dental visit during the measurement year. Table 3-10 presents the CY 2018 MCP-specific rates and the statewide average for this measure.

Table 3-10—Annual Dental Visit—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	46.0%	★★
CareSource	53.7%	★★★
Molina	51.5%	★★★
Paramount	45.0%	★★
UnitedHealthcare	46.2%	★★
Statewide	50.8%	★★★

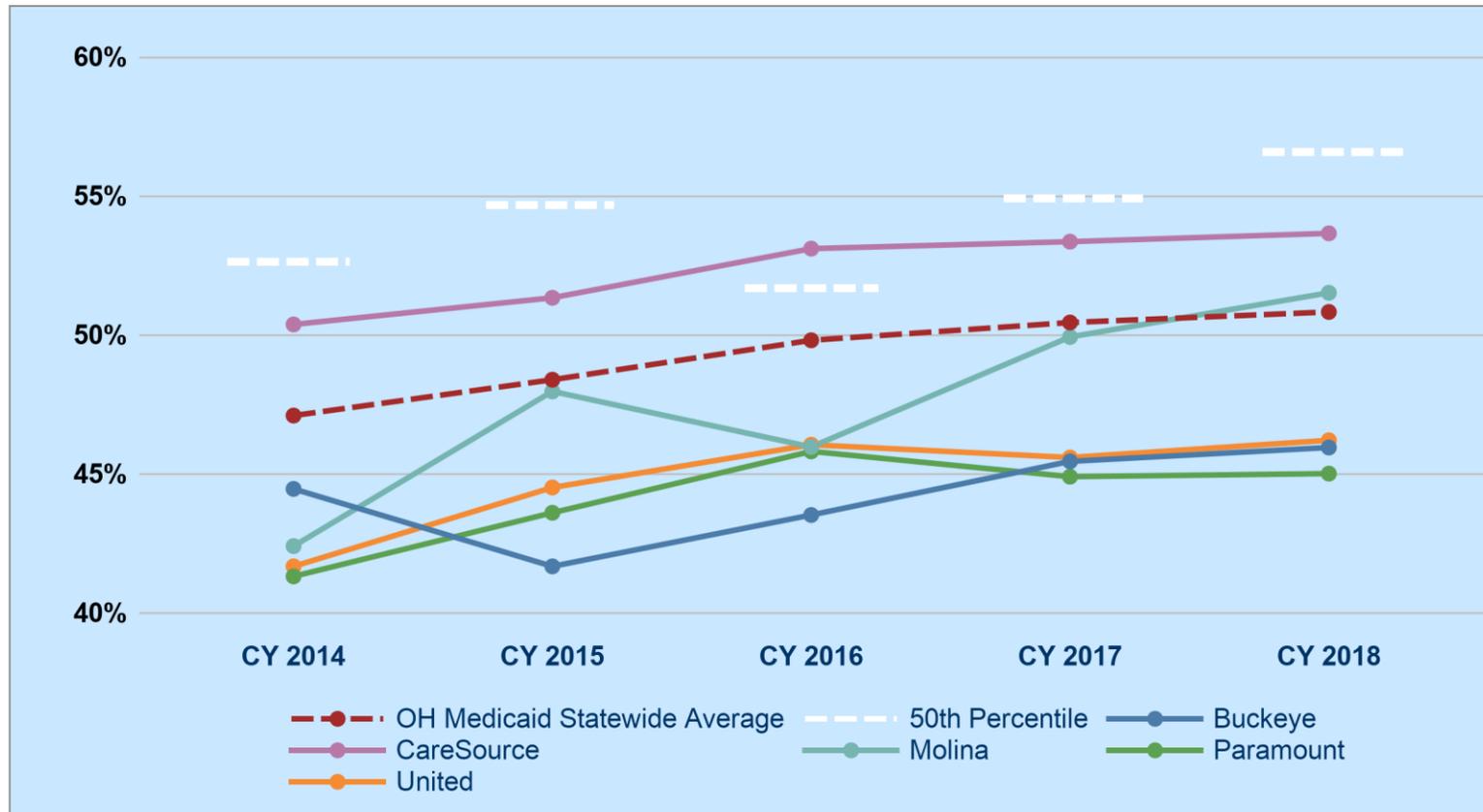
Table 3-10a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<36.1%	36.1%	47.5%	56.6%	64.2%	67.1%	54.1%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-10 shows that the statewide average and two MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining three MCPs’ rates falling below the 25th percentile. The rates for all MCPs ranged from 45.0 percent to 53.7 percent of eligible members who had at least one dental visit during the measurement year.

Figure 3-10 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-10—Annual Dental Visits—Total, CY 2014–2018



Adolescent Well-Care Visits

Adolescent Well-Care Visits measures the percentage of members ages 12 to 21 years who had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) practitioner during the measurement year. Table 3-11 presents the CY 2018 MCP-specific rates and the statewide average for this measure.

Table 3-11—Adolescent Well-Care Visits (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	79.3%	20.7%	56.4%	★★★★
CareSource	92.2%	7.8%	49.9%	★★★★
Molina	88.3%	11.7%	50.1%	★★★★
Paramount	88.4%	11.6%	48.2%	★★★★
UnitedHealthcare	80.2%	19.8%	51.7%	★★★★
Statewide	88.4%	11.6%	50.8%	★★★★

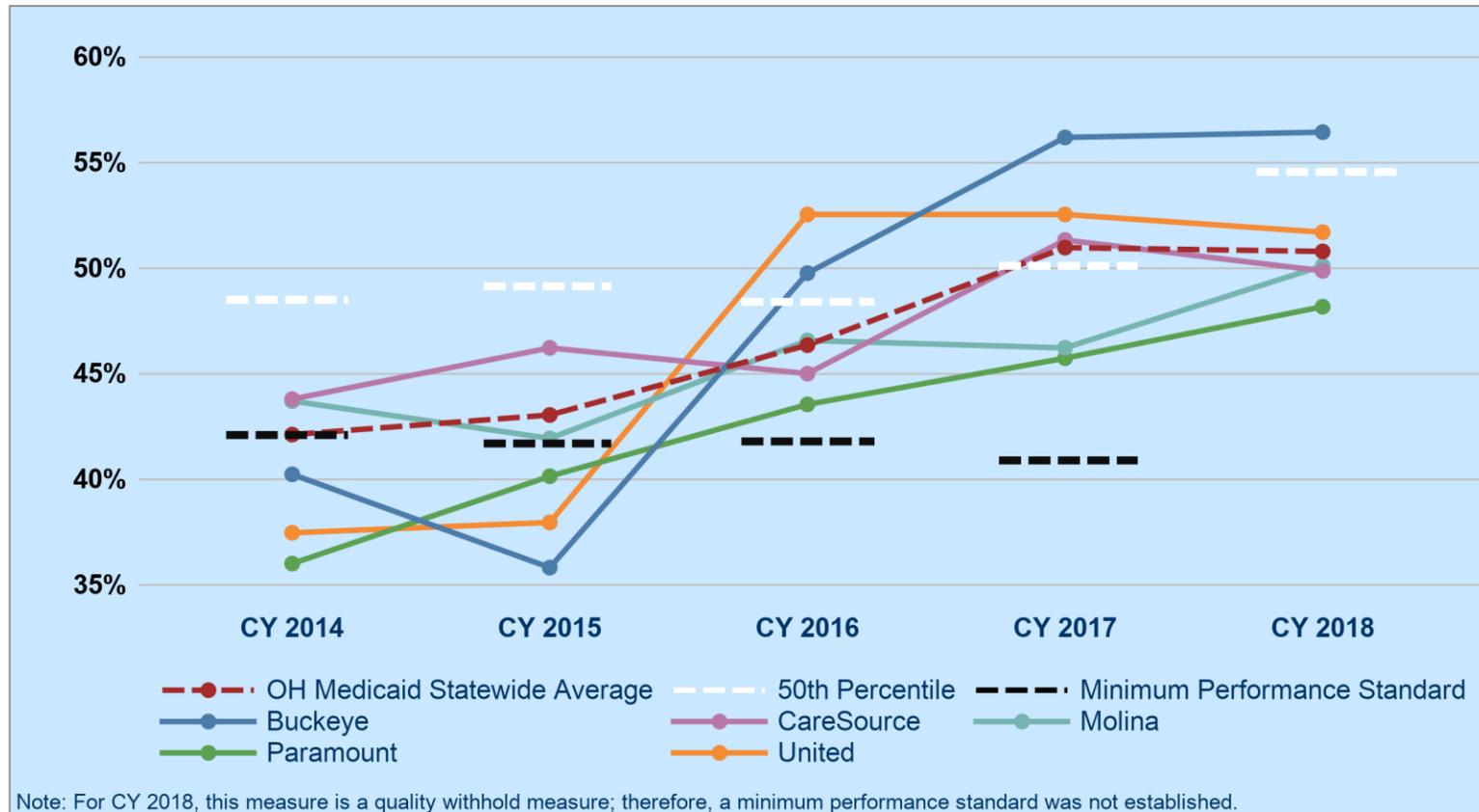
Table 3-11a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<36.7%	36.7%	45.7%	54.6%	62.0%	66.8%	53.0%
Star Rating Category	★	★★	★★★★	★★★★★	★★★★★		

Table 3-11 shows that the statewide average and four MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining MCP’s rate ranking above the 50th percentile. The rates for all MCPs ranged from 48.2 percent to 56.4 percent of eligible members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. All MCPs calculated this measure using the hybrid method, with three of the five MCPs reporting at least 88 percent of their rates derived from administrative data.

Figure 3-11 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-11—Adolescent Well-Care Visits, CY 2014–2018



Immunizations for Adolescents

Immunizations for Adolescents measures the percentage of members 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine and have completed the HPV vaccine series by their 13th birthday. For SFY 2019, ODM required the MCPs to report rates for the *Combination 1* (comprised of meningococcal and Tdap vaccines) and *HPV* indicators.

Combination 1

Table 3-12 presents the CY 2018 MCP-specific rates and the statewide average for the *Combination 1* indicator.

Table 3-12—Immunizations for Adolescents—Combination 1 (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	83.2%	16.8%	74.0%	★★★
CareSource	97.6%	2.4%	81.0%	★★★★★
Molina	99.7%	0.3%	76.4%	★★★
Paramount	97.8%	2.2%	77.6%	★★★
UnitedHealthcare	97.3%	2.7%	80.0%	★★★★★
Statewide	96.1%	3.9%	79.3%	★★★

Table 3-12a—National Medicaid Benchmarks and Corresponding Star Rating Categories

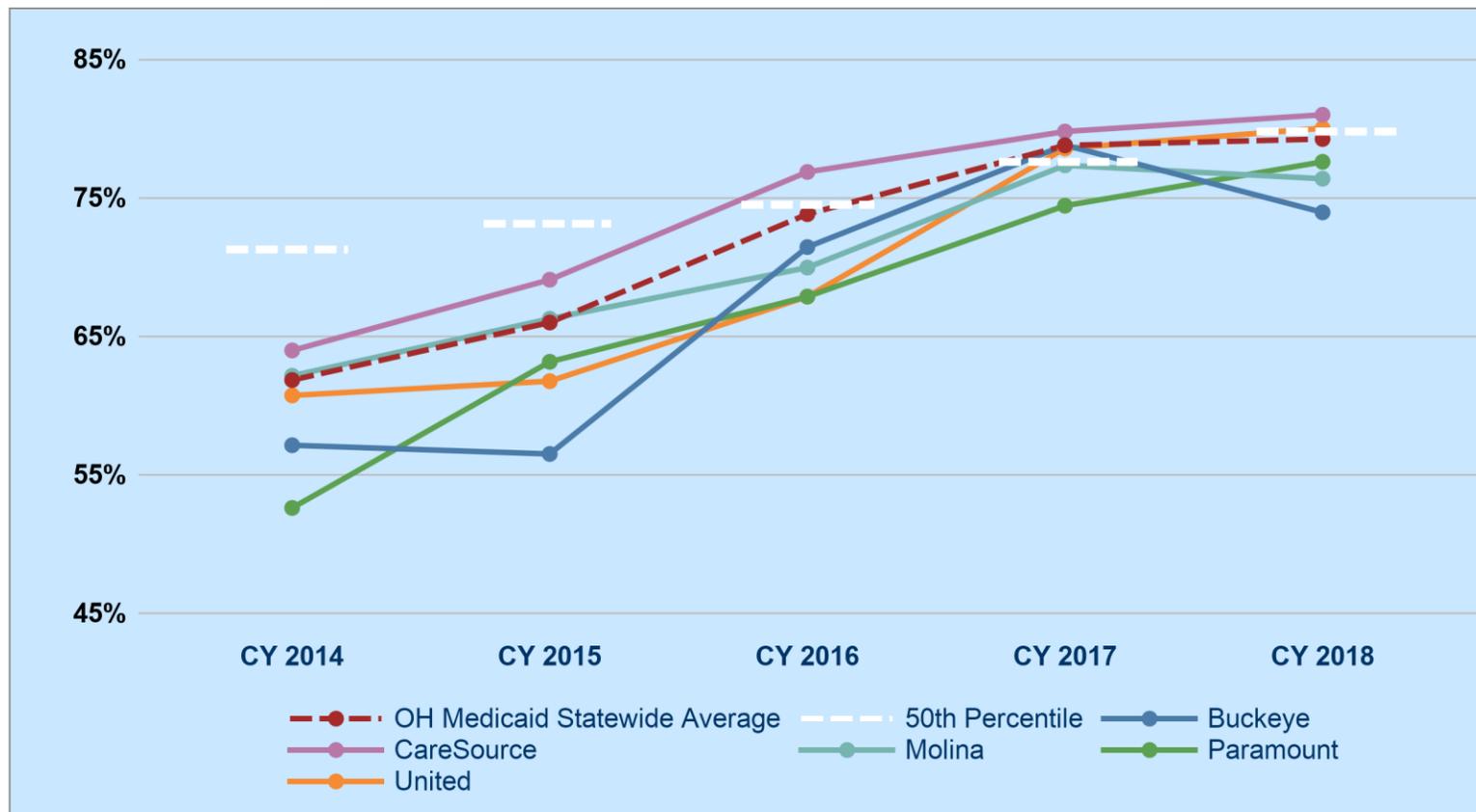
	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<66.4%	66.4%	73.0%	79.8%	85.6%	88.1%	77.6%
Star Rating Category	★	★★	★★★	★★★★★	★★★★★		

Table 3-12 shows that the statewide average and three MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining two MCPs’ rates ranking above the 50th percentile. The rates for all MCPs ranged from 74.0 percent to 81.0 percent of eligible members receiving the required vaccine combination by their 13th birthday. All MCPs calculated this measure

using the hybrid method, with four of the five MCPs reporting at least 97 percent of their numerator-compliant cases identified using administrative data.

Figure 3-12 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-12—Immunizations for Adolescents—Combination 1, CY 2014–2018



HPV

Table 3-13 presents the CY 2018 MCP-specific rates and the statewide average for the HPV indicator.

Table 3-13—Immunizations for Adolescents—HPV (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	84.0%	16.0%	22.9%	★
CareSource	97.0%	3.0%	32.8%	★★★★
Molina	96.6%	3.4%	28.2%	★★
Paramount	98.2%	1.8%	26.5%	★★
UnitedHealthcare	97.5%	2.5%	28.7%	★★★★
Statewide	95.6%	4.4%	30.1%	★★★★

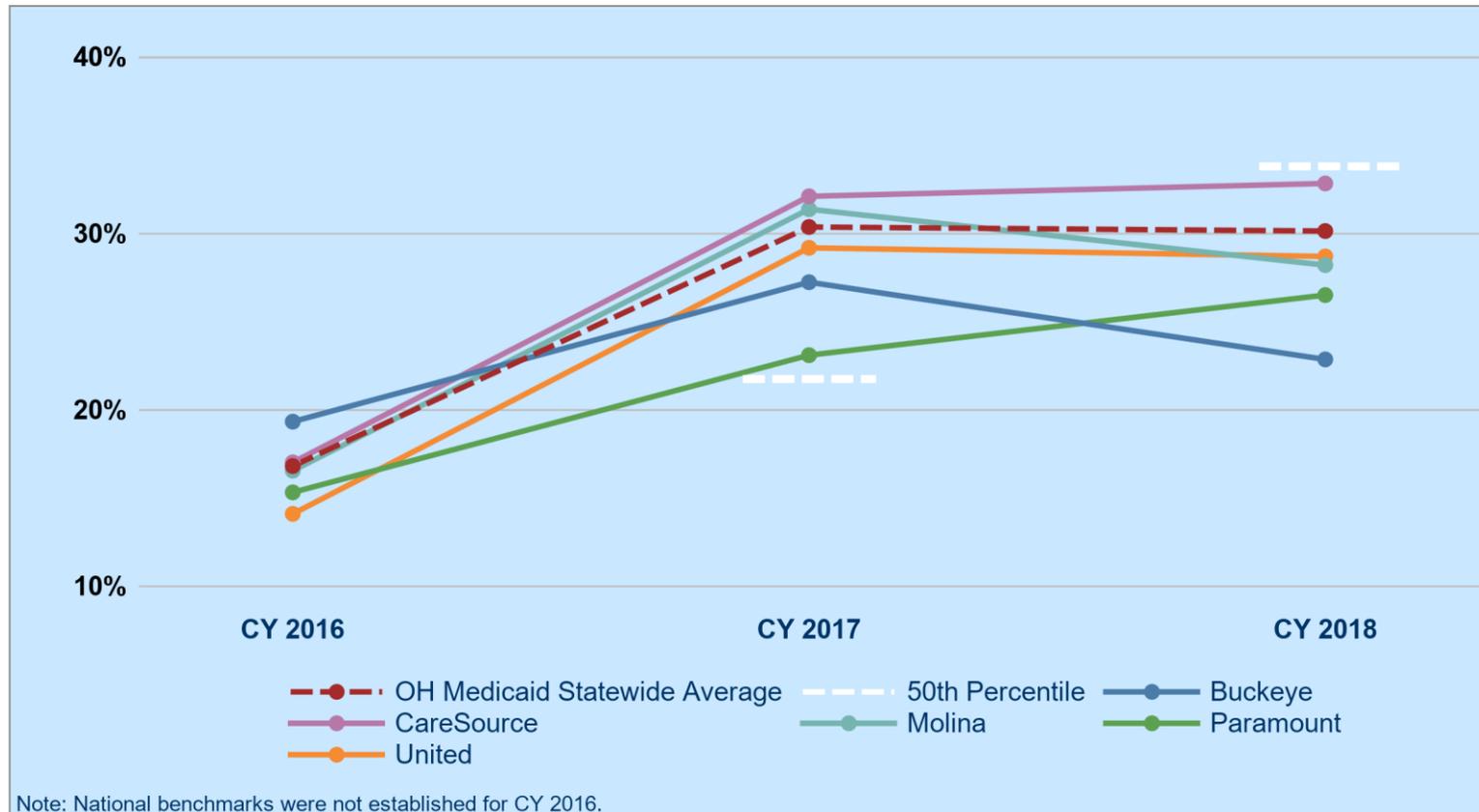
Table 3-13a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<23.1%	23.1%	28.5%	33.8%	40.6%	49.9%	35.3%
Star Rating Category	★	★★	★★★★	★★★★★	★★★★★		

Table 3-13 shows that the statewide average and two MCPs’ rates ranked above the 25th percentile but below the 50th percentile. The remaining three MCPs’ rates fell below the 25th percentile, including one MCP’s rate that fell below the 10th percentile. The rates for all MCPs ranged from 22.9 percent to 32.8 percent of eligible members receiving the required vaccine series by their 13th birthday. All MCPs calculated this measure using the hybrid method, with four of the five MCPs reporting at least 96 percent of their numerator-compliant cases identified using administrative data.

Figure 3-13 shows the three-year rate trend for each MCP and the statewide average.

Figure 3-13—Immunizations for Adolescents—HPV, CY 2016–2018



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: BMI percentile documentation, counseling for nutrition, and counseling for physical activity.

BMI Percentile Documentation—Total

Table 3-14 presents the CY 2018 MCP-specific rates and the statewide average for the *BMI Percentile Documentation—Total* indicator.

Table 3-14—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	50.2%	49.8%	71.3%	★★★★
CareSource	50.0%	50.0%	63.7%	★★
Molina	48.0%	52.0%	67.9%	★★★★
Paramount	31.9%	68.1%	74.0%	★★★★
UnitedHealthcare	47.5%	52.5%	68.1%	★★★★
Statewide	48.0%	52.0%	66.5%	★★★★

Table 3-14a—National Medicaid Benchmarks and Corresponding Star Rating Categories

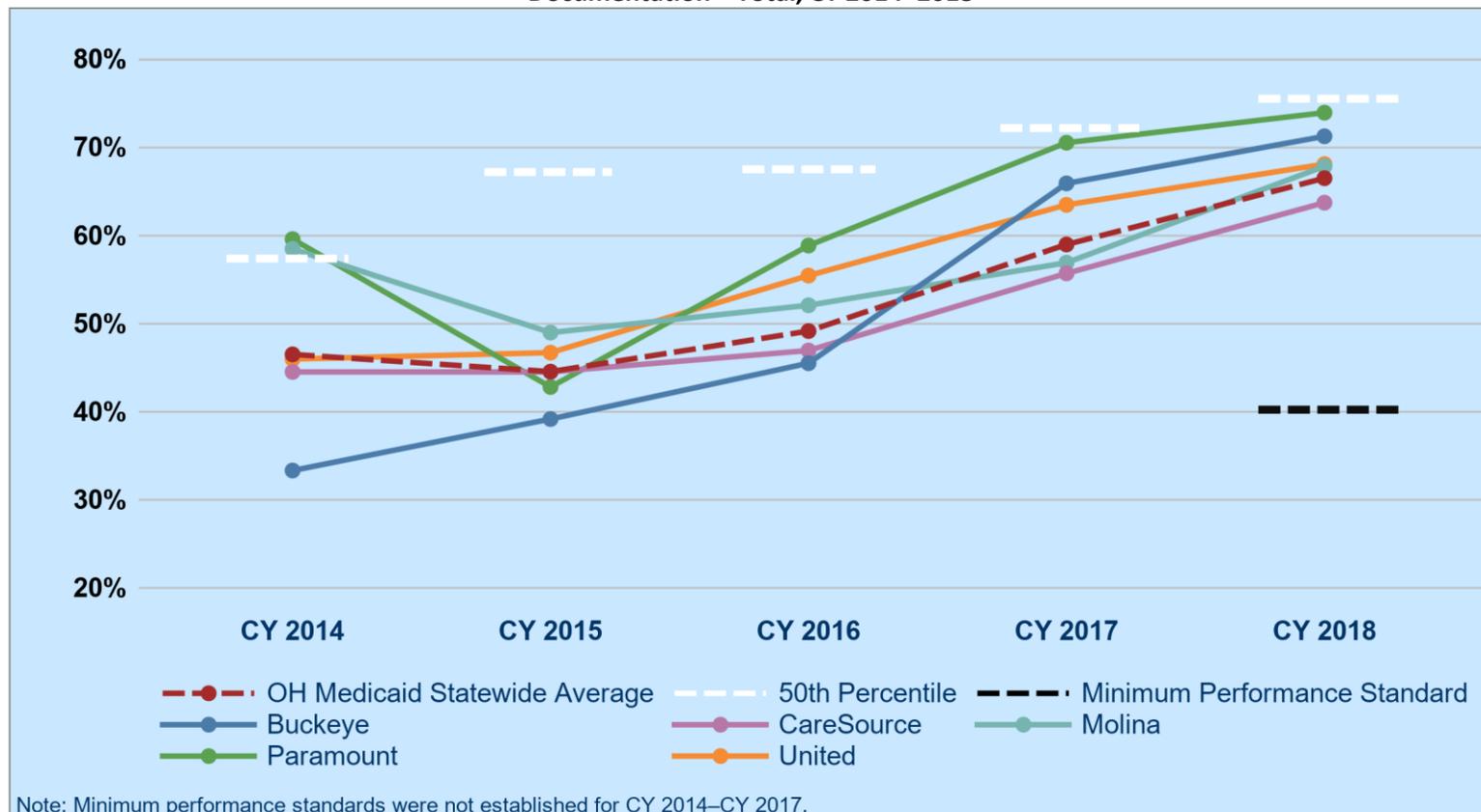
	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<56.0%	56.0%	66.1%	75.6%	82.6%	88.0%	72.5%
Star Rating Category	★	★★	★★★★	★★★★★	★★★★★		

Table 3-14 shows that the statewide average and four MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining MCP’s rate falling below the 25th percentile. The rates for all MCPs ranged from 63.7 percent to 74.0 percent of eligible members who had a visit with a PCP or OB/GYN and had documented evidence that a BMI percentile was calculated. All

MCPs calculated this indicator using the hybrid method, with four of the five MCPs reporting at least 47 percent of its rate derived from administrative data.

Figure 3-14 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-14—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, CY 2014–2018



Counseling for Nutrition—Total

Table 3-15 presents the CY 2018 MCP-specific rates and the statewide average for the *Counseling for Nutrition—Total* indicator.

Table 3-15—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	37.2%	62.8%	63.5%	★★★
CareSource	21.5%	78.5%	56.7%	★★
Molina	18.8%	81.2%	59.6%	★★
Paramount	17.2%	82.8%	66.7%	★★★
UnitedHealthcare	26.5%	73.5%	62.5%	★★★
Statewide	23.3%	76.7%	59.4%	★★

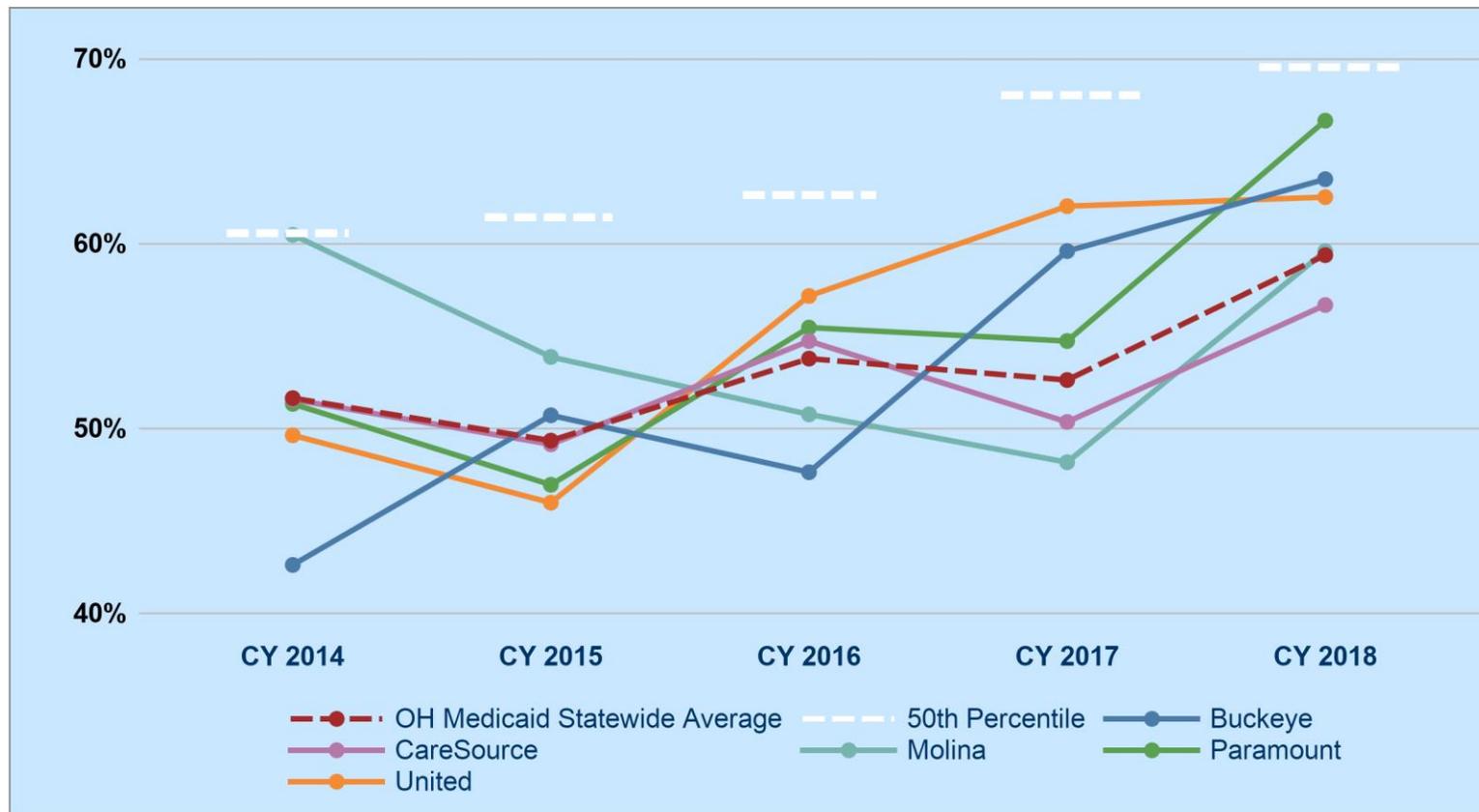
Table 3-15a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<50.4%	50.4%	59.9%	69.6%	77.9%	83.5%	67.1%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-15 shows that the statewide average and two MCPs’ rates ranked above the 10th percentile but below the 25th percentile, with the remaining three MCPs’ rates ranking above the 25th percentile. The rates for all MCPs ranged from 56.7 percent to 66.7 percent of eligible members who had a visit with a PCP or OB/GYN and received nutrition counseling. All MCPs calculated this indicator using the hybrid method, with one of the five MCPs reporting at least 37 percent of its numerator-compliant cases identified using administrative data.

Figure 3-15 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-15—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total, CY 2014–2018



Counseling for Physical Activity—Total

Table 3-16 presents the CY 2018 MCP-specific rates and the statewide average for the *Counseling for Physical Activity—Total* indicator.

Table 3-16—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	36.0%	64.0%	62.8%	★★★
CareSource	21.1%	78.9%	49.6%	★★
Molina	15.6%	84.4%	51.6%	★★
Paramount	17.6%	82.4%	63.7%	★★★★
UnitedHealthcare	27.7%	72.3%	54.5%	★★★
Statewide	22.7%	77.3%	53.2%	★★★

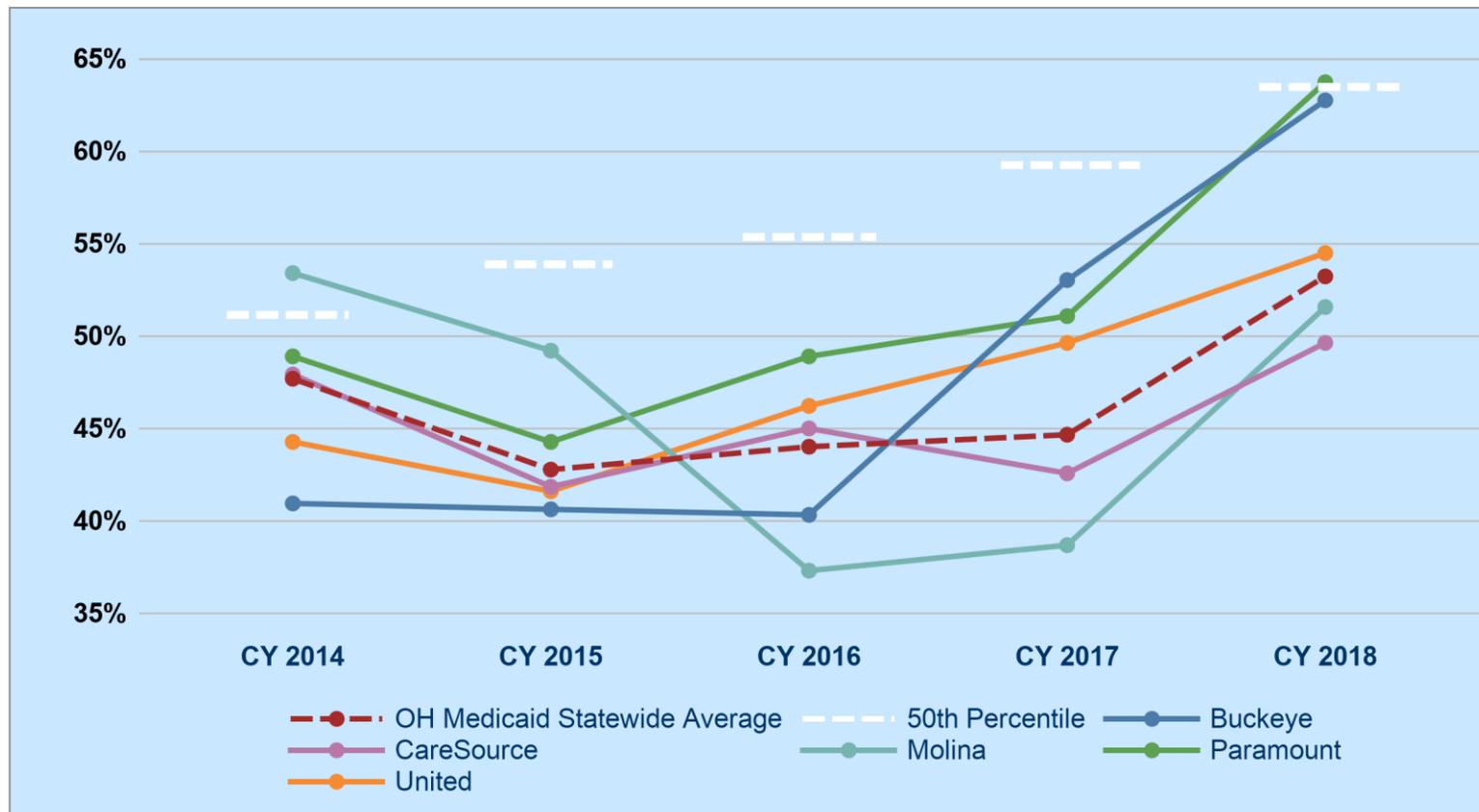
Table 3-16a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<41.9%	41.9%	52.3%	63.5%	71.3%	78.4%	60.6%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-16 shows that the statewide average and two MCPs’ rates ranked above the national Medicaid 25th percentile, but below the 50th percentile. One MCP’s rate ranked above the 50th percentile, while the remaining two MCPs’ rates fell below the 25th percentile. The rates for all MCPs ranged from 49.6 percent to 63.7 percent of eligible members who had a visit with a PCP or OB/GYN and received physical activity counseling during the measurement year. All MCPs calculated this indicator using the hybrid method, with three of the five MCPs reporting at least 21 percent of its numerator-compliant cases identified using administrative data.

Figure 3-16 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-16—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total, CY 2014–2018



Appropriate Testing for Children With Pharyngitis

Appropriate Testing for Children With Pharyngitis measures the percentage of members 3 to 18 years of age diagnosed with pharyngitis and were dispensed an antibiotic who received a group A streptococcus (strep) test for the episode. A higher rate indicates better performance (i.e., appropriate testing). Table 3-17 presents the CY 2018 MCP-specific rates and the statewide average for this measure.

Table 3-17—Appropriate Testing for Children With Pharyngitis (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	78.3%	★★★
CareSource	81.3%	★★★★
Molina	80.2%	★★★★
Paramount	83.0%	★★★★
UnitedHealthcare	80.7%	★★★★
Statewide	81.0%	★★★★

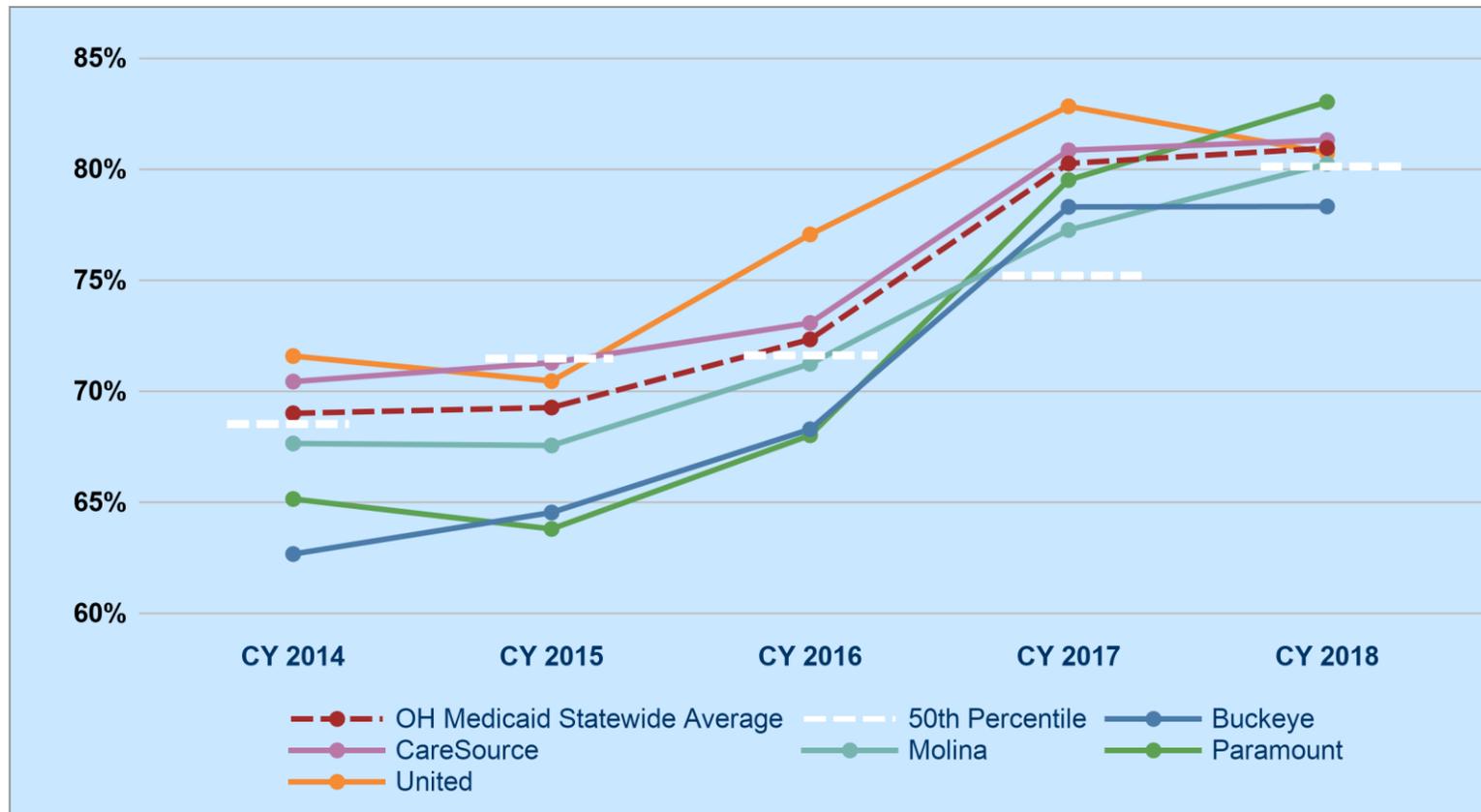
Table 3-17a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<65.0%	65.0%	72.5%	80.1%	86.0%	90.5%	78.3%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-17 shows that the statewide average and four MCPs’ rates ranked above the 50th percentile but below the 75th percentile, with the remaining MCP’s rate falling below the 50th percentile. The rates for all MCPs ranged from 78.3 percent to 83.0 percent of eligible children who received a group A strep test for an episode of pharyngitis.

Figure 3-17 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-17—Appropriate Testing for Children With Pharyngitis, CY 2014–2018



Adults’ Access to Preventive/Ambulatory Health Services—Total

Adults’ Access to Preventive/Ambulatory Health Services measures the percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year. This measure has four indicators: three age-stratified rates (*20–44 Years, 45–64 Years, and 65 Years and Older*) and a *Total* rate. Only the *Total* rate was required for reporting. Table 3-18 presents the CY 2018 MCP-specific rates and the statewide average.

Table 3-18—Adults’ Access to Preventive/Ambulatory Health Services—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	82.0%	★★★★★
CareSource	86.0%	★★★★★★
Molina	82.0%	★★★★★
Paramount	80.7%	★★★
UnitedHealthcare	82.3%	★★★★★
Statewide	84.0%	★★★★★

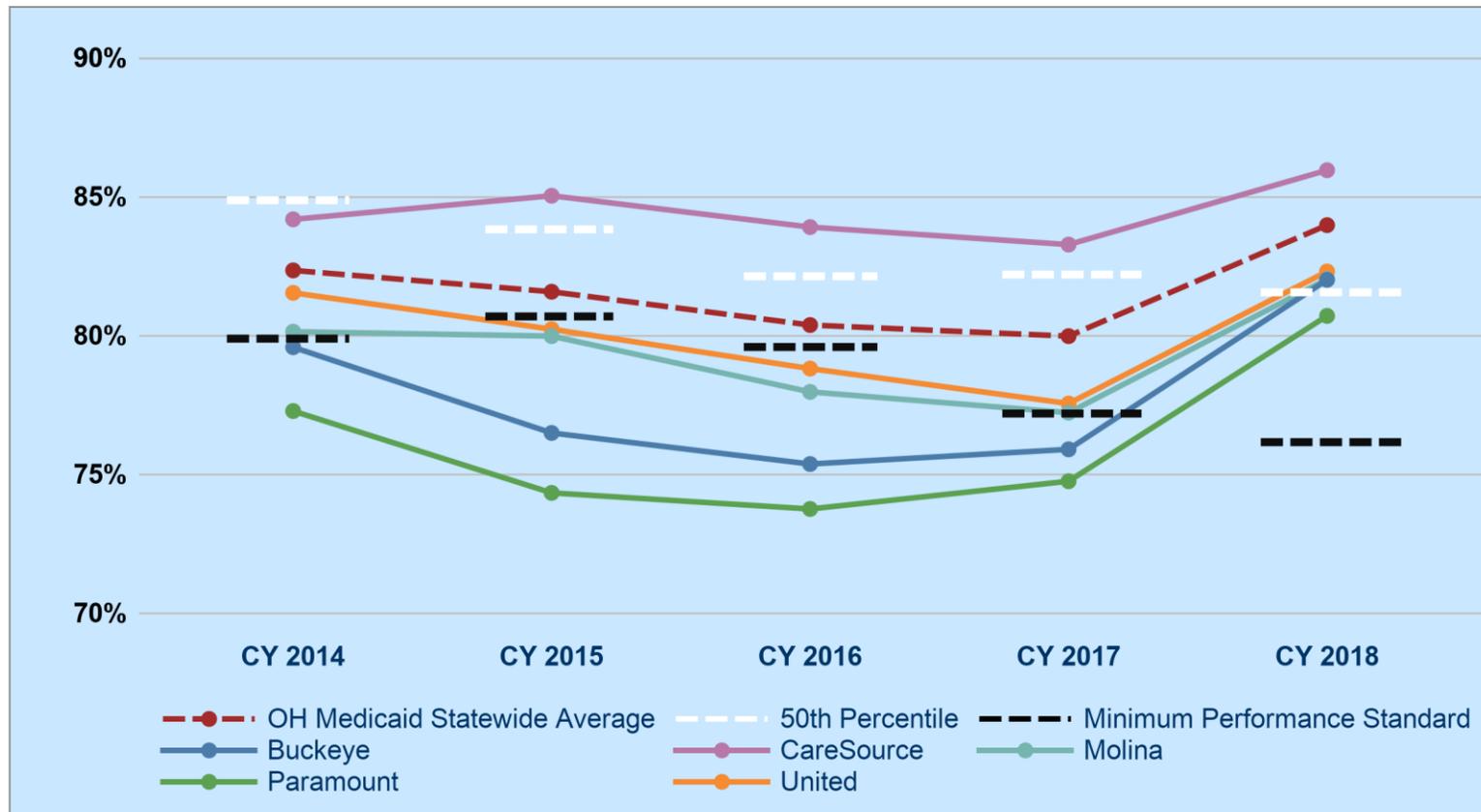
Table 3-18a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<68.9%	68.9%	75.8%	81.6%	85.1%	87.7%	79.8%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-18 shows that the statewide average and four MCPs’ rates ranked above the 50th percentile, including one MCP’s rate ranking above the 75th percentile. The remaining MCP’s rate fell below the 50th percentile. The rates for all MCPs ranged from 80.7 percent to 86.0 percent of eligible members who received an ambulatory or preventive care visit during the measurement year.

Figure 3-18 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-18—Adults' Access to Preventive/Ambulatory Health Services—Total, CY 2014–2018



Adult BMI Assessment

Adult BMI Assessment measures the percentage of members ages 18 to 74 years who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year. Table 3-19 presents the CY 2018 MCP-specific rates and the statewide average for this measure.

Table 3-19—Adult BMI Assessment (Methodology—Hybrid)¹

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	58.1%	41.9%	87.1%	★★★
CareSource	48.9%	51.1%	81.0%	★★
Molina	46.5%	53.5%	80.5%	★★
Paramount	48.2%	51.8%	86.9%	★★★
UnitedHealthcare	57.3%	42.7%	88.0%	★★★
Statewide	50.7%	49.3%	83.1%	★★

¹ Performance rankings were determined before rounding.

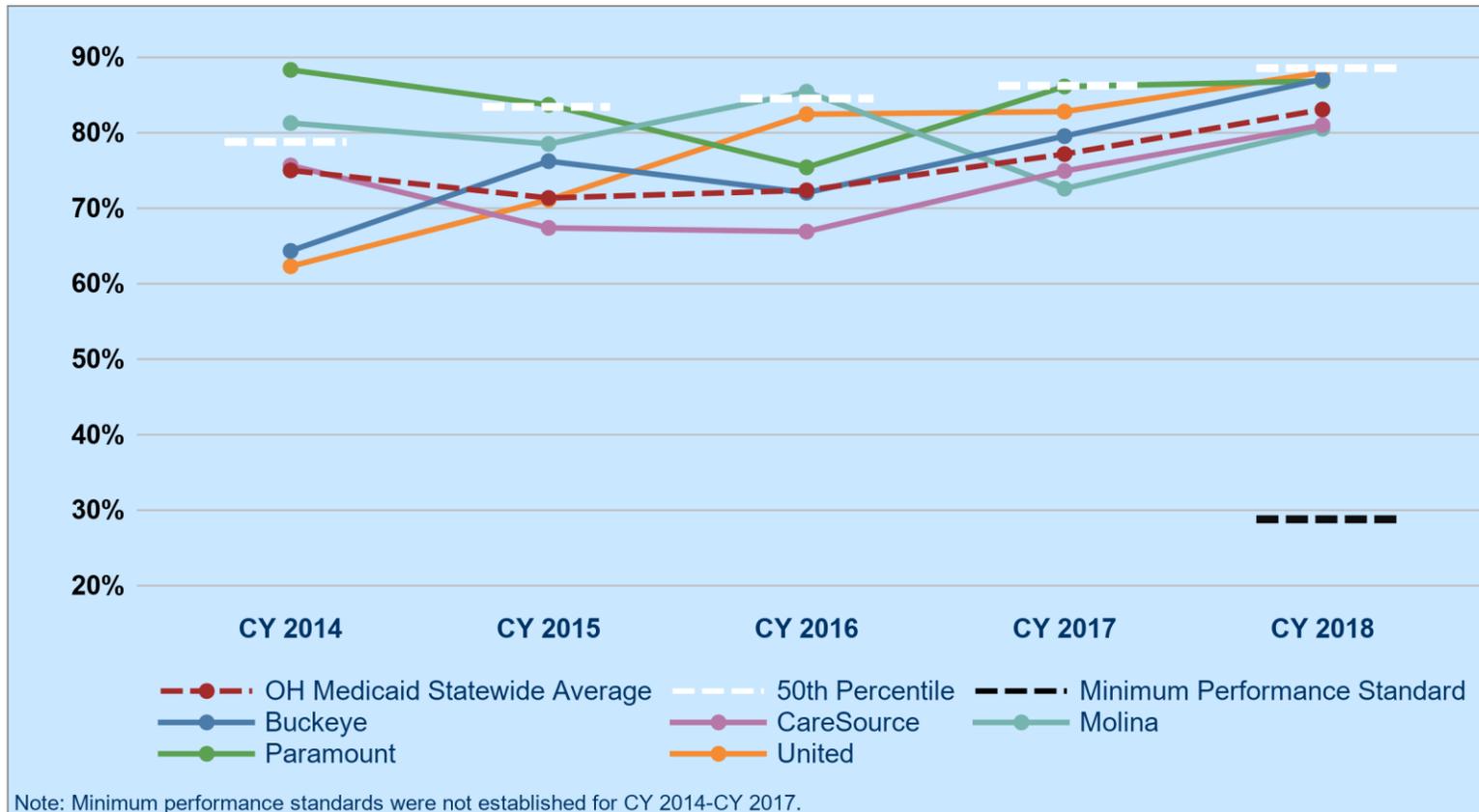
Table 3-19a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<72.3%	72.3%	83.1%	88.6%	92.5%	95.0%	84.5%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 3-19 shows that the statewide average and two MCPs’ rates ranked above the 10th percentile but below the 25th percentile, with the remaining three MCPs’ rates ranking above the 25th percentile. The rates for all MCPs ranged from 80.5 percent to 88.0 percent of eligible members who had their BMI documented. All MCPs calculated this indicator using the hybrid method, with all five MCPs reporting at least 46 percent of their rates derived from administrative data.

Figure 3-19 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-19—Adult BMI Assessment, CY 2014–2018



Ambulatory Care—ED Visits—Total

Ambulatory Care—ED Visits—Total measures the utilization of ambulatory care for ED visits. Table 3-20 presents the CY 2018 MCP-specific rates and the statewide average for this measure. Since the rates reported for this measure do not take into consideration the demographic and clinical characteristics of each MCP’s members, comparisons to national benchmarks are not performed and star rankings are not presented. These rates are provided for strictly informational purposes.

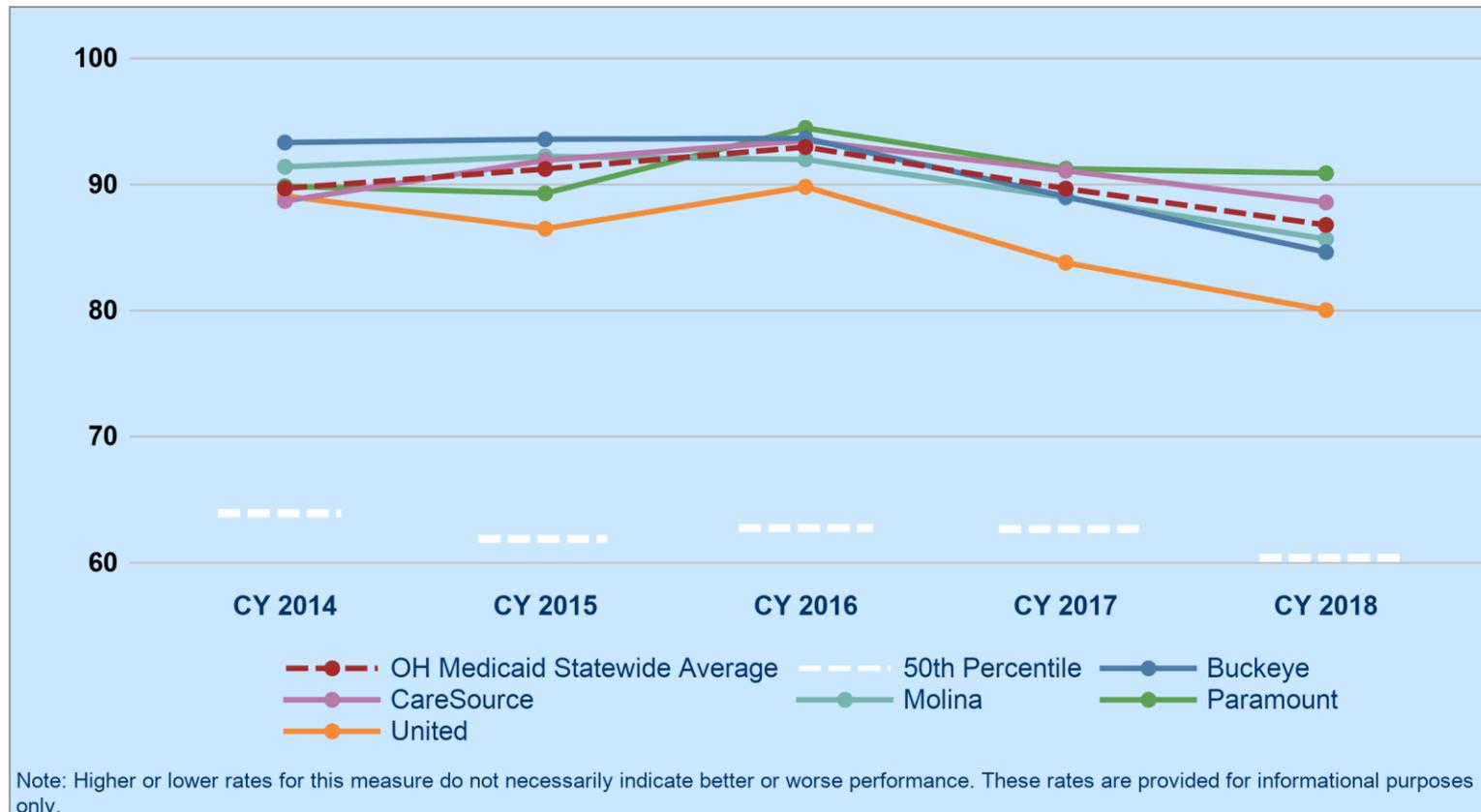
Table 3-20—Ambulatory Care—ED Visits—Total (Methodology—Administrative)

MCP	Visits Per 1,000 Member Months
Buckeye	84.6
CareSource	88.6
Molina	85.7
Paramount	90.9
UnitedHealthcare	80.0
Statewide	86.8

Table 3-20 shows the results for the *Ambulatory Care—ED Visits—Total* indicator using administrative data for all five MCPs. MCP performance varied from 80.0 ED visits per 1,000 member months to 90.9 ED visits per 1,000 member months, with the statewide average rate at 86.8 ED visits per 1,000 member months.

Figure 3-20 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-20—Ambulatory Care—ED Visits—Total, CY 2014–2018



Inpatient Utilization—General Hospital/Acute Care—Total

Inpatient Utilization—General Hospital/Acute Care—Total measures the use of acute inpatient care and services in four categories: *Total Inpatient, Medicine, Surgery, and Maternity*. Table 3-21 presents the CY 2018 MCP-specific rates and the statewide average for the *Discharges per 1,000 Member Months—Total* and *Average Length of Stay—Total* indicators. Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2019 and prior years.

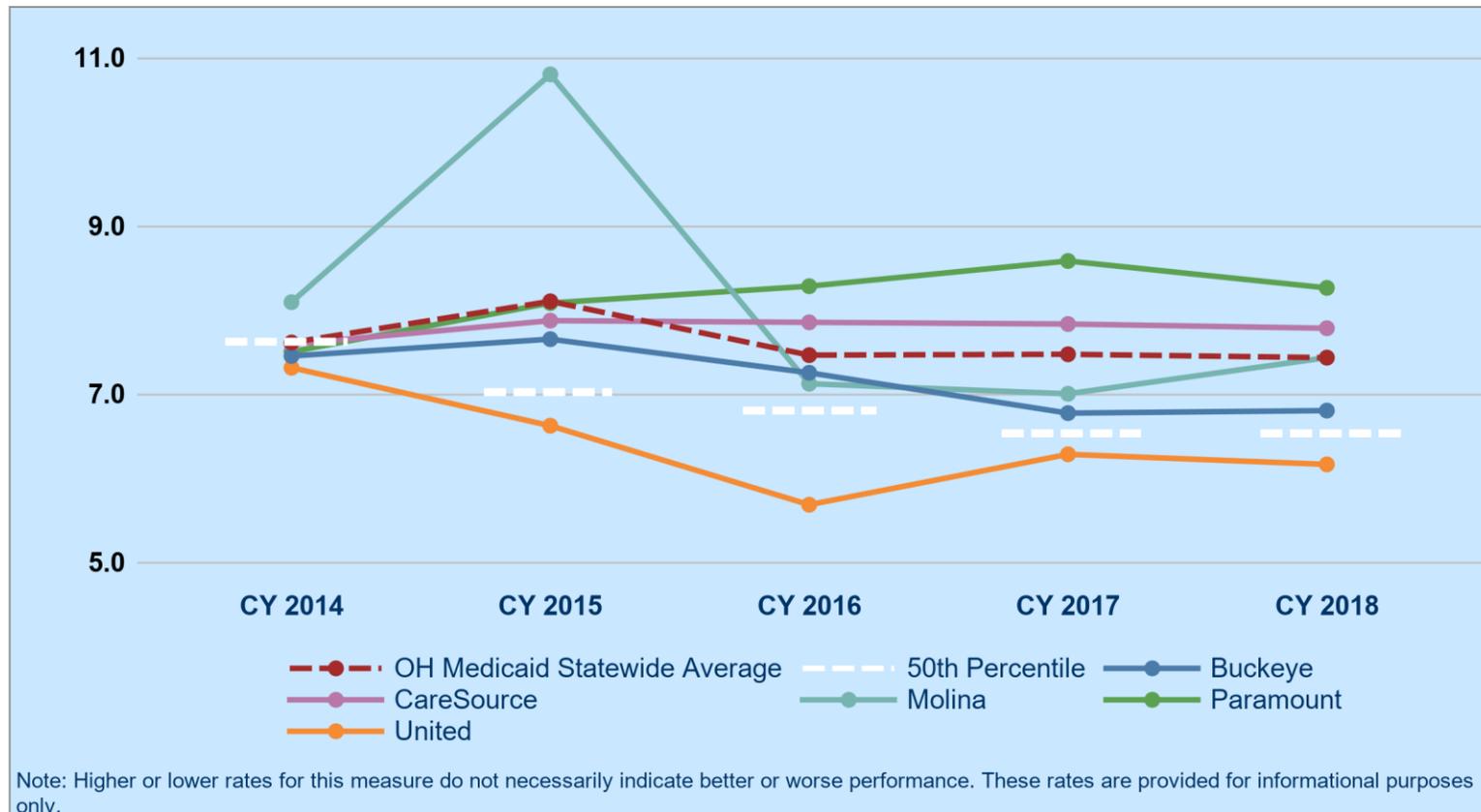
Table 3-21—Inpatient Utilization—General Hospital/Acute Care—Total (Methodology—Administrative)

MCP	Discharges per 1,000 Member Months	Average Length of Stay
Buckeye	6.8	4.9
CareSource	7.8	4.8
Molina	7.4	5.0
Paramount	8.3	4.3
UnitedHealthcare	6.2	4.8
Statewide	7.4	4.8

Table 3-21 shows the results for the *Inpatient Utilization—General Hospital/Acute Care—Total—Discharges per 1,000 Member Months* and *Average Length of Stay* indicators using administrative data for all five MCPs. MCP performance varied from 6.2 discharges per 1,000 member months to 8.3 discharges per 1,000 member months, with the statewide average rate at 7.4 discharges per 1,000 member months; and from 4.3 days per inpatient stay to 5.0 days per inpatient stay, with the statewide average rate at 4.8 days per inpatient stay.

Figure 3-21 shows the five-year rate trend for each MCP and the statewide average.

Figure 3-21—Inpatient Utilization—General Hospital/Acute Care—Total—Discharges per 1,000 Member Months, CY 2014–2018



4. Women's Health

This section shows CY 2018 (HEDIS 2019) results and ranking for the MCPs, as well as statewide averages for the Women's Health population stream. Four measures (a total of five rates) are included in this section.

Women's Health
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care</i>
<i>Chlamydia Screening in Women—Total¹</i>
<i>Cervical Cancer Screening</i>
<i>Breast Cancer Screening</i>

¹ Reporting-only measure/indicator

Prenatal and Postpartum Care

Prenatal and Postpartum Care assesses different facets of care provided to pregnant women. This measure has two indicators: *Timeliness of Prenatal Care* and *Postpartum Care*. The *Timeliness of Prenatal Care* indicator measures the percentage of deliveries of live births for which the eligible member received a prenatal care visit in the first trimester or within 42 days of enrolling in the MCP. The *Postpartum Care* indicator measures the percentage of deliveries of live births for which the eligible member received a postpartum visit on or between 21 and 56 days after delivery.

Timeliness of Prenatal Care

Table 4-1 presents the CY 2018 MCP-specific rates and the statewide average for the *Timeliness of Prenatal Care* indicator.

Table 4-1—Prenatal and Postpartum Care—Timeliness of Prenatal Care (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	92.3%	7.7%	79.1%	★★★
CareSource	96.2%	3.8%	83.7%	★★★★★
Molina	97.1%	2.9%	83.0%	★★★
Paramount	95.2%	4.8%	86.4%	★★★★★
UnitedHealthcare	90.8%	9.2%	85.5%	★★★★★
Statewide	95.0%	5.0%	83.4%	★★★★★

Table 4-1a—National Medicaid Benchmarks and Corresponding Star Rating Categories

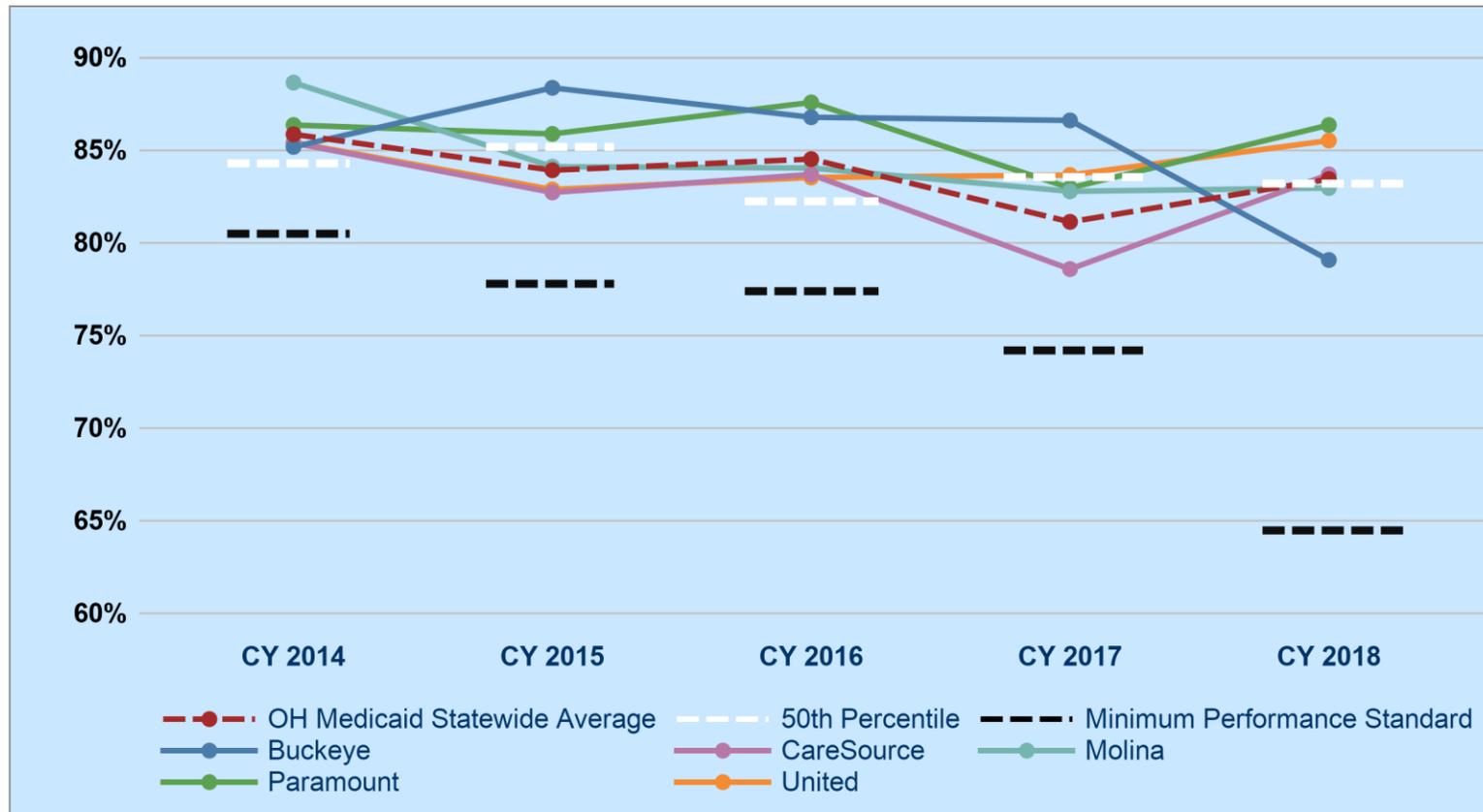
	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<69.8%	69.8%	76.9%	83.2%	87.1%	90.8%	81.1%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 4-1 shows that the statewide average and three MCPs' rates ranked above the 50th percentile but below the 75th percentile, with the remaining two MCPs' rates falling below the 50th percentile. The rates for all MCPs ranged from 79.1 percent to 86.4 percent of

live birth deliveries with eligible members who received a prenatal care visit during the specified period. All MCPs calculated this indicator using the hybrid method, with all MCPs reporting at least 90 percent of their numerator-compliant cases identified using administrative data.

Figure 4-1 shows the five-year rate trend for each MCP and the statewide average.

Figure 4-1—Prenatal and Postpartum Care—Timeliness of Prenatal Care, CY 2014–2018



Postpartum Care

Table 4-2 presents the CY 2018 MCP-specific rates and the statewide average for the *Postpartum Care* indicator.

Table 4-2—Prenatal and Postpartum Care—Postpartum Care (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	91.8%	8.2%	59.4%	★★
CareSource	91.9%	8.1%	66.4%	★★★★★
Molina	91.7%	8.3%	67.4%	★★★★★
Paramount	85.8%	14.2%	70.3%	★★★★★
UnitedHealthcare	90.8%	9.2%	65.5%	★★★★★
Statewide	91.1%	8.9%	65.8%	★★★★★

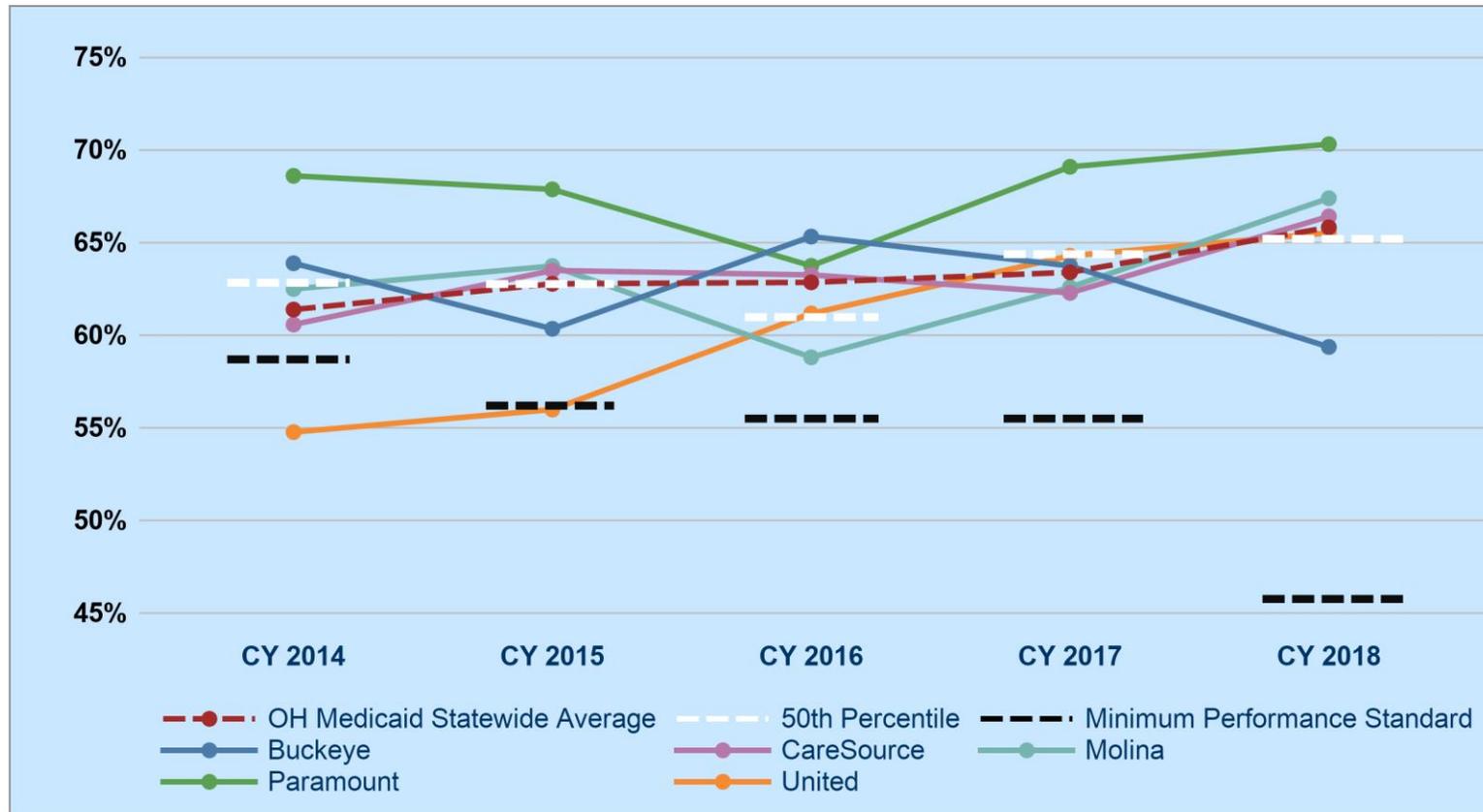
Table 4-2a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<53.5%	53.5%	59.6%	65.2%	69.3%	74.0%	64.4%
Star Rating Category	★	★★	★★★	★★★★★	★★★★★		

Table 4-2 shows that the statewide average and four MCPs' rates ranked above the 50th percentile, including one MCP's rate ranking above the 75th percentile. The remaining MCP's rate fell below the 25th percentile. The rates for all MCPs ranged from 59.4 percent to 70.3 percent of live birth deliveries with eligible members who received a postpartum care visit during the specified period. All MCPs calculated this indicator using the hybrid method, with four of the five MCPs reporting at least 90 percent of their rates derived from administrative data.

Figure 4-2 shows the five-year rate trend for each MCP and the statewide average.

Figure 4-2—Prenatal and Postpartum Care—Postpartum Care, CY 2014–2018



Chlamydia Screening in Women—Total

Chlamydia Screening in Women measures the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. This measure has three indicators: two age-stratified rates (*16–20 Years* and *21–24 Years*) and a *Total* rate. Only the *Total* rate was required for reporting. Table 4-3 presents the CY 2018 MCP-specific rates and the statewide average.

Table 4-3—Chlamydia Screening in Women—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	54.0%	★★★
CareSource	58.3%	★★★★★
Molina	56.8%	★★★★★
Paramount	56.8%	★★★★★
UnitedHealthcare	55.7%	★★★
Statewide	57.2%	★★★★★

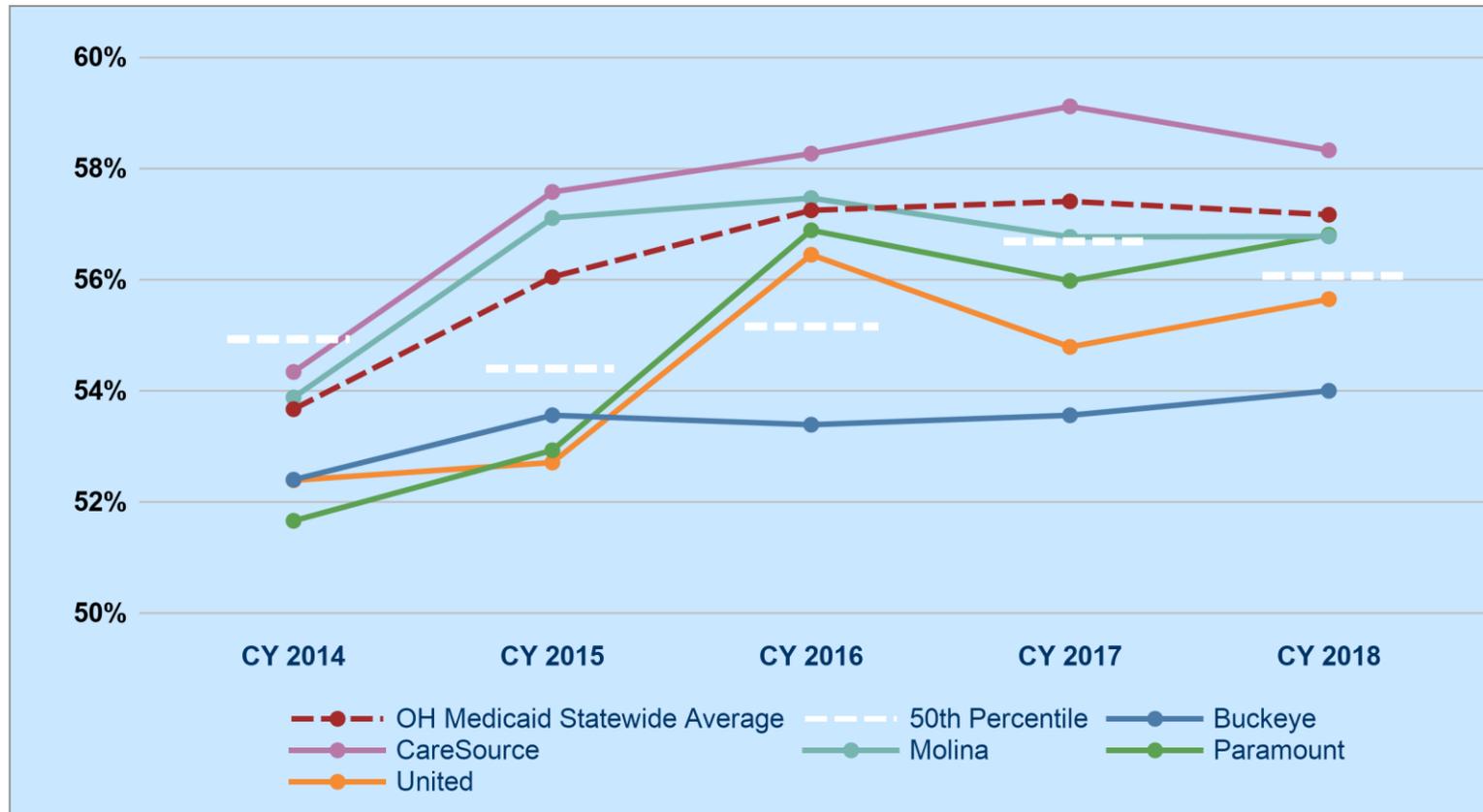
Table 4-3a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<45.2%	45.2%	50.6%	56.1%	65.4%	71.3%	57.7%
Star Rating Category	★	★★	★★★	★★★★★	★★★★★		

Table 4-3 shows that the statewide average and three MCPs' rates ranked above the 50th percentile but below the 75th percentile, with the remaining two MCPs' rates falling below the 50th percentile. The rates for all MCPs ranged from 54.0 percent to 58.3 percent of eligible members who were screened for chlamydia during the measurement year.

Figure 4-3 shows the five-year rate trend for each MCP and the statewide average.

Figure 4-3—Chlamydia Screening in Women—Total, CY 2014–2018



Cervical Cancer Screening

Cervical Cancer Screening measures the percentage of women 21 to 64 years of age who were screened for cervical cancer. Table 4-4 presents the CY 2018 MCP-specific rates and the statewide average for this measure.

Table 4-4—Cervical Cancer Screening (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	93.8%	6.2%	54.7%	★★★
CareSource	96.4%	3.6%	68.1%	★★★★★
Molina	95.1%	4.9%	59.9%	★★★
Paramount	93.2%	6.8%	61.1%	★★★★
UnitedHealthcare	92.4%	7.6%	57.9%	★★★
Statewide	95.1%	4.9%	63.6%	★★★★

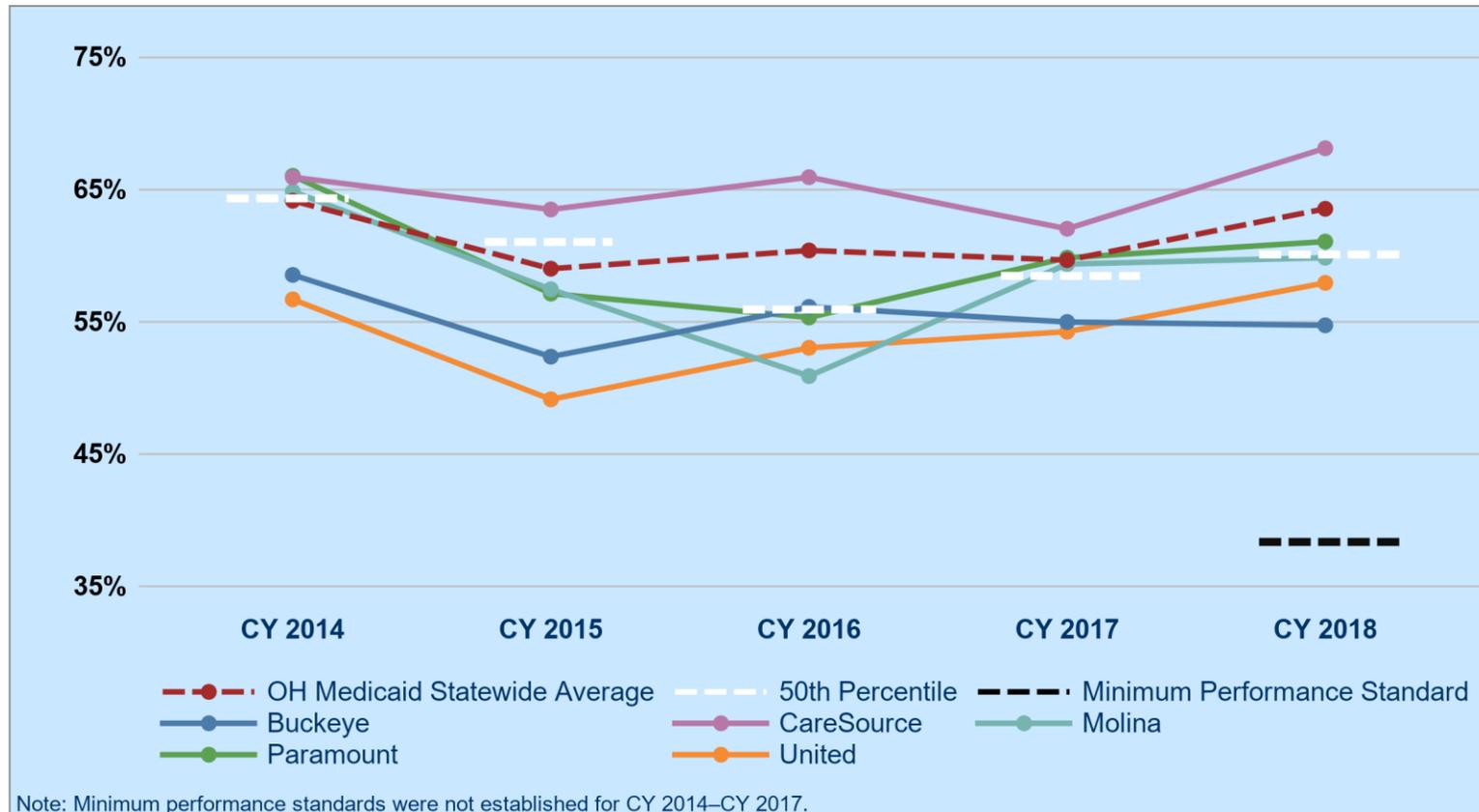
Table 4-4a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<46.7%	46.7%	54.3%	60.1%	66.0%	70.7%	59.4%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 4-4 shows that the statewide average and two MCPs' rates ranked above the 50th percentile, including one MCP's rate ranking above the 75th percentile. The remaining three MCPs' rates fell below the 50th percentile. The rates for all MCPs ranged from 54.7 percent to 68.1 percent of eligible members who received a screening for cervical cancer. All MCPs calculated this measure using the hybrid method, with all five MCPs reporting at least 92 percent of their numerator-compliant cases identified using administrative data.

Figure 4-4 shows the five-year rate trend for each MCP and the statewide average.

Figure 4-4—Cervical Cancer Screening, CY 2014–2018



Breast Cancer Screening

Breast Cancer Screening measures the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer. Table 4-5 presents the CY 2018 MCP-specific rates and the statewide average.

Table 4-5—Breast Cancer Screening (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	56.2%	★★★
CareSource	54.1%	★★★
Molina	50.2%	★★
Paramount	54.6%	★★★
UnitedHealthcare	52.8%	★★★
Statewide	53.7%	★★★

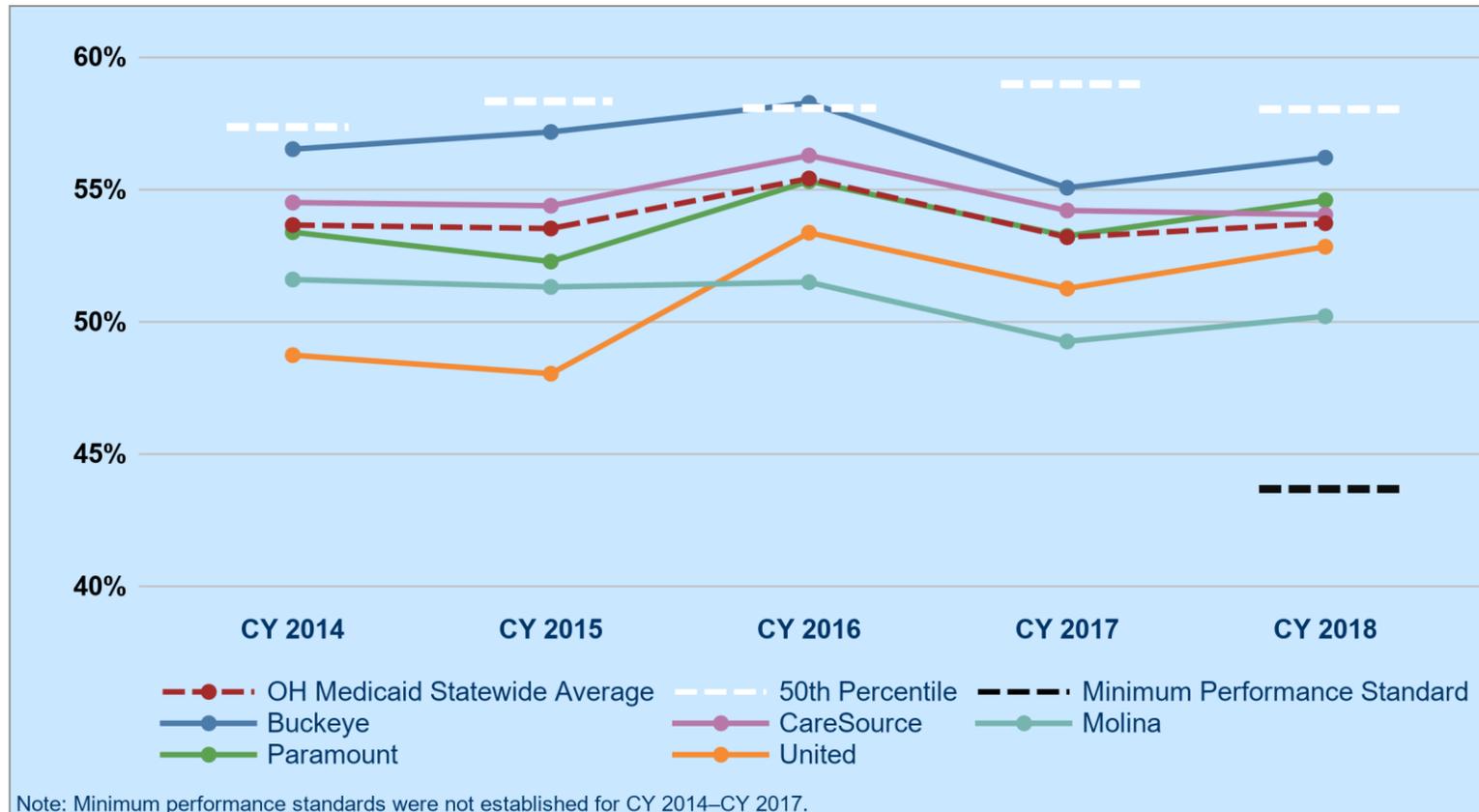
Table 4-5a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<48.3%	48.3%	51.8%	58.0%	64.1%	68.9%	58.3%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 4-5 shows that the statewide average and four MCPs' rates ranked above the 25th percentile but below the 50th percentile, with the remaining MCP's rate falling below the 25th percentile. The rates for all MCPs ranged from 50.2 percent to 56.2 percent of eligible members who were screened for breast cancer.

Figure 4-5 shows the five-year rate trend for each MCP and the statewide average.

Figure 4-5—Breast Cancer Screening, CY 2014–2018



5. Behavioral Health

This section shows CY 2018 (HEDIS 2019) results and rankings for the MCPs, as well as statewide averages for the Behavioral Health population stream. Twelve measures (a total of 26 rates) are presented in this section.

Behavioral Health
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total¹ and 30-Day Follow-Up—Total²</i>
<i>Follow-Up After ED Visit for Mental Illness²—7-Day Follow-Up—Total and 30-Day Follow-Up—Total</i>
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total</i>
<i>Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total¹</i>
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment²</i>
<i>Follow-Up Care for Children Prescribed ADHD Medication²—Initiation Phase and Continuation and Maintenance Phase</i>
<i>Mental Health Utilization²—Any Service, Inpatient, Intensive Outpatient or Partial Hospitalization, Outpatient, ED, and Telehealth</i>
<i>Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation of AOD Treatment—Total¹ and Engagement of AOD Treatment—Total²</i>
<i>Follow-Up After ED Visit for AOD Abuse or Dependence²—7-Day Follow-Up—Total and 30-Day Follow-Up—Total</i>
<i>Risk of Continued Opioid Use²—At Least 15 Days Covered—Total and At Least 31 Days Covered—Total</i>
<i>Use of Opioids at High Dosage²</i>
<i>Use of Opioids From Multiple Providers²—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies</i>

¹ Quality withhold measure/indicator

² Reporting-only measure/indicator

Follow-Up After Hospitalization for Mental Illness

Follow-Up After Hospitalization for Mental Illness measures the percentage of members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm and who had a follow-up visit with a mental health professional within a certain period. This measure has two indicators: *7-Day Follow-Up—Total* (received follow-up visit within 7 days after discharge) and *30-Day Follow-Up—Total* (received follow-up visit within 30 days after discharge).

7-Day Follow-Up—Total

Table 5-1 presents the CY 2018 MCP-specific rates and the statewide average for the *7-Day Follow-Up—Total* indicator.

Table 5-1—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	42.0%	★★★★★
CareSource	43.4%	★★★★★
Molina	43.3%	★★★★★
Paramount	42.4%	★★★★★
UnitedHealthcare	37.5%	★★★★★
Statewide	42.3%	★★★★★

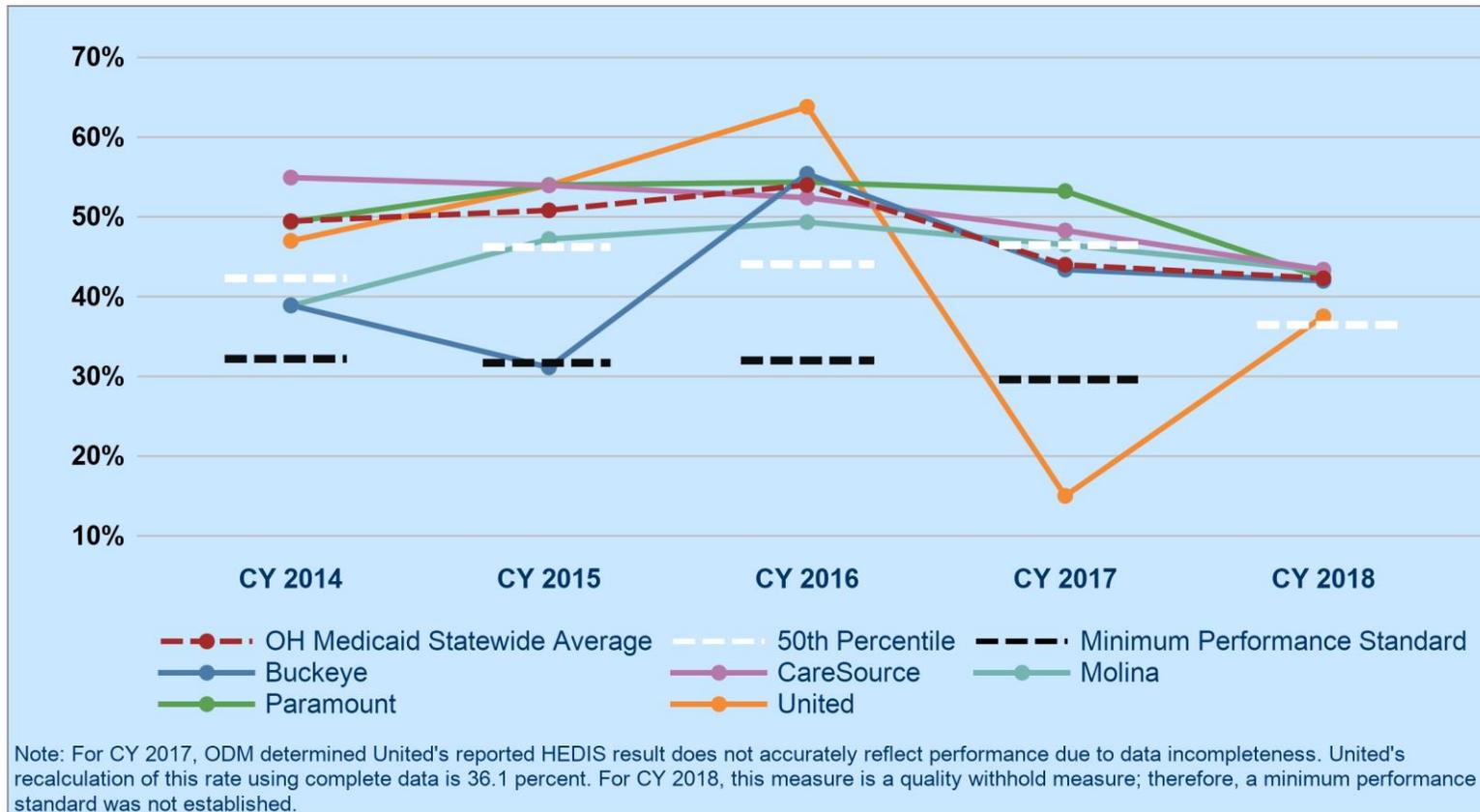
Table 5-1a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<19.0%	19.0%	29.6%	36.5%	45.8%	54.1%	37.0%
Star Rating Category	★	★★	★★★	★★★★	★★★★★	★★★★★	

Table 5-1 shows that the statewide average and all five MCPs’ rates ranked above the 50th percentile but below the 75th percentile. The rates for all MCPs ranged from 37.5 percent to 43.4 percent of eligible members who received a follow-up visit with a mental health professional within 7 days after hospitalization for mental illness or intentional self-harm.

Figure 5-1 shows the five-year rate trend for each MCP and the statewide average.

Figure 5-1—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total, CY 2014–2018



30-Day Follow-Up—Total

Table 5-2 presents the CY 2018 MCP-specific rates and the statewide average for the 30-Day Follow-Up—Total indicator.

Table 5-2—Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	63.2%	★★★★
CareSource	65.2%	★★★★
Molina	64.9%	★★★★
Paramount	63.7%	★★★★
UnitedHealthcare	61.1%	★★★★
Statewide	64.2%	★★★★

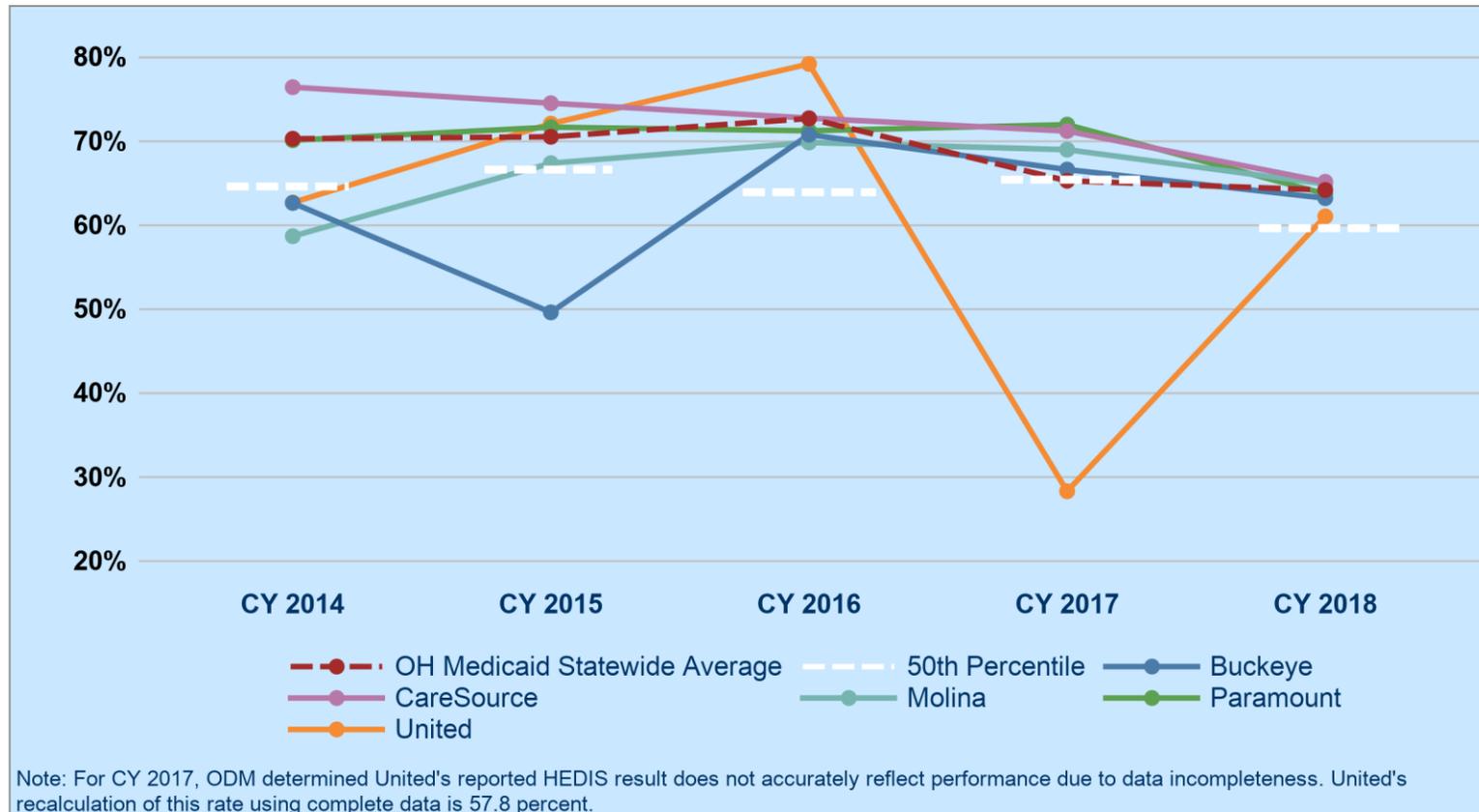
Table 5-2a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<40.0%	40.0%	50.2%	59.7%	68.0%	74.2%	58.0%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 5-2 shows that the statewide average and all five MCPs’ rates ranked above the 50th percentile but below the 75th percentile. The rates for all MCPs ranged from 61.1 percent to 65.2 percent of eligible members who received a follow-up visit with a mental health professional within 30 days after hospitalization for mental illness or intentional self-harm.

Figure 5-2 shows the five-year rate trend for each MCP and the statewide average.

Figure 5-2—Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total, CY 2014–2018



Follow-Up After ED Visit for Mental Illness

Follow-Up After ED Visit for Mental Illness measures the percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm for which the member had a follow-up visit with a mental health professional within a certain period. This measure has two indicators: *7-Day Follow-Up—Total* (received follow-up visit within 7 days of ED visit) and *30-Day Follow-Up—Total* (received follow-up visit within 30 days of ED visit).

7-Day Follow-Up—Total

Table 5-3 presents the CY 2018 MCP-specific rates and the statewide average for the *7-Day Follow-Up—Total* indicator.

Table 5-3—Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total (Methodology—Administrative)

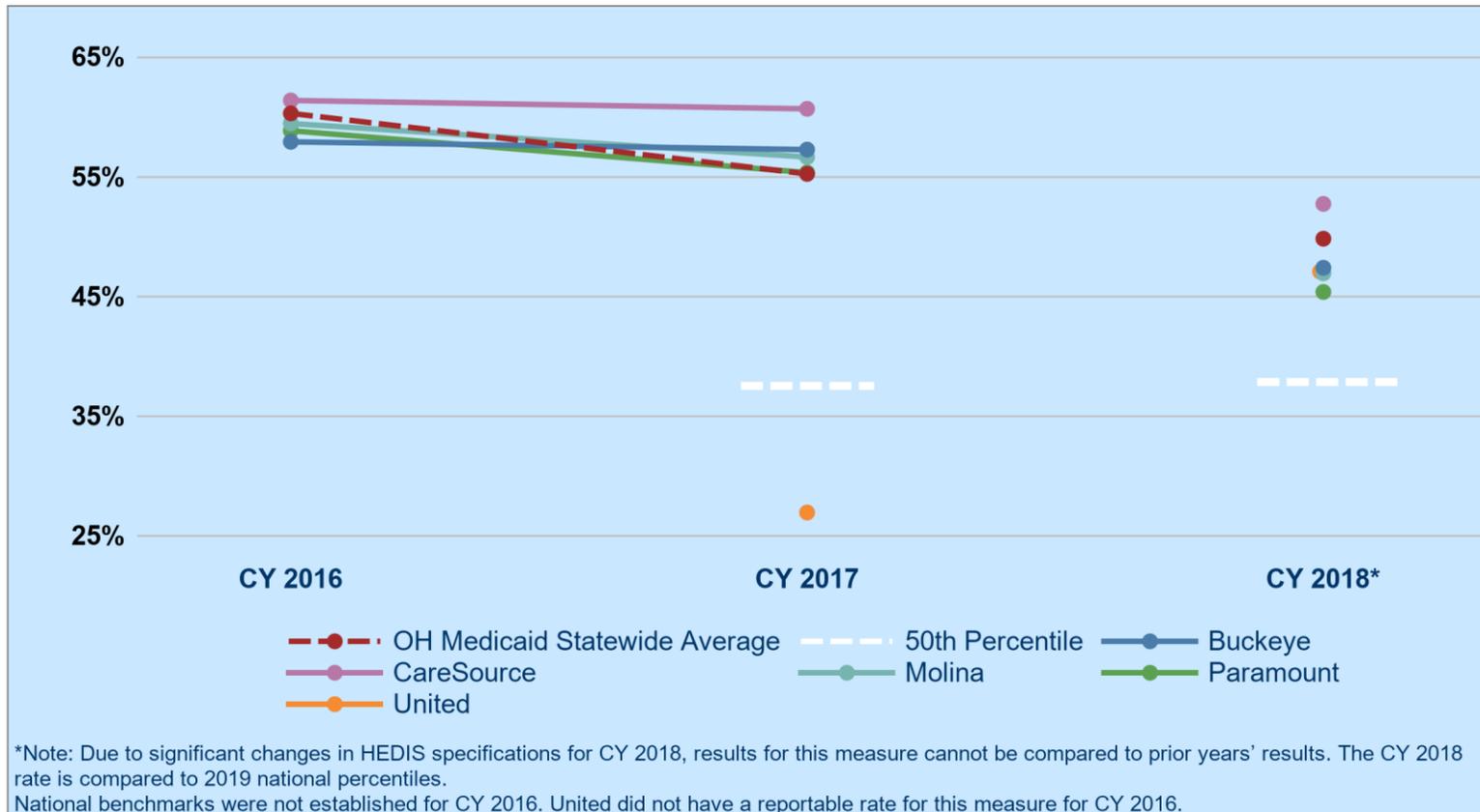
MCP	Reported Rate	Ranking ¹
Buckeye	47.4%	NC
CareSource	52.8%	NC
Molina	47.0%	NC
Paramount	45.4%	NC
UnitedHealthcare	47.1%	NC
Statewide	49.8%	NC

¹ Due to changes to the HEDIS 2019 technical specifications, these rates were not compared to national Medicaid benchmarks.

Due to HEDIS 2019 technical specification changes for the *7-Day Follow-Up—Total* indicator, comparisons to national benchmarks were not performed. Table 5-3 shows MCP performance varied by approximately 7 percentage points.

Figure 5-3 shows the three-year rate trend for each MCP and the statewide average.

Figure 5-3—Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total, CY 2016–2018



30-Day Follow-Up—Total

Table 5-4 presents the CY 2018 MCP-specific rates and the statewide average for the *30-Day Follow-Up—Total* indicator.

Table 5-4—Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Total (Methodology—Administrative)

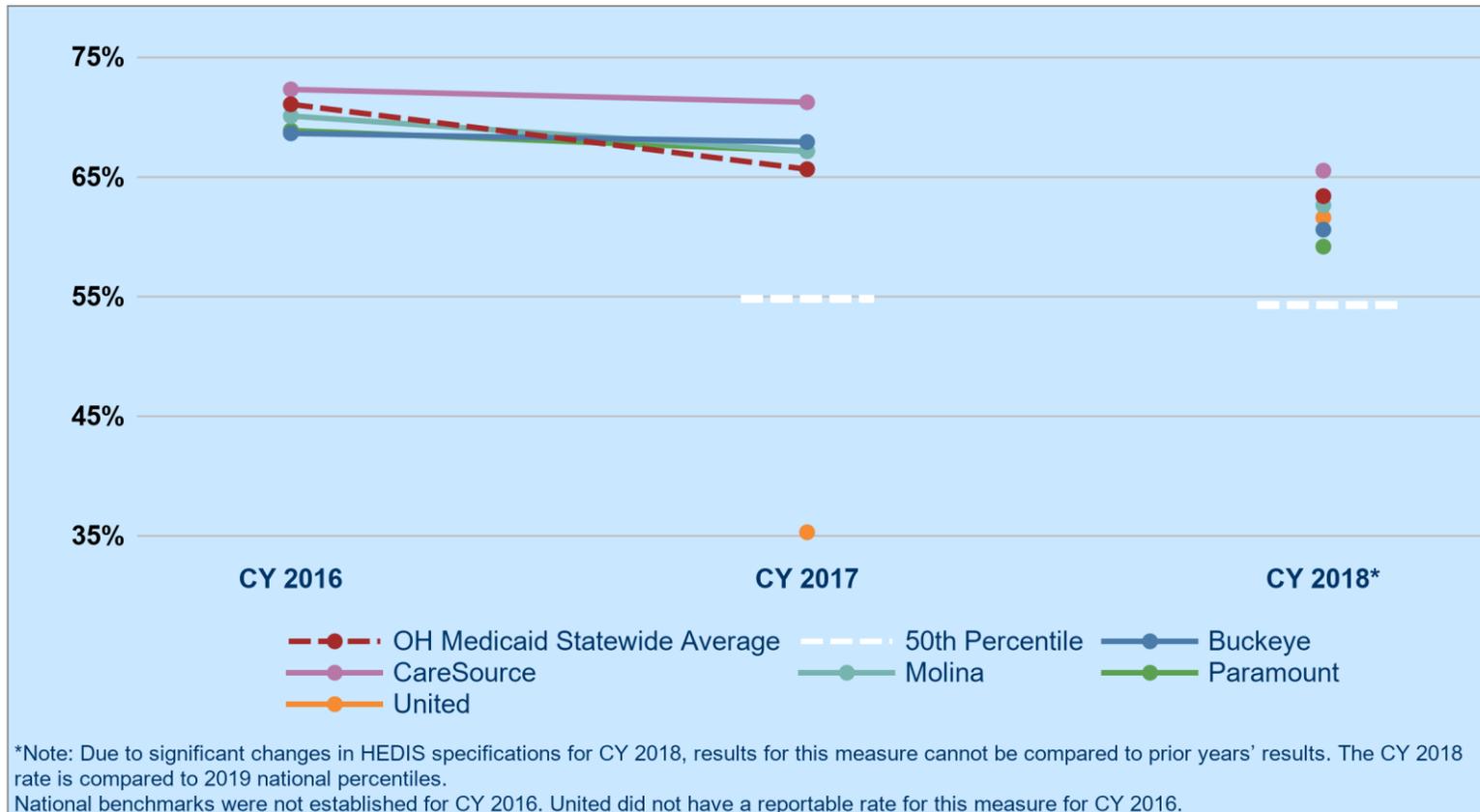
MCP	Reported Rate	Ranking ¹
Buckeye	60.6%	NC
CareSource	65.5%	NC
Molina	62.6%	NC
Paramount	59.2%	NC
UnitedHealthcare	61.6%	NC
Statewide	63.4%	NC

¹ Due to changes to the HEDIS 2019 technical specifications, these rates were not compared to national Medicaid benchmarks.

Due to HEDIS 2019 technical specification changes for the *30-Day Follow-Up—Total* indicator, comparisons to national benchmarks were not performed. Table 5-4 shows MCP performance varied by approximately 6 percentage points.

Figure 5-4 shows the three-year rate trend for each MCP and the statewide average.

Figure 5-4—Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Total, CY 2016–2018



Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics measures the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. This measure has four indicators: three age-stratified rates (*1–5 Years*, *6–11 Years*, and *12–17 Years*) and a *Total* rate. Only the *Total* rate was required for reporting. Table 5-5 presents the CY 2018 MCP-specific rates and the statewide average.

Table 5-5—Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	78.7%	★★★★★
CareSource	78.4%	★★★★★
Molina	75.9%	★★★★★
Paramount	81.0%	★★★★★
UnitedHealthcare	77.7%	★★★★★
Statewide	78.3%	★★★★★

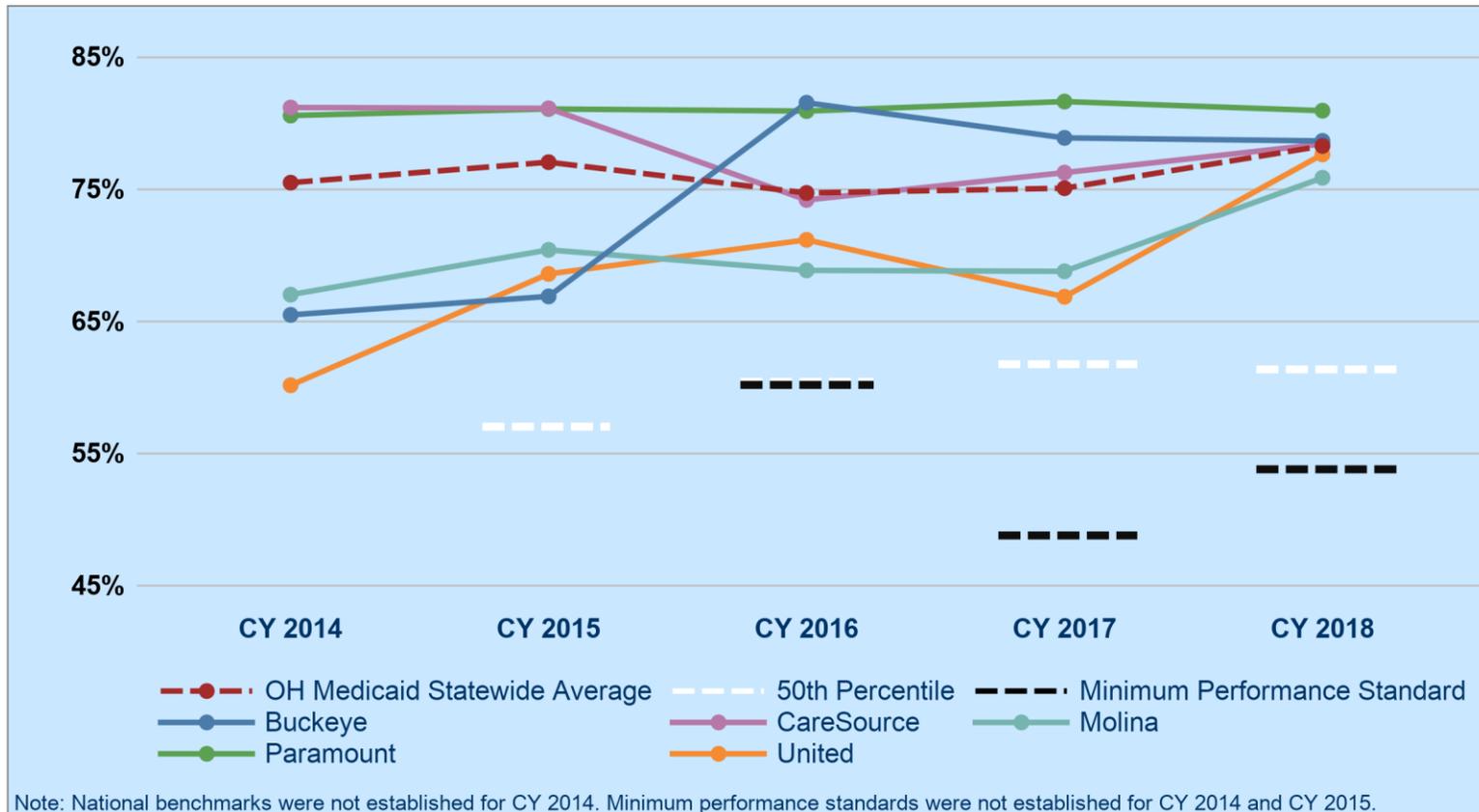
Table 5-5a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<45.9%	45.9%	53.0%	61.4%	67.7%	72.7%	59.6%
Star Rating Category	★	★★	★★★	★★★★	★★★★★	★★★★★	

Table 5-5 shows that the statewide average and all five MCPs’ rates exceeded the 90th percentile. The rates for all MCPs ranged from 75.9 percent to 81.0 percent of eligible members who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Figure 5-5 shows the five-year rate trend for each MCP and the statewide average.

Figure 5-5—Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total, CY 2014–2018



Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total

Use of Multiple Concurrent Antipsychotics in Children and Adolescents measures the percentage of children and adolescents 1 to 17 years of age who were on two or more concurrent antipsychotic medications for at least 90 consecutive days. This measure has four indicators: three age-stratified rates (1–5 Years, 6–11 Years, and 12–17 Years) and a *Total* rate. Only the *Total* rate was required for reporting. For this measure, a lower rate indicates better performance. Table 5-6 presents the CY 2018 MCP-specific rates and the statewide average.

Table 5-6—Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total (Methodology—Administrative)¹

MCP	Reported Rate	Ranking
Buckeye	2.2%	★★★★
CareSource	3.9%	★★
Molina	3.3%	★★★★
Paramount	3.2%	★★★★
UnitedHealthcare	1.8%	★★★★★
Statewide	3.3%	★★★★

¹ Note: A lower rate indicates better performance.

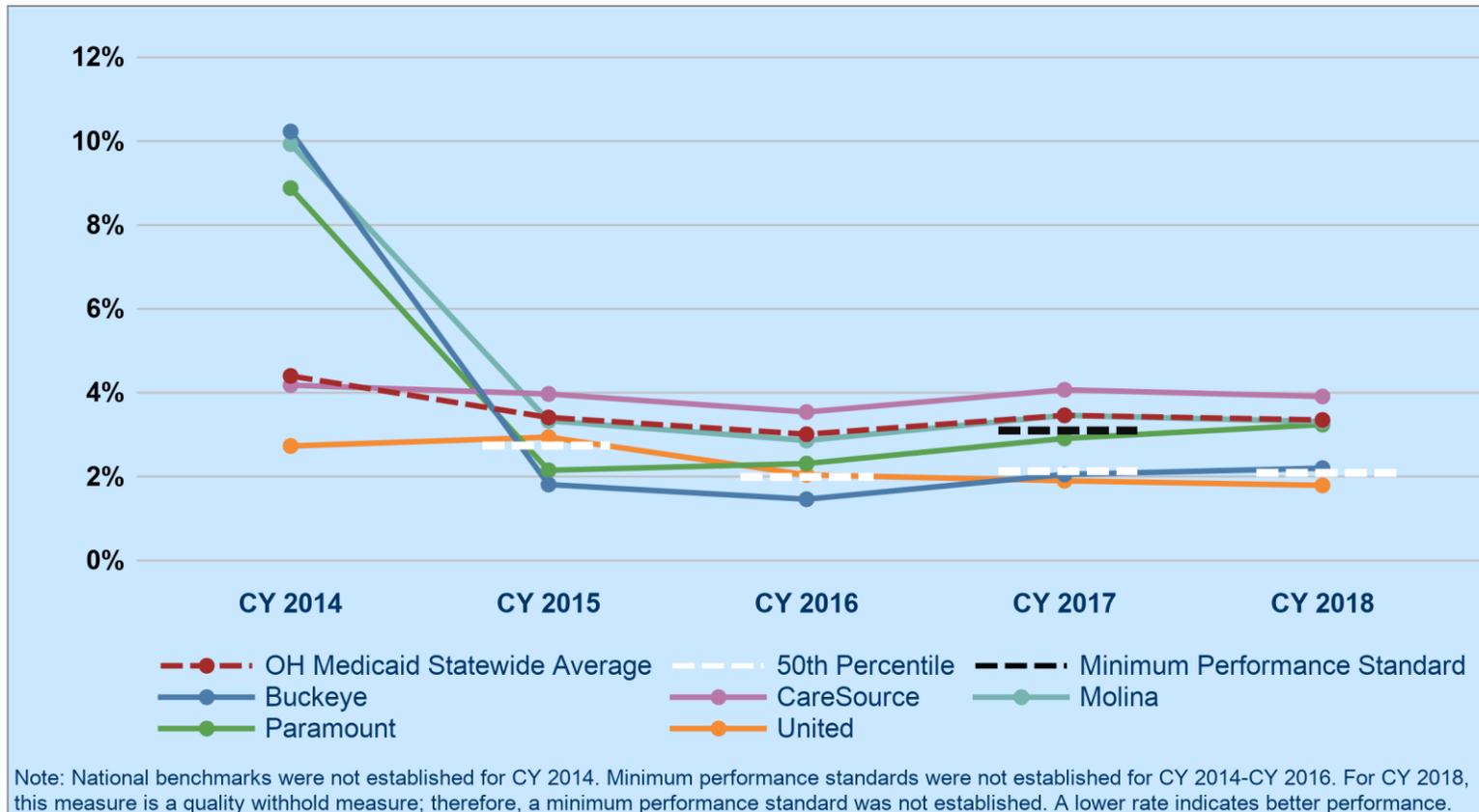
Table 5-6a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	>4.6%	4.6%	3.4%	2.1%	1.2%	0.5%	2.4%
Star Rating Category	★	★★	★★★★	★★★★★	★★★★★		

Table 5-6 shows that the statewide average and four MCPs’ rates ranked above the 25th percentile, including one MCP’s rate ranking above the 50th percentile. The remaining MCP’s rate fell below the 25th percentile. The rates for all MCPs ranged from 3.9 percent to 1.8 percent of eligible members on two or more concurrent antipsychotic medications.

Figure 5-6 shows the five-year rate trend for each MCP and the statewide average.

Figure 5-6—Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total, CY 2014–2018



Antidepressant Medication Management

Antidepressant Medication Management measures the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported: *Effective Acute Phase Treatment* (remained on an antidepressant medication for at least 84 days) and *Effective Continuation Phase Treatment* (remained on an antidepressant medication for at least 180 days).

Effective Acute Phase Treatment

Table 5-7 presents the CY 2018 MCP-specific rates and the statewide average for the *Effective Acute Phase Treatment* indicator.

Table 5-7—Antidepressant Medication Management—Effective Acute Phase Treatment (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	52.6%	★★★★★
CareSource	50.2%	★★★
Molina	53.5%	★★★★★
Paramount	49.9%	★★★
UnitedHealthcare	50.4%	★★★
Statewide	50.9%	★★★

Table 5-7a—National Medicaid Benchmarks and Corresponding Star Rating Categories

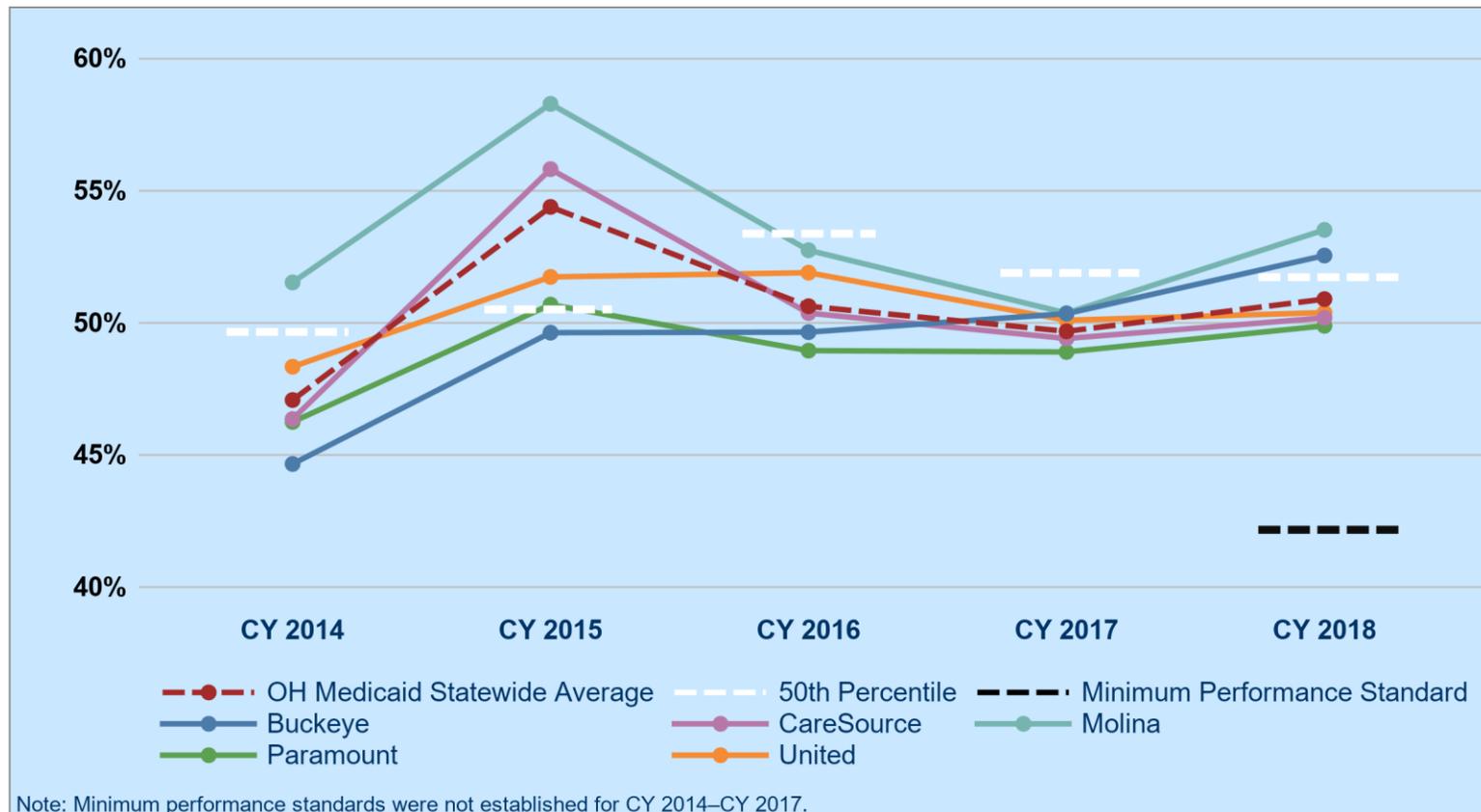
	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<45.3%	45.3%	48.9%	51.7%	57.8%	64.7%	53.8%
Star Rating Category	★	★★	★★★	★★★★★	★★★★★		

Table 5-7 shows that the statewide average and three MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining two MCPs’ rates ranking above the 50th percentile. The rates for all MCPs ranged from 49.9 percent to 53.5 percent of

eligible members who were treated with antidepressant medication for major depression and remained on the antidepressant medication for at least 84 days.

Figure 5-7 shows the five-year rate trend for each MCP and the statewide average.

Figure 5-7—Antidepressant Medication Management—Effective Acute Phase Treatment, CY 2014–2018



Effective Continuation Phase Treatment

Table 5-8 presents the CY 2018 MCP-specific rates and the statewide average for the *Effective Continuation Phase Treatment* indicator.

Table 5-8—Antidepressant Medication Management—Effective Continuation Phase Treatment (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	37.2%	★★★★★
CareSource	34.5%	★★★
Molina	38.3%	★★★★★
Paramount	34.6%	★★★
UnitedHealthcare	35.1%	★★★
Statewide	35.4%	★★★

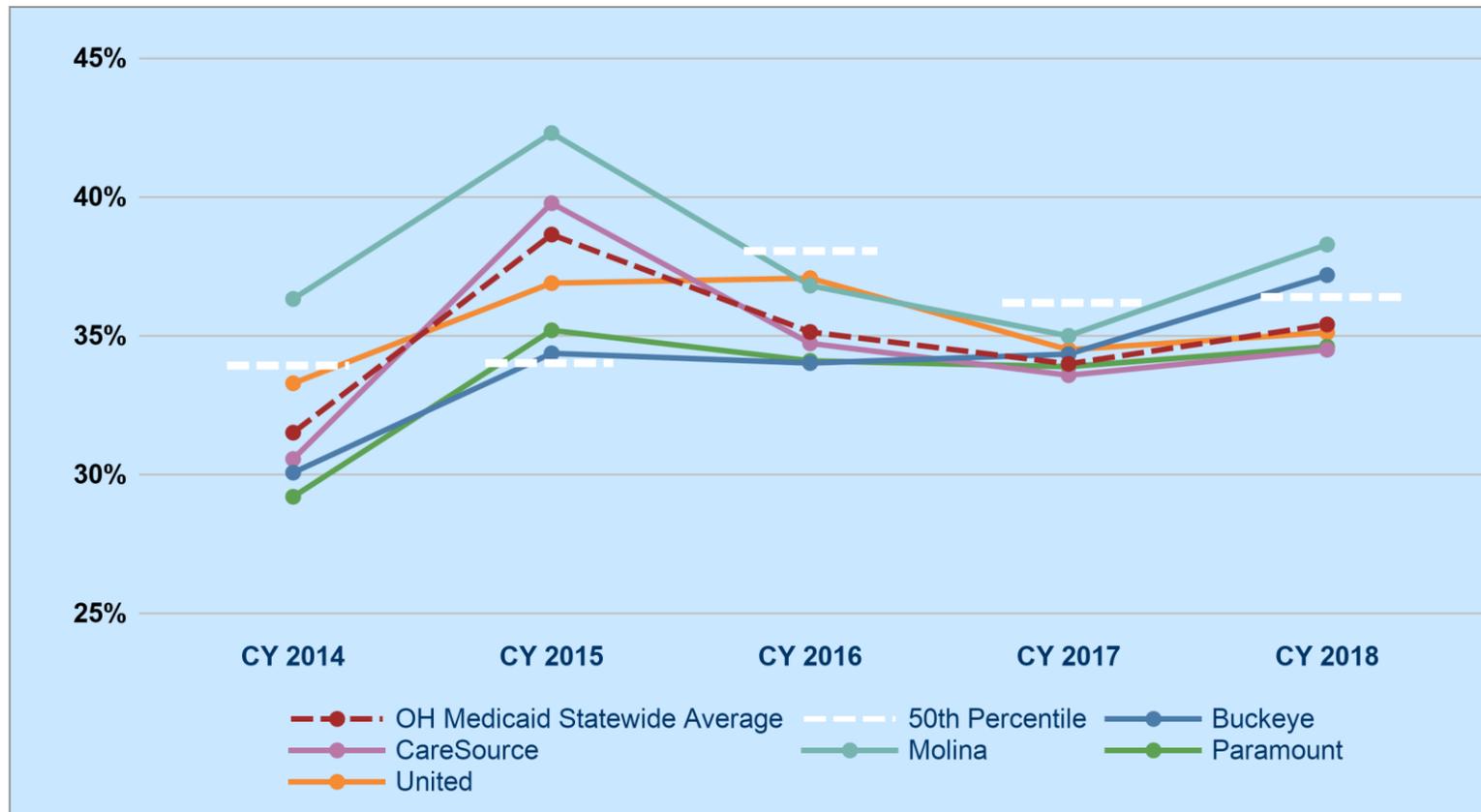
Table 5-8a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<29.9%	29.9%	33.4%	36.4%	42.3%	49.2%	38.5%
Star Rating Category	★	★★	★★★	★★★★★	★★★★★		

Table 5-8 shows that the statewide average and three MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining two MCPs’ rates ranking above the 50th percentile. The rates for all MCPs ranged from 34.5 percent to 38.3 percent of eligible members who were treated with antidepressant medication for major depression and remained on the antidepressant medication for at least 180 days.

Figure 5-8 shows the five-year rate trend for each MCP and the statewide average.

Figure 5-8—Antidepressant Medication Management—Effective Continuation Phase Treatment, CY 2014–2018



Follow-Up Care for Children Prescribed ADHD Medication

Follow-Up Care for Children Prescribed ADHD Medication measures the percentage of members 6 to 12 years of age newly prescribed ADHD medication who had a follow-up care visit within a certain amount of time of the first ADHD medication being dispensed. Two rates are reported: *Initiation Phase* (had a follow-up visit with a prescribing authority within 30 days) and *Continuation and Maintenance Phase* (remained on the medication for at least 210 days and, in addition to the visit in the *Initiation Phase*, had at least two follow-up visits with a practitioner within 270 days after the *Initiation Phase* ended).

Initiation Phase

Table 5-9 presents the CY 2018 MCP-specific rates and the statewide average for the *Initiation Phase* indicator.

Table 5-9—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	59.2%	★★★★★
CareSource	59.9%	★★★★★
Molina	49.9%	★★★★
Paramount	52.4%	★★★★★
UnitedHealthcare	33.4%	★
Statewide	55.2%	★★★★★

Table 5-9a—National Medicaid Benchmarks and Corresponding Star Rating Categories

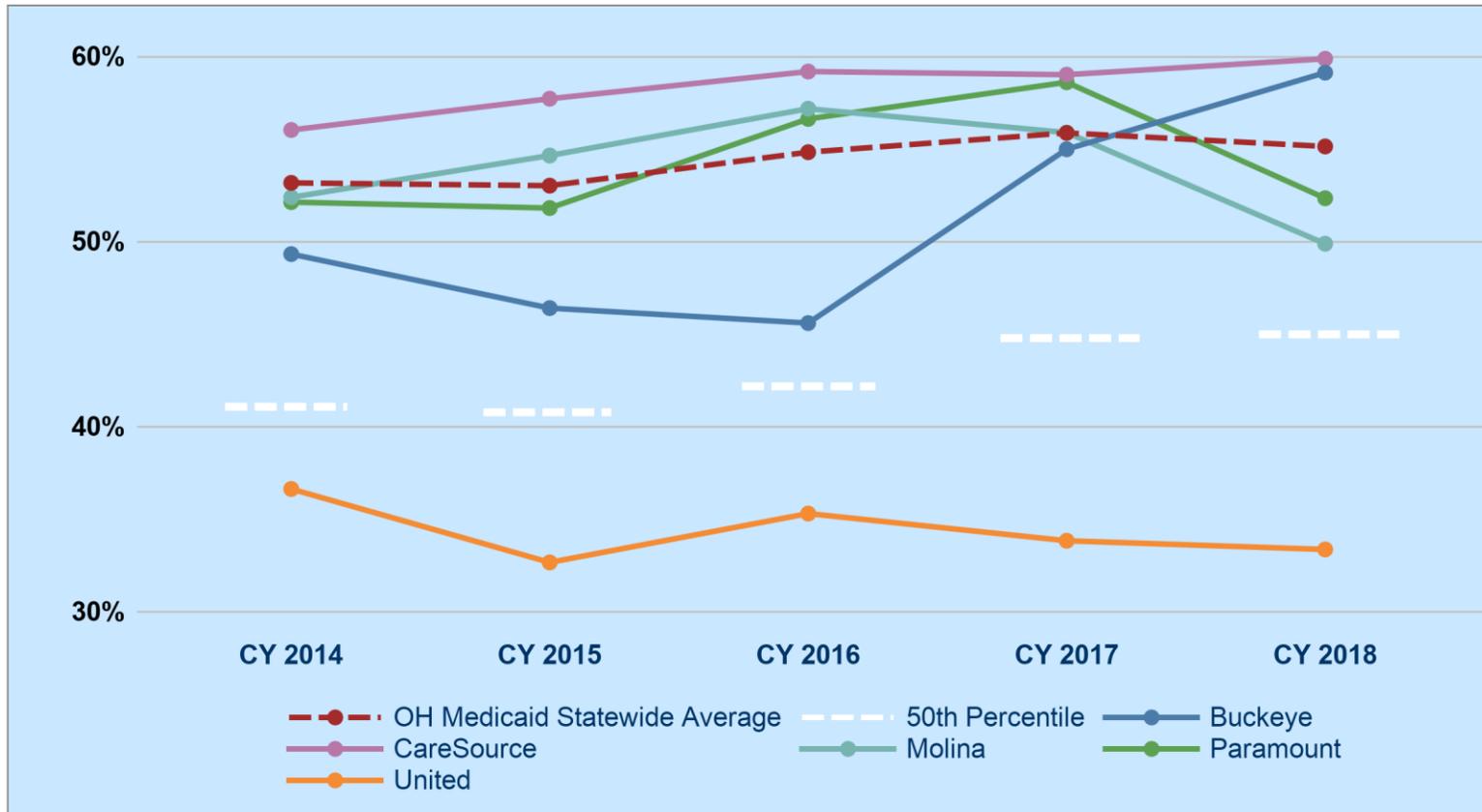
	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<34.3%	34.3%	38.2%	45.0%	50.8%	55.9%	44.6%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 5-9 shows that the statewide average and three MCPs’ rates ranked above the 75th percentile, including two MCPs’ rates exceeding the 90th percentile. The remaining two MCPs’ rates fell below the 75th percentile, including one MCP’s rate falling below

the 10th percentile. The rates for all MCPs ranged from 33.4 percent to 59.9 percent of eligible members newly prescribed ADHD medication who had a follow-up visit with a prescribing authority within 30 days.

Figure 5-9 shows the five-year rate trend for each MCP and the statewide average.

Figure 5-9—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase, CY 2014–2018



Continuation and Maintenance Phase

Table 5-10 presents the CY 2018 MCP-specific rates and the statewide average for the *Continuation and Maintenance Phase* indicator.

Table 5-10—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	67.6%	★★★★★
CareSource	69.9%	★★★★★
Molina	57.9%	★★★★★
Paramount	65.8%	★★★★★
UnitedHealthcare	40.3%	★★
Statewide	64.6%	★★★★★

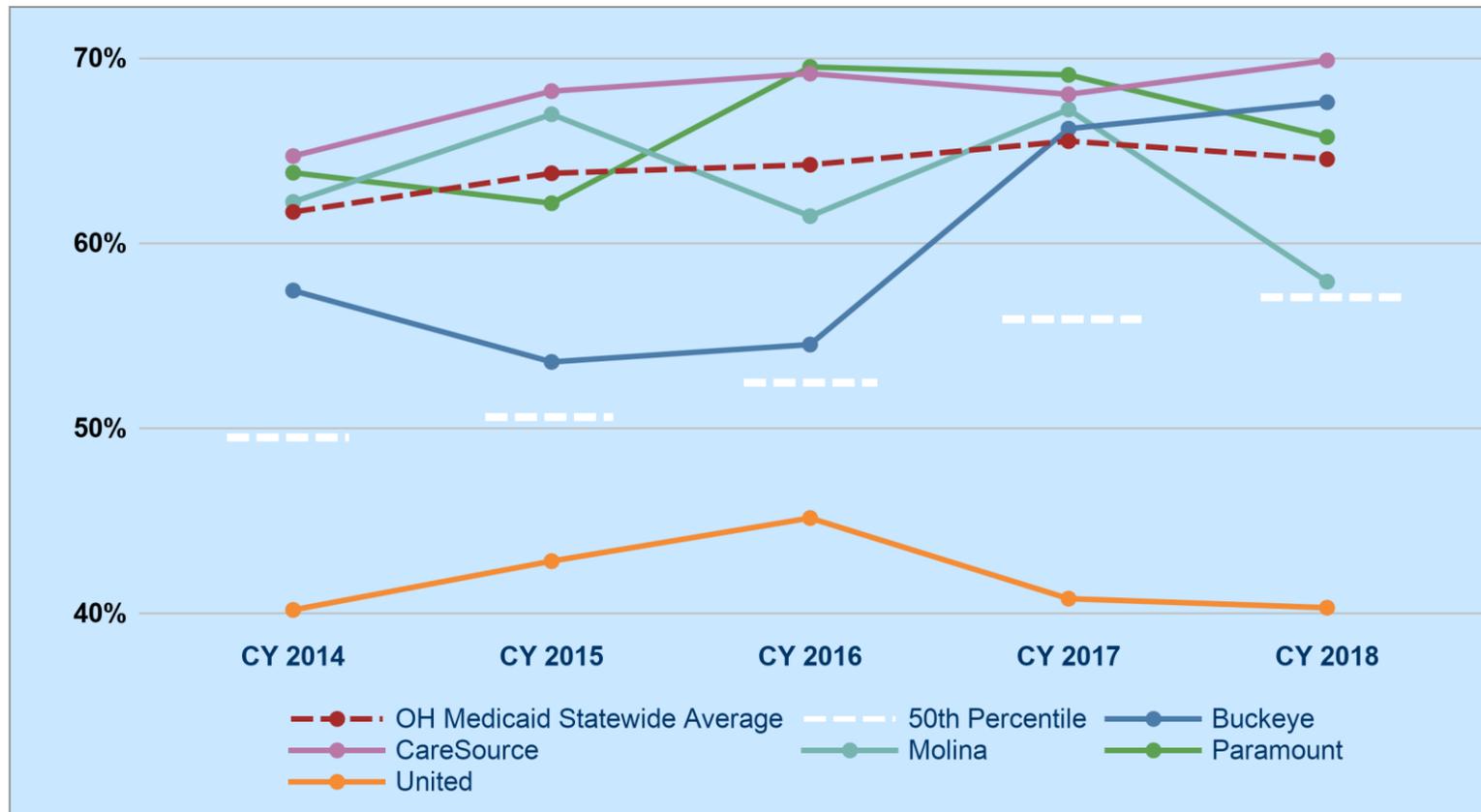
Table 5-10a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<39.1%	39.1%	47.1%	57.1%	63.7%	69.1%	55.0%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 5-10 shows that the statewide average and three MCPs’ rates ranked above the 75th percentile, including one MCP’s rate exceeding the 90th percentile. The remaining two MCPs’ rates fell below the 75th percentile, including one MCP’s rate falling below the 25th percentile. The rates for all MCPs ranged from 40.3 percent to 69.9 percent of eligible members who were newly prescribed ADHD medication, remained on the medication for at least 210 days, and, in addition to the visit in the *Initiation Phase*, had at least two follow-up visits with a practitioner within 270 days after the *Initiation Phase* ended.

Figure 5-10 shows the five-year rate trend for each MCP and the statewide average.

Figure 5-10—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase, CY 2014–2018



Mental Health Utilization

Mental Health Utilization measures the percentage of members receiving the following categories of mental health services during CY 2018: *Any Service, Inpatient, Intensive Outpatient or Partial Hospitalization, Outpatient, ED, and Telehealth*. Table 5-11 shows the MCP-specific rates and the statewide average for all ages. Since the rates reported for this measure do not take into consideration the demographic and clinical characteristics of each MCP’s members, comparisons to national benchmarks are not performed and star rankings are not presented in Table 5-11. These utilization rates in isolation do not correlate with the quality of mental health services provided. Therefore, these rates are provided for strictly informational purposes.

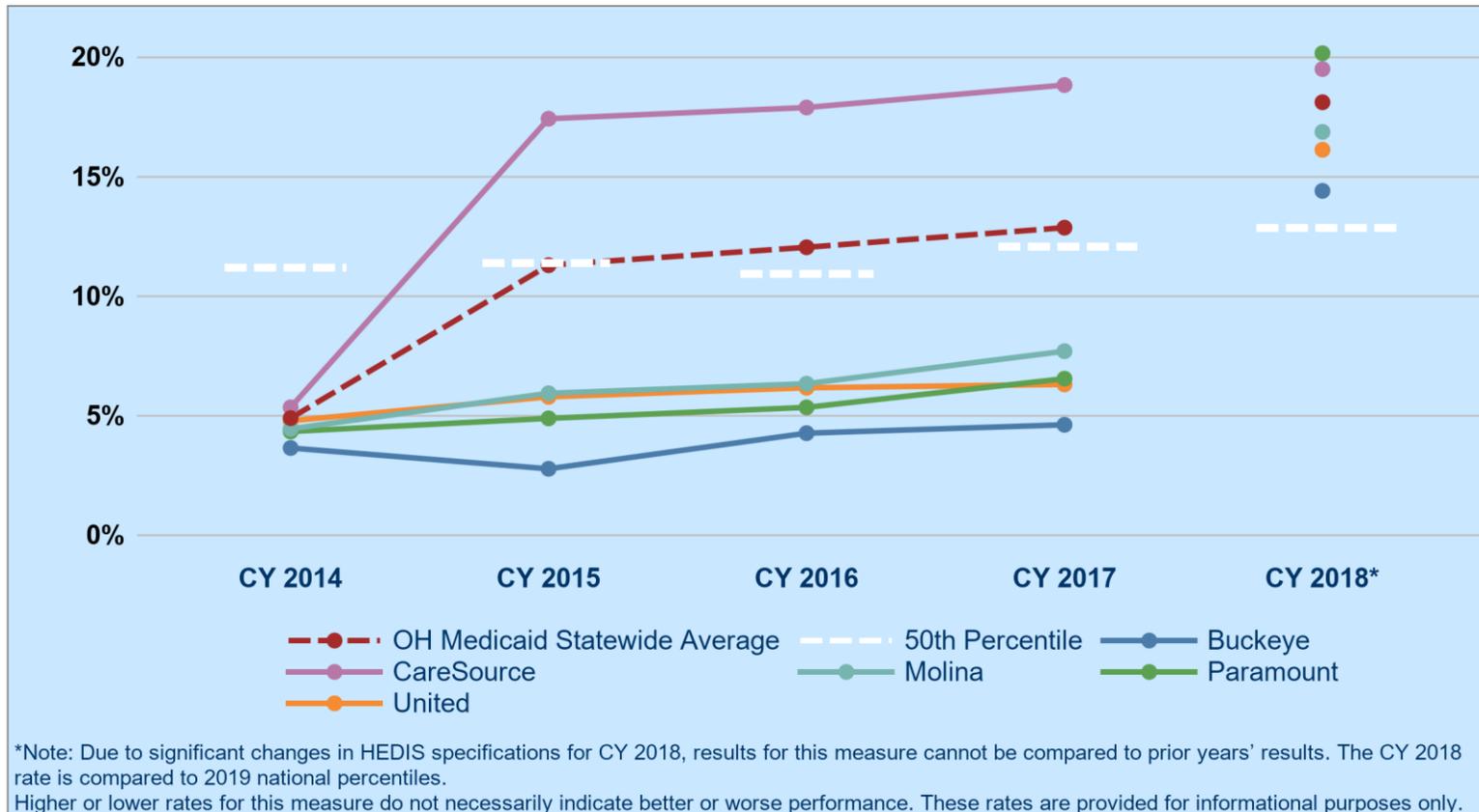
Table 5-11—Mental Health Utilization—Total (Methodology—Administrative)

MCP	Any Service	Inpatient	Intensive Outpatient or Partial Hospitalization	Outpatient	ED	Telehealth
Buckeye	14.4%	1.1%	0.2%	14.2%	0.2%	0.1%
CareSource	19.5%	1.3%	1.8%	19.3%	1.6%	0.1%
Molina	16.9%	1.4%	1.1%	16.2%	1.9%	0.1%
Paramount	20.2%	1.6%	2.2%	19.8%	2.1%	0.9%
UnitedHealthcare	16.1%	1.3%	1.2%	15.6%	1.3%	0.1%
Statewide	18.1%	1.3%	1.4%	17.8%	1.5%	0.2%

Table 5-11 shows the results for the six mental health utilization indicators using administrative data for all five MCPs. For the *Any Service* indicator, the statewide average and the MCP-specific rates ranged from 14.4 percent to 20.2 percent. Since MCPs’ members used mental health services in the outpatient setting more frequently than the other settings, rates for the *Any Service* measure are heavily influenced by MCPs’ rates for the *Outpatient* indicator.

Figure 5-11 shows the five-year rate trend for the *Any Service* indicator for each MCP and the statewide average.

Figure 5-11—Mental Health Utilization—Any Service, CY 2014–2018



Initiation and Engagement of AOD Abuse or Dependence Treatment

Initiation and Engagement of AOD Abuse or Dependence Treatment measures the percentage of members 13 years of age and older with a new episode of AOD abuse or dependence. Two rates are reported: *Initiation of AOD Treatment—Total* (initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis) and *Engagement of AOD Treatment—Total* (initiated treatment and had two or more additional AOD services or medication treatment within 34 days of the initiation visit).

Initiation of AOD Treatment—Total

Table 5-12 presents the CY 2018 MCP-specific rates and the statewide average for the *Initiation of AOD Treatment—Total* indicator.

Table 5-12—Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation of AOD Treatment—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	45.8%	★★★★
CareSource	49.1%	★★★★★
Molina	54.6%	★★★★★
Paramount	50.3%	★★★★★
UnitedHealthcare	69.5%	★★★★★
Statewide	51.7%	★★★★★

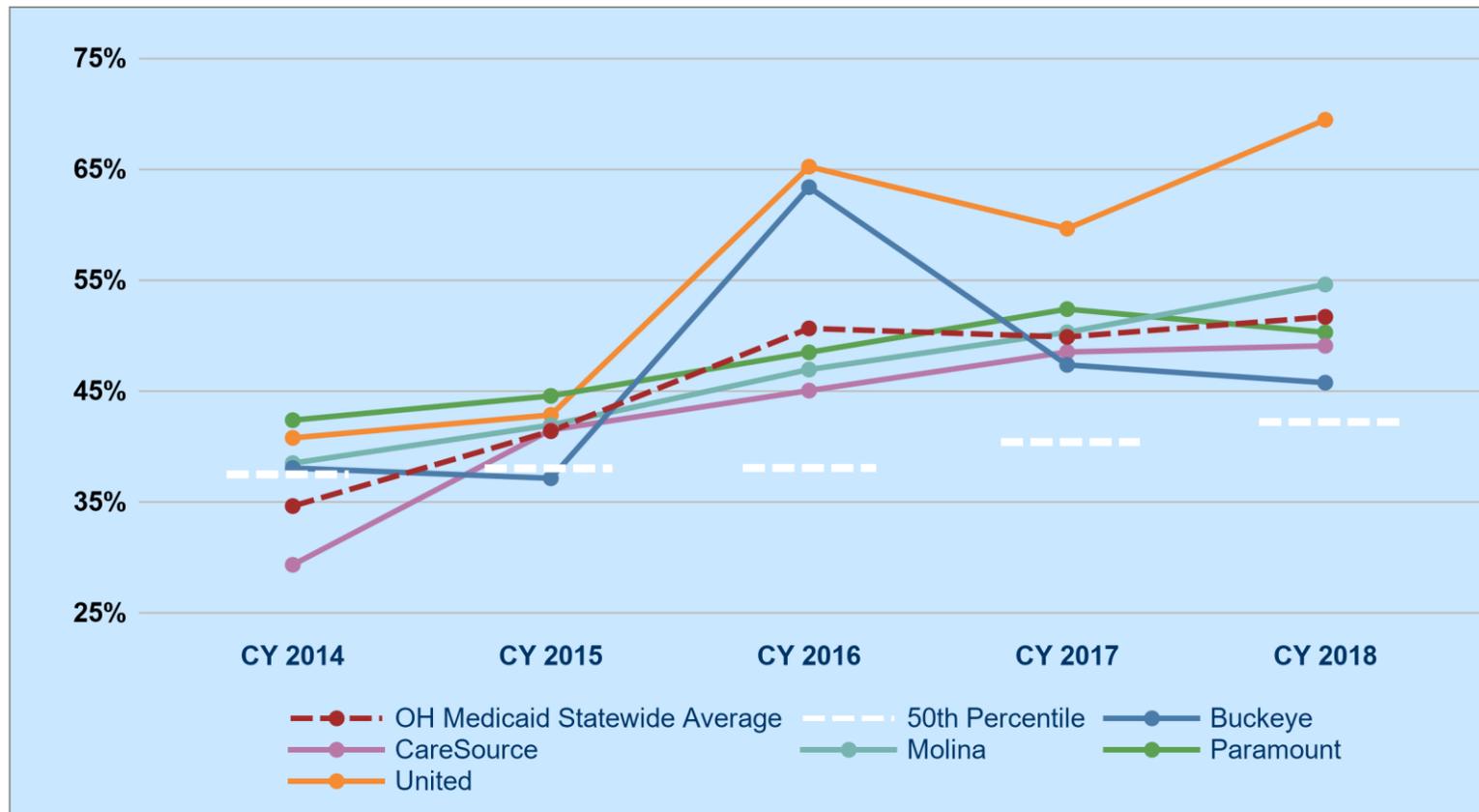
Table 5-12a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<33.7%	33.7%	38.6%	42.2%	46.5%	50.2%	42.3%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 5-12 shows that the statewide average and three MCPs' rates exceeded the 90th percentile. The remaining two MCPs' rates ranked above the 50th percentile, with one MCP's rate ranking above the 75th percentile. The rates for all MCPs ranged from 45.8 percent to 69.5 percent of eligible members who initiated AOD treatment within 14 days of the diagnosis.

Figure 5-12 shows the five-year rate trend for each MCP and the statewide average.

Figure 5-12—Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation of AOD Treatment—Total, CY 2014–2018



Engagement of AOD Treatment—Total

Table 5-13 presents the CY 2018 MCP-specific rates and the statewide average for the *Engagement of AOD Treatment—Total* indicator.

Table 5-13—Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement of AOD Treatment—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	17.6%	★★★★★
CareSource	21.6%	★★★★★
Molina	24.9%	★★★★★
Paramount	20.9%	★★★★★
UnitedHealthcare	24.5%	★★★★★
Statewide	21.8%	★★★★★

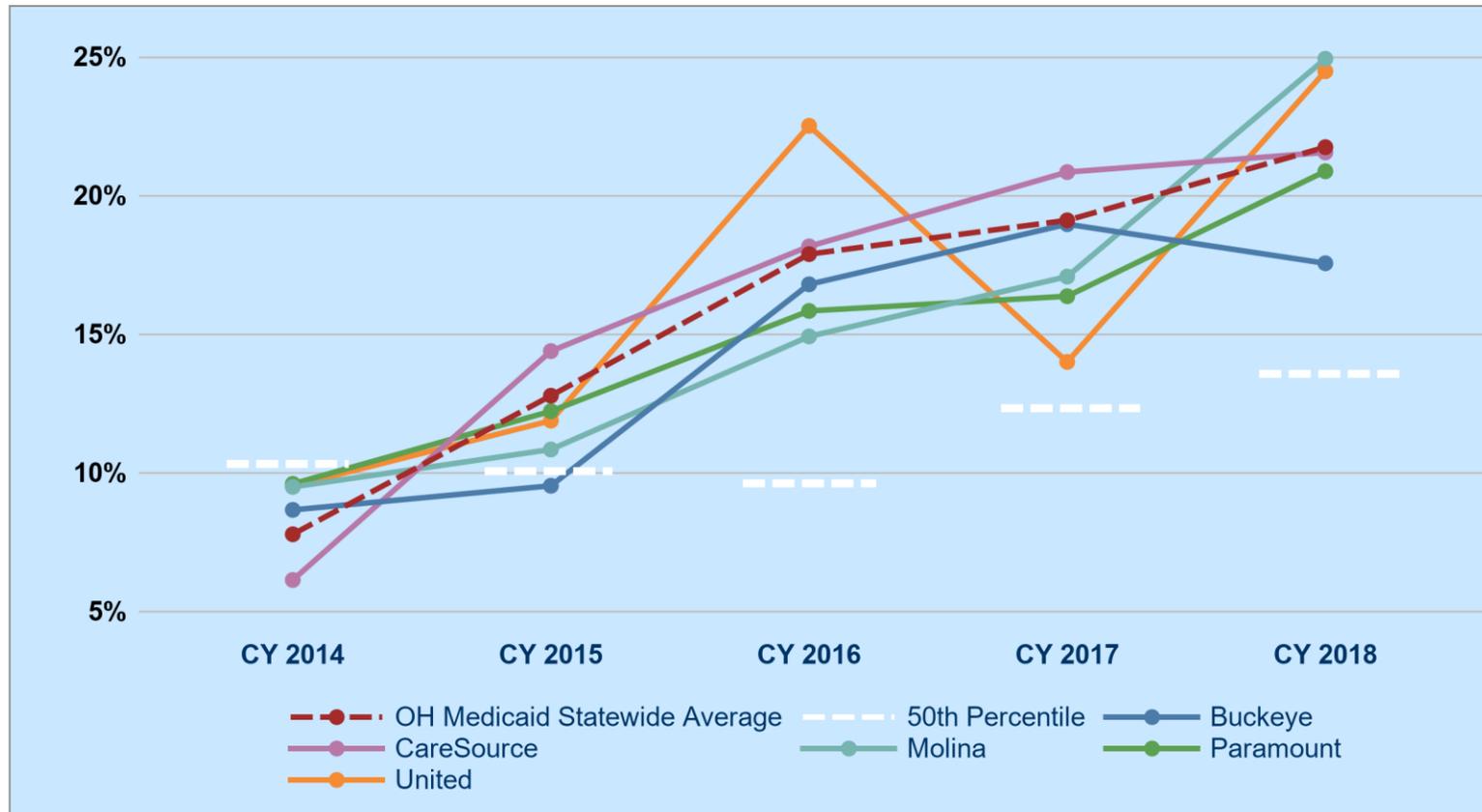
Table 5-13a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<6.1%	6.1%	9.1%	13.6%	17.7%	21.4%	13.5%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 5-13 shows that the statewide average and three MCPs’ rates exceeded the 90th percentile. The remaining two MCPs’ rates ranked above the 50th percentile, including one MCP’s rate ranking above the 75th percentile. The rates for all MCPs ranged from 17.6 percent to 24.9 percent of eligible members who initiated AOD treatment and had two or more additional AOD services or medication treatment within 34 days of the initiation visit.

Figure 5-13 shows the five-year rate trend for each MCP and the statewide average.

Figure 5-13—Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement of AOD Treatment—Total, CY 2014–2018



Follow-Up After ED Visit for AOD Abuse or Dependence

Follow-Up After ED Visit for AOD Abuse or Dependence measures the percentage of members 13 years of age and older who visited the ED for AOD abuse or dependence and had a follow-up visit with any practitioner within a certain period. This measure has two indicators: *7-Day Follow-Up—Total* (received follow-up visit within 7 days of ED visit) and *30-Day Follow-Up—Total* (received follow-up visit within 30 days of ED visit).

7-Day Follow-Up—Total

Table 5-14 presents the CY 2018 MCP-specific rates and the statewide average for the *7-Day Follow-Up—Total* indicator.

Table 5-14—Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	13.0%	★★★★
CareSource	15.0%	★★★★
Molina	17.0%	★★★★★
Paramount	13.2%	★★★★
UnitedHealthcare	30.8%	★★★★★
Statewide	17.0%	★★★★★

Table 5-14a—National Medicaid Benchmarks and Corresponding Star Rating Categories

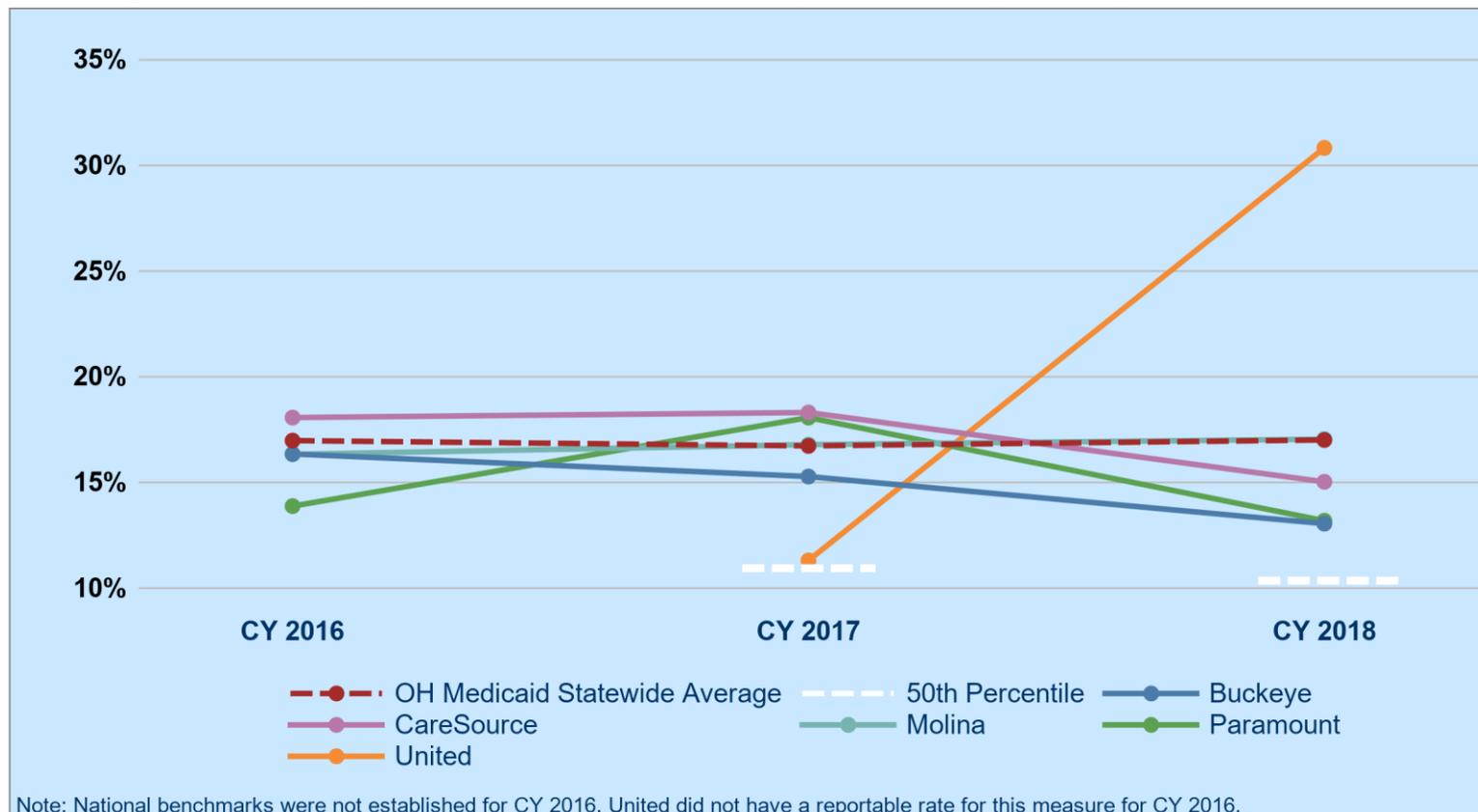
	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<4.3%	4.3%	6.9%	10.4%	16.4%	21.7%	12.1%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 5-14 shows that the statewide average and two MCPs’ rates ranked above the 75th percentile, including one MCP’s rate exceeding the 90th percentile. The remaining three MCPs’ rates ranked above the 50th percentile. The rates for all MCPs ranged from

13.0 percent to 30.8 percent of eligible members who received a follow-up visit within 7 days of an ED visit for AOD abuse or dependence.

Figure 5-14 shows the three-year rate trend for each MCP and the statewide average.

Figure 5-14—Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Total, CY 2016–2018



30-Day Follow-Up—Total

Table 5-15 presents the CY 2018 MCP-specific rates and the statewide average for the 30-Day Follow-Up—Total indicator.

Table 5-15—Follow-Up After ED Visit for AOD Abuse or Dependence—30-Day Follow-Up—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	22.6%	★★★★
CareSource	24.6%	★★★★★
Molina	25.5%	★★★★★
Paramount	22.4%	★★★★
UnitedHealthcare	40.9%	★★★★★
Statewide	26.4%	★★★★★

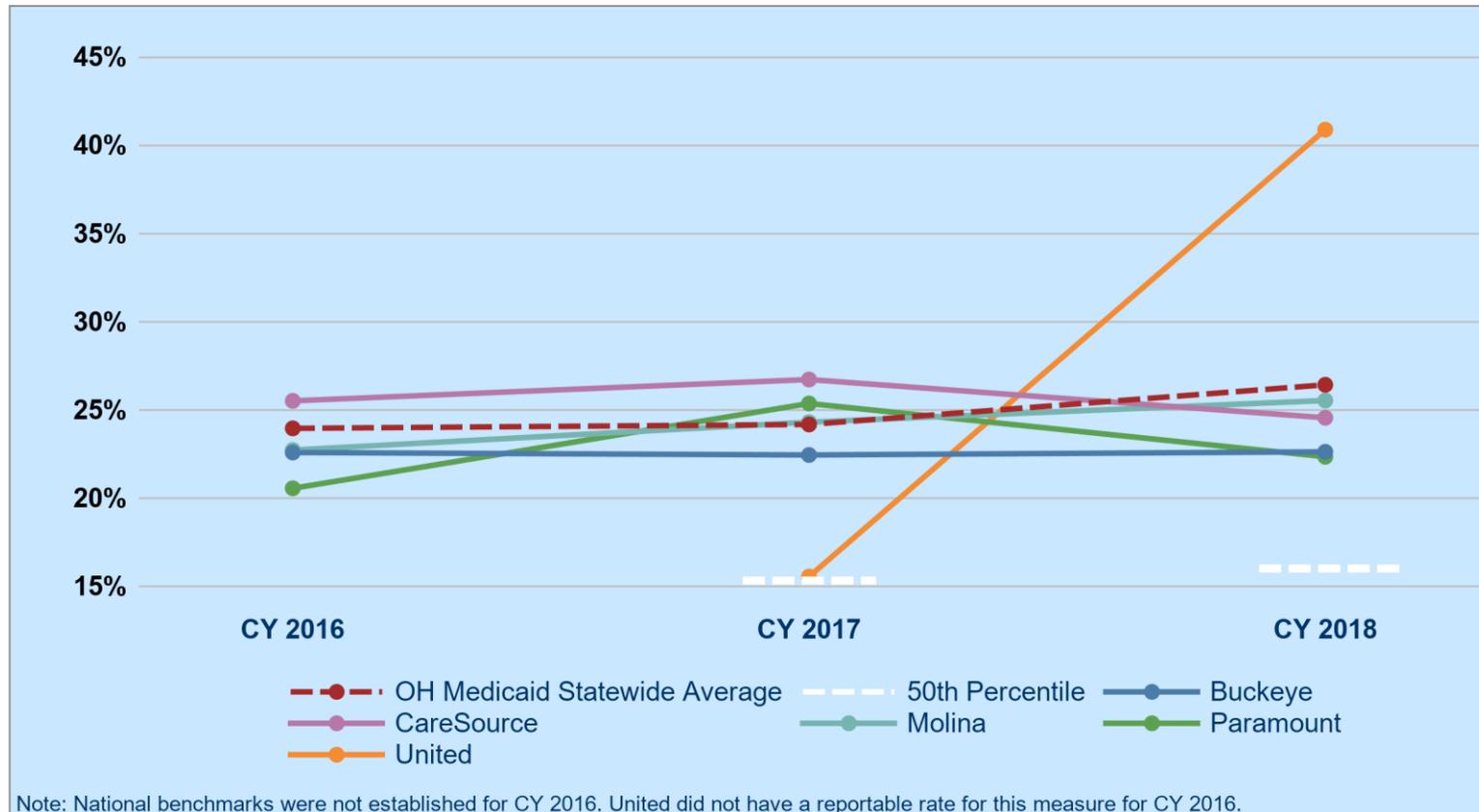
Table 5-15a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<6.7%	6.7%	10.0%	16.0%	24.3%	32.1%	17.9%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 5-15 shows that the statewide average and three MCPs’ rates ranked above the 75th percentile, including one MCP’s rate exceeding the 90th percentile. The remaining two MCPs’ rates ranked above the 50th percentile. The rates for all MCPs ranged from 22.4 percent to 40.9 percent of eligible members who received a follow-up visit within 30 days of an ED visit for AOD abuse or dependence.

Figure 5-15 shows the three-year rate trend for each MCP and the statewide average.

Figure 5-15—Follow-Up After ED Visit for AOD Abuse or Dependence—30-Day Follow-Up—Total, CY 2016–2018



Risk of Continued Opioid Use

Risk of Continued Opioid Use is a first-year measure that summarizes new episodes of opioid use that put members at risk for continued opioid use. This measure has two indicators: *At Least 15 Days Covered—Total* (new episode of opioid use lasts at least 15 days in a 30-day period) and *At Least 31 Days Covered—Total* (new episode of opioid use lasts at least 31 days in a 62-day period). For this measure, a lower rate indicates better performance.

At Least 15 Days Covered—Total

Table 5-16 presents the CY 2018 MCP-specific rates and the statewide average for the *At Least 15 Days Covered—Total* indicator.

Table 5-16—Risk of Continued Opioid Use—At Least 15 Days Covered—Total (Methodology—Administrative)¹

MCP	Reported Rate	Ranking ²
Buckeye	3.9%	NC
CareSource	4.4%	NC
Molina	3.4%	NC
Paramount	4.2%	NC
UnitedHealthcare	4.7%	NC
Statewide	4.2%	NC

¹ Note: A lower rate indicates better performance.

² This measure is a first-year measure; therefore, the measure does not have an applicable benchmark.

This measure is a first-year measure for HEDIS 2019; therefore, the measure does not have an applicable benchmark. Table 5-16 shows MCP performance varied by approximately 1 percentage point.

At Least 31 Days Covered—Total

Table 5-17 presents the CY 2018 MCP-specific rates and the statewide average for the *At Least 31 Days Covered—Total* indicator.

Table 5-17—Risk of Continued Opioid Use—At Least 31 Days Covered—Total (Methodology—Administrative)¹

MCP	Reported Rate	Ranking ²
Buckeye	1.9%	NC
CareSource	2.4%	NC
Molina	2.2%	NC
Paramount	2.3%	NC
UnitedHealthcare	2.4%	NC
Statewide	2.3%	NC

¹ Note: A lower rate indicates better performance.

² This measure is a first-year measure; therefore, the measure does not have an applicable benchmark.

This measure is a first-year measure for HEDIS 2019; therefore, the measure does not have an applicable benchmark. Table 5-17 shows MCP performance varied by less than 1 percentage point.

Use of Opioids at High Dosage

Use of Opioids at High Dosage measures use of prescription opioids received at a high dosage for at least 15 days. A lower rate indicates better performance for this measure. Table 5-18 presents the CY 2018 MCP-specific rates and the statewide average.

Table 5-18—Use of Opioids at High Dosage (Methodology—Administrative)¹

MCP	Reported Rate	Ranking ²
Buckeye	1.7%	NC
CareSource	1.8%	NC
Molina	2.6%	NC
Paramount	2.4%	NC
UnitedHealthcare	1.7%	NC
Statewide	1.9%	NC

¹ Note: A lower rate indicates better performance.

² Due to changes to the HEDIS 2019 technical specifications, these rates were not compared to national Medicaid benchmarks.

Due to HEDIS 2019 technical specification changes for the *Use of Opioids at High Dosage* measure, comparisons to national benchmarks were not performed. Table 5-18 shows MCP performance varied by less than one percentage point.

Use of Opioids From Multiple Providers

Use of Opioids From Multiple Providers measures use of prescription opioids for at least 15 days received from multiple providers. This measure has three indicators: *Multiple Prescribers* (received prescriptions from four or more prescribers), *Multiple Pharmacies* (received prescriptions from four or more pharmacies), and *Multiple Prescribers and Multiple Pharmacies* (received prescriptions from four or more prescribers and four or more pharmacies). A lower rate indicates better performance for these indicators.

Multiple Prescribers

Table 5-19 presents the CY 2018 MCP-specific rates and the statewide average for the *Multiple Prescribers* indicator.

Table 5-19—Use of Opioids From Multiple Providers—Multiple Prescribers (Methodology—Administrative)¹

MCP	Reported Rate	Ranking ²
Buckeye	25.0%	NC
CareSource	23.9%	NC
Molina	23.1%	NC
Paramount	24.6%	NC
UnitedHealthcare	23.8%	NC
Statewide	24.0%	NC

¹ Note: A lower rate indicates better performance.

² Due to changes to the HEDIS 2019 technical specifications, these rates were not compared to national Medicaid benchmarks.

Due to HEDIS 2019 technical specification changes for the *Multiple Prescribers* indicator, comparisons to national benchmarks were not performed. Table 5-19 shows MCP performance varied by approximately 2 percentage points.

Multiple Pharmacies

Table 5-20 presents the CY 2018 MCP-specific rates and the statewide average for the *Multiple Pharmacies* indicator.

Table 5-20—Use of Opioids From Multiple Providers—Multiple Pharmacies (Methodology—Administrative)¹

MCP	Reported Rate	Ranking ²
Buckeye	4.6%	NC
CareSource	7.8%	NC
Molina	4.9%	NC
Paramount	6.9%	NC
UnitedHealthcare	4.0%	NC
Statewide	6.5%	NC

¹ Note: A lower rate indicates better performance.

² Due to changes to the HEDIS 2019 technical specifications, these rates were not compared to national Medicaid benchmarks.

Due to HEDIS 2019 technical specification changes for the *Multiple Pharmacies* indicator, comparisons to national benchmarks were not performed. Table 5-20 shows MCP performance varied by approximately 4 percentage points.

Multiple Prescribers and Multiple Pharmacies

Table 5-21 presents the CY 2018 MCP-specific rates and the statewide average for the *Multiple Prescribers and Multiple Pharmacies* indicator.

Table 5-21—Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies (Methodology—Administrative)¹

MCP	Reported Rate	Ranking ²
Buckeye	3.0%	NC
CareSource	4.1%	NC
Molina	2.6%	NC
Paramount	4.1%	NC
UnitedHealthcare	2.3%	NC
Statewide	3.6%	NC

¹ Note: A lower rate indicates better performance.

² Due to changes to the HEDIS 2019 technical specifications, these rates were not compared to national Medicaid benchmarks.

Due to HEDIS 2019 technical specification changes for the *Multiple Prescribers and Multiple Pharmacies* indicator, comparisons to national benchmarks were not performed. Table 5-21 shows that MCP performance varied by approximately 2 percentage points.

6. Chronic Conditions

This section shows CY 2018 (HEDIS 2019) results and ranking for the MCPs, as well as statewide averages for the Chronic Conditions measures. Seven measures (a total of 14 rates) are included in this section.

Chronic Conditions
<i>Comprehensive Diabetes Care—HbA1c Testing¹, HbA1c Control (<8.0%)², HbA1c Poor Control (>9.0%)¹, Blood Pressure Control (<140/90 mm Hg)¹, Eye Exam (Retinal) Performed¹, and Medical Attention for Nephropathy²</i>
<i>Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total¹</i>
<i>Statin Therapy for Patients With Diabetes—Received Statin Therapy</i>
<i>Medication Management for People With Asthma—Medication Compliance 50 Percent—Total² and Medication Compliance 75 Percent—Total</i>
<i>Pharmacotherapy Management of COPD Exacerbation²—Systemic Corticosteroid and Bronchodilator</i>
<i>Controlling High Blood Pressure¹</i>
<i>Annual Monitoring for Patients on Persistent Medication—Total²</i>

¹ Quality withhold measure/indicator

² Reporting-only measure/indicator

Comprehensive Diabetes Care

Comprehensive Diabetes Care assesses the quality of care provided to members 18 to 75 years of age with type 1 or type 2 diabetes. For CY 2018, the MCPs were required to report six indicators: *HbA1c Testing*, *HbA1c Control (<8.0%)*, *HbA1c Poor Control (>9.0%)*, *Blood Pressure Control (<140/90 mm Hg)*, *Eye Exam (Retinal) Performed*, and *Medical Attention for Nephropathy*. *HbA1c Control (<8.0%)* and *Medical Attention for Nephropathy* were reporting-only indicators.

HbA1c Testing

Table 6-1 presents the CY 2018 MCP-specific rates and the statewide average for the *HbA1c Testing* indicator.

Table 6-1—Comprehensive Diabetes Care—HbA1c Testing (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	97.5%	2.5%	88.3%	★★★★★
CareSource	90.4%	9.6%	86.1%	★★★
Molina	98.9%	1.1%	88.1%	★★★★★
Paramount	98.3%	1.7%	85.9%	★★★
UnitedHealthcare	97.7%	2.3%	85.9%	★★★
Statewide	94.0%	6.0%	86.6%	★★★

Table 6-1a—National Medicaid Benchmarks and Corresponding Star Rating Categories

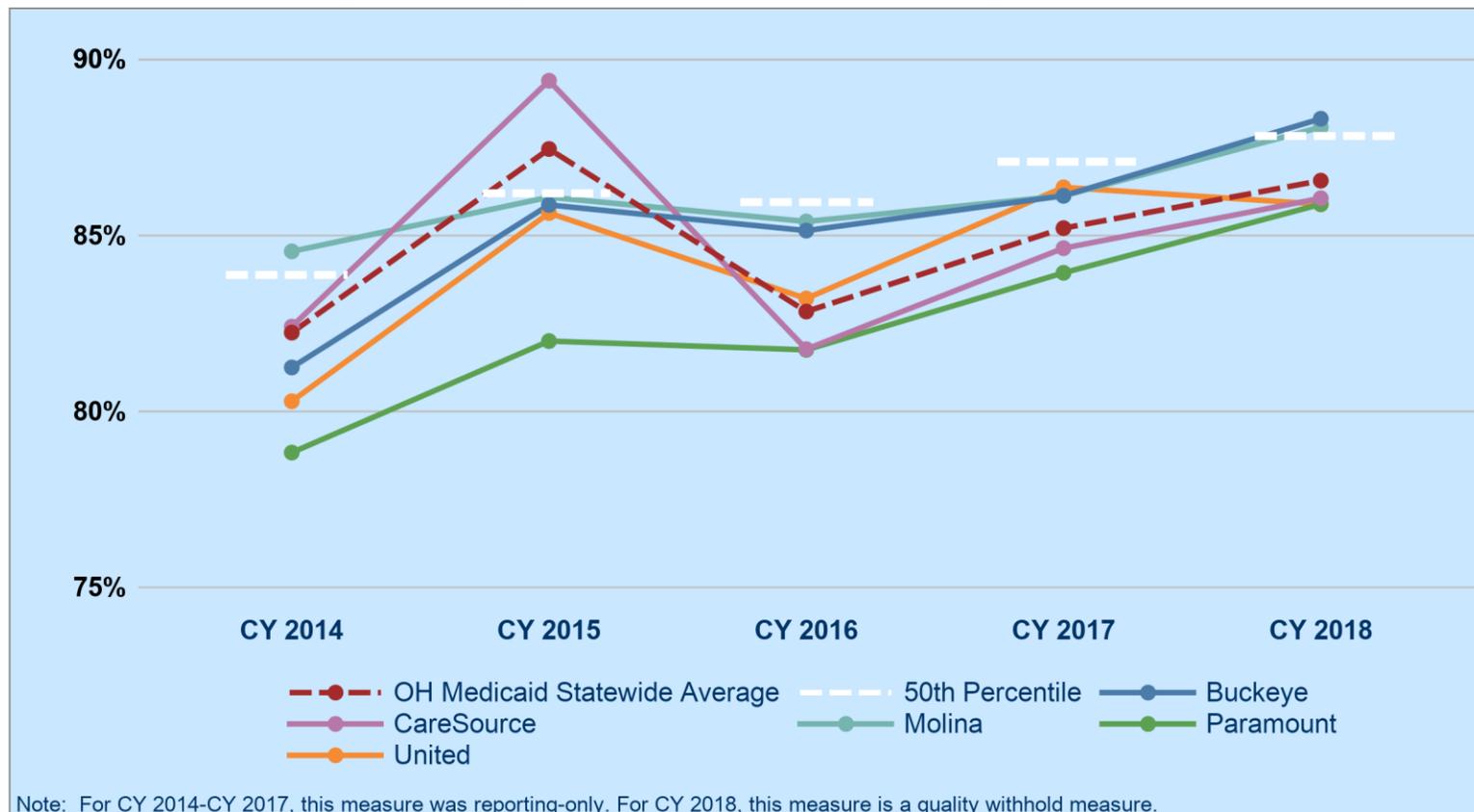
	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<82.5%	82.5%	84.9%	87.8%	90.5%	92.7%	87.5%
Star Rating Category	★	★★	★★★	★★★★★	★★★★★		

Table 6-1 shows that the statewide average and three MCPs’ rates ranked above the national Medicaid 25th percentile but below the 50th percentile, with the remaining two MCPs’ rates ranking above the 50th percentile. The rates for all MCPs ranged from

85.9 percent to 88.3 percent of eligible diabetic members receiving glycemic testing. All MCPs calculated this indicator using the hybrid method, with all five MCPs reporting at least 90 percent of their rates derived from administrative data.

Figure 6-1 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-1—Comprehensive Diabetes Care—HbA1c Testing, CY 2014–2018



HbA1c Control (<8.0%)

HbA1c Control (<8.0%) was a reporting-only indicator for CY 2018. Table 6-2 presents the CY 2018 MCP-specific rates and the statewide average for the HbA1c Control (<8.0%) indicator.

Table 6-2—Comprehensive Diabetes Care—HbA1c Control (<8.0%) (Methodology—Hybrid)¹

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	32.5%	67.5%	47.2%	★★★★
CareSource	51.0%	49.0%	43.5%	★★
Molina	32.4%	67.6%	45.7%	★★★★
Paramount	27.5%	72.5%	51.3%	★★★★
UnitedHealthcare	28.5%	71.5%	43.6%	★★
Statewide	41.4%	58.6%	45.0%	★★★★

¹ Performance rankings were determined before rounding.

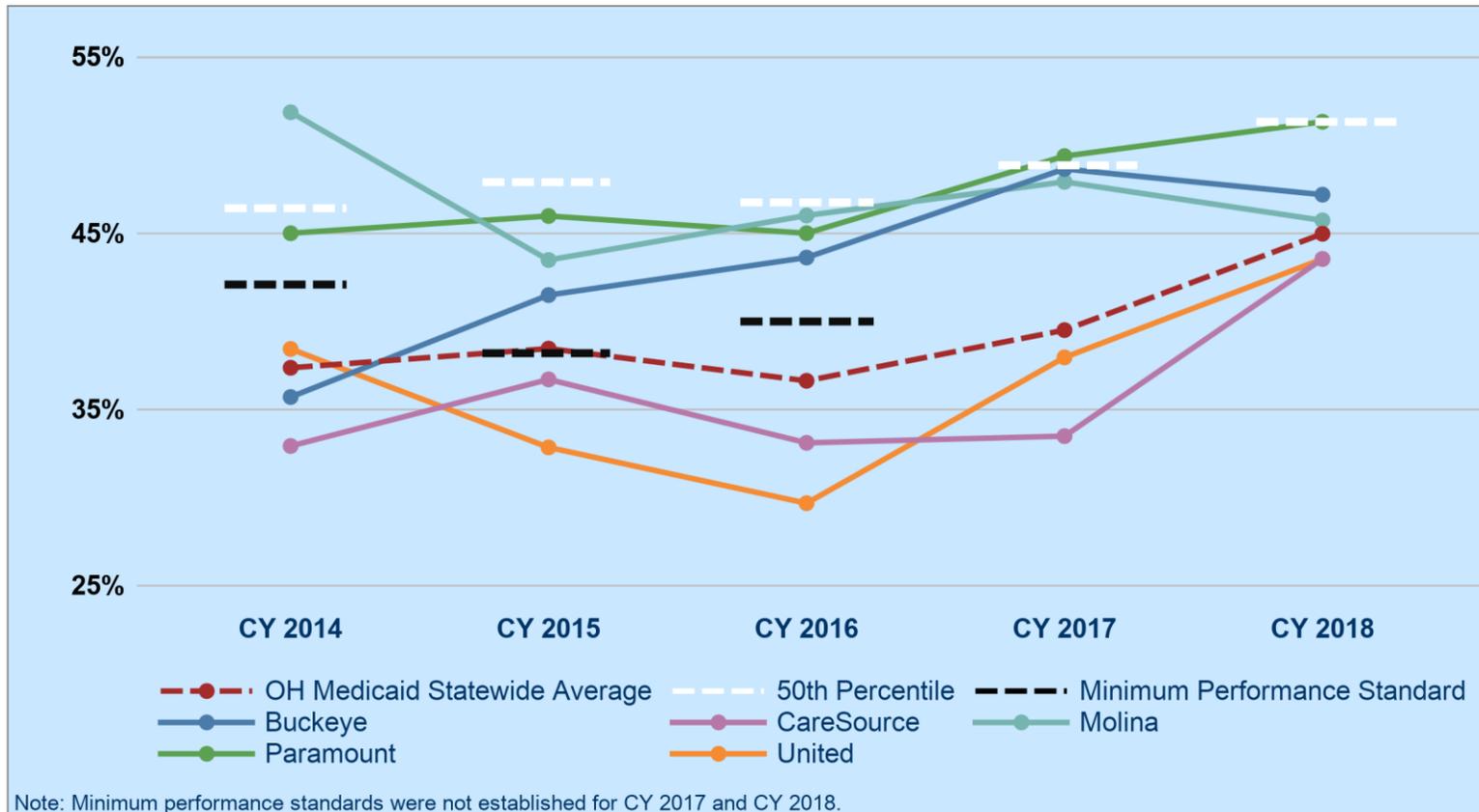
Table 6-2a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<37.5%	37.5%	44.4%	51.3%	55.5%	59.5%	49.3%
Star Rating Category	★	★★	★★★★	★★★★★	★★★★★		

Table 6-2 shows that the statewide average and three MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining two MCPs’ rates falling below the 25th percentile. The rates for all MCPs ranged from 43.5 percent to 51.3 percent of eligible diabetic members whose most recent HbA1c level was less than 8.0 percent. All MCPs calculated this indicator using the hybrid method, with one of five MCPs reporting more than 50 percent of their rates derived from administrative data.

Figure 6-2 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-2—Comprehensive Diabetes Care—HbA1c Control (<8.0%), CY 2014–2018



HbA1c Poor Control (>9.0%)

Table 6-3 presents the CY 2018 MCP-specific rates and the statewide average for the *HbA1c Poor Control (>9.0%)* indicator.

Table 6-3—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) (Methodology—Hybrid)¹

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	78.9%	21.1%	41.6%	★★★
CareSource	97.1%	2.9%	47.5%	★★
Molina	80.3%	19.7%	43.3%	★★★
Paramount	69.9%	30.1%	37.2%	★★★★★
UnitedHealthcare	95.5%	4.5%	43.6%	★★★
Statewide	90.1%	9.9%	44.8%	★★★

¹ Note: A lower rate indicates better performance.

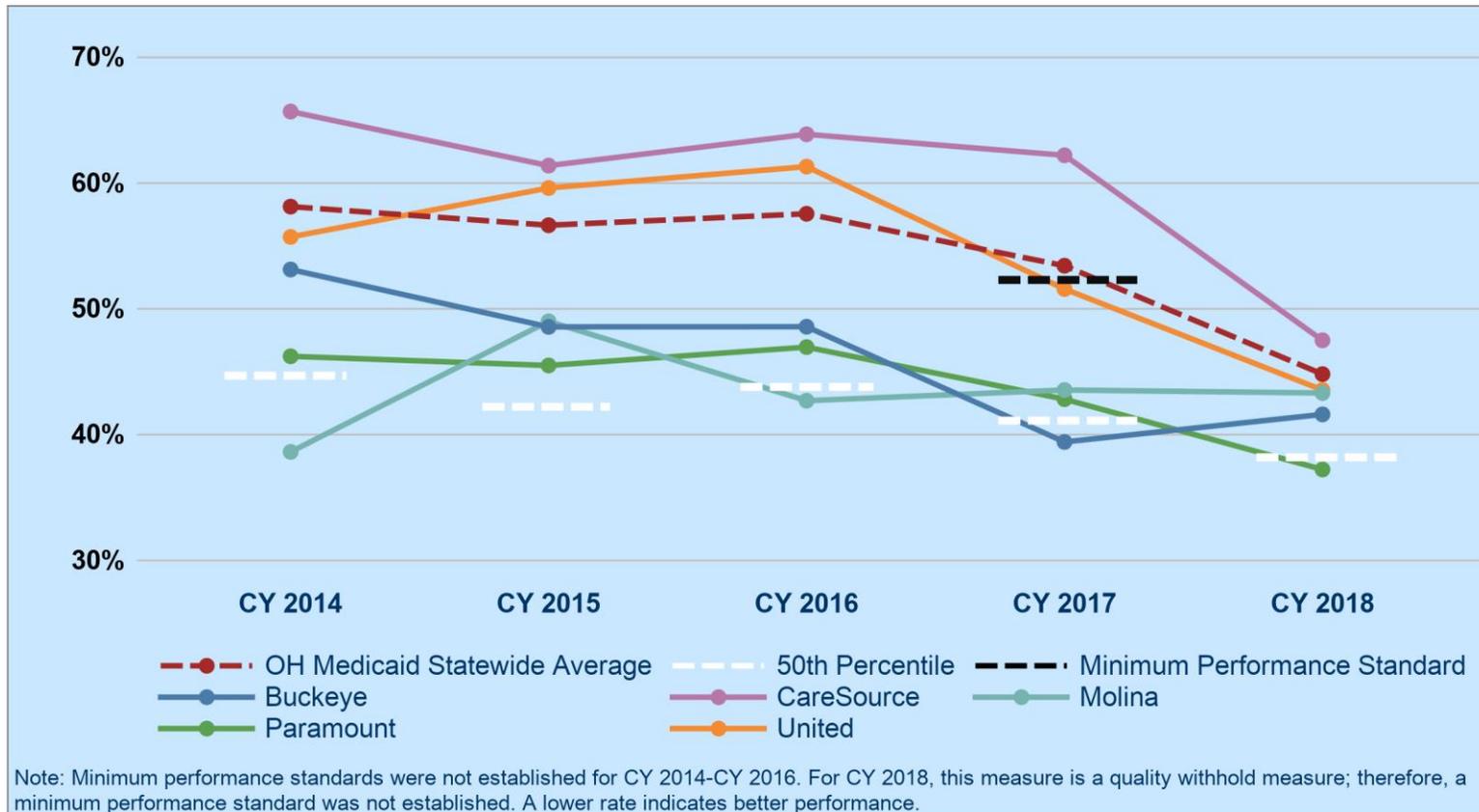
Table 6-3a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	>53.5%	53.5%	47.2%	38.2%	33.1%	29.7%	40.6%
Star Rating Category	★	★★	★★★	★★★★★	★★★★★		

Table 6-3 shows that the statewide average and four MCPs’ rates ranked above the 25th percentile, including one MCP’s rate ranking above the 50th percentile. The remaining MCP’s rate fell below the 25th percentile. The rates for all MCPs ranged from 47.5 percent to 37.2 percent of eligible diabetic members whose most recent HbA1c level was greater than 9.0 percent. All MCPs calculated this indicator using the hybrid method, with two of the five MCPs reporting at least 95 percent of their rates derived from administrative data.

Figure 6-3 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-3—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%), CY 2014–2018



Blood Pressure Control (<140/90 mm Hg)

Table 6-4 presents the CY 2018 MCP-specific rates and the statewide average for the *Blood Pressure Control (<140/90 mm Hg)* indicator.

Table 6-4—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	22.6%	77.4%	64.5%	★★★★★
CareSource	24.3%	75.7%	63.7%	★★★★★
Molina	9.1%	90.9%	64.0%	★★★★★
Paramount	24.0%	76.0%	71.0%	★★★★★
UnitedHealthcare	13.0%	87.0%	65.5%	★★★★★
Statewide	20.8%	79.2%	64.7%	★★★★★

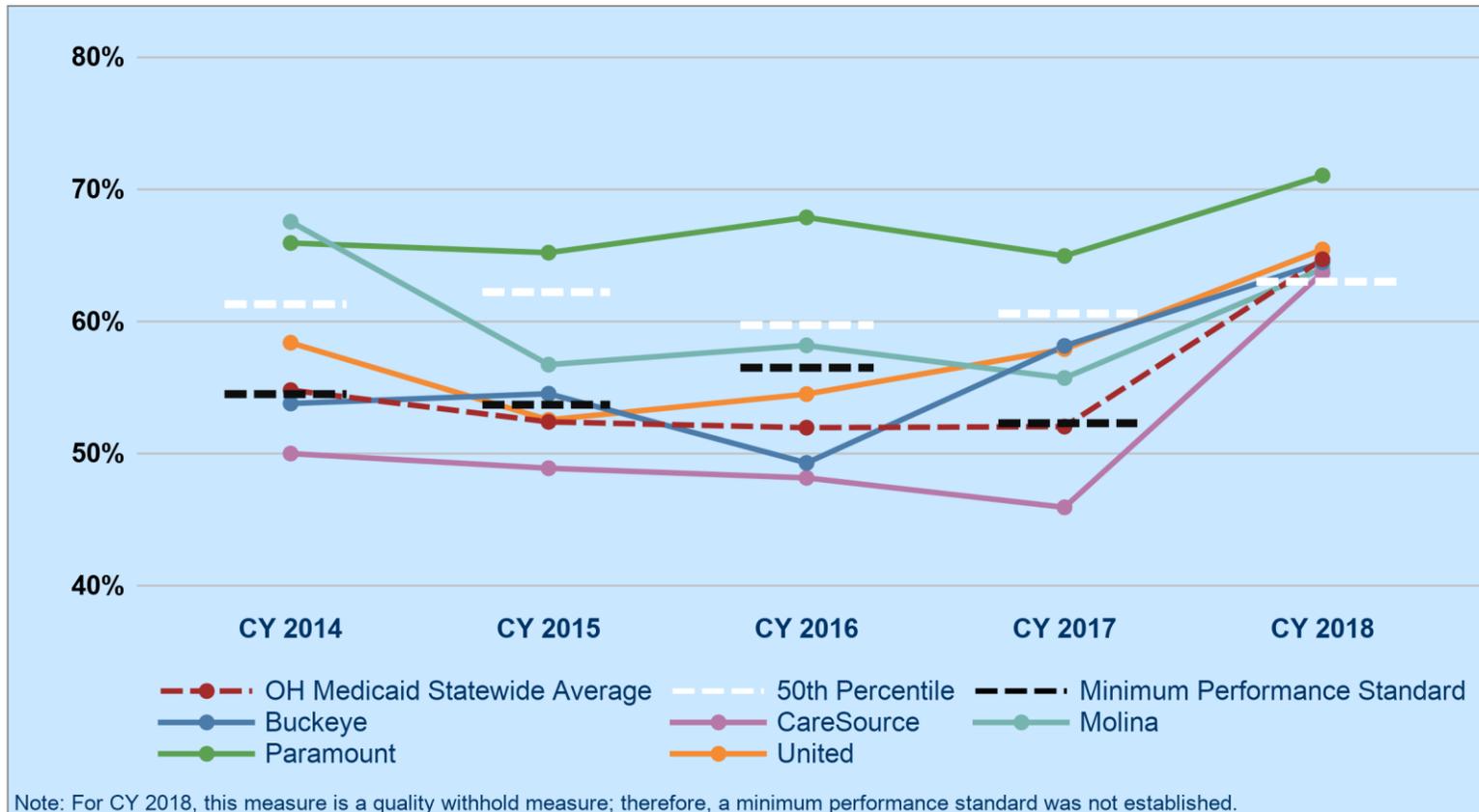
Table 6-4a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<49.8%	49.8%	56.2%	63.0%	70.8%	77.5%	62.7%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-4 shows that the statewide average and four MCPs’ rates ranked above the 50th percentile but below the 75th percentile, with the remaining MCP’s rate ranking above the 75th percentile. The rates for all MCPs ranged from 63.7 percent to 71.0 percent of eligible diabetic members whose most recent blood pressure test measured less than 140/90 mm Hg. All MCPs calculated this indicator using the hybrid method, with three of the five MCPs reporting at least 22 percent of its numerator-compliant cases identified using administrative data.

Figure 6-4 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-4—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg), CY 2014–2018



Eye Exam (Retinal) Performed

Table 6-5 presents the CY 2018 MCP-specific rates and the statewide average for the *Eye Exam (Retinal) Performed* indicator.

Table 6-5—Comprehensive Diabetes Care—Eye Exam (Retinal) Performed (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	95.4%	4.6%	63.3%	★★★★★
CareSource	90.6%	9.4%	64.4%	★★★★★
Molina	92.1%	7.9%	61.6%	★★★★★
Paramount	93.3%	6.7%	61.8%	★★★★★
UnitedHealthcare	93.5%	6.5%	56.4%	★★★
Statewide	92.0%	8.0%	62.6%	★★★★★

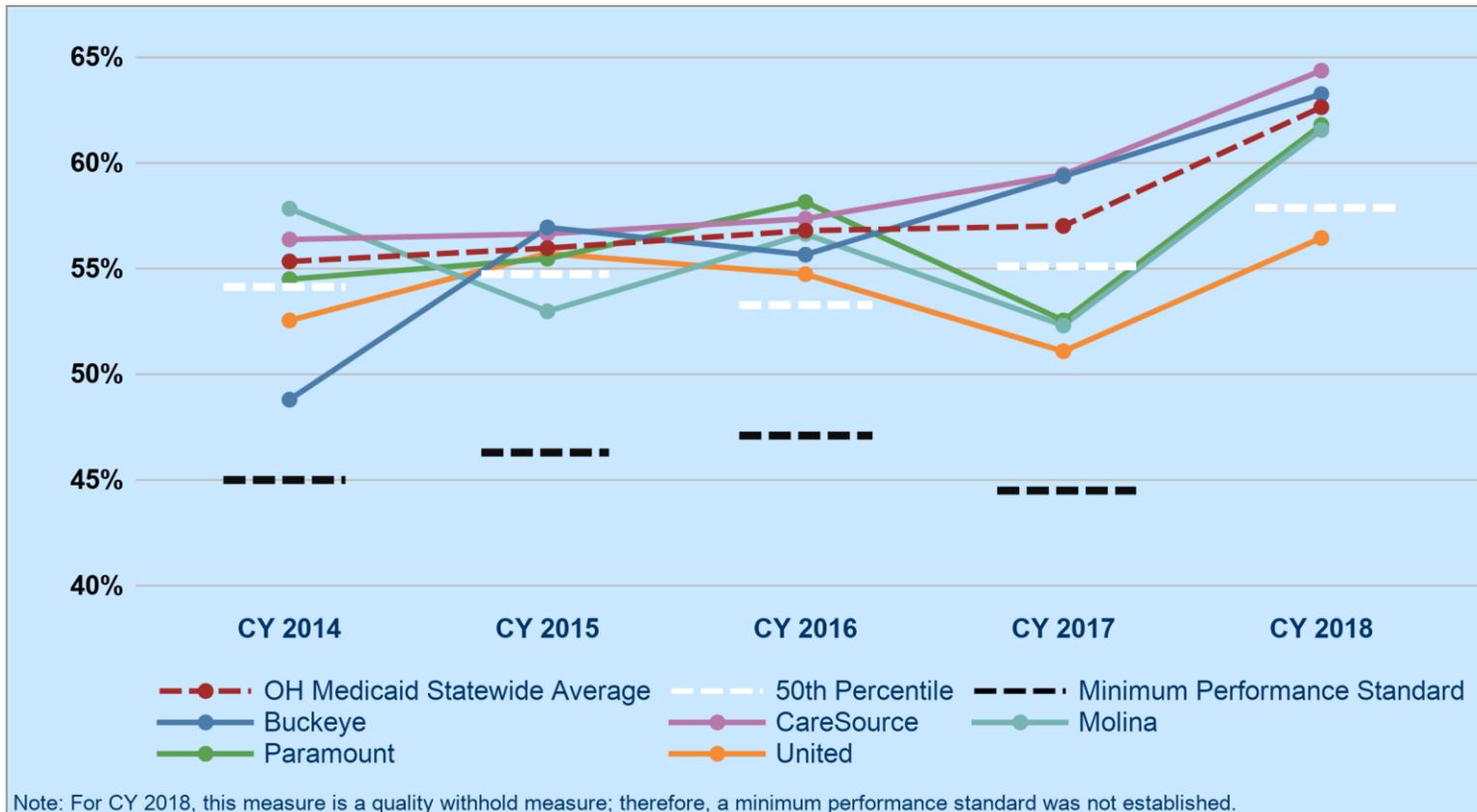
Table 6-5a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<42.2%	42.2%	50.9%	57.9%	64.2%	68.6%	57.1%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-5 shows that the statewide average and four MCPs’ rates ranked above the 50th percentile, including one MCP’s rate ranking above the 75th percentile. The remaining MCP’s rate fell below the 50th percentile. The rates for all MCPs ranged from 56.4 percent to 64.4 percent of eligible diabetic members who received screening or monitoring for diabetic retinal disease. All MCPs calculated this indicator using the hybrid method, with all five MCPs reporting at least 90 percent of their rates derived from administrative data.

Figure 6-5 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-5—Comprehensive Diabetes Care—Eye Exam (Retinal) Performed, CY 2014–2018



Medical Attention for Nephropathy

Medical Attention for Nephropathy was a reporting-only indicator for CY 2018. Table 6-6 presents the CY 2018 MCP-specific rates and the statewide average for this indicator.

Table 6-6—Comprehensive Diabetes Care—Medical Attention for Nephropathy (Methodology—Hybrid)

MCP	Admin%	MRR%	Reported Rate	Ranking
Buckeye	99.7%	0.3%	90.0%	★★★★
CareSource	98.6%	1.4%	88.1%	★★
Molina	98.9%	1.1%	89.5%	★★★★
Paramount	98.4%	1.6%	88.8%	★★★★
UnitedHealthcare	99.4%	0.6%	87.3%	★★
Statewide	98.9%	1.1%	88.5%	★★

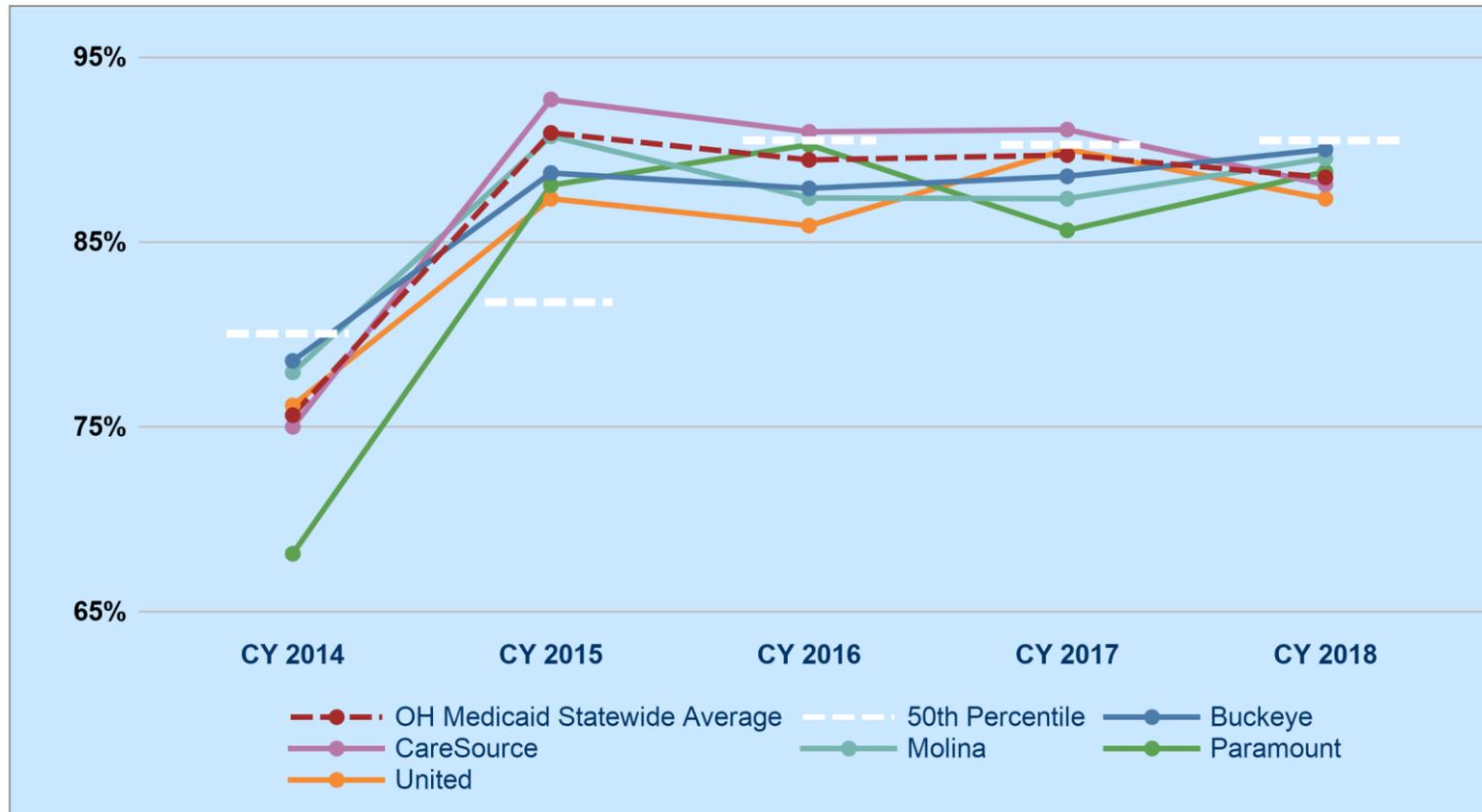
Table 6-6a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<86.9%	86.9%	88.6%	90.5%	92.1%	93.4%	90.1%
Star Rating Category	★	★★	★★★★	★★★★★	★★★★★		

Table 6-6 shows that the statewide average and two MCPs’ rates ranked above the 10th percentile but below the 25th percentile, with the remaining three MCPs’ rates ranking above the 25th percentile. The rates for all MCPs ranged from 87.3 percent to 90.0 percent of eligible diabetic members who received a nephropathy screening or monitoring test. All MCPs calculated this indicator using the hybrid method, with all five MCPs reporting at least 98 percent of their rates derived from administrative data.

Figure 6-6 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-6—Comprehensive Diabetes Care—Medical Attention for Nephropathy, CY 2014–2018



Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total

Statin Therapy for Patients with Cardiovascular Disease—Received Statin Therapy—Total measures the percentage of males 21 to 75 years of age and females 40 to 75 years of age during the measurement year, identified as having clinical atherosclerotic cardiovascular disease (ASCVD), who were dispensed at least one high or moderate-intensity statin medication during the measurement year. Table 6-7 presents the CY 2018 MCP-specific rates and the statewide average for the *Received Statin Therapy—Total*.

Table 6-7—Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	80.9%	★★★★★
CareSource	81.5%	★★★★★
Molina	81.8%	★★★★★
Paramount	81.1%	★★★★★
UnitedHealthcare	77.8%	★★★★
Statewide	80.9%	★★★★★

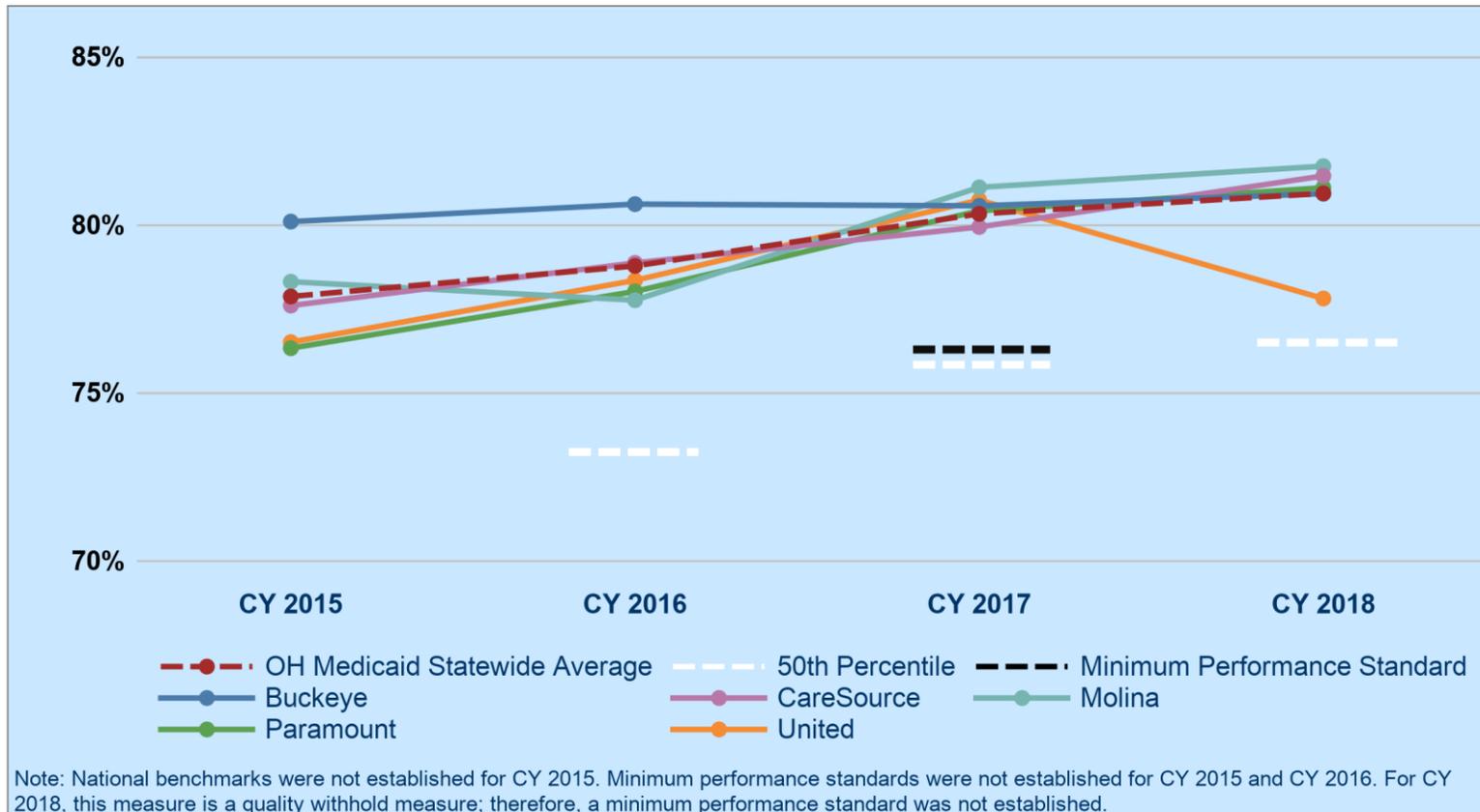
Table 6-7a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<68.7%	68.7%	73.1%	76.5%	80.5%	83.8%	76.1%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-7 shows that the statewide average and four MCPs’ rates ranked above the 75th percentile but below the 90th percentile, with the remaining MCP’s rate falling below the 75th percentile. The rates for all MCPs ranged from 77.8 percent to 81.8 percent of eligible members who had clinical ASCVD and were dispensed at least one statin medication.

Figure 6-7 shows the four-year rate trend for each MCP and the statewide average.

Figure 6-7—Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total, CY 2015–2018



Statin Therapy for Patients With Diabetes—Received Statin Therapy

Statin Therapy for Patients With Diabetes—Received Statin Therapy measures the percentage of members 40 to 75 years of age with diabetes who did not have clinical ASCVD and who were dispensed at least one statin medication of any intensity during the measurement year. Table 6-8 presents the CY 2018 MCP-specific rates and the statewide average for the *Received Statin Therapy* indicator.

Table 6-8—Statin Therapy for Patients With Diabetes—Received Statin Therapy (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	66.1%	★★★★★
CareSource	67.3%	★★★★★
Molina	67.4%	★★★★★
Paramount	63.9%	★★★★
UnitedHealthcare	61.9%	★★★
Statewide	66.2%	★★★★★

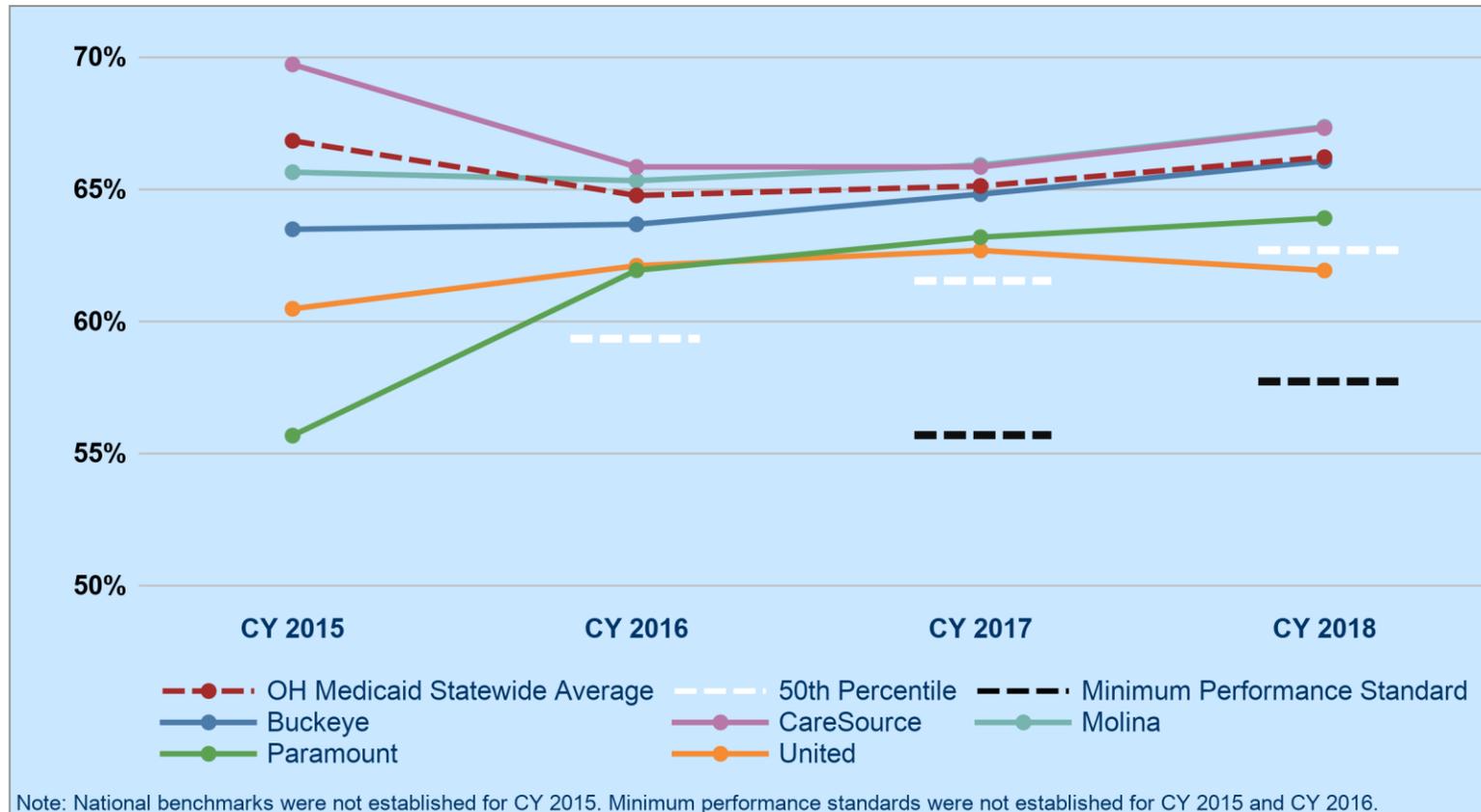
Table 6-8a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<52.9%	52.9%	58.2%	62.7%	65.6%	68.8%	61.4%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-8 shows that the statewide average and three MCPs’ rates ranked above the 75th percentile but below the 90th percentile. For the remaining two MCPs’ rates, one MCP’s rate ranked above the 50th percentile but below the 75th percentile, and one MCP’s rate fell below the 50th percentile. The rates for all MCPs ranged from 61.9 percent to 67.4 percent of eligible diabetic members who were dispensed at least one statin medication.

Figure 6-8 shows the four-year rate trend for each MCP and the statewide average.

Figure 6-8—Statin Therapy for Patients With Diabetes—Received Statin Therapy, CY 2015–2018



Medication Management for People With Asthma

Medication Management for People With Asthma measures the percentage of members 5 to 64 years of age identified as having persistent asthma who were dispensed appropriate medications and remained on those medications during the treatment period. This measure has two indicators: *Medication Compliance 50 Percent—Total* (remained on an asthma controller medication for at least 50 percent of their treatment period) and *Medication Compliance 75 Percent—Total* (remained on an asthma controller medication for at least 75 percent of their treatment period).

Medication Compliance 50 Percent—Total

Table 6-9 presents the CY 2018 MCP-specific rates and the statewide average for the *Medication Compliance 50 Percent—Total* indicator.

Table 6-9—Medication Management for People With Asthma—Medication Compliance 50 Percent—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	68.2%	★★★★★
CareSource	63.2%	★★★★
Molina	66.0%	★★★★
Paramount	63.7%	★★★★
UnitedHealthcare	62.3%	★★★★
Statewide	64.0%	★★★★

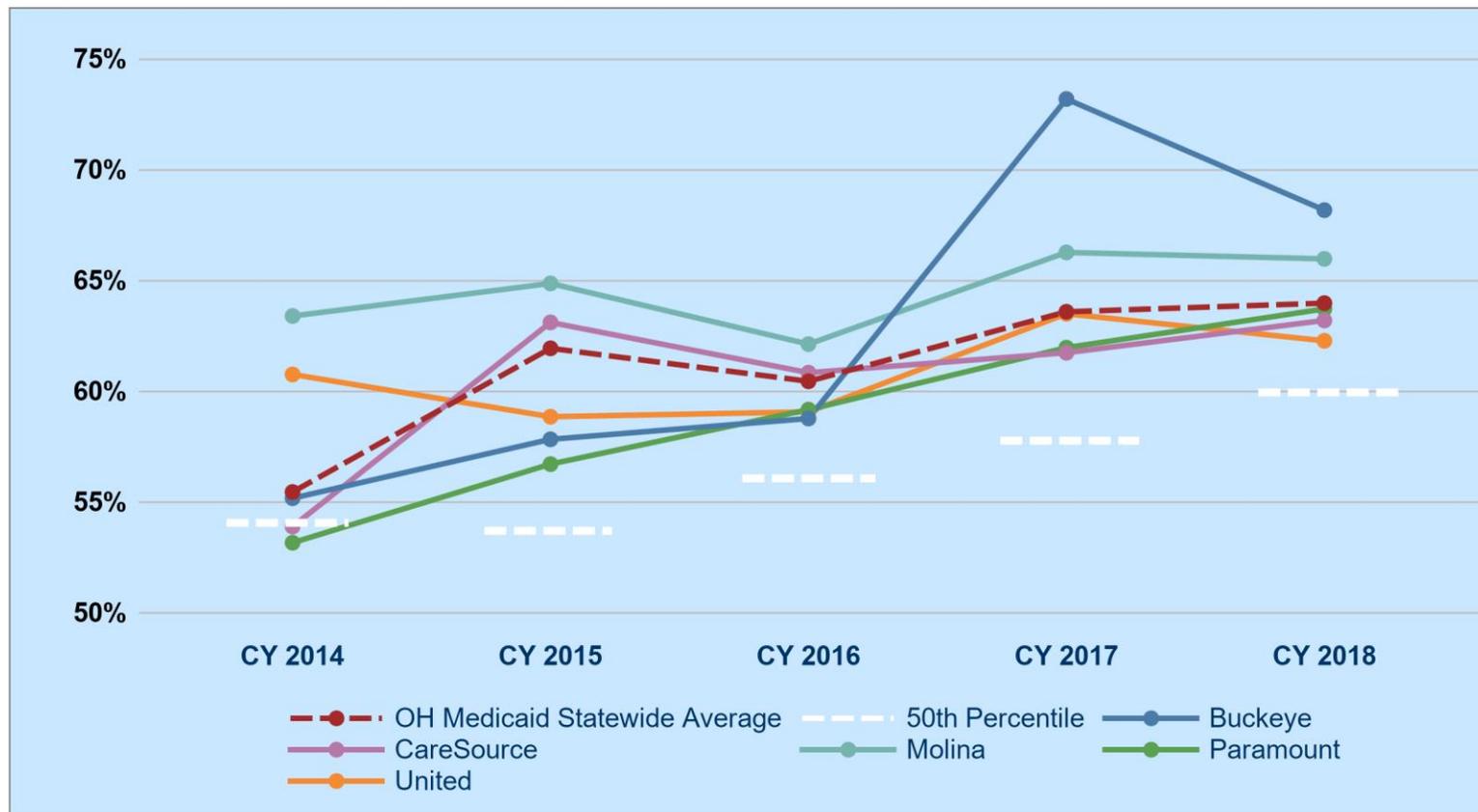
Table 6-9a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90
Star Rating Category	★	★★	★★★	★★★★	★★★★★	★★★★★

Table 6-9 shows that the statewide average and four MCPs' rates ranked at or above the 50th percentile but below the 75th percentile. The remaining MCP's rate ranked above the 75th percentile. The rates for all MCPs ranged from 62.3 percent to 68.2 percent of eligible members with persistent asthma who were dispensed and remained on asthma controller medication for at least 50 percent of their treatment period.

Figure 6-9 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-9—Medication Management for People With Asthma—Medication Compliance 50 Percent—Total, CY 2014–2018



Medication Compliance 75 Percent—Total

Table 6-10 presents the CY 2018 MCP-specific rates and the statewide average for the *Medication Compliance 75 Percent—Total* indicator.

Table 6-10—Medication Management for People With Asthma—Medication Compliance 75 Percent—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	46.0%	★★★★★
CareSource	40.5%	★★★★
Molina	40.9%	★★★★
Paramount	42.4%	★★★★
UnitedHealthcare	39.3%	★★★★
Statewide	41.2%	★★★★

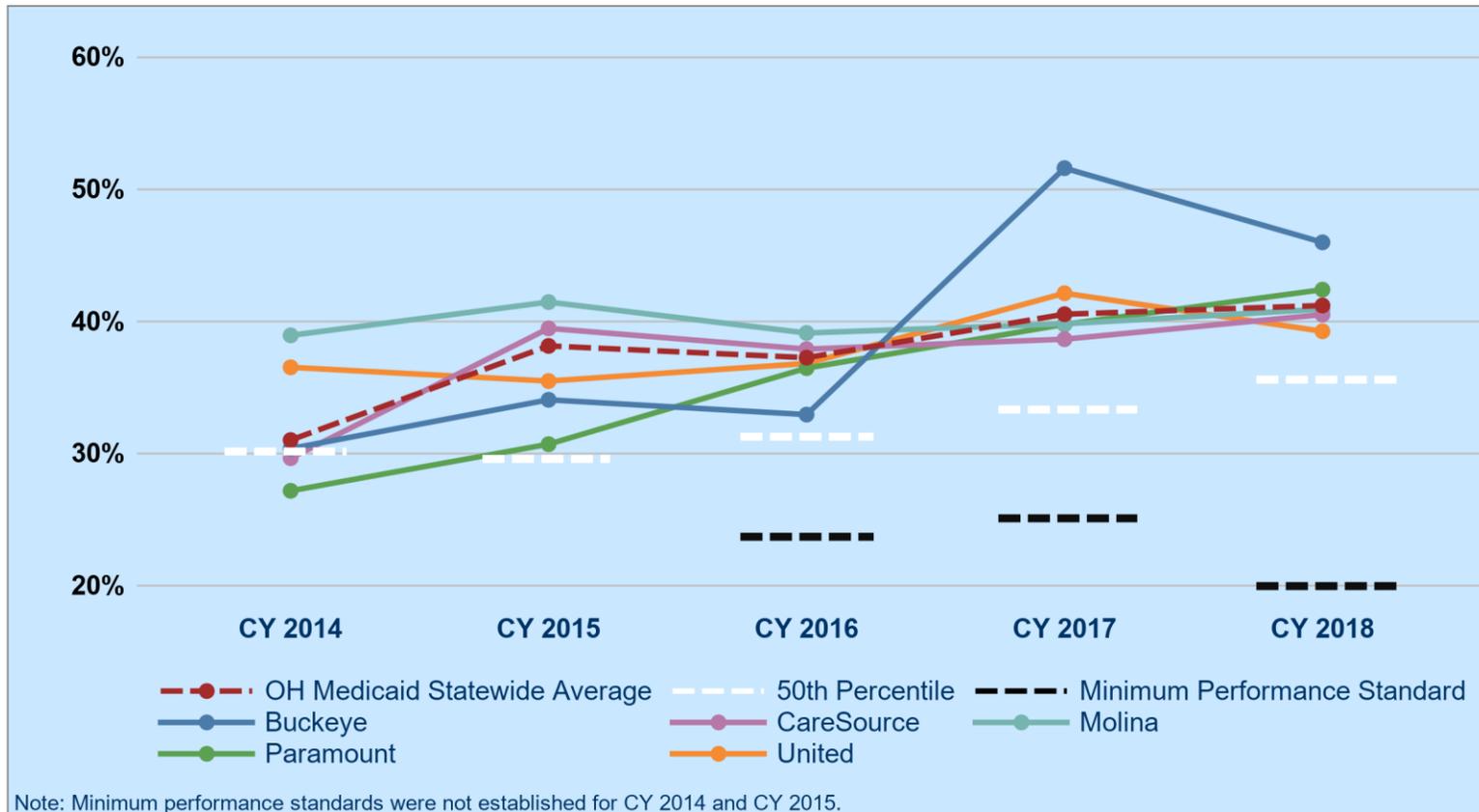
Table 6-10a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<24.5%	24.5%	29.4%	35.6%	43.1%	51.2%	36.8%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-10 shows that the statewide average and four MCPs’ rates ranked above the 50th percentile but below the 75th percentile, with the remaining MCP’s rate ranking above the 75th percentile. The rates for all MCPs ranged from 39.3 percent to 46.0 percent of eligible members with persistent asthma who were dispensed and remained on asthma controller medication for at least 75 percent of their treatment period.

Figure 6-10 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-10—Medication Management for People With Asthma—Medication Compliance 75 Percent—Total, CY 2014–2018



Pharmacotherapy Management of COPD Exacerbation

Pharmacotherapy Management of COPD Exacerbation measures the percentage of COPD exacerbations for members 40 years of age and older with an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement year who were dispensed appropriate medications. Two rates are reported: *Systemic Corticosteroid* (dispensed or evidence of active prescription for a systemic corticosteroid within 14 days of the event) and *Bronchodilator* (dispensed or evidence of active prescription for a bronchodilator within 30 days of the event).

Systemic Corticosteroid

Table 6-11 presents the CY 2018 MCP-specific rates and the statewide average for the *Systemic Corticosteroid* indicator.

Table 6-11—Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	76.6%	★★★★★
CareSource	75.3%	★★★★
Molina	76.5%	★★★★★
Paramount	75.2%	★★★★
UnitedHealthcare	75.3%	★★★★
Statewide	75.6%	★★★★

Table 6-11a—National Medicaid Benchmarks and Corresponding Star Rating Categories

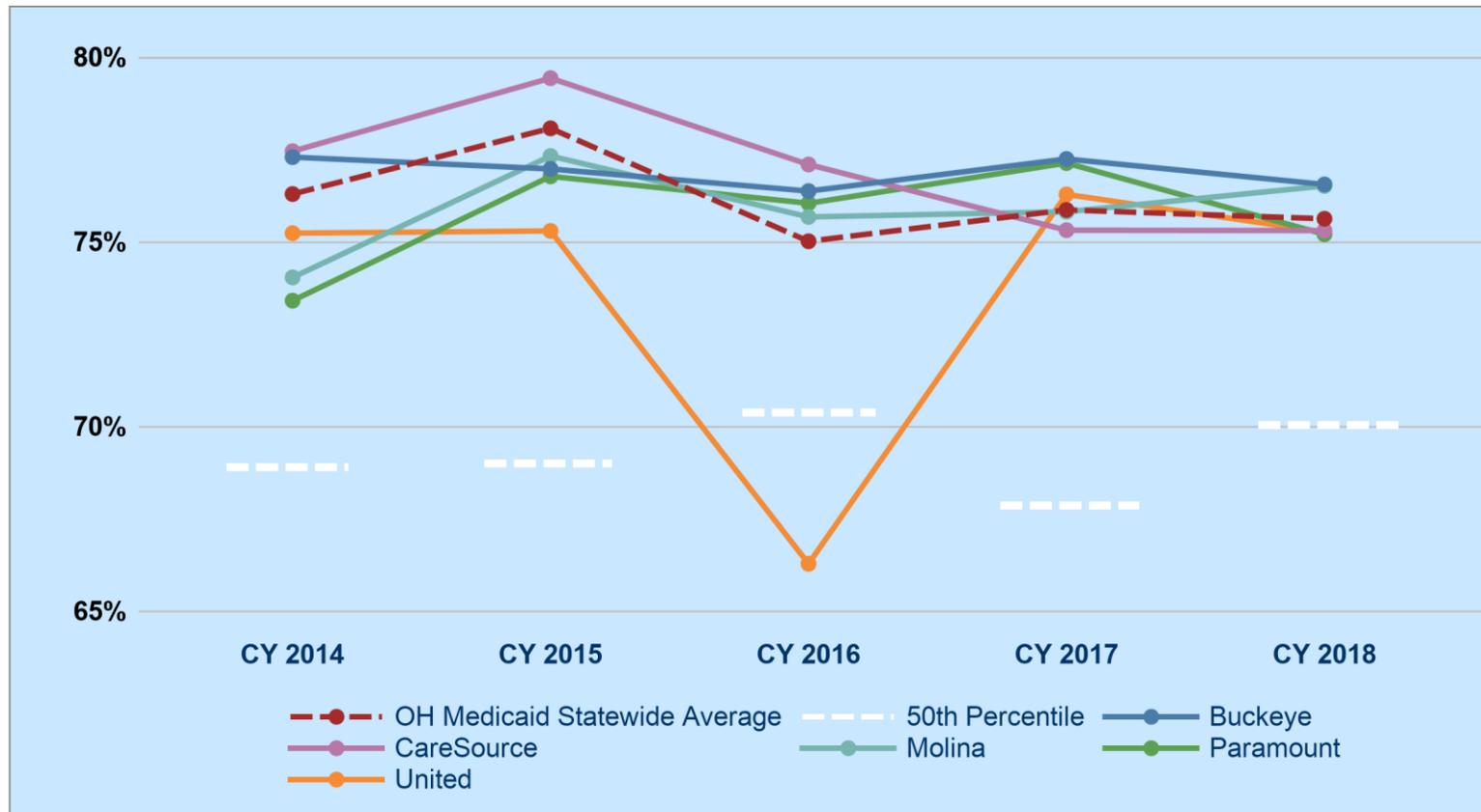
	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<53.6%	53.6%	62.8%	70.1%	76.3%	80.6%	68.2%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-11 shows that the statewide average and three MCPs’ rates ranked above the 50th percentile but below the 75th percentile. The remaining two MCPs’ rates ranked above the 75th percentile. The rates for all MCPs ranged from 75.2 percent to 76.6 percent of

eligible members who were dispensed or had evidence of an active prescription for a systemic corticosteroid within 14 days of the eligible event.

Figure 6-11 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-11—Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid, CY 2014–2018



Bronchodilator

Table 6-12 presents the CY 2018 MCP-specific rates and the statewide average for the *Bronchodilator* indicator.

Table 6-12—Pharmacotherapy Management of COPD Exacerbation—Bronchodilator (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	84.9%	★★★★
CareSource	86.0%	★★★★
Molina	85.5%	★★★★
Paramount	84.6%	★★★★
UnitedHealthcare	84.2%	★★★★
Statewide	85.5%	★★★★

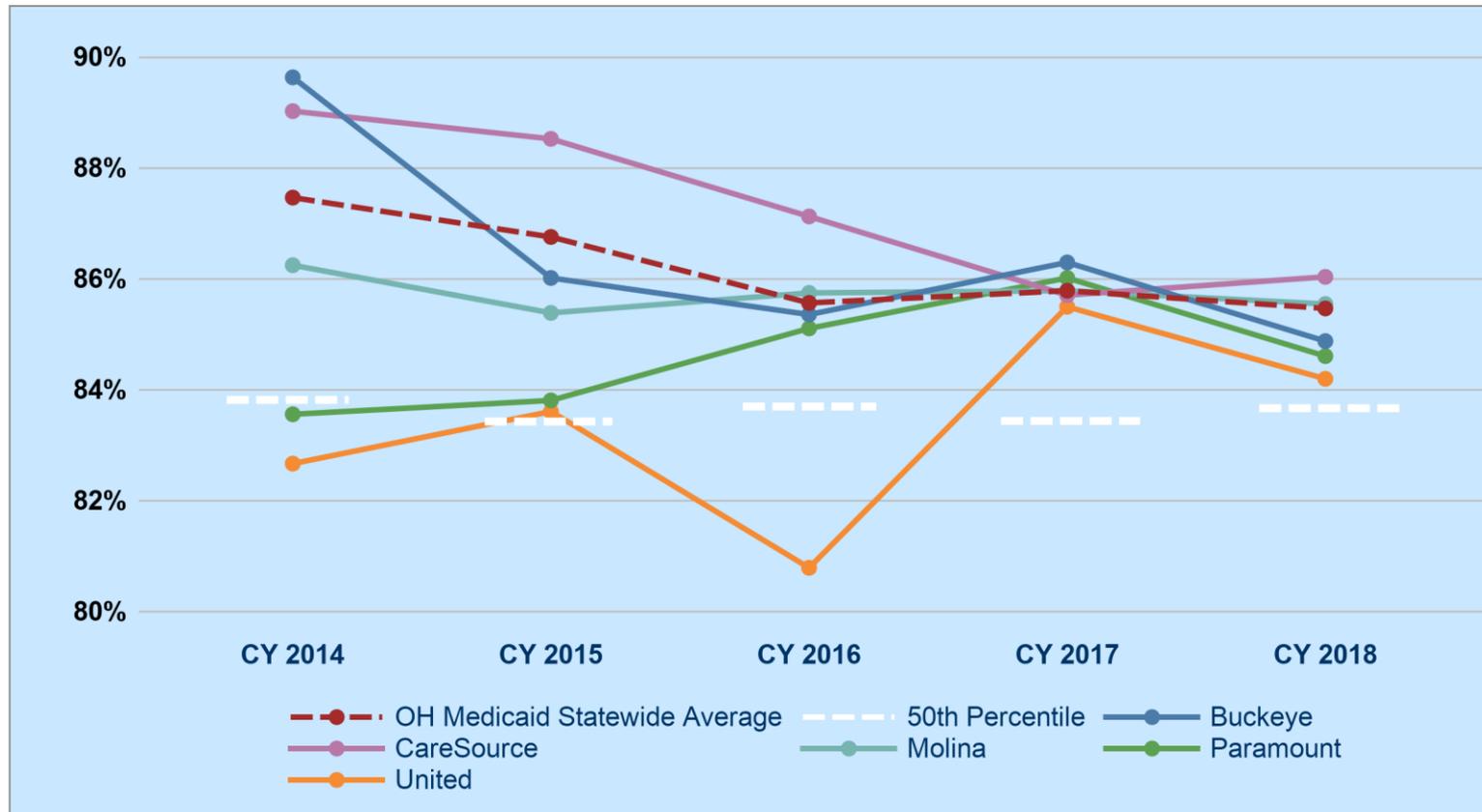
Table 6-12a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<70.6%	70.6%	78.6%	83.7%	87.6%	89.7%	81.4%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-12 shows that the statewide average and all five MCPs’ rates ranked above the 50th percentile but below the 75th percentile. The rates for all MCPs ranged from 84.2 percent to 86.0 percent of eligible members who were dispensed or had evidence of an active prescription for a bronchodilator within 30 days of the eligible event.

Figure 6-12 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-12—Pharmacotherapy Management of COPD Exacerbation—Bronchodilator, CY 2014–2018



Controlling High Blood Pressure

Controlling High Blood Pressure measures the percentage of members 18 to 85 years of age with a diagnosis of hypertension whose blood pressure was adequately controlled during the measurement year. Table 6-13 presents the CY 2018 MCP-specific rates and the statewide average for this measure.

Table 6-13—Controlling High Blood Pressure (Methodology—Hybrid)

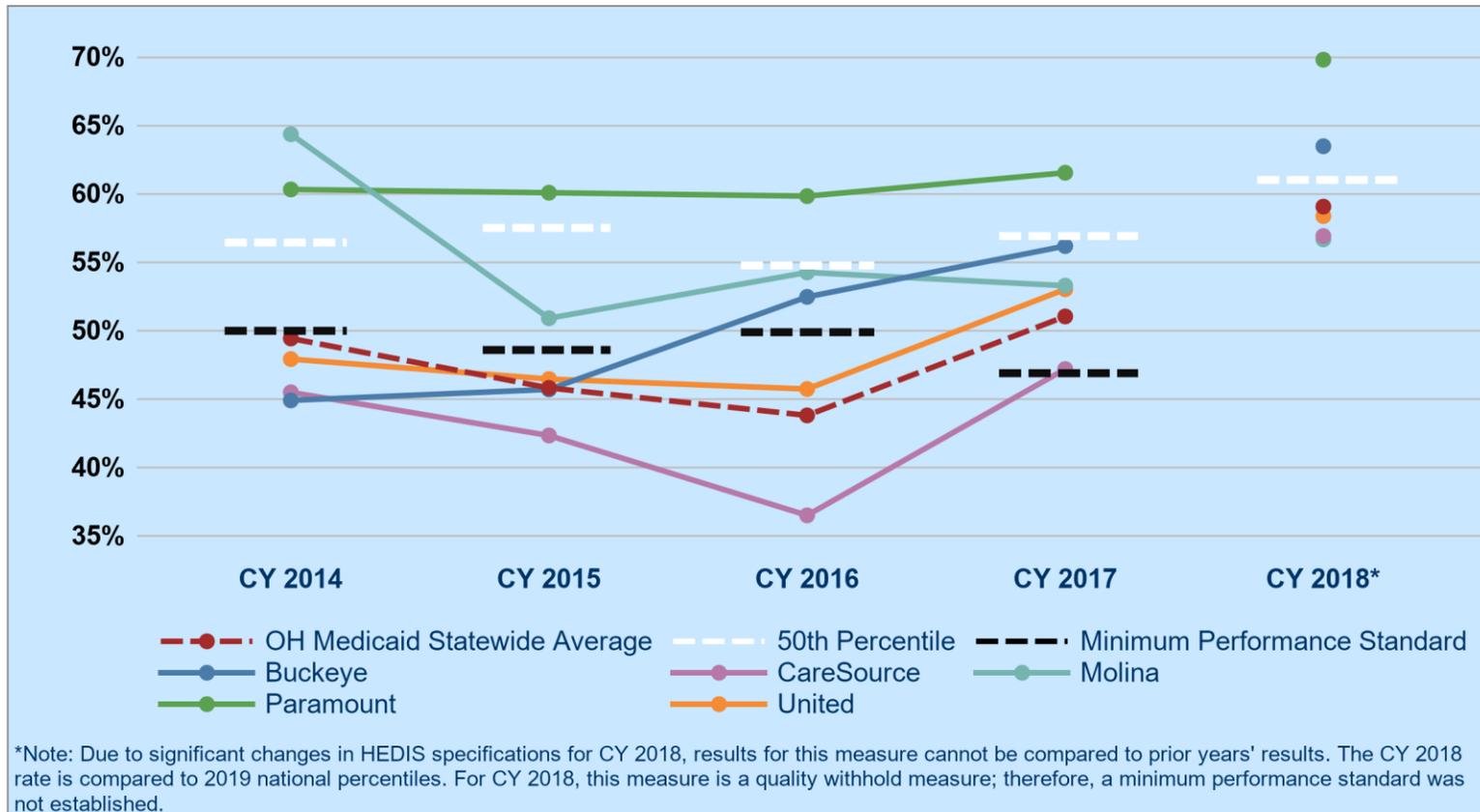
MCP	Admin%	MRR%	Reported Rate	Ranking ¹
Buckeye	33.7%	66.3%	63.5%	NC
CareSource	29.9%	70.1%	56.9%	NC
Molina	15.0%	85.0%	56.7%	NC
Paramount	25.8%	74.2%	69.8%	NC
UnitedHealthcare	13.3%	86.7%	58.4%	NC
Statewide	26.0%	74.0%	59.1%	NC

¹ Due to changes to the HEDIS 2019 technical specifications, these rates were not compared to national Medicaid benchmarks.

Due to HEDIS 2019 technical specification changes for the *Controlling High Blood Pressure* measure, comparisons to national benchmarks were not performed. Table 6-13 shows that the rates for all MCPs ranged from 56.7 percent to 69.8 percent of eligible members who had a hypertension diagnosis and had their most recent blood pressure test show adequately controlled blood pressure.

Figure 6-13 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-13—Controlling High Blood Pressure, CY 2014–2018



Annual Monitoring for Patients on Persistent Medications

Annual Monitoring for Patients on Persistent Medications measures the percentage of members 18 years of age and older who received at least 180 days of ambulatory medication therapy for a select therapeutic agent and at least one therapeutic monitoring event for the therapeutic agent. This measure has three indicators: *ACE Inhibitors or ARBs*, *Diuretics*, and a *Total* rate. Only the *Total* rate was required for reporting. Table 6-14 presents the CY 2018 MCP-specific rates and the statewide average.

Table 6-14—Annual Monitoring for Patients on Persistent Medications—Total (Methodology—Administrative)

MCP	Reported Rate	Ranking
Buckeye	87.8%	★★★
CareSource	88.4%	★★★★
Molina	88.9%	★★★★
Paramount	86.3%	★★★
UnitedHealthcare	87.6%	★★★
Statewide	88.1%	★★★

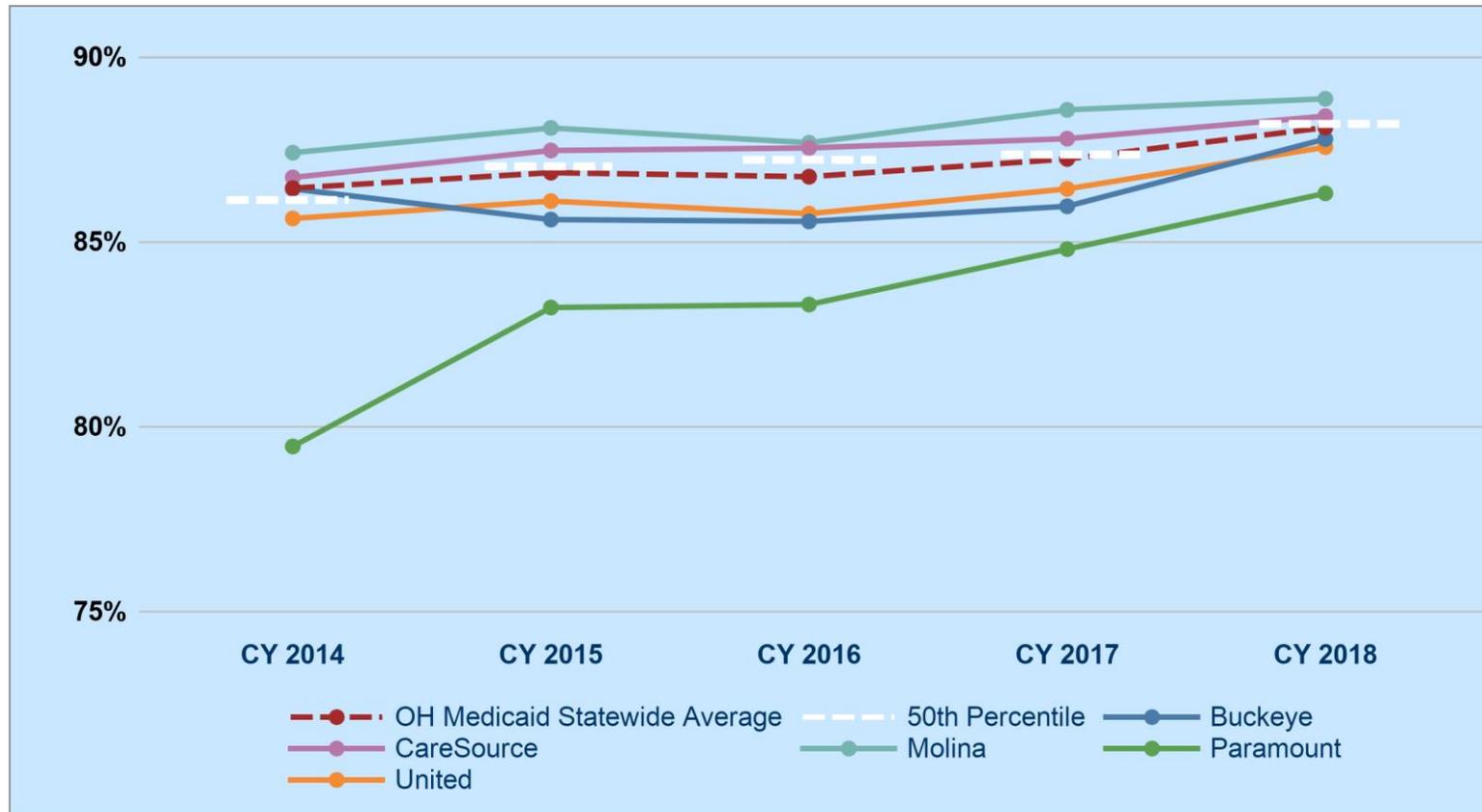
Table 6-14a—National Medicaid Benchmarks and Corresponding Star Rating Categories

	Below P10	P10	P25	P50	P75	P90	Mean
Benchmark Value	<83.9%	83.9%	86.0%	88.2%	90.7%	92.8%	88.2%
Star Rating Category	★	★★	★★★	★★★★	★★★★★		

Table 6-14 shows that the statewide average and three MCPs’ rates ranked above the 25th percentile but below the 50th percentile, with the remaining two MCPs’ rates ranking above the 50th percentile. The rates for all MCPs ranged from 86.3 percent to 88.9 percent of eligible members who received at least 180 days of ambulatory medication therapy for a therapeutic agent and at least one therapeutic monitoring event.

Figure 6-14 shows the five-year rate trend for each MCP and the statewide average.

Figure 6-14—Annual Monitoring for Patients on Persistent Medications—Total, CY 2014–2018



Appendix A. Validation Methodology

Federal requirements from the Balanced Budget Act of 1997 (BBA), as specified within the Code of Federal Regulations (CFR) at 42 CFR 438.358, require that states ensure their MCPs collect and report performance measures annually. The requirement allows states, agents that are not managed care organizations, or an external quality review organization (EQRO) to conduct the performance measure validation (PMV). ODM contracted with HSAG to conduct the functions associated with validating performance measures.

Performance results can be calculated and reported to the state by the managed care organization, or the state can calculate the managed care organization's performance measure results for the preceding 12 months. ODM required its Medicaid MCPs to calculate their own performance measures rates.

All Ohio Medicaid MCPs underwent an independent NCQA HEDIS Compliance Audit by an LO and this ensured that the MCPs followed specifications to produce valid and reliable HEDIS measure results. HSAG received the final audited MCP rates and ensured that the HEDIS compliance protocol met requirements of the Centers for Medicare & Medicaid Services (CMS) for validating performance measures using methods consistent with external quality review (EQR) protocols published by CMS.^{A-1} ODM contracted with HSAG to conduct the validation of performance measures reported by the MCPs in 2019 for CY 2018 measurement data.

Methodology

Description of Data Obtained

ODM required that each MCP undergo an NCQA HEDIS Compliance Audit performed by an NCQA-certified HEDIS compliance auditor (CHCA) contracted with an NCQA LO.

During a HEDIS compliance audit, data management processes are reviewed using findings from the HEDIS Record of Administration, Data Management, and Processes (Roadmap) review. Interviews are conducted with key MCP staff members, and there is a review of data queries and output files. Auditors review data extracts from systems used to house production files and generate reports. There is a review of data included in the samples for the selected measures. Based on validation findings, the LO produces an initial written report identifying any perceived issues of noncompliance, problematic measures, and recommended opportunities for improvement. The LO then completes a final report with updated text and findings based on comments about the initial report.

HSAG used the final audit results and FAR as the primary data sources to tabulate overall HEDIS reporting capabilities and functions for the MCPs. The final audit results are the final determinations of

^{A-1} Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/eqr-protocol-2.pdf>. Accessed on: Oct 10, 2019.

validity made by the auditor for each performance measure. The FAR includes information on the MCPs’ IS capabilities, findings for each measure, supplemental data validation results, medical record review validation (MRRV) results, results of any corrected programming logic (including corrections to numerators, denominators, or sampling used for final measure calculation), and opportunities for improvement. If the biased rate (*BR*) designation was assigned to a measure required for reporting and the FAR did not provide additional information for the audit designation assignment, HSAG requested the MCP to submit an explanation as well as the Roadmap for further research. The Roadmap, which was completed by the MCP, contains detailed information on data systems and processes used to calculate the performance measures.

Table A-1 identifies the key audit steps that HSAG validated and the sources used to identify them.

Table A-1—Description of Data Sources Reviewed by HSAG

Data Reviewed	Source of Data
<p>Pre-On-Site Visit Call/Meeting—Initial conference call or meeting between the LO and the MCP staff members. HSAG verified that the LOs addressed key HEDIS topics, such as timelines and on-site review dates.</p>	<p>HEDIS 2019 FAR</p>
<p>HEDIS Roadmap Review—Provided the LOs with background information on policies, processes, and data in preparation for the on-site validation activities. The MCPs were required to complete the Roadmap to provide the audit team with information necessary to begin review activities. HSAG also looked for evidence in the FARs that the LOs completed a thorough review of all components of the Roadmap.</p>	<p>HEDIS 2019 FAR (or the Roadmap, as necessary)</p>
<p>Software Vendor—If an MCP used a software vendor to produce HEDIS rates, HSAG assessed whether the measures developed by the vendor were certified by NCQA. If the MCP did not use a vendor, the auditor was required to review the source code for each reported measure (see next step below).</p>	<p>HEDIS 2019 FAR</p>
<p>Source Code Review—HSAG ensured that the LOs reviewed the MCPs’ programming language for HEDIS measures if the MCPs did not use a vendor with NCQA-certified measures. Source code review determined compliance with the performance measure definitions, including accurate numerator and denominator identification, sampling, and algorithmic compliance (ensuring that rate calculations were performed correctly, medical record and administrative data were combined appropriately, and numerator events were counted accurately). This process was not required if the MCPs used a vendor with NCQA-certified measures.</p>	<p>HEDIS 2019 FAR</p>
<p>Supplemental Data Validation—If the MCPs used any supplemental data for reporting, the LO was to validate the supplemental data according to NCQA guidelines. HSAG verified whether the LO was following the NCQA-required approach while validating supplemental databases.</p>	<p>HEDIS 2019 FAR</p>

Data Reviewed	Source of Data
MRRV —The LOs are required to perform a more extensive validation of the medical records reviewed, which is conducted late in the abstraction process. This review ensures that the MCPs’ review processes are executed as planned and that the results are accurate. HSAG reviewed whether the LOs performed a review of a random sample of medical records according to NCQA’s MRRV guidelines to ensure the reliability and validity of the data collected.	HEDIS 2019 FAR
Audit Designation Table —The auditor prepared a table indicating the audit result and the corresponding rationale. This process verifies that the auditor validated all activities that culminated in a rate reported by the MCP.	Final Audit Review Table, Final Audit Statement, 2019 Interactive Data Submission System (IDSS)
MCP Self-Reported HEDIS Data Letter of Certification for FAR —ODM required the MCPs to sign and submit a certification attesting to the accuracy and completeness of their data and the results in the FAR. HSAG reviewed each FAR and ensured this certification letter was signed and submitted.	MCP Self-Reporting HEDIS Data Letter of Certification for FAR

Description of Validation Activities

Table A-2 identifies the key elements that HSAG reviewed. HSAG identified whether the LOs completed each key element, as described in the FARs. A checkmark (✓) confirms that the activity was clearly identified as being performed as evidenced by review of the FAR.

Table A-2—Validation Activities for HSAG’s Review

Activity	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare
Licensed Organization	Attest Health Care Advisors	HealthcareData Company, LLC	Attest Health Care Advisors	HealthcareData Company, LLC	Attest Health Care Advisors
Pre-On-Site Visit Call/Meeting	✓	✓	✓	✓	✓
Roadmap Review	✓	✓	✓	✓	✓
Software Vendor with Certified Measures	Inovalon	DST Health Solutions	Inovalon	Inovalon	ClaimSphere
Source Code Review*	NA	NA	NA	NA	NA
Supplemental Data Validation	✓	✓	✓	✓	✓
MRRV	✓	✓	✓	✓	✓

* Not Applicable (NA) indicates the MCP used a vendor with NCQA-certified measures that were under the scope of HSAG’s validation.

All MCPs used software vendors to calculate HEDIS rates. All vendors used NCQA-certified measure programming code for the reported HEDIS measures. All MCPs underwent MRRV. HSAG found that the data collected and reported for the measures selected by ODM followed NCQA HEDIS methodology and were consistent with CMS protocols for validating performance measures. Therefore, HSAG determined that the processes used to calculate the required HEDIS rates were valid, reliable, and accurate.

IS Capability Review

HSAG evaluated each MCP's IS capabilities for accurate HEDIS reporting. This evaluation was accomplished by reviewing each FAR submitted by the MCPs that contained the LO's assessment of IS capabilities. The evaluation specifically focused on aspects of the MCP's system that could affect the HEDIS Medicaid reporting set.

The term "IS" was broadly used to include the computer and software environment, data collection procedures, and abstraction of medical records for hybrid measures. The IS evaluation included a review of any manual processes used for HEDIS reporting. The LOs determined the extent to which the MCPs had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

In accordance with the 2019 NCQA *HEDIS Compliance Audit: Standards, Policies, and Procedures*, Volume 5, the LOs evaluated compliance with NCQA's IS standards. NCQA's IS standards detail the minimum requirements of an MCP's IS, as well as criteria that must be met for any manual processes used to report HEDIS information. When an IS standard was not met, the LOs determined the impact on HEDIS reporting capabilities, specifically identifying any measure that could be impacted. It is possible that an MCP might not be *Fully Compliant* with many of the IS standards, but fully able to report the selected measures. Additionally, there are certain IS standards that address data required for the full HEDIS Medicaid reporting set and not specifically for the ODM-selected measures.

MCP IS Findings

The following is a summary of how the MCPs performed compared to the NCQA HEDIS IS standards.

IS 1.0 Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry

All MCPs were *Fully Compliant* with all components under this standard.

All MCPs utilized industry-standard codes and forms and were able to capture all pertinent clinical information for HEDIS reporting. The MCPs had sufficient edit checks in place for claims and encounter processing to ensure that accurate data were submitted. Policies and procedures ensured standardized processor performance and that standard quality control and assurance protocols were followed. Data completeness and monthly encounter data volume was monitored regularly by all MCPs. The MCPs monitored all vendor performance sufficiently. HSAG did not find any concerns identified by the MCPs' auditors regarding vendor processing of claims for vision, dental, or pharmacy services. Medical service data reporting standards were sufficient for HEDIS reporting for measures required by ODM.

IS 2.0 Enrollment Data—Data Capture, Transfer, and Entry

All MCPs were *Fully Compliant* with all components under this standard.

Compliance with and adherence to these audited standards ensured that the MCPs accurately captured all necessary enrollment-related data elements required for HEDIS reporting, routinely processed timely and accurate membership data, and had policies in place to receive and reconcile electronic data transmissions. HSAG did not find any concerns identified by the MCPs' auditors regarding the MCPs' enrollment data. Overall, enrollment data related processes from all MCPs were sufficient for HEDIS reporting for measures required by ODM.

IS 3.0 Practitioner Data—Data Capture, Transfer, and Entry

All MCPs were *Fully Compliant* with all the components under this standard.

Practitioner-related data elements required for HEDIS reporting were accurately captured in the MCPs' data systems. HSAG's review of the audited findings indicated that all MCP practitioner-related IS and processes adequately supported accurate calculation of all ODM-reported measures that relied on practitioner data. Specific to HEDIS, the MCP practitioner data systems could identify the rendering provider and type of specialty as required for HEDIS measure reporting. Data processing policies and procedures ensured timely capture of HEDIS-relevant data that conformed to industry standards and enabled accurate rate production. HSAG did not find any concerns identified by the MCPs' auditors regarding the MCPs' practitioner data. Overall, practitioner data from all MCPs were sufficient for HEDIS reporting for measures required by ODM.

IS 4.0 Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

All MCPs were *Fully Compliant* with all components under this standard.

All audited findings indicated that the five MCPs provided sufficient training and oversight of the medical record abstraction process and appropriate abstracted measure-related data collection tools were in place to ensure that the abstracted data were accurate and complete. Integration of the abstracted medical record data for HEDIS reporting followed the appropriate measure specifications by each MCP. HSAG did not note any concerns identified by the MCPs' auditors regarding the MCPs' medical record review process. Overall, medical record data processes were sufficient for HEDIS reporting for measures required by ODM.

IS 5.0 Supplemental Data—Capture, Transfer, and Entry

All MCPs were *Fully Compliant* with this standard.

The five MCPs utilized a total of 181 supplemental databases overall in an effort to enhance the completeness of claims and encounter data for HEDIS measure reporting. There were 10 databases among the 181 that were considered non-standard supplemental databases and required primary source verification for a random sample of records as specified by NCQA. All supplemental databases reviewed were approved for reporting for HEDIS 2019. All MCPs had processes in place to ensure the

supplemental data sources they used met NCQA’s requirements. HSAG did not note any concerns identified by the MCPs’ auditors regarding the MCPs’ supplemental data.

IS 6.0 Data Preproduction Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity

All MCPs were *Fully Compliant* with this standard.

All MCPs’ nonstandard coding schemes were fully documented and mapped to industry standard codes. Organization-to-vendor mapping was fully compliant. All MCP’s data transfers to HEDIS repository from transaction files were accurate. HSAG did not note any concerns identified by the MCP’s auditors regarding the MCP’s file consolidations, extracts, and derivations being accurate. All MCPs had processes in place to ensure repository structure and formatting was suitable for measures and enable required programming efforts. All report production was managed effectively, and operators performed appropriately. All MCPs were found to regularly monitor their vendor performance against expected performance standards.

IS 7.0 Data Integration and Reporting—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity

All MCPs were *Fully Compliant* under this standard.

All five MCPs contracted with software vendors that used NCQA-certified programming code to calculate the performance measure rates. Review of the certified HEDIS compliance auditors’ findings indicated that data integration and rate production processes of all MCPs supported accurate calculation of the ODM-required measure set. HSAG did not find any concerns identified with the data transfer and control procedures in place with any of the MCPs. Sufficient security and data backup procedures were in place to ensure the integrity of all data. Data integration processes were sufficient for HEDIS reporting.

Audit Designation

Each of the measures validated by the LOs received an audit designation consistent with the seven NCQA audit designation categories listed below. To produce valid HEDIS rates, data from various sources—including providers, claims/encounter systems, and enrollment—must be audited. These processes were scrutinized and the LOs determined the validity of the collected data. The LOs used a variety of audit methods, including analysis of computer programs, medical record abstraction findings, data files, samples of data, and staff member interviews to derive a designation for each measure.

R = Report

The MCP followed the specifications and produced a reportable rate or result for the measure.

NA = Small Denominator

The MCP followed the specifications but the denominator was too small (e.g., <30) to report a valid rate.

NB = <i>Benefit Not Offered</i>	The MCP did not offer the health benefits required by the measure.
NR = <i>Not Reported</i>	The MCP chose not to report the measure.
NQ = <i>Not Required</i>	The MCP was not required to report the measure.
BR = <i>Biased Rate</i>	The calculated rate was materially biased.
UN = <i>Un-Audited</i>	The MCP chose to report a measure that is not required to be audited. This result applies only to a limited set of measures (e.g., measures collected using electronic clinical data systems).

For some measures, more than one rate is required for HEDIS reporting (e.g., *Well-Child Visits in the First 15 Months of Life*). It is possible that MCPs prepared some of the rates required by the measure appropriately but had significant bias in others. According to NCQA guidelines, MCPs would receive an *R* result for the measure as a whole but would receive a *BR* finding for the significantly biased rates within the measure. HSAG evaluated the audit results rendered by the MCPs' auditors in the IDSS files submitted by each MCP, and none of the measures required for reporting received the *BR* audit designation.

Caveats and Limitations

HSAG performed a detailed review of all MCPs' FARs and IDSS data submission files. Each MCP independently contracted with an LO to perform the NCQA HEDIS Compliance Audit. For HEDIS 2019, two LOs performed the Ohio Medicaid audits across the five MCPs. Although NCQA requires adherence to a standard methodology for these audits, variations in on-site methodologies, approaches to addressing concerns, and reporting the audit findings were found between the LOs.

More specifically, the LOs varied in their documentation of the IS findings and explanations of audit issues and resolutions in the FARs. This variation could have impacted HSAG's ability to compare findings accurately across all the MCPs since HSAG's review was based solely on the information provided in the FARs. Additionally, HSAG did not have the ability to review systems and processes firsthand through an on-site audit. Finally, HSAG did not have access to all of the LOs' working papers, which included documentation of measure-specific review, source code review, and convenience sample review results; detailed medical record findings; corrective actions performed; on-site review findings and notes; and the findings from review of the Roadmap. However, based on the information available to HSAG for review and with acknowledgement of these caveats and limitations, the LO-approved MCP results are sound and reliable for ODM's data-driven quality improvement efforts.