

# Annual Technical Report

Washington Apple Health

Washington Health Care Authority

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Presented by:  
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*As Washington's Medicaid external quality review organization (EQRO), Comagine Health provides external quality review and supports quality improvement for enrollees of Washington Apple Health managed care programs.*

*Comagine Health prepared this report under contract K3866 with the Washington State Health Care Authority to conduct external quality review and quality improvement activities to meet 42 CFR §462 and 42 CFR §438, Managed Care, Subpart E, External Quality Review.*

*Comagine Health is a national, nonprofit health care consulting firm. We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvement in the health care system.*

*For more information, visit us online at [www.Comagine.org](http://www.Comagine.org).*

## Table of Contents

<b>Index of Tables and Figures .....</b>	<b>iv</b>
<b>Acronym List.....</b>	<b>vi</b>
<b>Executive Summary.....</b>	<b>1</b>
Washington’s Medicaid Program Overview.....	1
Summary of EQR Activities.....	3
Summary of Recommendations .....	7
<b>Introduction .....</b>	<b>11</b>
<b>Overview of Apple Health MCP Enrollment.....</b>	<b>14</b>
Demographics by MCP .....	15
<b>Washington State Managed Care Quality Strategy Effectiveness Analysis.....</b>	<b>21</b>
Objective .....	21
Overview .....	21
Information and Documentation Reviewed.....	23
Recommendations - 2022 .....	24
Follow-Up on Recommendations from the Previous Year (2021) .....	26
<b>Compliance Review.....</b>	<b>28</b>
Objective .....	28
Overview .....	28
Methodology.....	29
Summary of Aggregate MCP Compliance Results.....	30
Summary of MCP Compliance Results/Conclusions .....	30
Conclusions.....	35
2022 EQRO Compliance Recommendations Based on TEAMonitor CAPs .....	38
<b>Performance Improvement Project (PIP) Validation .....</b>	<b>41</b>
Objectives.....	41
Overview .....	41
Methodology.....	41
Summary of PIP Validation Results/Conclusions.....	41
Summary of 2022 MCP PIP Scores .....	53
2022 EQRO PIP Recommendations Based on TEAMonitor CAPs .....	53
Summary of Previous Year (2021) PIP EQRO Recommendations Based on TEAMonitor CAPs .....	55
<b>Performance Measure Review.....</b>	<b>56</b>
Objective .....	56
Performance Measure Validation .....	56
Washington State-Developed Performance Measure Validation.....	58
Performance Measure Comparative Analysis.....	64
Summary of MCP Performance Measure Comparative Analysis .....	72

<b>Value-Based Purchasing (VBP) Performance Measure Recommendation and Evaluation</b> .....	<b>74</b>
Objectives.....	74
Overview .....	74
Methodology.....	75
Summary of Conclusions .....	78
<b>Consumer Assessment of Healthcare Providers and Systems (CAHPS) .....</b>	<b>81</b>
Objectives.....	81
Overview .....	81
Technical Methods for Data Collection .....	81
Apple Health Integrated Managed Care – Adult Medicaid Survey .....	81
Apple Health Foster Care – Child Medicaid with Chronic Conditions Survey .....	85
Apple Health CHIP – Child Medicaid with Chronic Conditions Survey .....	87
EQRO Recommendations .....	90
<b>Wraparound with Intensive Services (WISE) Program Review (Focus Study) .....</b>	<b>91</b>
Objectives.....	91
Overview .....	91
Review Methodology and Scope of Review .....	91
Summary of Findings.....	92
Strengths .....	96
Weaknesses/Opportunities for Improvement .....	96
Recommendations .....	97
<b>Enrollee Quality Report.....</b>	<b>98</b>
Objectives.....	98
Overview .....	98
Technical Methods for Data Collection .....	98
Data Aggregation and Analysis.....	103
Conclusions.....	106
<b>Review of Previous Year’s HCA EQR Recommendations .....</b>	<b>109</b>
<b>Appendix A: MCP Profiles.....</b>	<b>A-1</b>
About the MCP Profiles .....	A-1
Amerigroup Washington (AMG) Profile .....	A-3
Coordinated Care of Washington (CCW) Profile .....	A-14
Community Health Plan of Washington (CHPW) Profile.....	A-26
Molina Healthcare of Washington (MHW) Profile .....	A-37
UnitedHealthcare Community Plan (UHC) Profile.....	A-51
<b>Appendix B: Compliance Regulatory and Contractual Requirements.....</b>	<b>B-1</b>
Compliance Review and Manner of Reporting .....	B-2
Regulations Subject to Compliance Review .....	B-3

Contractual and Regulatory Requirements.....B-4

**Appendix C: PIP Validation Procedures ..... C-1**

    PIP Validation Procedure.....C-2

**Appendix D: Performance Measure Comparative Analysis Methodology ..... D-1**

**Appendix E: TEAMonitor Review Schedule.....E-1**

    Current Review Cycle Schedule..... E-2

## Index of Tables and Figures

Table 1. Acronyms Used Frequently in this Report. ....	vi
Table 2. CMS, Apple Health and WA Managed Care Oversight Goal Crosswalk. ....	23
Table 3. Recommendations Related to Quality Strategy. ....	25
Table 4. Compliance Standards Reviewed in Year 1 of the Current Cycle. ....	28
Table 5. Aggregate Compliance Results of the Apple Health MCPs. ....	30
Table 6. Compliance Review Results by MCP: Coordination and Continuity of Care. ....	31
Table 7. Compliance Review Results by MCP: Coverage and Authorization of Services. ....	31
Table 8. Compliance Review Results by MCP: Provider Selection (Credentialing). ....	32
Table 9. Compliance Review Results by MCP: Grievance and Appeals Systems. ....	32
Table 10. Compliance Review Results by MCP: Health Information Systems. ....	33
Table 11. Compliance Review Results by MCP: §438.330 - Quality Assessment and Performance Improvement Program (QAPI). ....	34
Table 12. Results of Previous Year (2021) EQRO Compliance Recommendations Based on TEAMonitor CAPs – Count. ....	38
Table 13. Results of Previous Year (2021) EQRO Compliance Recommendations Based on TEAMonitor CAPs Follow-Up. ....	39
Table 14. 2022 Statewide Collaborative PIP: AMG, CCW, CHPW, MHW and UHC. ....	42
Table 15. AMG’s PIPs. ....	42
Table 16. CCW’s PIPs. ....	44
Table 17. CHPW’s PIPs. ....	46
Table 18. MHW’s PIPs. ....	48
Table 19. UHC’s PIPs. ....	51
Table 20. Previous Year (2021) EQRO PIP Recommendation Based on TEAMonitor CAP Follow-Up. ....	55
Table 21. Summary of MCP’s 2021 HEDIS Final Audit Report. ....	57
Table 22. RDA Performance Measure Reporting Population and Age Bands MY2021. ....	59
Table 23. Statewide Performance Measures Results: MH-B. ....	60
Table 24. Statewide Performance Measures Results: SUD. ....	60
Table 25. Statewide Performance Measures Results: HCBS. (MY2021 is the first of RDA self-validation for this measure). ....	60
Table 26. Results of Washington State Developed Performance Measure Validation, MY2021. ....	62
Table 28. Preventive Care HEDIS Measures, MY2018–MY2021. ....	68
Table 30. Behavioral Health HEDIS Measures, MY2018–MY2021. ....	70
Table 31. Washington State Behavioral Health (RDA) Measures, MY2018–MY2021. ....	71
Table 32. Adult CAHPS Ratings Results, 2018, 2020 and 2022 RY. ....	82
Table 33. Foster Care CAHPS Ratings Results, General Population, 2020-2022 RY. ....	85
Table 34. CHIP CAHPS Ratings Results: 2018, 2020, 2022 RY. ....	88
Table 35. Responses to 2022 EQR Recommendations to HCA. ....	109

Figure 1. Illustration of Quality, Access and Timeliness of Care. ....	7
Figure 2. Apple Health Regional Service Areas by County in 2022. ....	12
Figure 3. Percent of Total Statewide MCO Medicaid Enrollment, According to MCP. ....	14
Figure 4. Percent of BHSO Enrollment, According to MCP. ....	15
Figure 5. MCO Enrollee Population by MCP and Age Range, MY2021 (Excluding BHSO). ....	16
Figure 6. BHSO Enrollee Population by MCP and Age Range, MY2021. ....	16
Figure 7. Statewide MCO Apple Health Enrollees by MCP and Race,* MY2021 (Excluding BHSO). ....	17
Figure 8. Statewide BHSO Apple Health Enrollees by MCP and Race,* MY2021. ....	17
Figure 9. Statewide MCO Apple Health Enrollees by MCP and Hispanic Indicator (Excluding BHSO), MY2021. ....	18
Figure 10. Statewide BHSO Apple Health Enrollees by MCP and Hispanic Indicator, MY2021. ....	18
Figure 11. Statewide MCO Apple Health Enrollees by MCP and Language, MY2021 (Excluding BHSO). ....	19
Figure 12. Statewide BHSO Apple Health Enrollees by MCP and Language, MY2021. ....	20
Figure 13. Percentile vs. Percentage. ....	66
Figure 14. CANS Assessment Findings. ....	93
Figure 15. WISe Care Coordination Elements: CFT Processes and Transition Planning – CFT Meetings... ..	94
Figure 16. Crisis Plans. ....	95
Figure 17. Parent and Youth Peer Support Elements: Average Hours of Peer Support by Type. ....	96
Figure 18. Performance Measure Groups. ....	103



## Acronym List

**Table 1. Acronyms Used Frequently in this Report.**

Acronym	Definition
ACH	Accountable Community of Health
AH-BD	Apple Health Blind/Disabled
AH-IFC	Apple Health Integrated Foster Care
AH-IMC	Apple Health Integrated Managed Care
AHRQ	Agency for Healthcare Research and Quality
AMG	Amerigroup Washington, Inc.
BHA	Behavioral Health Agency
BHSO	Behavioral Health Services Only – a PIHP plan
BIPOC	Black, Indigenous, (and) People of Color
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CANS	Child and Adolescent Needs and Strengths
CAP	Corrective Action Plan
CCW	Coordinated Care of Washington
CHIP	Children’s Health Insurance Program
CHPW	Community Health Plan of Washington
CFR	Code of Federal Regulations
CFT	Child and Family Team
CMS	Centers for Medicare & Medicaid Services
CSCP	Cross System Care Plan
CY	Calendar Year
DOH	Department of Health
DSHS	Department of Social and Health Services
EBP	Evidence-Based Practice
EQR	External Quality Review
EQRO	External Quality Review Organization
FAR	Final Audit Report
HCA	Health Care Authority
HCBS	Home and Community-Based Long-Term Services and Supports Use
HEDIS	Healthcare Effectiveness Data and Information Set
IMC	Integrated Managed Care
ISCA	Information Systems Capabilities Assessment
LTSS	Long-Term Services and Support
MCO	Managed Care Organization
MCP	Managed Care Plan <i>Includes MCOs, prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and primary care case management (PCCM) entities described in 42 CFR 438.310(c)(2).<sup>1</sup></i>
MH-B	Mental Health Service Rate – Broad Definition

<sup>1</sup> HCA’s PCCM contracts do not include shared savings, incentive payments or other financial reward for the PCCM entity for improved quality outcomes, thus are not included in the state’s EQR work.

Acronym	Definition
MHW	Molina Healthcare of Washington
MOUD	Medications for Opioid Use Disorder
MY	Measurement Year
NCQA	National Committee for Quality Assurance
PAHP	Prepaid Ambulatory Health Plans <sup>2</sup>
PCP	Primary Care Provider
PDSA	Plan-Do-Study-Act
PHE	Public Health Emergency
PIHP	Prepaid Inpatient Health Plan <i>HCA contracted with PIHPs (BHSO) in the year reported within the Medicaid IMC contract.</i>
PIP	Performance Improvement Project
PMV	Performance Measure Validation
QAPI	Quality Assessment and Performance Improvement
QIRT	Quality Improvement Review Tool
RDA	Department of Social and Health Services Research and Data Analysis Division
RY	Reporting Year
SUD	Substance Use Disorder
UHC	UnitedHealthcare Community Plan
VBP	Value-Based Purchasing
WISe	Wraparound with Intensive Services
WSIPP	Washington State Institute for Public Policy

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<sup>2</sup> HCA did not contract with any PAHPs in the year reported.

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## Executive Summary

In 2021, over 2 million Washingtonians were enrolled in Apple Health,<sup>3</sup> with more than 85% enrolled in an integrated managed care program. The Washington State Health Care Authority (HCA) administered services for care delivery through contracts with five managed care plans (MCPs):

- Amerigroup Washington (AMG)
- Community Health Plan of Washington (CHPW)
- Coordinated Care of Washington (CCW)
- Molina Healthcare of Washington (MHW)
- UnitedHealthcare Community Plan (UHC)

The MCPs in Washington State include both a managed care organization (MCO) and a Behavioral Health Services Only (BHSO) program--a Prepaid Inpatient Health Plan (PIHP)<sup>4</sup> --within each entity. The plans will be referred as MCPs **except** for the following sections where the MCO/BHSO descriptors will be used to differentiate the plans.

- Compliance: MCP will be used in this section when not specifically referring to MCO or BHSO results.
- Performance Measure Review – Performance measure comparative analysis: MCP will be used in this section when not specifically referring to MCO or BHSO population data and/or results.

Federal requirements mandate that every state Medicaid agency that contracts with managed care plans provide for an external quality review (EQR) of health care services to assess the accessibility, timeliness and quality of care furnished to Medicaid enrollees. Comagine Health conducted this 2022 review as Washington's Medicaid external quality review organization (EQRO). This technical report describes the results of this evaluation. No MCPs in Washington are exempt from the EQR.

In 2022, TEAMonitor, at HCA, which provides formal oversight and monitoring activities on their compliance with federal and state regulatory and contractual standards, reviewed both MCOs and BHSOs for compliance and performance improvement projects (PIPs). Although TEAMonitor completed both MCO and BHSO reviews in one session of the onsite visit, the programs were reviewed as separate entities, with their own scores.

Information in this report was collected from MCPs through review activities based on Centers for Medicare & Medicaid Services (CMS) protocols. Additional activities may be included as specified by contract.

## Washington's Medicaid Program Overview

In Washington, Medicaid enrollees are covered by five health plans through the following managed care programs:

- Apple Health Integrated Managed Care (AH-IMC)
- Apple Health Integrated Foster Care (AH-IFC)

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<sup>3</sup> Apple Health Client Eligibility Dashboard. Washington State Health Care Authority. Available at: <https://hca-tableau.watech.wa.gov/t/51/views/ClientDashboard-Externalversion/AppleHealthClientDashboard?:isGuestRedirectFromVizportal=y&:embed=y>.

<sup>4</sup> Washington HCA. Behavioral Health Services Only Enrollment. Available at: <https://www.hca.wa.gov/assets/program/bhso-fact-sheet.pdf>.

- Apple Health Behavioral Health Services Only (BHSO) (PIHP-contracted services)

Within Washington’s Medicaid managed care programs, Medicaid enrollees may qualify under the following categories:

- Apple Health Family (traditional Medicaid)
- Apple Health Adult Coverage (Medicaid expansion)
- Apple Health Blind/Disabled (AH-BD)
- State Children’s Health Insurance Program (CHIP)

## Apple Health Managed Care Program and Initiatives

Under the direction of Senate Bill E2SSB 6312, behavioral health benefits were integrated into the Apple Health managed care program, providing Medicaid and CHIP enrollees with access to both physical and behavioral health services through a single managed care program by January 1, 2020. The transition to an integrated system began in 2016. As of January 2020, all 10 regions of the state completed the transition to an integrated system for physical health, mental health and substance use disorder services within the Apple Health program. HCA, in collaboration with MCPs and other system partners, has projects underway to promote care transformation through support of bi-directional clinical integration of physical and behavioral health and to drive quality outcomes in primary care.

Most services for Apple Health clients are provided through managed care organizations through the following programs AH-IMC, AH-IFC and BHSO. The AH-IMC program provides Apple Health clients both physical and behavioral health (mental health and substance use disorder treatment benefits) and crisis services while the AH-IFC program provides these benefits and services to foster care clients.

BHSO enrollment is for clients with behavioral health benefits in their Apple Health eligibility package who are not eligible for AH-IMC (such as those with Medicare as primary insurance) or who have opted out of an integrated program (e.g., adoption support and alumni of foster care). BHSO enrollment ensures everyone who is eligible has access to behavioral health benefits. BHSO enrollees receive physical health benefits through the fee-for-service delivery system (referred to as Apple Health coverage without a managed care plan) and/or other primary health insurance. Additionally, for all enrollees some services continue to be available through the fee-for-service delivery system (also referred to as coverage without a managed care plan), such as dental services.

To respond to the COVID-19 public health emergency, HCA took a proactive approach to both anticipate and respond to access to care challenges, supporting workforce and system stability as well as continued quality improvement activities. HCA worked in collaboration with all five MCPs to free up hospital resources and create surge capacity to address higher demand for health care by coordinating increased efforts to move difficult to discharge clients out of acute care hospital settings during the public health emergency.

Health equity has also been a focus for Washington’s Apple Health program. To strengthen the health equity lens of Apple Health quality oversight, HCA continues to explore ways to embed health equity concepts into all program areas. Examples include expanding the available data set to allow for deeper analysis to identify health inequity, as well as encouraging and publicly recognizing the contracted MCPs holding a National Committee for Quality Assurance (NCQA) Distinction in Multicultural Health Care and/or Health Equity Accreditation.

## Summary of EQR Activities

EQR federal regulations under 42 CFR Part 438 specify the mandatory and optional activities that the EQRO must address in a manner consistent with CMS protocols.<sup>5</sup>

Washington's MCPs are evaluated by TEAMonitor, at HCA, which provides formal oversight and monitoring activities on their compliance with federal and state regulatory and contractual standards.

The 2022 EQR in Washington included the following activities which are in alignment with the CMS protocols:

- **Quality Strategy Effectiveness Analysis**
- **Compliance Review**
  - Including follow-up of the previous year's EQRO recommendations
- **Performance Improvement Project (PIP) Validation**
- **Performance Measure Review, including:**
  - Performance Measure Validation based on the MY2021 HEDIS® compliance audit process conducted according to the standards and methods described in the NCQA *HEDIS® Compliance Audit™ Standards, Policies and Procedures*.
  - Washington State Developed Performance Measure Validation – Three non-HEDIS measures calculated by the Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA). The state monitors and self-validates the following three measures:
    - Mental Health Service Rate (Broad version) [MH-B]: formerly Mental Health Service Penetration – Broad Definition (MH-B)
    - Substance Use Disorder (SUD) Treatment Rate: formerly Substance Use Disorder Treatment Penetration (SUD)
    - Home and Community-Based Long-Term Services and Supports Use (HCBS)
  - Performance Measure Comparative Analysis, including:
    - Healthcare Effectiveness Data and Information Set (HEDIS®<sup>6</sup>) measures
    - Two non-HEDIS measures calculated by the Department of Social and Health Services Research and Data Analysis Division (RDA)
      - Mental Health Service Rate (Broad version) [MH-B]: formerly Mental Health Service Penetration – Broad Definition (MH-B)
      - Substance Use Disorder (SUD) Treatment Rate: formerly Substance Use Disorder Treatment Penetration (SUD)
- **Value-Based Purchasing (VBP) Performance Measure Recommendation and Evaluation**
- **Consumer Assessment of Healthcare Providers and Systems (CAHPS)**

<sup>5</sup> Electronic Code of Federal Regulations. Available at: [https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr438\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr438_main_02.tpl)

<sup>6</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- **Wraparound with Intensive Services (WiSe) Program Review (Focus Study)**
- **Evaluation of Quality, Access and Timeliness of Health Care and Services**

## Quality Strategy Effectiveness Analysis

Comagine Health has recommended improvements to the quality of health care services furnished by each MCP, including how the state can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness and access to health care services furnished to Medicaid beneficiaries.

## Compliance Review

TEAMonitor's review assesses activities for the previous calendar year and evaluates MCPs' compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCPs' contracts with HCA for all Apple Health Managed Care programs including AH-IMC, AH-IFC, BHSO and CHIP.

## Performance Improvement Project (PIP) Validation

As a component of its EQR review, TEAMonitor conducted an assessment and validation of the MCPs' PIPs as a part of the plan's quality assessment and performance improvement (QAPI) program, per 42 CFR §§ 438.330 and 457.1240(b); included all Apple Health enrollees; and were designed, implemented, analyzed and reported in a methodologically sound manner.

## Performance Measure Validation and Comparative Analysis

Performance measure validation is a required EQR activity described at 42 CFR §438.358(b)(2). Aqurate Health Data Management, Inc., the private accreditation firm which conducted the 2021 MCO HEDIS audits, provided Comagine Health with the MCO's Final Audit Report (FAR). Comagine Health then assessed the completeness of information from the accreditation review to confirm the comparable information fully meets the requirements for completing the analysis and developing EQR findings and recommendations.

In addition, the state monitors and self-validates the following three measures reflecting services delivered to Apple Health enrollees:

- **Mental Health Service Rate (Broad version) [MH-B]:** formerly Mental Health Service Penetration – Broad Definition (MH-B)
- **Substance Use Disorder (SUD) Treatment Rate:** formerly Substance Use Disorder Treatment Penetration (SUD)
- **Home and Community-Based Long-Term Services and Supports Use (HCBS)**

Validated performance rates for this program are included in this report.

Performance measures are used to monitor the performance of individual MCPs at a point in time, track performance over time, compare performance among MCPs, and inform the selection and evaluation of quality improvement activities. HEDIS is a widely used set of health care performance measures reported by health plans. HEDIS results can be used by the public to compare plan performance over six domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Collected Using Electronic Clinical Data Systems

These measures also allow MCPs to determine where quality improvement efforts may be needed. Comagine Health thoroughly reviewed each MCP's rates for selected HEDIS measures and associated submeasures and selected RDA measures. With HCA's approval, Comagine Health focused on the 42 highest priority measures for analysis in this report. These 42 measures, which include HEDIS measures and the two Washington behavioral health measures, reflect current HCA priorities and are part of the Statewide Common Measure Set. They also represent a broad population base or population of specific or prioritized interest.

## Value-Based Purchasing (VBP) Performance Measure Recommendation and Evaluation

In 2022, the Washington Legislature updated the budget proviso, ESSB 5693 Sec. 211 (37)(2022) requiring Washington's HCA to select VBP metrics to be included in the contractual agreements with the Apple Health MCPs providing services to Medicaid enrollees.<sup>7</sup>

In 2020, HCA updated its Quality Strategy to include expanded VBP across Washington State, supporting Washington State Medicaid Apple Health VBP principles and aims related to quality, access and timeliness of care.<sup>8</sup> VBP performance by MCO is directly tied to the Quality Strategy.

As the EQRO for the State of Washington, Comagine Health is contracted to assess both Washington AH-IMC and AH-IFC MCP performance on measures reported by each plan and to recommend a set of priority measures that meets the proviso's specific criteria and best reflects the state's quality and value priorities—balancing cost and utilization—while ensuring quality care to enrollees. This recommendation process supports HCA's determination of the statewide VBP performance measure set.

In addition, Comagine Health is contracted to evaluate both AH-IMC and AH-IFC MCP performance on the VBP measures specific to each contract. Comagine Health identifies where plans have met the criteria for the return of withhold dollars, either by demonstrating year-over-year improvement in measure performance or by exceeding the contracted benchmarks for each measure. This evaluation provides feedback to each MCP on their achievement of the state's quality initiative within the VBP strategy.

## Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The CAHPS survey is a tool used to assess consumers' experiences with their health plans. CAHPS surveys address such areas as the timeliness of getting care, how well doctors communicate, global

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<sup>7</sup> Engrossed Substitute Senate Bill (ESSB) 5693 Sec.211 (37)(2022), State of Washington, 67<sup>th</sup> Legislature, 2022 Regular Session. Available at: <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/Senate/5693-S.SL.pdf>.

<sup>8</sup> Washington State Quality Strategy. Washington State Health Care Authority. June 2020. Available at: [apple-health-quality-strategy-20200625 \(wa.gov\)](https://apple-health-quality-strategy-20200625.wa.gov).



ratings of health care, access to specialized services and coordination of care. The survey aims to measure how well MCPs are meeting their members' expectations and goals, determine which areas of service have the greatest effect on members' overall satisfaction and identify opportunities for improvement.

In 2022, the Apple Health MCPs conducted the CAHPS 5.1H Adult Medicaid survey of individuals enrolled in Apple Health. The full report summarizing the findings is Comagine Health's *2022 Apple Health CAHPS® 5.1H Adult Medicaid Report*.<sup>9</sup>

As required by HCA, CCW conducted the CAHPS 5.1H Child Medicaid and Children with Chronic Conditions survey of the Apple Health Foster Care program. The full summary of findings is available in the *MY2021 CAHPS® Medicaid Child with CCC 5.1 Report* produced by SPH Analytics.

Additionally, NCQA-certified CAHPS survey vendor DataStat, under a subcontract with Comagine Health, administered the 5.1H Child Medicaid survey of the member households of children enrolled in the state's CHIP. The full summary is available in the *2022 Washington Apple Health Children's Health Insurance Program CAHPS® 5.1H Report*.

### **Wraparound with Intensive Services (WISe) Program Review (Focus Study)**

In 2021, HCA chose to continue a study on quality with focus on the WISe service delivery model. As the EQRO for Washington, Comagine Health is contracted to review behavioral health agencies (BHAs) throughout the state that have implemented the WISe service delivery model. WISe is a service delivery model that offers intensive services to Medicaid-eligible youth with complex behavioral health needs within the AH-IFC, AH-IMC and BHSO programs.

The focus quality study consisted of clinical record reviews chosen from a randomly selected statewide sample provided by HCA. These records reflect a combination of 23 BHAs, both rural and urban agencies, providing WISe services throughout the state of Washington during the period from January 2021 through June 2021.

### **Evaluation of Quality, Access and Timeliness of Health Care and Services**

Through assessment of the review activities described above, this report demonstrates how MCPs are performing in delivering quality, accessible and timely care. Under 42 CFR §438.364, the EQRO provides analysis and evaluation of aggregated information on the quality and timeliness of and access to health services provided by a managed care plan, or its contractors, to Medicaid beneficiaries. These concepts are summarized below in Figure 1 and the following text.

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<sup>9</sup> Produced by Comagine Health. The Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS® 5.1H) Report. Available at: <https://www.hca.wa.gov/assets/billers-and-providers/2022-AppleHealth-CAHPS-Child-Report.pdf>.

**Figure 1. Illustration of Quality, Access and Timeliness of Care.**

### Quality

Quality of care encompasses access and timeliness as well as the process of care delivery and the experience of receiving care. Although enrollee outcomes can also serve as an indicator of quality of care, outcomes depend on numerous variables that may fall outside the provider's control, such as patients' adherence to treatment. CMS describes quality as the degree to which a managed care organization increases the likelihood of desired health outcomes for its enrollees through its structural and operational characteristics as well as through the provision of health services that are consistent with current professional knowledge.

### Access

Access to care encompasses the steps taken for obtaining needed health care and reflects the patient's experience before care is delivered. Access to care affects a patient's experience as well as outcomes and, therefore, the quality of care received. Adequate access depends on many factors, including availability of appointments, the patient's ability to see a specialist, adequacy of the health care network and availability of transportation and translation services.

### Timeliness

Timeliness of care reflects the readiness with which enrollees are able to access care, a factor that ultimately influences quality of care and patient outcomes. It also reflects the health plan's adherence to timelines related to authorization of services, payment of claims and processing of grievances and appeals.

## Summary of Recommendations

Below are the recommendations for each of the major EQR activities this year. Please see the full recommendations in their respective sections of this report for more detail. Recommendations will specify whether HCA or the MCPs are responsible for follow-up. All recommendations made to align with the Washington State Managed Care Quality Strategy Aims.

## Quality Strategy Effectiveness Analysis

After review of the Quality Strategy and MCP performance, the EQRO recommends the following to HCA to improve the effectiveness of the Quality Strategy and MCP performance:

- Ensure transparency of MCP quality concerns by public reporting of corrective action plans and sanctions related to quality
- Tie the status of network adequacy to overall MCP performance of quality, access and timeliness. Analyze and ensure transparency in reporting of the relationship between network adequacy and quality performance.
- Sustain improvement in clinically meaningful areas
- Continue to leverage value-based payment incentives
- Address behavioral health declines
- Focus on access and preventive care
- Continue to prioritize health equity

## Compliance Review

In reviewing the 2022 MCP Compliance scores provided by TEAMonitor, the MCPs were issued EQRO recommendations, and will be responsible for follow-up, based on TEAMonitor CAPs findings related to the following standards:

- **Coordination and Continuity of Care** – One MCO and one BHSO received less than a 100% overall score
- **Coverage and Authorization of Services** – Four MCOs and four BHSOs received a 78% or lower overall score
- **Provider Selection (Credentialing)** – Two MCOs and two BHSOs received an 89% or lower overall score
- **Grievance and Appeals Systems** – Four MCOs and four BHSOs received a 98% or lower overall score
- **Quality Assessment and Performance Improvement Program (QAPI)** - Four MCOs and four BHSOs received a 93% or lower overall score

For comprehensive EQRO Recommendations based on TEAMonitor corrective action plans (CAPs) see the compliance section of this report (page 28).

## PIP Validation

In reviewing the 2022 MCP PIP submissions, four of the five MCPs were issued EQRO recommendations, and are responsible for follow-up, based on TEAMonitor CAPs findings related to adherence to HCA standards, among them:

- Unclear AIM statements
- Plan-Do-Study-Act (PDSA) cycles not completed per HCA standards
- Lack of symmetry between variables, data collection and analysis plan resulting in inconsistent data reporting and data interpretation
- Defining of the project population

For comprehensive EQRO recommendations based on TEAMonitor CAPs see the PIP Validation section of this report (page 41).

## Performance Measure Review

### Performance Measure Validation

All MCPs were in full compliance with the 2021 audits. Comagine Health did not identify any strengths, opportunities for improvement/weaknesses or recommendations for any MCP during the 2021 performance measure validation (PMV).

### Washington State Developed Performance Measure Validation

Based on the validation process completed for each performance measure, the measures meet audit specifications and are reportable by the state. Comagine Health did not identify any strengths or opportunities for improvement/weaknesses during the 2021 performance measure validation.

It would be beneficial for RDA to develop cross-validation activities in partnership with HCA's Analytics, Research, and Measurement team. However, given the workload demands on state agency analytic teams supporting other agency operations, this may not be a feasible undertaking in the 2022 Measurement Year.

Cross-agency work has begun to review mental illness and substance use disorder diagnosis code sets that underly current measurement specs, and we anticipate future modifications such as addition of selected eating disorders (e.g., anorexia/bulimia) and personality disorders (e.g., borderline personality disorder) to the mental illness diagnosis code set. These changes are not expected to have a significant impact on measure results.

### Performance Measure Comparative Analysis

For additional information see the Performance Measure Comparative Analysis section of this report (page 64). Refer to the 2022 Comparative and Regional Analysis Report for comprehensive recommendations.

## Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Recommendations for CAHPS are provided to all MCPs for:

- Apple Health Integrated Managed Care – Adult Medicaid Survey
  - Standardization of processes across MCPs
  - Identify actionable areas for quality improvement activities
- Apple Health CHIP – Child Medicaid with Chronic Conditions
  - Identify actionable areas for quality improvement activities (through the QAPI program).

Recommended improvement strategies for CCW for the Apple Health Foster Care – Child Medicaid with Chronic Conditions Survey are referenced in the CAHPS section of this report.

For comprehensive recommendations see the CAHPS section of this report (page 81).

### **Wraparound with Intensive Services (WISe) Program Review (Focus Study)**

We recommend the MCPs work with their agencies conduct a root cause analysis to identify the barriers to success in meeting WISe requirements. As interventions are identified, use PDSA cycles of improvement to measure the effectiveness of each intervention.

Recommended focus areas for improvement include:

- Conduct collaborative initial full CANs assessments
- Conduct Child and Family Team (CFT) meetings at least every 30 days, ensuring each CFT includes educators and/or community partners when identified as areas of need
- Ensure CFT meetings are conducted with youth included 100% of the time
- Ensure all youth in WISe have an active crisis plan
- Ensure collaboration in the development of crisis plans

For comprehensive recommendations see the WISe section of this report (page 91).

## Introduction

In 2021, over 2 million Washingtonians were enrolled in Apple Health,<sup>10</sup> with more than 85% enrolled in an integrated managed care program. During 2021, five MCPs provided managed health care services for Apple Health enrollees:

- Amerigroup Washington (AMG)
- Community Health Plan of Washington (CHPW)
- Coordinated Care of Washington (CCW)
- Molina Healthcare of Washington (MHW)
- UnitedHealthcare Community Plan (UHC)

Medicaid enrollees are covered by the five MCPs through the following programs:

- Apple Health Integrated Managed Care (AH-IMC)
- Apple Health Integrated Foster Care (AH-IFC)
- Apple Health Behavioral Health Services Only (BHSO) (PIHP-contracted services)

Within Washington's Apple Health Integrated Managed Care program, Medicaid enrollees may qualify under the following eligibility categories:

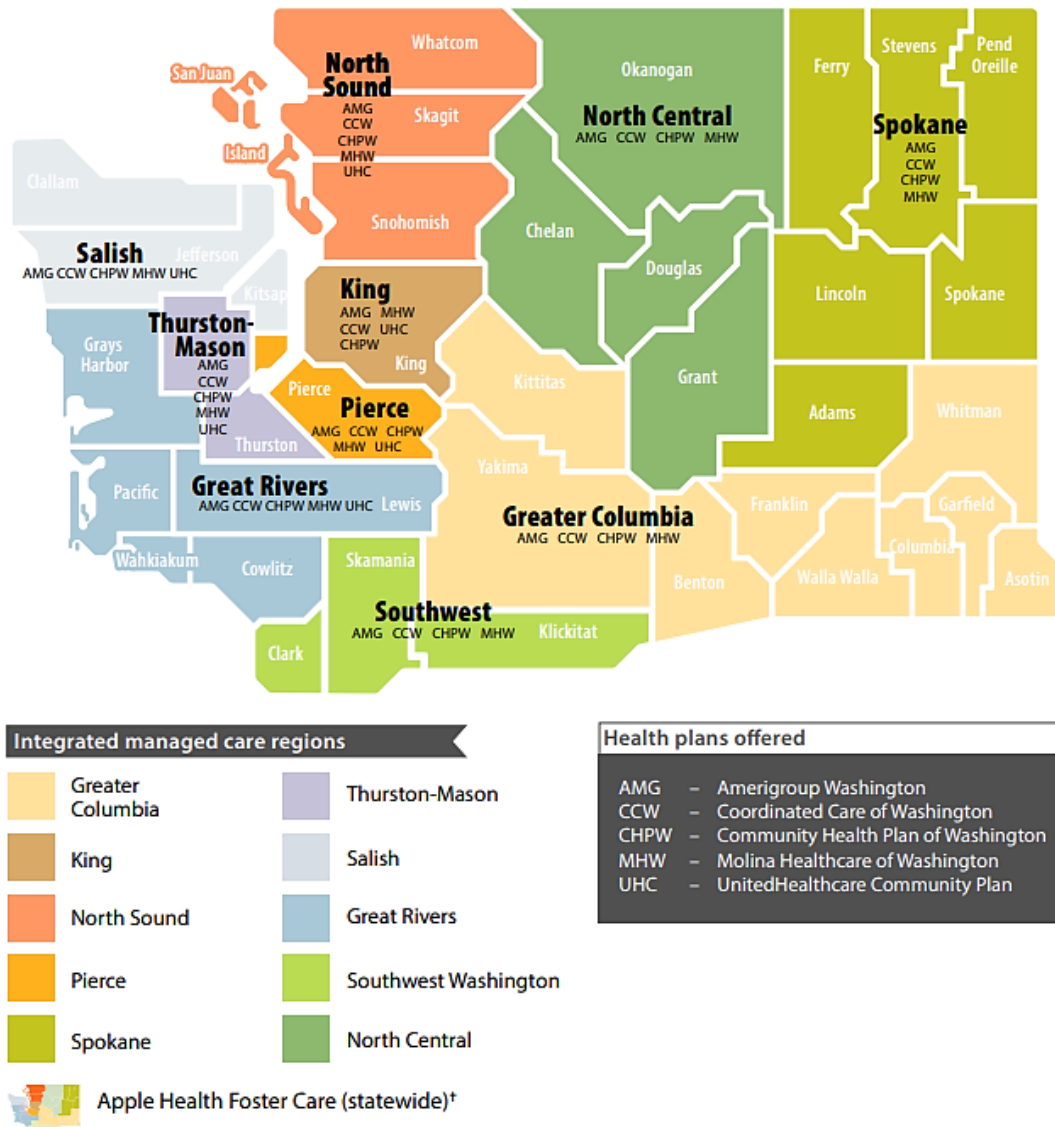
- Apple Health Family (traditional Medicaid)
- Apple Health Adult Coverage (Medicaid expansion)
- Apple Health Blind/Disabled (AH-BD)
- State Children's Health Insurance Program (CHIP)

Figure 2 shows enrollment by Apple Health Program reflecting the transition to an integrated system for physical health, mental health and substance use disorder services within the Apple Health program.

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<sup>10</sup> Apple Health Client Eligibility Dashboard. Washington State Health Care Authority. Available at: <https://hca-tableau.watech.wa.gov/t/51/views/ClientDashboard-Externalversion/AppleHealthClientDashboard?:isGuestRedirectFromVizportal=y&:embed=y>.

Figure 2. Apple Health Regional Service Areas by County in 2022.<sup>11,12</sup>



† Apple Health Foster Care is a statewide program. Integrated managed care is provided through Apple Health Core Connections (Coordinated Care of Washington - CCW).

<sup>11</sup> Apple Health Managed Care Service Area Map (July 2022). Provided by Washington Health Care Authority. Available here: [https://www.hca.wa.gov/assets/free-or-low-cost/service\\_area\\_map.pdf](https://www.hca.wa.gov/assets/free-or-low-cost/service_area_map.pdf).

<sup>12</sup> On July 1, 2021, CHPW was added to the North Sound and Pierce service areas and CCW was added to the Southwest service area. Note that effective January 1, 2022, CCW was added to Great Rivers, Salish and Thurston-Mason; CHPW was added to Great Rivers and Thurston-Mason.

The regional service areas are defined as follows:

- **Great Rivers** includes Cowlitz, Grays Harbor, Lewis, Pacific and Wahkiakum counties
- **Greater Columbia** includes Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman and Yakima counties
- **King** includes King County
- **North Central** includes Chelan, Douglas, Grant and Okanogan counties
- **North Sound** includes Island, San Juan, Skagit, Snohomish and Whatcom counties
- **Pierce** includes Pierce County
- **Salish** includes Clallam, Jefferson and Kitsap counties
- **Southwest** includes Clark, Klickitat and Skamania counties
- **Spokane** includes Adams, Ferry, Lincoln, Pend Oreille, Spokane and Stevens counties
- **Thurston-Mason** includes Mason and Thurston counties



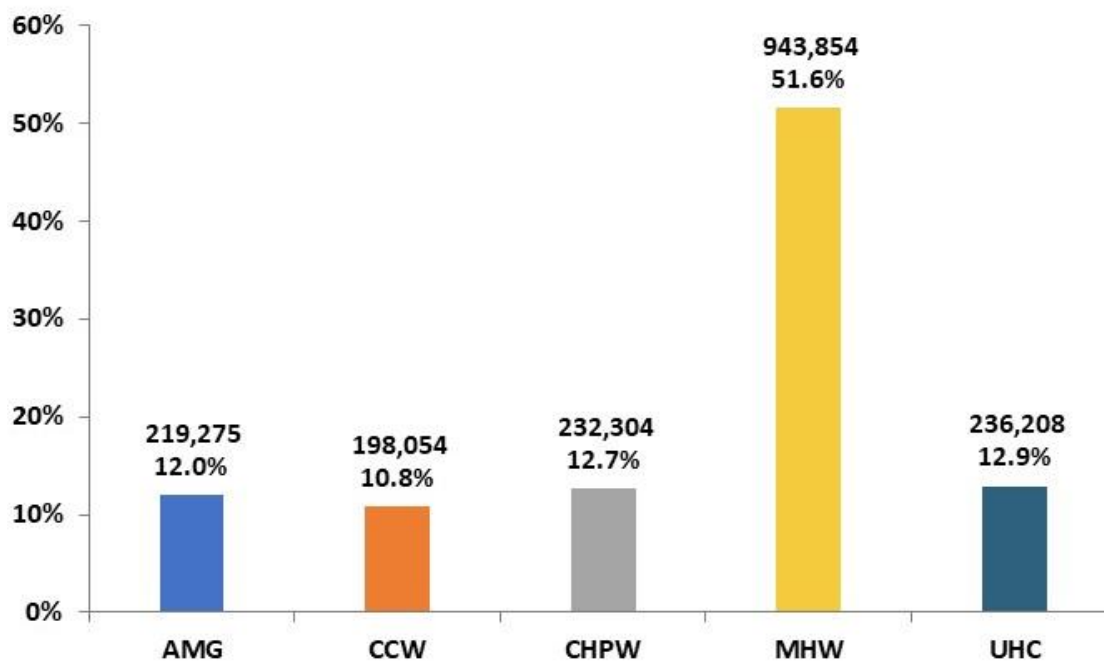
## Overview of Apple Health MCP Enrollment

In 2022, the five MCPs provided managed health care services for Apple Health enrollees who meet the eligibility requirements. The following figures show MCP enrollment data covering physical and behavioral health services, including mental health and substance use disorder treatment services.

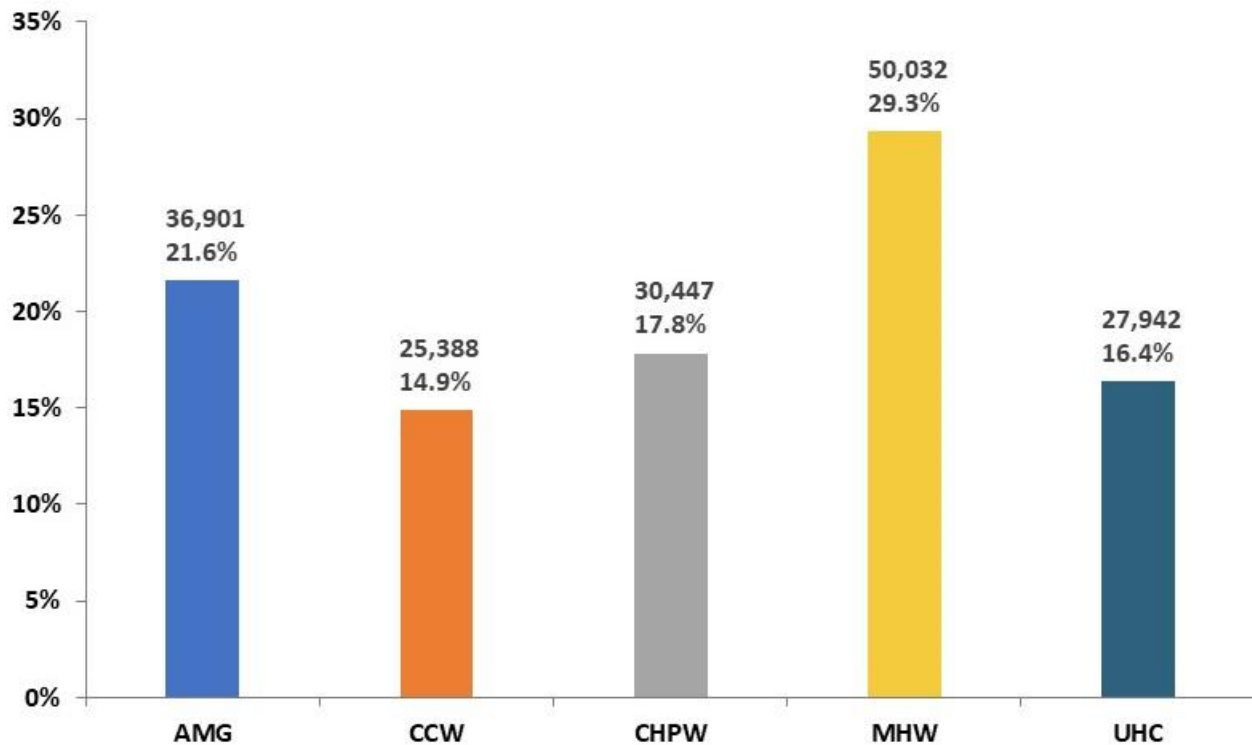
Figure 3 shows MCO Medicaid enrollment by MCP. MHW enrolls about half of the Medicaid members in Washington. The rest of the member population is distributed across the remaining four plans, with 10.8% in CCW and about 12% in AMG, CHPW and UHC, respectively.

Figure 4 shows BHSO enrollment by MCP. The BHSO enrollment is distributed a bit differently than the MCO Medicaid enrollment. MHW still has the largest share of the enrollment, but only has 29.3% of BHSO enrollees. AMG is the second largest with 21.6% of the BHSO enrollees. The remaining enrollment is distributed fairly evenly among CCW, CHPW and UHC.

**Figure 3. Percent of Total Statewide MCO Medicaid Enrollment, According to MCP.**



**Figure 4. Percent of BHSO Enrollment, According to MCP.**



## Demographics by MCP

Variation between the MCPs’ demographic profiles reflects the difference in plan mix for each MCP, which includes MCOs and BHSOs, and should be considered when assessing HEDIS measurement results.

### Age

The 2021 calendar year is referred to as the measurement year 2021 (MY2021) in this report to be consistent with NCQA methodology.

Figure 5 shows the percentages of enrollment by age group and MCP. The darker blue signifies a higher percentage, while lighter blue signifies lower, with a medium gradient for those values in between. Though the average age of members varies across plans, the highest proportion of members across MCPs was in the 21–44 age group.

**Figure 5. MCO Enrollee Population by MCP and Age Range, MY2021 (Excluding BHSO).**

Age Range	AMG	CCW	CHPW	MHW	UHC
Age 0 to 5	13.0%	16.1%	12.9%	14.9%	12.3%
Age 6 to 12	14.2%	19.7%	17.6%	18.9%	14.6%
Age 13 to 20	13.9%	19.7%	20.2%	19.1%	14.4%
Age 21 to 44	38.7%	29.7%	32.2%	33.3%	37.4%
Age 45 to 64	19.8%	14.4%	16.6%	13.7%	20.9%
Age 65+	0.5%	0.4%	0.4%	0.2%	0.4%

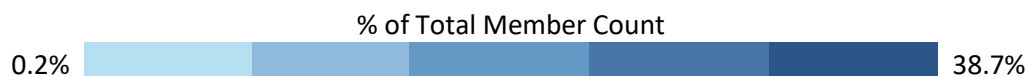
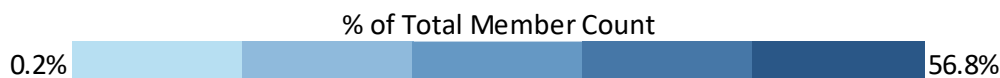


Figure 6 shows the percentages of enrollment by age group and BHSO. The darker blue signifies a higher percentage, while lighter blue signifies lower, with a medium gradient for those values in between. Though the average age of members varies across plans, the highest proportion of members across BHSOs was in the 65+ age group.

**Figure 6. BHSO Enrollee Population by MCP and Age Range, MY2021.**

Age Range	AMG	CCW	CHPW	MHW	UHC
Age 0 to 5	0.2%	0.5%	0.2%	0.3%	0.2%
Age 6 to 12	1.4%	2.4%	1.1%	1.8%	1.3%
Age 13 to 20	2.8%	3.9%	2.4%	3.4%	2.5%
Age 21 to 44	20.1%	19.9%	19.9%	20.5%	18.4%
Age 45 to 64	21.8%	18.4%	20.0%	22.2%	20.8%
Age 65+	53.8%	54.9%	56.4%	51.8%	56.8%



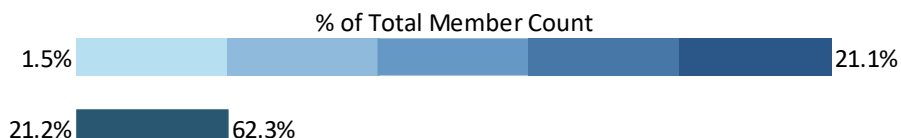
### Race and Ethnicity by MCP

The race and ethnicity data presented here was provided by the members upon their enrollment in Apple Health. The members may choose “other” if their race is not on the list defined in the Provider One application. The member may also choose “not provided” if they decline to provide the information.

As shown in Figure 7, approximately half of CCW and CHPW’s enrollment is white; the other three MCPs have approximately 60% of their enrollment is white. The “Other” race category was the second most common for most MCPs. Note that “Other” race is selected by the enrollee when they identify themselves as a race other than those listed; CCW and CHPW have the most enrollment in this category with approximately 20% of their members selecting other. Black members make up 11.4% of UHC’s enrollee population and 9.4% of AMG’s population, which were higher percentages than other MCPs.

**Figure 7. Statewide MCP Apple Health Enrollees by MCP and Race,\* MY2021 (Excluding BHSO).**

Race	AMG	CCW	CHPW	MHW	UHC
White	62.3%	52.8%	51.9%	61.0%	57.8%
Other	10.4%	21.1%	20.6%	12.6%	8.3%
Not Provided	7.2%	8.6%	8.0%	7.5%	8.0%
Black	9.4%	8.2%	8.4%	8.6%	11.4%
Asian	4.3%	4.1%	6.0%	4.4%	7.0%
American Indian/Alaska Native	2.0%	1.9%	1.5%	2.2%	2.0%
Hawaiian/Pacific Islander	4.3%	3.3%	3.5%	3.8%	5.4%

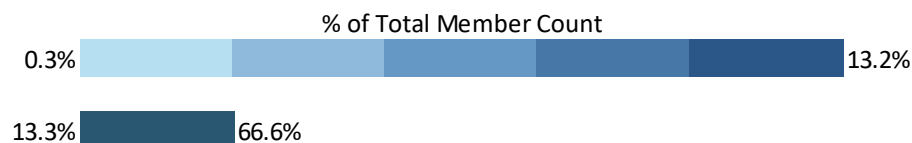


\*These are the categories MCPs provide to HCA in eligibility data files. The “Other” category is defined as “client identified as a race other than those listed.” And the “Not Provided” category is defined as “client chose not to provide”.

Figure 8 shows the statewide BHSO enrollment by race. The shading in Figure 8 is the same as Figure 7 to better differentiate race/ethnicities other than white. Similar to the population enrolled in MCOs, over half the BHSO enrollees are white. The “Other” race category was the second most common for most BHSOs. Note that “Other” race is selected by the enrollee when they identify themselves as a race other than those listed; CCW and CHPW have the most enrollment in this category with approximately 13.2% and 12.8% of their members selecting other, respectively.

**Figure 8. Statewide BHSO Apple Health Enrollees by MCP and Race,\* MY2021.**

Race	AMG	CCW	CHPW	MHW	UHC
White	65.1%	55.4%	60.9%	66.6%	61.6%
Other	9.6%	13.2%	12.8%	9.3%	7.6%
Not Provided	6.8%	7.4%	7.1%	6.2%	6.5%
Black	6.1%	7.6%	5.8%	5.8%	7.6%
Asian	9.2%	12.2%	10.5%	8.4%	12.5%
American Indian/Alaska Native	0.5%	0.9%	0.3%	0.9%	0.6%
Hawaiian/Pacific Islander	2.8%	3.3%	2.6%	2.8%	3.6%



\*These are the categories MCOs provide to HCA in eligibility data files. The “Other” category is defined as “client identified as a race other than those listed.” And the “Not Provided” category is defined as “client chose not to provide.”

Figure 9 shows the percentage of MCO members who identified as Hispanic. CCW and CHPW have the largest percentages of Hispanic members at 35.6% and 33.3%, respectively. Please note that within this report, Hispanic is used to identify an ethnicity and does not indicate race.

**Figure 9. Statewide MCO Apple Health Enrollees by MCP and Hispanic Indicator (Excluding BHSO), MY2021.**

Hispanic	AMG	CCW	CHPW	MHW	UHC
No	80.8%	64.4%	66.7%	78.6%	86.4%
Yes	19.2%	35.6%	33.3%	21.4%	13.6%

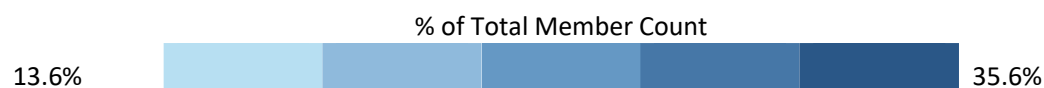


Figure 10 shows the percentage of BHSO enrollees who identified as Hispanic. CCW and CHPW have the largest percentages of Hispanic members at 18.3% and 17.4%, respectively. Please note that within this report, Hispanic is used to identify an ethnicity and does not indicate race.

**Figure 10. Statewide BHSO Apple Health Enrollees by MCP and Hispanic Indicator, MY2021.**

Hispanic	AMG	CCW	CHPW	MHW	UHC
No	86.3%	81.7%	82.6%	87.2%	90.7%
Yes	13.7%	18.3%	17.4%	12.8%	9.3%



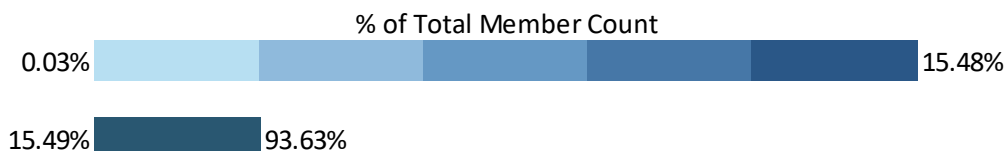
### Primary Spoken Language by MCP

According to Apple Health enrollment data, there are approximately 85 separate spoken languages among members. Many of these languages have very small numbers of speakers in the Apple Health population. Therefore, only the most common non-English languages are listed in this report (HCA provides Apple Health-related written materials in these same 15 languages).

Figure 11 shows the variation in the most common primary spoken languages. Across MCPs, Spanish/Castilian is the second most common language after English. Among other languages, such as Russian and Vietnamese, the percentages are much smaller and vary by MCP.

**Figure 11. Statewide MCO Apple Health Enrollees by MCP and Language, MY2021 (Excluding BHSO).**

Spoken Language	AMG	CCW	CHPW	MHW	UHC
English	90.07%	83.09%	79.22%	89.61%	93.63%
Spanish; Castilian	6.69%	13.07%	15.48%	7.05%	2.97%
Russian	0.33%	0.19%	0.56%	0.96%	0.37%
Vietnamese	0.35%	0.53%	0.78%	0.39%	0.60%
Chinese	0.38%	0.35%	1.04%	0.20%	0.37%
Arabic	0.20%	0.18%	0.34%	0.20%	0.27%
Ukrainian	0.15%	0.11%	0.11%	0.28%	0.14%
Somali	0.14%	0.11%	0.36%	0.16%	0.16%
Korean	0.07%	0.07%	0.06%	0.08%	0.27%
Amharic	0.12%	0.06%	0.17%	0.08%	0.10%
Tigrinya	0.10%	0.04%	0.12%	0.06%	0.06%
Panjabi; Punjabi	0.05%	0.06%	0.06%	0.07%	0.05%
Burmese	0.06%	0.05%	0.13%	0.04%	0.05%
Farsi	0.06%	0.05%	0.09%	0.05%	0.05%
Cambodian; Khmer	0.05%	0.03%	0.05%	0.04%	0.05%
Other Language*	1.19%	2.01%	1.44%	0.72%	0.84%

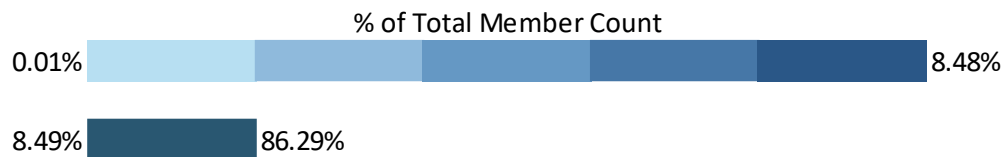


*\*Other Language is the sum of the 70 languages not specifically reported in this figure and represents less than 1% of enrollees.*

Figure 12 shows the most common primary spoken languages for BHSO enrollees. Similar to MCPs, Spanish/Castilian is the second most common language after English. Among other languages, such as Russian and Vietnamese, the percentages are much smaller and vary by MCP.

**Figure 12. Statewide BHSO Apple Health Enrollees by MCP and Language, MY2021.**

Spoken Language	AMG	CCW	CHPW	MHW	UHC
English	84.7%	80.9%	81.4%	86.2%	86.3%
Spanish; Castilian	6.16%	8.48%	8.14%	5.11%	4.02%
Russian	0.41%	0.47%	0.65%	0.90%	0.46%
Vietnamese	0.59%	0.72%	0.76%	0.68%	0.89%
Chinese	0.58%	0.66%	0.88%	0.56%	0.67%
Arabic	0.05%	0.06%	0.08%	0.08%	0.06%
Ukrainian	0.02%	0.06%	0.08%	0.07%	0.04%
Somali	0.05%	0.09%	0.11%	0.05%	0.09%
Korean	0.25%	0.39%	0.26%	0.30%	0.51%
Amharic	0.07%	0.09%	0.08%	0.07%	0.08%
Tigrinya	0.05%	0.04%	0.06%	0.04%	0.05%
Panjabi; Punjabi	0.11%	0.15%	0.18%	0.14%	0.20%
Burmese	0.02%	0.02%	0.03%	0.01%	0.01%
Farsi	0.04%	0.03%	0.04%	0.04%	0.04%
Cambodian; Khmer	0.16%	0.18%	0.12%	0.16%	0.20%
Other Language*	6.68%	7.68%	7.10%	5.59%	6.39%



*\*Other Language is the sum of the 70 languages not specifically reported in this figure and represents approximately 1% of enrollees.*

# Washington State Managed Care Quality Strategy Effectiveness Analysis

## Objective

To fulfill the requirement established by federal regulation 42 CFR Part 438 Subpart E §438.340, the Washington State Managed Care Quality Strategy<sup>13</sup> created a comprehensive strategy to assess, monitor, coordinate the quality of the managed care services and develop measurable goals and targets for continuous quality improvement.

The EQR is one part of an interrelated set of quality requirements that apply to Medicaid managed care. Feedback provided by the EQRO is reviewed when HCA updates the Quality Strategy. Per 42 CFR §§ 438.364(a)(4) and 457.1250, the feedback obtained from the state's EQRO should be used by states when they examine and update their quality strategy. The Quality Strategy is implemented through the ongoing comprehensive QAPI program that each MCP is required to establish for the services provided to members. The PIPs and performance measures included in the QAPIs are validated through the annual EQR.

## Overview

The HCA utilizes the Quality Strategy to communicate its mission, vision and guiding principles for assessing and improving the quality of health care and services furnished by MCPs. Since its last revision in 2017, Washington State and the HCA experienced several changes that required the Quality Strategy to be updated in order to align more closely with the current health care landscape. The changes that have occurred within Washington are listed below.

- Statewide transition of financial integration of physical health, mental health and substance use disorder services within the Apple Health managed care program concluded in January 2020.
- VBP was expanded across Washington State.
- As part of the transition to integrated managed care, Washington State Division of Behavioral Health and Recovery staff who were originally under DSHS were realigned and integrated under HCA.

Within the Quality Strategy, HCA has identified goals, aims and objectives to support improvement in the quality, timeliness and access to health care services furnished to managed care members. The Quality Strategy is updated no less than triennially and when there is a significant change to Washington's Apple Health Program. In 2020, the update of the Quality Strategy was completed by a multidisciplinary team that conducted an evaluation of effectiveness and solicited feedback from a variety of stakeholders as well as tribal partners. At that time, Quality Strategy updates were also reviewed and approved by several committees including Washington's Title XIX Committee. Changes made were based on most review of effectiveness include but are not limited to:

- Development of aims and objectives
- Descriptions of HCA quality and performance measure review teams and processes that help ensure transparency and alignment with agency-wide, statewide and national quality initiatives

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<sup>13</sup> Washington State Health Care Authority. Washington State Managed Care Quality Strategy. October 2020. Available at: <https://www.hca.wa.gov/assets/program/13-0053-washington-state-managed-care-quality-strategy.pdf>.



- Address agency payment reform initiatives to incentivize quality care, such as Delivery System & Provider Payment Initiatives
- Expanded description of PIPs, state required collaborative topics and their role in driving quality of care statewide
- Identification of roles assigned for ongoing EQR activities to provide more clarity about who ensures oversight of managed care quality functions

Additionally, review and updating of the Quality Strategy takes into account recommendations from the EQRO for improving the quality of health care services furnished by each MCP, including how HCA can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness and access to health care services furnished to MCP members. The most recent review of the Quality Strategy (conducted in 2022) by HCA, incorporated feedback from the EQRO Annual Technical Reports occurring during the period of review. Since the last Quality Strategy update in 2020, HCA has been actively working to update the Quality Strategy for the next iteration.

*Per the update submitted to CMS on 12/8/2022, "The 2022 Washington State Managed Care Quality Strategy does not represent significant change, therefore modifications to the Quality Strategy were made in response to internal stakeholder and partner feedback (including a review by CMS's contracted Quality Strategy reviewer), and any applicable Apple Health contract amendments. Any/all updates to the Managed Care Quality Strategy take into account the results of HCA review of effectiveness of previous Quality Strategy, recommendations from HCA's contracted EQRO, as well as an internal review of the most current CMS Quality Strategy Toolkit and CMS EQR protocols. Since its last Quality Strategy submission, submitted to CMS in October of 2020, the Apple Health program has not undergone significant change. Agency response to the COVID-19 pandemic and associated public health emergency was carried out via existing relationships and quality monitoring/improvement structures and although impactful, did not result in significant change as defined by the Quality Strategy."*

## Quality Strategy Populations and Programs

The Quality Strategy is applicable to the following programs:

- Apple Health Integrated Managed Care (AH-IMC)
- Apple Health Integrated Foster Care (AH-IFC)
- Behavioral Health Services Only (BHSO) (PIHP-contracted services)

The Quality Strategy is not applicable to Medicaid fee-for-service.

## Quality Strategy Mission and Vision

HCA's goals, Vision and Mission Statement and Core Values for Apple Health align with the three aims of the National Quality Strategy: better care, healthy people/healthy communities and affordable care. The mission and vision provides the overall framework that informs HCA's strategy to assess, monitor, coordinate and engage in continuous process improvement. HCA's VBP principles are a primary strategy and guide for achieving these goals.

The CMS, Apple Health and Washington managed care oversight goal crosswalk, included at the end of this section, further illustrates how all the goals are aligned.

The primary goals include:

- Rewarding the delivery of person- and family-centered high value care

- Driving standardization and care transformation based on evidence
- Striving for smarter spending and better outcomes, and better consumer and provider experience

## Washington Managed Care Program Aims and Objectives

At a high level, the Quality Strategy aims relate to quality, access and timeliness of care. The Quality Strategy provides six aims that ensure Apple Health enrollees receive the appropriate, responsive and evidence-based health care.

The Quality Strategy objectives further expand on the approach that HCA will take to provide oversight to ensure that the managed care program is accountable to achieving each aim. In addition to usual monitoring activities defined in the Quality Strategy objectives, it provides an expectation to evaluate strategies to address health inequities.

The six Quality Strategy aims are shown below in Table 2.

**Table 2. CMS, Apple Health and WA Managed Care Oversight Goal Crosswalk.**

Federal: CMS Quality Strategy Aims <sup>(1)</sup>	WA State Medicaid: Apple Health Value-Based Purchasing Principles <sup>(2)</sup>	WA Medicaid Managed Care: Managed Care Aims for Quality Oversight <sup>(3)</sup>
Healthier People, Healthier Communities	Drive standardization and care transformation based on evidence	<p><b>Aim 1:</b> Assure the quality and appropriateness of care for Apple Health managed care enrollees (<i>Quality</i>)</p> <p><b>Aim 2:</b> Assure enrollees have timely access to care (<i>Access and Timeliness</i>)</p>
Better Care	Reward the delivery of person-and family-centered, high-value care	<p><b>Aim 3:</b> Assure medically necessary services are provided to enrollees as contracted (<i>Quality, Access and Timeliness</i>)</p> <p><b>Aim 4:</b> Demonstrate continuous performance improvement (<i>Quality, Access and Timeliness</i>)</p>
Smarter spending	Strive for smarter spending, better outcomes, and better consumer and provider experience	<p><b>Aim 5:</b> Assure that MCOs are contractually compliant (<i>Quality, Access and Timeliness</i>)</p> <p><b>Aim 6:</b> Eliminate fraud, waste and abuse in Apple Health managed care programs (<i>Quality</i>)</p>

<sup>1.</sup> CMS Quality Strategy—2016.

<sup>2.</sup> HCA Value-Based Purchasing Roadmap 2019-2021 and Beyond; October 2019.

<sup>3.</sup> Washington State Managed Care Quality Strategy – June 2020.

## Information and Documentation Reviewed

- As the EQRO, Comagine Health has reviewed the following information and activities to assist with targeting goals and objectives in the Quality Strategy to better support the quality, timeliness and access to health care services provided to MCP enrollees: Draft revisions to 2023 Washington State Managed Care Quality Strategy
- All EQRO activities, including:
  - HCA follow-up on 2021 EQRO Technical Report recommendations

- Compliance Review
- Performance Improvement Project Validation
- Enrollee Quality Report “Washington Apple Health Plan Report Card” (Quality Rating System)
- WISe Program Review (Focus Study)
- CAHPS surveys
- Value-based purchasing strategy within the Quality Strategy
- VBP Report Card
- Performance Measure Comparative Analysis

## Recommendations – 2022

Comagine Health acknowledges the significant effort put forth by HCA to make the Quality Strategy an effective, value-added and living document. After review of the Quality Strategy and MCP performance, the following recommendations are being made to HCA for improve the effectiveness of the Quality Strategy (Table 3).

**Table 3. Recommendations Related to Quality Strategy.**

Recommendations	Linked to Aim(s)*
Ensure transparency of MCP quality concerns by public reporting of corrective action plans and sanctions related to quality. <ul style="list-style-type: none"> <li>The EQRO Technical Report provides information on corrective action plans for EQR activities. Possible sanctions are defined in the MCP contracts with HCA. Since these sanctions may highlight significant quality issues, they should be readily available/easy to find and tied to quality reports (Managed Care Report card, EQR Technical Report, etc.).</li> </ul>	Aims 4, 5
Tie the status of network adequacy to overall MCP performance of quality, access and timeliness. Analyze and ensure transparency in reporting of the relationship between network adequacy and quality performance. <ul style="list-style-type: none"> <li>Network adequacy is a driver of quality. As an example, if an MCP does not have an adequate primary care network, then it may have challenges meeting performance metrics targets.</li> <li>MCPs should continue to address and improve their networks as defined in contract (provider numbers, types, ratios, geographic accessibility, travel distance and meet compliance standards). In addition, analysis should tie this information to quality performance measurement. (This may be included in the annual EQR Technical Report. Compliance with access and availability standards is reported once every three years in the Technical Report. Network adequacy validation is currently being conducted by HCA on an ongoing basis. Network adequacy validation is not yet a mandated EQR protocol).</li> </ul>	Aims 1, 2, 3, 4, 5
<b>Recommendations from Performance Measure Comparative Analysis**</b>	
Sustain Improvement in Clinically Meaningful Areas	Aim 1
Continue to Leverage Value Based Payment Incentives	Aim 1
Address Behavioral Health Declines	Aims 1, 2, 3, 4
Focus on Access and Preventive Care	Aims 1, 2, 3
Continue to prioritize Health Equity	Aims 1, 2, 4, 5

\*Aims from Washington State Managed Care Quality Strategy – October 2022.

\*\*See the Performance Measure Comparative Analysis section of this report for additional information and the 2022 Comparative and Regional Analysis Report for comprehensive recommendations.

Please see additional recommendations made to the MCPs to improve MCP performance in the following sections of this Annual Technical Report. (The recommendations to the MCPs align with the existing Quality Strategy Aims.)

- Compliance Review (Aims 1, 2, 3, 4, 5, 6)
- Performance Improvement Project (PIP) Validation (Aim 4)
- Performance Measure Comparative Analysis (Aims 1, 2, 4)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) (Aim 4)
- Wraparound with Intensive Services (WiSe) Program Review (Aims 1, 2, 3)

## Follow-Up on Recommendations from the Previous Year (2021)

Please see section “Review of Previous Year’s HCA EQR Recommendations,” page 107, for follow-up on recommendations made in 2021 to assist with targeting goals and objectives in the Quality Strategy to better support the quality, timeliness and access to health care services. Follow-up on the recommendations is provided.

In addition to response on all recommendations made, HCA responded to the recommendation to, “Refine language for required non-duplication of EQR-Related Activities” by building clear direction on nonduplication of mandatory activities into the updated Quality Strategy.

### Nonduplication

Federal requirements related to nonduplication of mandatory activities are described in 42 CFR §438.360 and are built in to the 2022 Washington State Managed Care Quality Strategy to be implemented in 2023. Nonduplication is intended to reduce the administrative burden on MCPs and states while still ensuring relevant information is available to EQROs for the annual EQR. States may elect to use nonduplication when Federal regulations allow, which may fall into three categories for deeming determination:

1. **Met:** HCA fully deemed and implemented use of non-duplication regulations under 42 C.F.R. 438.360.
2. **Partially Met:** HCA partially deemed the requirements. This may be due to Apple Health requirements being greater than NCQA Accreditation requirements or the remaining element being an Apple Health priority for HCA monitoring within scheduled EQR activities.
3. **Not Met:** Federal requirements which are not deemed may be in this category for various reasons: NCQA Accreditation does not address the requirement, HCA determined not to deem due to the requirement being a priority for HCA monitoring within scheduled EQR activities, or further review is required to clarify how the NCQA Accreditation standard addresses the federal regulation. For deeming to apply, the MCO/PIHP must be in compliance with the accreditation standard. Apple Health MCOs are required to provide all applicable accreditation materials to HCA, including reports, findings, and other results applicable to the EQR-related activities. Elements not listed below are required within the scheduled EQR TEAMonitor Compliance Review.

Nonduplication allows a state to use information from a Medicare or private accreditation review of an MCP in place of regenerating that information. To do so, the following conditions were met for this year’s performance measure validation:

- The MCPs followed the applicable private accreditation standards of NCQA and have received accreditation from NCQA.
- The private NCQA accreditation review standards are comparable to those established through the EQR protocols for the mandatory EQR-related activity.
- The MCPs provided the state with all applicable reports, findings and other results of the private accreditation review applicable to the Performance Measure Validation activity.

The federal requirements deemed for nonduplication in Apple Health and included in the Quality Strategy beginning in 2023 include:

**Information Systems Capabilities Assessment (ISCA)**

- § 438.242 – Met

**Practice Guidelines**

- §438.236(b) Met
- §438.236(c) Partially Met
- §438.236(d) Partially Met

**Credentialing**

- §438.214(b) Met

**Availability of services**

- §438.214(b) Partially Met
- §438.206(b)(2) Partially Met
- §438.206(b)(3) Met
- §438.206(b)(4) Partially Met
- §438.206(b)(5) Partially Met
- §438.206(b)(7) Met
- §438.206(c)(1) Partially Met
- §438.206(c)(2) Partially Met

Please see the *2022 Washington State Managed Care Quality Strategy* for additional information on Nonduplication.

# Compliance Review

## Objective

The purpose of the compliance review is to determine whether Medicaid managed care plans are following federal standards. The U.S. Department of Health & Human Services (HHS) developed standards for managed care plans, including 42 CFR §438 and 42 CFR §457.<sup>14,15</sup>

## Overview

Federal regulations require MCPs to undergo a review at least once every three years to determine MCP compliance with federal standards as implemented by the state. Washington's MCPs (which include the MCOs and BHSOs) are evaluated by TEAMonitor, at HCA, which provides formal oversight and monitoring activities on their compliance with federal and state regulatory and contractual standards. TEAMonitor has chosen to spread the review over a three-year cycle.

TEAMonitor's review assesses activities for the previous calendar year and evaluates MCPs' compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCPs' contracts with HCA for all Apple Health Managed Care programs including AH-IMC, AH-IFC, CHIP and the BHSO. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

In 2022, Year 1 of the current review cycle, TEAMonitor reviewed the following standards (Table 4) for the MCPs. Please note that TEAMonitor may review standards in conjunction with standards falling under other subparts.

**Table 4. Compliance Standards Reviewed in Year 1 of the Current Cycle.**

Standards	42 CFR Part
<b>Standards:</b>	<b>42 CFR Part 438 Subpart D – MCO, PHIP and PAHP Standards</b>
<b>Domains</b>	<b>Access, Quality, Timeliness</b>
<b>Quality Strategy Aim(s)</b>	<b>1, 2, 3, 4, 5, 6</b>
§438.224	Confidentiality
§438.208	Coordination and continuity of care
§438.210	Authorization/Adverse benefit determination
§438.214	Provider Selection (Credentialing)
§438.242	Health Information Systems
<b>Standards:</b>	<b>42 CFR Part 438 Subpart F – Grievance and Appeal Systems</b>
<b>Domains</b>	<b>Access, Quality</b>
<b>Quality Strategy Aim(s)</b>	<b>1, 2, 3, 4, 5, 6</b>
§438.228	Grievance and Appeals Systems
§438.400	Statutory basis, definitions, and applicability (b)
§438.402	Filing requirements (c)(1-3)

<sup>14</sup> Electronic Code of Federal Regulations. Title 42, part 438 – Managed Care. Available at: <https://www.ecfr.gov/current/title-42/part-438>.

<sup>15</sup> Electronic Code of Federal Regulations. Title 42, part 457 Allotments and Grants to States. Available at: <https://www.ecfr.gov/cgi-bin/text-idx?SID=60f9f0f14136be95a1cee250074ae00d&mc=true&node=pt42.4.457&rgn=div5>.

Standards	42 CFR Part
§438.404	Timely and adequate notice of adverse benefit determination (a-c)
§438.406	Handling of grievances and appeals (a)(b)
§438.408	Resolution and notification: Grievances and appeals (a-e)
§438.410	Expedited resolution of appeals
§438.414	Information about the grievance and appeal system to providers and subcontractors
§438.416	Recordkeeping and reporting requirement
§438.420	Continuation of benefits while the MCO, PIHP, or PAHP appeal and the State fair hearing are pending
§438.424	Effectuation of reversed appeal resolutions
<b>Standards:</b>	<b>42 CFR Part 438 Subpart E – Quality Measurement and Improvement; External Quality Review</b>
<b>Domains</b>	<b>Access, Quality, Timeliness</b>
<b>Quality Strategy Aim(s)</b>	<b>1, 2, 3, 4, 5, 6</b>
§438.66	Monitoring Procedures - Claims payment monitoring (c)(3)
§438.330	Quality Assessment and Performance Improvement Program (QAPI) (b)(2)(c)(e)(2)

## Methodology

### Technical Methods of Data Collection

The TEAMonitor review process is a combined effort by clinical and non-clinical staff and subject matter experts. Desk review includes assessment of MCP policies and procedures, program descriptions, evaluations and reports. TEAMonitor also reviews individual enrollee files during the applicable review cycle. The types of files reviewed include authorizations, denials, appeals, grievances, health home services, care coordination and other applicable file types according to the review period. Also assessed are prior-year corrective action plans (CAPs) implemented by the MCPs, which can be viewed in Appendix A in the MCP profiles for each MCP.

After review, HCA staff share results with the MCPs through phone calls and onsite visits. The onsite visits were conducted virtually due to the COVID-19 public health emergency (PHE) this year. Each MCP then receives a final report that includes compliance scores, notification of CAPs for standards not met and recommendations. Throughout the year, HCA offers plans technical assistance to develop and refine processes that will improve accessibility, timeliness and quality of care for Medicaid enrollees.

### Scoring

TEAMonitor scores the MCPs on each compliance standard according to a metric of Met, Partially Met and Not Met, each of which corresponds to a value on a point system of 0–3.

#### Scoring key:

- Score of 0 indicates previous year CAP Not Met
- Score of 1 indicates Not Met
- Score of 2 indicates Partially Met
- Score of 3 indicates Met
- Score of NA indicates Not Applicable



Final scores for each section are denoted by a fraction indicating the points obtained (the numerator) relative to all possible points (the denominator) and the corresponding percentage. For example, in a section consisting of four elements in which the MCP scored a 3, or Met, in three categories and a 1, or Not Met, in one category, the total number of possible points would be 12, and the MCP's total points would be 10, yielding a score of 10 out of 12 with a corresponding 83%.

In addition, plans are reviewed on elements that received Partially Met or Not Met scores in previous reviews until the finding is satisfied.

See Appendix B for more information on methodology, including technical methods of data collection, description of data obtained, and how TEAMonitor and Comagine Health aggregated and analyzed the data.

## Summary of Aggregate MCP Compliance Results

Table 5 provides a summary of the aggregate results for the MCPs within Apple Health by compliance standard in Year 1 of the current three-year cycle.

**Table 5. Aggregate Compliance Results of the Apple Health MCPs.**

Standard	Score*
§438.208 - Coordination and continuity of care	95%
§438.210 - Coverage and authorization of services	53%
§438.214 - Provider selection (Credentialing)	95%
§438.228 - Grievance and appeals systems	97%
§438.242 - Health information systems	100%
§438.330 - Quality Assessment and Performance Improvement Program (QAPI)	83%

\*Aggregate MCP point values were totaled and the sum was divided by the aggregate number of applicable elements in the standard to derive percentage scores.

## Compliance State Recommendation

Four of the five MCOs/BHSOs did not meet all elements for the Quality Assessment and Performance Improvement Program (QAPI), and Coverage and Authorization standards. The MCPs will benefit from technical assistance by HCA to ensure the plans meet those requirements. These elements include:

### QAPI

- General rules
- QAPI program evaluation
- Monitoring Procedures - Claims payment monitoring

### Coverage and Authorization

- Authorization of services
- Notice of adverse benefit determination
- Timeframe for decisions

## Summary of MCP Compliance Results/Conclusions

The following tables (Tables 6–11) provide a summary of all MCP scores by compliance standard in Year 1 of the current three-year cycle. Plans with elements scored as Partially Met or Not Met were required to submit CAPs to HCA. Plans were scored on these elements in the first half of the calendar year. MCPs may have implemented CAPs since that time to address specific issues, scores may not be indicative of current performance.

**Table 6. Compliance Review Results by MCP: Coordination and Continuity of Care.**

§438.208 - Coordination and continuity of care	AMG		CCW		CHPW		MHW		UHC	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
438.208 (a)(2) Basic Requirement	3	3	3	3	3	3	3	3	3	3
438.208 (b) Primary care and coordination of health care services for all MCO/PIHP, PIHP enrollees – 438.224 Confidentiality – File review	3	3	3	3	3	3	3	3	3	3
438.208 (c)(2)(3) Additional services for enrollees with special health care needs – Assessment and treatment plans	0	0	3	3	3	3	3	3	3	3
438.208 (c)(4) Additional services for enrollees with special health care needs and direct access for individuals with special health care needs	3	3	3	3	3	3	3	3	3	3
<b>Total Score</b>	<b>9/12</b>	<b>9/12</b>	<b>12/12</b>	<b>12/12</b>	<b>12/12</b>	<b>12/12</b>	<b>12/12</b>	<b>12/12</b>	<b>12/12</b>	<b>12/12</b>
<b>Total Score (%)</b>	<b>75%</b>	<b>75%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Table 7. Compliance Review Results by MCP: Coverage and Authorization of Services.**

§438.210 - Coverage and authorization of services	AMG		CCW		CHPW		MHW		UHC	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
438.210 (b) Authorization of services – File review	0	0	2	2	2	2	0	0	3	3
438.210 (c) Notice of adverse benefit determination – File review	0	0	3	3	2	2	1	1	3	3
438.210 (d) Timeframe for decisions – File Review	0	0	2	2	3	3	0	0	3	3
<b>Total Score</b>	<b>0/9</b>	<b>0/9</b>	<b>7/9</b>	<b>7/9</b>	<b>7/9</b>	<b>7/9</b>	<b>1/9</b>	<b>1/9</b>	<b>9/9</b>	<b>9/9</b>
<b>Total Score (%)</b>	<b>0%</b>	<b>0%</b>	<b>78%</b>	<b>78%</b>	<b>78%</b>	<b>78%</b>	<b>11%</b>	<b>11%</b>	<b>100%</b>	<b>100%</b>

**Table 8. Compliance Review Results by MCP: Provider Selection (Credentialing).**

§438.214 - Provider selection (Credentialing)	AMG		CCW		CHPW		MHW		UHC	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
438.214(a) General Rules and 438.214(b) Credentialing and recredentialing requirements	2	2	3	3	3	3	2	2	3	3
438.214(c) and 438.12 Nondiscrimination and Provider discrimination prohibited – File review	3	3	3	3	3	3	3	3	3	3
438.214(d) Excluded providers	3	3	3	3	3	3	3	3	3	3
<b>Total Score</b>	<b>8/9</b>	<b>8/9</b>	<b>9/9</b>	<b>9/9</b>	<b>9/9</b>	<b>9/9</b>	<b>8/9</b>	<b>8/9</b>	<b>9/9</b>	<b>9/9</b>
<b>Total Score (%)</b>	<b>89%</b>	<b>89%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>89%</b>	<b>89%</b>	<b>100%</b>	<b>100%</b>

**Table 9. Compliance Review Results by MCP: Grievance and Appeals Systems.**

§438.228 - Grievance and appeals systems	AMG		CCW		CHPW		MHW		UHC	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
438.228 Grievance and appeal systems (a) and (b)	3	3	3	3	3	3	2	2	3	3
438.400 Statutory basis and definitions. (b) – File review	3	3	3	3	3	3	3	3	3	3
438.402(c)(1) Filing requirements – File review	3	3	3	3	3	3	3	3	3	3
438.402(c)(2) Filing requirements - timing – File review	3	3	3	3	3	3	3	3	3	3
438.402(c)(3) Filing requirements - procedures – File review	3	3	3	3	3	3	3	3	3	3
438.404(a) Notice of adverse benefit determination - language and format – File review	3	3	3	3	3	3	3	3	3	3
438.404(b) Notice of action - content of notice – File review	3	3	3	3	3	3	3	3	3	3
438.404(c) Timely and adequate notice of adverse benefit determination - timing of notice	3	3	3	3	3	3	3	3	3	3
438.406(a) Handling of grievances and appeals – General requirements – File review	2	2	3	3	3	3	3	3	3	3
438.406(b) Handling of grievances and appeals - special requirements for appeals – File review	3	3	3	3	3	3	3	3	3	3

§438.228 - Grievance and appeals systems	AMG		CCW		CHPW		MHW		UHC	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
438.408(a) Resolution and notification: Grievances and appeals - Basic rule – File review	3	3	3	3	3	3	1	1	3	3
438.408(b) and (c) Resolution and notification: Grievances and appeals - specific timeframes and extension of timeframes – File review	2	2	2	2	3	3	2	2	3	3
438.408 (d) and (e) Resolution and notification: Grievances and appeals - format of notice and content of notice of appeal resolution – File review	3	3	3	3	3	3	3	3	3	3
438.410 Expedited resolution of appeals – File review	2	2	3	3	3	3	3	3	3	3
438.414 Information about the grievance and appeal system to providers and subcontractors	3	3	3	3	3	3	3	3	3	3
438.416 Recordkeeping and reporting requirements	3	3	3	3	3	3	3	3	3	3
438.420 Continuation of benefits while the MCO, PIHP, or PAHP appeal and the State fair hearing are pending – File review	3	3	3	3	3	3	3	3	3	3
438.424 Effectuation of reversed appeal resolutions – File review	3	3	3	3	3	3	2	2	3	3
<b>Total Score</b>	<b>51/54</b>	<b>51/54</b>	<b>53/54</b>	<b>53/54</b>	<b>54/54</b>	<b>54/54</b>	<b>49/54</b>	<b>49/54</b>	<b>54/54</b>	<b>54/54</b>
<b>Total Score (%)</b>	<b>94%</b>	<b>94%</b>	<b>98%</b>	<b>98%</b>	<b>100%</b>	<b>100%</b>	<b>91%</b>	<b>91%</b>	<b>100%</b>	<b>100%</b>

**Table 10. Compliance Review Results by MCP: Health Information Systems.**

§438.242 - Health information systems	AMG		CCW		CHPW		MHW		UHC	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
438.242 (a) General rule	3	3	3	3	3	3	3	3	3	3
438.242 (b)(1)(2) Basic elements	3	3	3	3	3	3	3	3	3	3
438.242 (b)(3) Basic elements	3	3	3	3	3	3	3	3	3	3
<b>Total Score</b>	<b>9/9</b>	<b>9/9</b>	<b>9/9</b>	<b>9/9</b>	<b>9/9</b>	<b>9/9</b>	<b>9/9</b>	<b>9/9</b>	<b>9/9</b>	<b>9/9</b>

§438.242 - Health information systems	AMG		CCW		CHPW		MHW		UHC	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
<b>Total Score (%)</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Table 11. Compliance Review Results by MCP: §438.330 - Quality Assessment and Performance Improvement Program (QAPI).**

§438.330 Quality Assessment and Performance Improvement Program (QAPI)	AMG		CCW		CHPW		MHW		UHC	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
438.330 (a) General rules	3	3	1	1	3	3	2	2	3	3
438.330 (b)(2) and (c) Performance measurement	3	3	3	3	3	3	3	3	3	3
438.330 (b)(4) Basic elements of MCP and PIHP quality assessment and performance improvement (care furnished to enrollees with special health care needs)	3	3	3	3	3	3	3	3	3	3
438.330 (e)(2) QAPI Program evaluation	2	2	3	3	3	3	0	0	0	0
438.66 (c)(3) Monitoring Procedures - Claims payment monitoring	3	3	2	2	3	3	2	2	2	2
<b>Total Score</b>	<b>14/15</b>	<b>14/15</b>	<b>12/15</b>	<b>12/15</b>	<b>15/15</b>	<b>15/15</b>	<b>10/15</b>	<b>10/15</b>	<b>11/15</b>	<b>11/15</b>
<b>Total Score (%)</b>	<b>93%</b>	<b>93%</b>	<b>80%</b>	<b>80%</b>	<b>100%</b>	<b>100%</b>	<b>67%</b>	<b>67%</b>	<b>73%</b>	<b>73%</b>

## Conclusions

### Coordination and Continuity of Care

#### Strengths

- All MCPs met the element for the basic requirement.
- All MCPs met the element for primary care and coordination of health care services for all MCO/PIHP and PIHP enrollees. After file review, all MCPs met the element for confidentiality.
- Four MCOs and four BHSOs met the element for Additional services for enrollees with special health care needs – Assessment and treatment plans (CCW/MCO, CCW/BHSO, CHPW/MCO, CHPW/BHSO, MHW/MCO, MHW/BHSO, UHC/MCO and UHC/BHSO).
- All MCPs met the element for Additional services for enrollees with special health care needs and Direct Access for individuals with special health care needs.

#### Weaknesses/Opportunities for Improvement

- AMG/MCO and AMG/BHSO did not meet the element for additional services for enrollees with special health care needs – assessment and treatment plans (repeat finding).

### Coverage and Authorization of Services

#### Strengths

- UHC/MCO and UHC/BHSO met all elements for this standard.
- After file review, CCW/MCO, CCW/BHSO, UHC/MCO and UHC/BHSO met the element for notice of adverse benefit determination.
- After file review, CHPW/MCO, CHPW/BHSO, UHC/MCO and UHC/BHSO met the element for Timeframe for decisions.

#### Weaknesses/Opportunities for Improvement

- AMG/MCO and AMG/BHSO did not meet any elements under this standard. Not meeting all three elements are repeat findings for AMG.
- After file review, CCW/MCO, CCW/BHSO, CHPW/MCO and CHPW/BHSO partially met the standard for authorization of services. MHW/MCO and MHW/BHSO did not meet the element for authorization of services (repeat finding).
- After file review, CHPW/MCO and CHPW/BHSO partially met the element for notice of adverse benefit determination. MHW/MCO and MHW/BHSO did not meet the element for notice of adverse benefit determination.
- After file review, CCW/MCO and CCW/BHSO partially met the element for timeframe for decisions. MHW/MCO and MHW/BHSO did not meet the element for timeframe for decisions (repeat finding).

## Provider Selection (Credentialing)

### Strengths

- After file review, all MCPs met the elements for nondiscrimination and provider discrimination prohibited.
- All MCPs met the element for excluded providers.
- Three MCOs and three BHSOs met the element for credentialing and recredentialing requirements (CCW/MCO, CCW/BHSO, CHPW/MCO, CHPW/BHSO, UHC/MCO and UHC/BHSO).

### Weaknesses/Opportunities for Improvement

- Two MCOs and two BHSOs partially met the element for credentialing and recredentialing requirements (AMG/MCO, AMG/BHSO, MHW/MCO and MHW/BHSO).

## Grievance and Appeals Systems

### Strengths

- All MCPs met the elements for:
  - Statutory basis and definitions (after file review)
  - Filing requirements – authority to file (after file review)
  - Filing requirements – timing (after file review)
  - Filing requirements – procedures (after file review)
  - Notice of adverse benefit determination – language and format (after file review)
  - Notice of action – content of notice (after file review)
  - Timely and adequate notice of adverse benefit determination – timing of notice
  - Handling of grievances and appeals – special requirements for appeals
  - Resolution and notification: grievances and appeals – format of notice and content of notice of appeal resolution (after file review)
  - Information about the grievance and appeal system to providers and subcontractors
  - Record keeping and reporting requirements
  - Continuation of benefits while the MCO, PIHP or PAHP appeal and the state fair hearing are pending (after file review)
- Four MCOs and four BHSOs met the element for grievance and appeals systems (AMG/MCO, AMG/BHSO, CCW/MCO, CCW/BHSO, CHPW/MCO, CHPW/BHSO, UHC/MCO and UHC/BHSO).
- After file review, four MCOs and four BHSOs met the element for handling of grievances and appeals – general requirements (CCW/MCO, CCW/BHSO, CHPW/MCO, CHPW/BHSO, MHW/MCO, MHW/BHSO, UHC/MCO and UHC/BHSO).
- After file review, four MCOs and four BHSOs met the element for resolution and notification: grievances and appeals – basic rule (AMG/MCO, AMG/BHSO, CCW/MCO, CCW/BHSO, CHPW/MCO, CHPW/BHSO, UHC/MCO and UHC/BHSO).
- After file review, four MCOs and four BHSOs met the element for expedited resolution of appeals (CCW/MCO, CCW/BHSO, CHPW/MCO, CHPW/BHSO, MHW/MCO, MHW/BHSO, UHC/MCO and UHC/BHSO).

- After file review, two MCOs and two BHSOs met the element for resolution and notification: grievances and appeals – specific timeframes and extension of timeframes (CHPW/MCO, CHPW/BHSO, UHC/MCO and UHC/BHSO).
- After file review, four MCOs and four BHSOs met the element for effectuation of reversed appeal resolutions (AMG/MCO, AMG/BHSO, CCW/MCO, CCW/BHSO, CHPW/MCO, CHPW/BHSO, UHC/MCO and UHC/BHSO).

### **Weaknesses/Opportunities for Improvement**

- MHW/MCO and MHW/BHSO partially met the element for grievance and appeal systems.
- After file review, AMG/MCO and AMG/BHSO partially met the element for handling of grievances and appeals – general requirements.
- After file review, MHW/MCO and MHW/BHSO did not meet the element for resolution and notification: grievances and appeals – basic rule.
- After file review, three MCOs and three BHSOs partially met the element for resolution and notification: grievances and appeals – specific timeframes and extension of timeframes (AMG/MCO, AMG/BHSO, CCW/MCO, CCW/BHSO, MHW/MCO and MCW/BHSO).
- After file review, AMG/MCO and AMG/BHSO partially met the element for expedited resolution of appeals.
- After file review MHW/MCO and MHW/BHSO partially met the element for effectuation of reversed appeal resolutions.

## **Health Information Systems**

### **Strengths**

- All MCPs met all elements for this standard.

## **Quality Assessment and Performance Improvement Program (QAPI)**

### **Strengths**

- All MCPs met the element for performance measurement.
- All MCPs met the element for basic elements of MCP and PIHP quality assessment and performance improvement (care furnished to enrollees with special health care needs).
- Three MCOs and three BHSOs met the element for general rules (AMG/MCO, AMG/BHSO, CHPW/MCO, CHPW/BHSO, UHC/MCO and UHC/BHSO).
- Two MCOs and two BHSOs met the element for QAPI Program evaluation (CCW/MCO, CCW/BHSO, CHPW/MCO and CHPW/BHSO).
- Two MCOs and two BHSOs met the element for Monitoring procedures - claims payment monitoring (AMG/MCO, AMG/BHSO, CHPW/MCO and CHPW/BHSO).

### **Weaknesses/Opportunities for Improvement**

- MHW/MCO and MHW/BHSO partially met the element for general rules. CCW/MCO and CCW/BHSO did not meet the element for general rules.



- AMG/MCO and AMG/BHSO partially met the element for QAPI Program evaluation. Two MCOs and two BHSOs did not meet the element for QAPI Program evaluation (repeat finding) (MHW/MCO, MHW/BHSO, UHC/MCO and UHC/BHSO).
- Three MCOs and three BHSOs partially met the element for Monitoring procedures - claims payment monitoring (CCW/MCO, CCW/BHSO, MHW/MCO, MHW/BHSO, UHC/MCO and UHC/BHSO).

## 2022 EQRO Compliance Recommendations Based on TEAMonitor CAPs

EQRO recommendations are based on the TEAMonitor CAPs supplied to the MCPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, the EQRO recommendations may not be indicative of current performance. An update of the current year's EQRO recommendations will be reflected in the 2023 Annual Technical Report.

Elements scoring 0, 1 or 2 in the compliance review results above received a CAP. These are also identified as "Weaknesses/Opportunities for Improvement" in the "Conclusions." Please refer to the MCP profiles (Appendix A) for each MCP's recommendations (EQRO Recommendations based on TEAMonitor CAPs).

## Review of Previous Year (2021) EQRO Compliance Recommendations Based on TEAMonitor CAPs

The following tables (12-13) provide a summary of the results of previous year (2021) EQRO Compliance Recommendations Based on TEAMonitor CAPs follow-up review. Please note that TEAMonitor may review standards in conjunction with standards falling under other subparts.

**Degree to which plans have addressed the previous year's EQRO recommendations key:**

- **Low** – No CAPs met
- **Medium** – Less than all CAPs met
- **High** – All CAPs met

**Table 12. Results of Previous Year (2021) EQRO Compliance Recommendations Based on TEAMonitor CAPs – Count.**

Score	AMG		CCW		CHPW		MHW		UHC	
	MCO	BHSO	MCO	BHSO	MCO	MCO	BHSO	MCO	BHSO	MCO
<b>Not Met*</b>	4	4	–	–	–	–	4	4	–	–
<b>Partially* Met</b>	–	–	2	2	–	–	1	1	–	–
<b>Met</b>	4	4	10	10	8	8	4	4	11	11
<b>Degree Addressed</b>	Medium	Medium	Medium	Medium	High	High	Medium	Medium	High	High

*\*Future follow-up required.*

**Table 13. Results of Previous Year (2021) EQRO Compliance Recommendations Based on TEAMonitor CAPs Follow-Up.**

42 CFR Part 438	AMG		CCW		CHPW		MHW		UHC		
	MCO	BHSO	MCO	BHSO	MCO	MCO	BHSO	MCO	BHSO	MCO	
<b>Subpart D – MCO, PIHP and PAHP Standards</b>											
438.208 Coordination and Continuity of Care (c) Additional services for enrollees with special health care needs (2) Assessment and (3) Treatment plans - Care Coordination for Individuals with Special Health Care Needs	Not Met*	Not Met*								Met	Met
438.210 (b) Authorization of services – File review	Not Met*	Not Met*	Met	Met	Met	Met	Not Met*	Not Met*	Met	Met	
438.210 (c) Notice of adverse benefit determination – File review	Not Met*	Not Met*	Met	Met	Met	Met	Met	Met	Met	Met	
438.210 (d) Timeframe for decisions – File review	Not Met*	Not Met*	Partially Met*	Partially Met*			Not* Met	Not* Met			
438.230 (a) and (b)(1) and (2) Subcontractual relationships and delegation	Met	Met	Met	Met					Met	Met	
438.230 (b)(2) Subcontractual relationships and delegation – Written agreement					Met	Met					
438.230 (b)(3) MCO monitors subcontractors performance			Met	Met					Met	Met	
438.230 (b)(4) MCO identifies deficiencies and ensures corrective action is taken			Met	Met					Met	Met	
<b>Subpart E – Quality Measurement and Improvement (Quality Assessment and Performance Improvement Program (QAPI))</b>											
438.330 (e)(2) QAPI Program evaluation	Met	Met	Met	Met			Not Met*	Not Met*			
<b>Subpart F – Grievance System</b>											
438.228 (a)(b)Grievance and appeal systems							Partially Met*	Partially Met*			
438.402 (c)(3) Filing requirements - procedures					Met	Met					

42 CFR Part 438	AMG		CCW		CHPW		MHW		UHC	
	MCO	BHSO	MCO	BHSO	MCO	MCO	BHSO	MCO	BHSO	MCO
438.406 (a) Handling of grievances and appeals – general requirements			Met	Met						
438.408 (a) Resolution and notification: Grievances and appeals - basic rule	Met	Met	Met	Met	Met	Met	Not Met*	Not Met*	Met	Met
438.408 (b)(c) Resolution and notification: Grievances and appeals - specific timeframes and extension of timeframes			Partially Met*	Partially Met*	Met	Met				
438.408 (d)(e) Resolution and notification: Grievances and appeals - format of notice and content of notice of appeal resolution					Met	Met	Met	Met	Met	Met
<b>Subpart H – Additional Program Integrity Safeguards and PART 45 – Program Integrity: Medicaid</b>										
438.608 (a)(b) Program integrity requirements	Met	Met	Met	Met			Met	Met	Met	Met
455.23 Provider payment suspension							Met	Met	Met	Met
455.104 Disclosure of ownership and control									Met	Met
Social Security Act (SSA) section 1903(i)(2) of the Act; 42 CFR 455.104, 42 CFR 455.106, and 42 CFR 1001.1901(b) - Excluded Individuals and Entities			Met	Met	Met	Met				

*\*Includes a repeat finding – plans are reviewed on elements that received Partially Met or Not Met scores in previous reviews until the finding is satisfied.*

# Performance Improvement Project (PIP) Validation

## Objectives

States must require their Medicaid and CHIP managed care plans (MCPs) to conduct performance improvement projects (PIPs) that focus on both clinical and nonclinical areas each year as a part of the plan's quality assessment and performance improvement (QAPI) program, per 42 CFR §§ 438.330 and 457.1240(b).

PIPs are outlined in the Washington State Managed Care Quality Strategy and are aligned with Washington Quality Aim #4 – “Demonstrate continuous performance improvement.”

## Overview

Washington's MCPs (which include the MCOs and BHSOs) are contractually required to have an ongoing program of clinical and non-clinical PIPs that are designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction for all Apple Health programs, including AH-IMC, AH-IFC and BHSO.

As a component of its EQR review, TEAMonitor conducted an assessment and validation of the MCPs' PIPs to ensure they met state and federal guidelines; included all Apple Health enrollees; and were designed, implemented, analyzed and reported in a methodologically sound manner.

## Methodology

The intent of the PIP validation process is to ensure the PIPs contain sound methodology in its design, implementation, analysis and reporting of its results. It is crucial that it has a comprehensive and logical thread that ties each aspect (e.g., aim statement, sampling methodology and data collection) together.

As required under *CMS Protocol 1 Validation of Performance Improvement Projects (PIPs)*, TEAMonitor determined whether PIP validation criteria were Met, Partially Met or Not Met. In addition, TEAMonitor utilizes validation ratings in reporting the results of the MCPs' PIPs.

For a full description of HCA's methodology and scoring for PIP validation, please see Appendix C.

## Summary of PIP Validation Results/Conclusions

Tables 14–19 provide an overview of each MCP's PIPs, including applicable elements, Quality Strategy aims, interventions, strengths, weaknesses/opportunities for improvement, validation status, validation rating and performance measure results, if applicable. Please refer to Appendix A for additional details of the MCP PIPs.

Note: PIP weaknesses/opportunities for improvement in the referenced tables are provided when the MCP did not meet the scoring element. The language is a synopsis from TEAMonitor PIP Validation Worksheets completed for each PIP.

### 2022 Statewide Collaborative PIP Summary: AMG, CCW, CHPW, MHW and UHC

**Table 14. 2022 Statewide Collaborative PIP: AMG, CCW, CHPW, MHW and UHC.**

PIP Title: Collaborative MCO Well-Child Visit Rate PIP					
Domain: Access, Quality, Timeliness					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Met	Yes	High confidence in reported results	<ul style="list-style-type: none"> <li>Statistical improvement in all measures for the 2020-2021 calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Due to HEDIS measure changes implemented in 2020, the PIP includes the baseline plus one measurement year instead of two measurement years' worth of data collection. There is not enough evidence to demonstrate sustainable improvement through repeat measurements over time.</li> </ul>	HEDIS measures: <ul style="list-style-type: none"> <li>W30, 0–15 months: Statistically significant change; p-value: &lt;.05</li> <li>W30, 15–30 months: Statistically significant change; p-value: &lt;.05</li> <li>WCV, 3–11 years: Statistically significant change; p-value: &lt;.05</li> <li>WCV, 12–17 years: Statistically significant change; p-value: &lt;.05</li> <li>WCV, 18–21 years: Statistically significant change; p-value: &lt;.05</li> </ul>

### 2022 PIP Summary by MCP: AMG

The following PIPs were submitted by the MCP for validation (Table 15).

**Table 15. AMG’s PIPs.**

Summary of AMG’s PIP Validation					
PIP Title: Increasing Adult Cognitive Behavioral Therapy (CBT)					
Domain: Access, Quality					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Not Met	Yes	Low confidence in reported results	<ul style="list-style-type: none"> <li>Innovative marketing campaign for both providers and enrollees to discuss Evidence-based practices.</li> </ul>	<ul style="list-style-type: none"> <li>As there is no guidance or mechanism/method of submitting claims for EBP for adults in WA, there was</li> </ul>	<ul style="list-style-type: none"> <li>CBT Claims: No statistically significant change; chi-square 1.686</li> </ul>

Summary of AMG's PIP Validation					
				a fundamental flaw in the premise of PIP <ul style="list-style-type: none"> <li>• Did not specify validity concerns or have a feasible data collection process</li> </ul>	
<b>PIP Title: Increasing Child Cognitive Behavioral Therapy</b> <b>Domain: Access, Quality</b>					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Not Met	Yes	Low confidence in reported results	<ul style="list-style-type: none"> <li>• Innovative marketing campaign for both providers and enrollees to discuss EBPs</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of understanding that there are rules in WA on who can be an eligible provider for CBT and submit claims for that treatment service</li> <li>• Did not specify validity concerns or have a feasible data collection process</li> </ul>	<ul style="list-style-type: none"> <li>• CBT Claims: No statistically significant change; chi-square .254</li> </ul>
<b>PIP Title: Transforming Low Performing Providers</b> <b>Domain: Quality</b>					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>• Improving partnerships among MCO and providers and providing customized member-level gap in care reports to providers</li> </ul>	<ul style="list-style-type: none"> <li>• The pandemic impacted low performing providers ability to attend meetings to discuss improvement strategies and best practices</li> </ul>	<ul style="list-style-type: none"> <li>• Partnering with low-performing provider groups to inform providers, and establish goals to increase MLR and quality scores, increase the number of high performing provider groups from 18.8% to 31.3% in 2021: No statistically significant change</li> <li>• Partnering with low-performing provider groups to decrease costs and improve quality scores, partnering with high-performing providers to discover and share best practices, and attributing non-assigned, or non-engaged members to high-performing providers increase the number</li> </ul>

Summary of AMG's PIP Validation					
					of members in high-performing provider groups from 20.6% to 23.6% in 2021: Statistically significant change; p-value <.05

### 2022 PIP Summary by MCP: CCW

The following PIPs were submitted by the MCP for validation (Table 16).

**Table 16. CCW PIPs.**

Summary of CCW's PIP Validation					
PIP Title: Improving Continuity of Cognitive Behavioral Therapy Services for Medicaid/BHSO Members Ages 18-64					
Domain: Access, Quality, Timeliness					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Partially Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>MCP was able to pivot through PDSA to not including CBT claims in PIP; measures returned to pre-COVID level</li> </ul>	<ul style="list-style-type: none"> <li>PIP report didn't adhere to HCA standards, AIM statement was not clear, section 3.1 worksheet didn't address population</li> </ul>	HEDIS <ul style="list-style-type: none"> <li>FUH 7-day follow-up, ages 18-64: No statistically significant change</li> <li>FUH 30-day follow-up, ages 18-64: No statistically significant change</li> </ul>
PIP Title: Improving Continuity of Cognitive Behavioral Therapy Services for IMC members ages 12-18					
Domain: Access, Quality, Timeliness					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Partially Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>MCP was able to pivot through PDSA to not including CBT claims in PIP; measures were able to return to previous levels after a COVID drop</li> </ul>	<ul style="list-style-type: none"> <li>PIP report did not adhere to HCA standards, the AIM statement was not clear, worksheet section 3.1 did not address the project population</li> <li>PIP original design was not in line with the Reporting Guide for EBPs in WA</li> </ul>	HEDIS <ul style="list-style-type: none"> <li>FUH 7-day follow-up, ages 12-18: No statistically significant change</li> <li>FUH 30-day follow-up, ages 12-18: No statistically significant change</li> </ul> Note: FUH was modified for the PIP population.

<b>Summary of CCW’s PIP Validation</b>					
<b>PIP Title: Improving the Timeliness of Postpartum Visits Following Live Births Within 7-84 Days</b>					
<b>Domain: Access, Timeliness</b>					
<b>Score</b>	<b>Validation Status</b>	<b>Validation Rating</b>	<b>Strengths</b>	<b>Weaknesses/Opportunities for Improvement</b>	<b>Performance Measure and Results</b>
Met	Yes	Moderate confidence level in reported results	<ul style="list-style-type: none"> <li>Continued year over year improvement despite staffing issues and complications due to pandemic</li> </ul>	<ul style="list-style-type: none"> <li>Did not reach statistical significance in any measure</li> <li>Did not address any PDSA changes in the appropriate section although the PIP did make a change in the timing of the follow-up call</li> </ul>	<ul style="list-style-type: none"> <li>HEDIS – PPC, Postpartum care: No statistically significant change</li> <li>Avg days between birth and follow-up appointment: No statistically significant change</li> <li>Percentage of births w/a follow-up visit; No statistically significant change</li> </ul>
<b>PIP Title: Improving Reporting of Evidence-Based Practice (EBP) Codes for Integrated Managed Care and Behavioral Health Services Only Members Receiving Mental Health Evidence-Based Practices Services</b>					
<b>Domain: Quality</b>					
<b>Score</b>	<b>Validation Status</b>	<b>Validation Rating</b>	<b>Strengths</b>	<b>Weaknesses/Opportunities for Improvement</b>	<b>Performance Measure and Results</b>
Not Met	Yes	No confidence in reported results	<ul style="list-style-type: none"> <li>Attempted to pivot topics based on PDSA process</li> </ul>	<ul style="list-style-type: none"> <li>Report did not adhere to HCA standards, AIM statement lacked a clear intervention method, section 3.1 did not address the project population.</li> <li>PIP original design was not in line with the Reporting Guide for EBPs in WA</li> </ul>	HEDIS <ul style="list-style-type: none"> <li>FUH 7-day follow-up: No statistically significant change</li> <li>FUH 30-day follow-up: No statistically significant change</li> </ul>
<b>PIP Title: Improving Administrative Coordination Between Coordinated Care of Washington, Inc. Foster Care Contract and Tribal Services for American Indian/Alaska Native Foster Care Youth</b>					
<b>Domain: Access, Quality, Timeliness</b>					
<b>Score</b>	<b>Validation Status</b>	<b>Validation Rating</b>	<b>Strengths</b>	<b>Weaknesses/Opportunities for Improvement</b>	<b>Performance Measure and Results</b>



Summary of CCW's PIP Validation					
Not Met	Yes	Low confidence in reported results	<ul style="list-style-type: none"> <li>• CCW focused interventions to assess how CCW can improve rather than focusing on providers or enrollees</li> </ul>	<ul style="list-style-type: none"> <li>• PIP report did not adhere to HCA standards, AIM statement was unconcise and confusing, worksheet section 3.1 did not address the project population</li> <li>• Lack of symmetry between variables, data collection and analysis plan.</li> <li>• Unclear how increasing tribal affiliation will better outcomes or connections to tribal health providers and systems</li> </ul>	<ul style="list-style-type: none"> <li>• Tribal affiliation in eligibility files for members enrolled in Foster Care who self-identify as AI/AN                             <ul style="list-style-type: none"> <li>○ Baseline to 2020; Statistically significant change; p-value &lt;.05</li> <li>○ Baseline to 2021: Statistically significant change; p-value &lt;.05</li> <li>○ PIP Year 2020 to 2021: No statistically significant change</li> </ul> </li> </ul>

### 2022 PIP Summary by MCP: CHPW

The following PIPs were submitted by the MCP for validation (Table 17).

**Table 17. CHPW's PIPs.**

Summary of CHPW's PIP Validation					
<b>PIP Title: Depression Screening in Primary Care</b>					
<b>Domain: Access, Quality</b>					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>• Significant statistical improvement in depression screening primary and submeasure</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal improvement noted in depression follow up</li> </ul>	<ul style="list-style-type: none"> <li>• Depression Screening (HEDIS-like measure) – Provider #1: Statistically significant change; p-value &lt;.01</li> <li>• Depression Screening (HEDIS-like measure) – Provider #2: Statistically significant change; p-value &lt;.01</li> </ul>
<b>PIP Title: Implementation of the Collaborative Care Model in Pediatric Primary Care</b>					
<b>Domain: Quality, Timeliness</b>					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results

Summary of CHPW’s PIP Validation					
Met	Yes	High confidence in reported results	<ul style="list-style-type: none"> <li>Evidence based practice model with substantial support for the clinic to implement.</li> <li>Fiscal support for the clinic to support the intervention</li> <li>Active PDSA cycle process for this year</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty achieving well child visits in first 30 months of life</li> </ul>	<p>HEDIS:</p> <ul style="list-style-type: none"> <li>W30, First 15 Months: No statistically significant change</li> <li>WCV: Statistically significant change; p-value &gt;.05</li> </ul> <p>RDA:</p> <ul style="list-style-type: none"> <li>Mental Health Service Rate, Broad Definition (MH-B): Statistically significant change; p-value &gt;.05</li> </ul>
PIP Title: Expanding Access to Peer Support for BHSO Members for Opioid Use Disorder in Primary Care					
Domain: Access, Quality					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Met	Yes	Low confidence in reported results	<ul style="list-style-type: none"> <li>Innovative model, successful implementation of the PDSA cycle process</li> </ul>	<ul style="list-style-type: none"> <li>Study population size is not large enough to determine merits of an intervention while rates of service utilization went down for this voluntary population</li> <li>Unclear whether the strategy of offering contingency management to members will increase utilization and further still that it will transfer to a higher utilization of outpatient services</li> <li>Strategy for contingency management does not solve the issue of members using different health insurance payers for medications for opioid use disorder (MOUD) or</li> </ul>	<ul style="list-style-type: none"> <li>SUD outpatient treatment utilization: Sample size is not large enough to assess for statistical significance</li> </ul>

Summary of CHPW’s PIP Validation					
				other outpatient services	
<b>PIP Title: Medications for Opioid Use Disorder in Primary Care</b>					
<b>Domain: Access, Quality</b>					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Met	Yes	Low confidence in reported results	<ul style="list-style-type: none"> <li>• Creative partnership with CHCs, identified issues such as stigma and financial barriers that would limit participation and success</li> <li>• Seemed to motivate staff and engage them with SUD and behavioral health issues</li> </ul>	<ul style="list-style-type: none"> <li>• CHPW implemented the PIP without the financial/rate setting work complete knowing that providing MOUD was cost prohibitive for the CHCs</li> </ul>	<ul style="list-style-type: none"> <li>• Utilization of MOUD for individuals 18 years and older, within participating CHCs: Sample size is not large enough to assess for statistical significance</li> </ul>

### 2022 PIP Summary by MCP: MHW

Note MHW did not submit a Clinical – Child Washington State Institute for Public Policy BHSO PIP as required which was scored as Not Met by TEAMonitor. The following PIPs were submitted by the MCP for validation.

**Table 18. MHW’s PIPs.**

Summary of MHW’s PIP Validation					
<b>PIP Title: Increasing the Number of Members on Medication Assisted Treatment (MAT), Who Have a Diagnosis of Opioid Use Disorder (OUD)</b>					
<b>Domain: Access, Quality</b>					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Not Met	Yes	Low confidence	<ul style="list-style-type: none"> <li>• There has been year over year improvement</li> </ul>	<ul style="list-style-type: none"> <li>• PIP was difficult to follow due to inconsistencies related to data</li> </ul>	<ul style="list-style-type: none"> <li>• National Quality Forum #3400: Statistically significant change; p-value &lt;.01</li> </ul>

Summary of MHW’s PIP Validation					
		on reported results	<ul style="list-style-type: none"> <li>PIP addresses an important topic that helps a vulnerable and, often overlooked, population</li> </ul>	reporting and data interpretation. <ul style="list-style-type: none"> <li>Data results provided are incomplete, as there was not a statistical significance test conducted comparing the results of MY2021 to MY2020</li> </ul>	
<b>PIP Title: Increasing the Number of Pediatric Members Receiving Evidence-Based Behavioral Health Services</b> <b>Domain: Access</b>					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Partially Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>Improvement in the percentage of pediatric members receiving EBP for both the BHSO and the AH-IMC populations for MY2021, compared to MY2020</li> <li>Results for the AH-IMC population were proven to be statistically significant</li> <li>Variety of interventions implemented that were aimed at serving the members and providers, as well as the MCO</li> </ul>	<ul style="list-style-type: none"> <li>PIP was difficult to follow due to multiple inconsistencies, specifically related to data reporting, analysis and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>AH-IMC: Statistically significant change; p-value &lt;.01</li> <li>BHSO: No statistically significant change</li> </ul>

Summary of MHW’s PIP Validation					
PIP Title: Improving the Member Experience with Timely Access to Care					
Domain: Timeliness					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Not Met	Yes	High confidence in reported results	<ul style="list-style-type: none"> <li>Sustained improvement through repeated measurement was evident over the course of this PIP</li> </ul>	<ul style="list-style-type: none"> <li>Statistical evidence for obtaining care right away was not achieved. Covid 19 pandemic may have influenced this result</li> </ul>	<ul style="list-style-type: none"> <li>Q4 - Obtained Needed Care Right Away: No statistically significant change, p-value .029056</li> <li>Q6 - Obtained Appt for Care as Soon as Needed: Statistically significant change; p-value .001747</li> </ul>
PIP Title: Improving Member Experience for BHSO Adult Members					
Domain: Quality					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>Statistical improvements in three out of four areas of study</li> </ul>	<ul style="list-style-type: none"> <li>1st remeasurement year</li> <li>Population not defined in Aim statement per HCA standards</li> </ul>	<ul style="list-style-type: none"> <li>How often were you able to obtain a routine appointment as soon as you wanted? Statistically significant change; p-value .0464</li> <li>Do you believe that your provider explains things to you carefully? Statistically significant change; p-value .0071</li> <li>Do you believe that your Health Plan provides helpful customer service? Statistically significant change; p-value .0096</li> <li>Using any number from 0-10, where 0 is the worst Health Plan possible and 10 is the best Health Plan possible, what number would you use to rate your Health Plan? No statistically significant change.</li> </ul>

## 2022 PIP Summary by MCP: UHC

The following PIPs were submitted by the MCP for validation (Table 19).

**Table 19. UHC’s PIPs.**

Summary of UHC’s PIP Validation					
PIP Title: Increasing Anti-depressant Medication Management Rates					
Domain: Access, Quality					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Met	Yes	High confidence in reported results	<ul style="list-style-type: none"> <li>Statistical significance demonstrated through both remeasurement years</li> </ul>	<ul style="list-style-type: none"> <li>More robust analysis of barriers is recommended</li> <li>Clearly label all tables and graphs</li> <li>Additional analysis of comparison across entities would be beneficial</li> </ul>	HEDIS: <ul style="list-style-type: none"> <li>AMM, Acute Phase: Statistically significant change; 95% confidence interval</li> <li>AMM, Continuation Phase: Statistically significant change; 95% confidence interval</li> </ul>
PIP Title: Behavioral Health Services Only – Jail Transition Medication Compliance					
Domain: Access, Quality					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>Improvement in PIP performance from previous year</li> <li>MCP engaged in different strategies for recruitment and had significant increase in participation</li> </ul>	<ul style="list-style-type: none"> <li>Continued to have difficulty in enrolling members</li> <li>Did not yield statistically significant results</li> <li>Needs to create a more concise inter-rater reliability process for ad-hoc data collection tools</li> </ul>	<ul style="list-style-type: none"> <li>Enrollees who enrolled in care coordination services, compliance with treatments post release from jail. No statistically significant change.</li> </ul>
PIP Title: Increasing the ADD (ADHD Medication Adherence) Initiation Phase HEDIS Measure Rate					
Domain: Access, Timeliness					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results

Summary of UHC’s PIP Validation					
Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>Overall statistical improvement since beginning in 2019 when compared to 2021</li> </ul>	<ul style="list-style-type: none"> <li>Plateauing improvement during the 2021 year and no improvement over 2020 results</li> </ul>	<ul style="list-style-type: none"> <li>HEDIS – ADD, Initiation Phase: No statistically significant change</li> </ul>
<b>PIP Title: IMC Non-Clinical PIP – Improving Diabetic Education and Diabetes Measures Outcome Rates</b> <b>Domain: Quality</b>					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Not Met	Yes	High confidence in report results	<ul style="list-style-type: none"> <li>Statistical improvement in diabetic education rates</li> </ul>	<ul style="list-style-type: none"> <li>Increase in diabetic education rates did not translate statistical improvement in A1c scores &lt;8</li> <li>Aim statement did not include the population/time period</li> <li>PDSA not addressed through the 2021 cycle per HCA standards</li> </ul>	<ul style="list-style-type: none"> <li>HEDIS – CDC, HbA1c Control &lt; 8.0%: No statistically significant change</li> </ul>
<b>PIP Title: Non-Clinical PIP: Improving Coordination of Care Communications Between Behavioral Health Providers and the Referring Provider(s)</b> <b>Domain: Quality, Timeliness</b>					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Not Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>Overall good study design, thoughtful intervention</li> <li>Statistical change in measured item</li> </ul>	<ul style="list-style-type: none"> <li>Not clear that the intervention itself was the cause of the change since baseline was 97% before this year’s intervention</li> <li>Lacked information regarding external validity, no information regarding PDSA cycle/process.</li> </ul>	<ul style="list-style-type: none"> <li>Coordination of Care communications from BH providers: Statistically significant change; 95% confidence interval</li> </ul>

## Summary of 2022 MCP PIP Scores

It should be noted that this year the *CMS Protocol 1 Validation of Performance Improvement Projects (PIPs)* was fully implemented. Some MCPs had trouble with the shift to a more concise study design perspective such as the Aim statement which formerly, under *CMS Protocol 3 Validation of Performance Improvement Projects (PIPs)*, was a study question. The new protocol also includes an increased focus on the performance measures and their results within the PIPs.

In this review cycle, TEAMonitor spent more time and effort with each of the MCPs to provide more guidance during the PIP implementation process on items such as Aim statements, conceptual frameworks, and PDSA cycling and how to address these items in the PIP reports. TEAMonitor meetings with the MCPs included discussion of the initial PIP reviews and monthly reviews to provide guidance on any issues that arose. As many of the PIPs were focused on the behavioral health system, TEAMonitor also offered guidance from a traditional health quality standpoint.

Post -review, TEAMonitor continues to provide additional guidance and technical assistance based on PIP results. In November of 2022, TEAMonitor reviewed the PIP tips given to the MCPs with updates based on MCP performance from the last year. While in December 2022, TEAMonitor discussed the PIP validation worksheets.

Below is the summary of the scores the MCPs received:

- **Collaborative: AMG, CCW, CHPW, MHW and UHC** – PIPs: 1 Met (Included in individual MCP count below)
- **AMG** – PIPs: 2 Met, 2 Not Met
- **CCW** – PIPs: 1 Met, 2 Partially Met, 2 Not Met
- **CHPW** – PIPs: 5 Met, 2 Not Met
- **MHW** – PIPs: 2 Met, 1 Partially Met, 3 Not Met (MCP did not submit a required BHSO PIP)
- **UHC** – PIPs: 4 Met, 2 Not Met

## 2022 EQRO PIP Recommendations Based on TEAMonitor CAPs

TEAMonitor CAPs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP's PIPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, the following recommendations may not be indicative of current performance. A follow-up of the current year's EQRO recommendations will be reflected in the 2023 Annual Technical Report.

- **AMG:** The MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:
  - Identification of internal/external threats to validity
  - A feasible data collection process

In addition to the elements above the narrative should address actions that can be taken to improve the current active (2022) PIPs and describe how the deficiencies in this year's PIP report and feedback from HCA will be used to make constructive changes in the (2022) PIPs.

- **CCW:** The MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:
  - Adherence to HCA standards regarding:



- Unclear AIM statements
- Addressing the project population in section 3.1
- Addressing PDSA in section 8.3
- Lack of symmetry between variables, data collection and analysis plan

In addition to the elements above the narrative should address actions that can be taken to improve the current active (2022) PIPs and describe how the deficiencies in this year's PIP report and feedback from HCA will be used to make constructive changes in the (2022) PIPs.

- **CHPW:** The MCP did not receive an EQRO recommendation based on a TEAMonitor CAP in 2022.
- **MHW:** To address the finding the MCP will participate in a quarterly Technical Assistance (TA) meeting with HCA listed under HCA issue number 26899. The TA meeting will be used to review and discuss any potential barriers and work towards ensuring successful outcomes.

The MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:

- Inconsistent data reporting and data interpretation
- Incomplete data results - no statistical significance test comparing results of MY2021 to MY2020
- PDSA was not completed per HCA standards

In addition to the elements above the narrative should address actions that can be taken to improve the current active (2022) PIPs and describe how the deficiencies in this year's PIP report and feedback from HCA will be used to make constructive changes in the (2022) PIPs.

- **UHC:** The MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:
  - Adherence to HCA standards regarding:
  - Aim statement did not include population or time-period
  - Addressing the project population in section 3.1
  - Addressing PDSA in section 8.3
  - Unclear numerical and graphic presentation of results. (Repeat finding)
  - Lack of documentation of threats to internal and external validity. (Repeat finding)

In addition to the elements above the narrative should address actions that can be taken to improve the current active (2022) PIPs and describe how the deficiencies in this year's PIP report and feedback from HCA will be used to make constructive changes in the (2022) PIPs.

To address the repeat findings the MCP will participate in a quarterly Technical Assistance (TA) meeting with HCA listed under HCA issue number 26899. The TA meeting will be used to review and discuss any potential barriers and work towards ensuring successful outcomes. The MCP should contact HCA to set up the first meeting in October 2022.

## Summary of Previous Year (2021) PIP EQRO Recommendations Based on TEAMonitor CAPs

Table 20 shows the results of the previous year EQRO recommendations and the degree which the plans addressed the recommendations.

The responses submitted by the MCPs to the 2021 PIP EQRO Recommendations based on TEAMonitor CAPs were reviewed and accepted with the following responses:

Degree to which plans have addressed the previous year's EQRO recommendation key:

- **Low** – CAP Not Met
- **Medium** – CAP Partially Met
- **High** – CAP Met
- **NA** – No CAP Received

**Table 20. Previous Year (2021) EQRO PIP Recommendation Based on TEAMonitor CAP Follow-Up.**

MCP	EQRO Response	Degree Addressed
AMG	The MCP did not receive an EQRO recommendation based on a TEAMonitor CAP in 2021.	NA
CCW	Met – Corrective action is completed. No further action required. The MCP provided the required documentation to address the finding as part of the 2021 Corrective Action review process.	High
CHPW	Met – Corrective action is completed. No further action required. The MCP provided the required documentation to address the finding as part of the 2021 Corrective Action review process.	High
MHW	Met – Corrective action is completed. No further action required. The MCP provided the required documentation to address the finding as part of the 2021 Corrective Action review process.	High
UHC	Not Met – Correction of CAP required. Repeat finding. <ul style="list-style-type: none"> <li>• Unclear numerical and graphic presentation of results</li> <li>• Lack of documentation of threats to internal and external validity</li> </ul>	Low

For a detailed summary, please see the individual PIP summary section of the applicable MCP profile in Appendix A.

# Performance Measure Review

## Objective

Performance measures are used to monitor the performance of the individual MCPs at a point in time, to track performance over time, to compare performance among MCPs, and to inform the selection and evaluation of quality improvement activities. States specify standard performance measures which the MCPs must include in their QAPI program.

This section contains results of the following areas of performance measure validation and comparative analysis that was completed in 2022.

## Performance Measure Validation

### Overview

Validation is a required EQR activity used to determine the extent to which performance measures calculated by the MCP follow state specifications and reporting requirements and is consistent with *EQR Protocol 2. Validation of Performance Measures*.

### Methodology

Performance Measure Validation is conducted through the HEDIS Compliance Audit by Aqurate Health Data Management, Inc.

## Technical Methods of Data Collection/Description of Data Obtained

### HEDIS Compliance Audit Process

The MY2021 HEDIS compliance audit process was conducted according to the standards and methods described in the NCQA *HEDIS® Compliance Audit™ Standards, Policies and Procedures*. The audit had the following components:

- An overall assessment of the capability of information systems to capture and process the information required for reporting (also referred to as ISCA)
- An evaluation of the processes that were used to prepare individual measures
- An assessment of the accuracy of rates reported

Comagine Health received the MCP FARs from Aqurate Health Data Management, Inc., an independent organization providing performance measure validation review and HEDIS compliance audits, which conducted the 2021 MCP HEDIS audits. Comagine Health then assessed the FAR to determine and develop EQR findings and recommendations.

### Summary of MCP's 2021 HEDIS Final Audit Report (FAR)

All MCPs were in full compliance with the 2021 audits. Comagine Health did not identify any strengths, opportunities for improvement/weaknesses or recommendations for any MCP during the 2021 PMV.

Table 21 shows the MCP's results for each standard addressed in the MCP's FAR.

**Table 21. Summary of MCP's 2021 HEDIS Final Audit Report.**

Information System Standard	MCP				
	AMG	CCW	CHPW	MHW	UHC
IS 1.0 Medical Services Data	Met	Met	Met	Met	Met
IS 2.0 Enrollment Data	Met	Met	Met	Met	Met
IS 3.0 Practitioner Data	Met	Met	Met	Met	Met
IS 4.0 Medical Record Review Process	Met	Met	Met	Met	Met
IS 5.0 Supplemental Data	Met	Met	Met	Met	Met
IS 6.0 Data Preproduction Processing	Met	Met	Met	Met	Met
IS 7.0 Data Integration and Reporting	Met	Met	Met	Met	Met
IS 8.0 Case Management Data: Long-Term Services and Support (LTSS)	NA	NA	NA	NA	NA
IS HD 5.0 Outsourced or Delegated Reporting Function	NA	NA	NA	NA	NA

## Washington State-Developed Performance Measure Validation Objectives

Performance measures are used to monitor the performance of the MCPs at a point in time, to track performance over time, to compare performance among MCPs, and to inform the selection and evaluation of quality improvement activities. Validation is required per 42 CFR §438.330(c).

### Overview

The state monitors and self-validates the following three measures reflecting services delivered to Apple Health enrollees:

- Mental Health Service Rate (Broad version) [MH-B]\*: formerly Mental Health Service Penetration – Broad Definition (MH-B)
- Substance Use Disorder (SUD) Treatment Rate\*: formerly Substance Use Disorder Treatment Penetration (SUD)
- Home and Community-Based Long-Term Services and Supports Use (HCBS)

*\*These two measures are also required VBP measures and are monitored for the Integrated Managed Care and Foster Care programs.*

The Mental Health Service Rate metric is a state-developed measure of access to mental health services (among persons with an indication of need for mental health services). The Substance Use Disorder (SUD) Treatment Rate metric is a state-developed measure of access to SUD treatment services (among persons with an indication of need for SUD treatment services). The Home and Community-Based Long-Term Services and Supports Use metric is a state developed measure of receipt of home and community-based services (among those who need LTSS).

HCA partners with the Department of Social and Health Services RDA to measure performance. Data is collected via the administrative method, using claims, encounters and enrollment data and assessed on a quarterly basis.

Performance measure validation is used to determine the accuracy of the reported performance measures and the extent to which performance measures follow state specifications and reporting requirements. Outlined below are the findings of HCA's validation of these three measures.

### Technical Methods of Data Collection

HCA conducted the performance measure validation for these measures based on the CMS EQR Protocol 2, *"Validation of Performance Measures."*

### Description of Data Obtained

All payers' integrated data is utilized, which includes a ProviderOne Medicaid Management Information System (MMIS) data repository and a Medicare data repository for persons dually eligible for Medicare and Medicaid. Annual review of performance is done for these measures with interim monitoring on a quarterly basis, reviewing the performance of these measures for IMC and BHSO populations.

Table 22 shows the population and age bands reported for MY2021.

**Table 22. RDA Performance Measure Reporting Population and Age Bands MY2021.**

Measure	IMC Only (6-64)	IMC Only (12-64)	IMC Only (18-64)	IMC & BHSO (6-64)	IMC & BHSO (12-64)	IMC & BHSO (18+)	BSHO Only (6-17)	BSHO Only (12-17)	BHSO Only (18+)
MH-B	✓	–	–	✓	–	–	✓	–	✓
SUD	–	✓	–	–	✓	–	–	✓	✓
HCBS	–	–	✓	–	–	✓	–	–	✓

The RDA division produces and validates the quarterly and annual measures. The measure production process includes the monitoring of multi-year trends in numerators, denominators and rates, which helps inform regular assessment of data completeness and data quality before information is released. However, the RDA team that produces this measure is not responsible for (or resourced for) validating the accuracy and completeness of the underlying service encounter and Medicaid enrollment data.

### Data Aggregation and Analysis

HCA partners with Department of Social and Health Services RDA Division to measure performance for the Apple Health population. Within the 1915b waiver (November 2019), HCA has been approved to self-validate measures produced by RDA. No sampling is conducted, as all eligible enrollees are included in the measures. Data is collected via the administrative method only, using claims, encounters and enrollment data.

### Summary of HCA Performance Measure Validation Results

Tables 23-25 show the rates for the MH-B, SUD and HCBS measures in MY2019–MY2021.

**Table 23. Statewide Performance Measures Results: MH-B.**

Statewide Performance Measure	MY2019 Rate				MY2020 Rate				MY2021 Rate			
	IMC Only (6-64)	IMC & BHSO (6-64)	BSHO Only (6-17)	BHSO Only (18+)	IMC Only (6-64)	IMC & BHSO (6-64)	BSHO Only (6-17)	BHSO Only (18+)	IMC Only (6-64)	IMC & BHSO (6-64)	BSHO Only (6-17)	BHSO Only (18+)
Numerator	209,428	218,181	696	12,533	226,591	239,850	1,011	18,193	254,848	267,846	929	18,091
Denominator (N)	381,810	396,351	1,012	26,693	420,257	443,719	1,510	39,155	469,702	492,954	1,401	38,558
Rate	54.9%	55.0%	68.8%	47.0%	53.9%	54.1%	67.0%	46.5%	54.3%	54.3%	66.3%	46.9%

**Table 24. Statewide Performance Measures Results: SUD.**

Statewide Performance Measure	MY2019 Rate				MY2020 Rate				MY2021 Rate			
	IMC Only (12-64)	IMC & BHSO (12-64)	BSHO Only (12-17)	BHSO Only (18+)	IMC Only (12-64)	IMC & BHSO (12-64)	BSHO Only (12-17)	BHSO Only (18+)	IMC Only (12-64)	IMC & BHSO (12-64)	BSHO Only (12-17)	BHSO Only (18+)
Numerator	44,066	45,200	17	1,290	51,103	52,973	30	2,154	53,823	55,708	31	2,171
Denominator (N)	118,938	122,760	76	6,731	133,042	140,055	131	10,217	142,428	149,502	126	10,221
Rate	37.0%	36.8%	22.4%	19.2%	38.4%	37.8%	22.9%	21.1%	37.8%	37.3%	24.6%	21.2%

**Table 25. Statewide Performance Measures Results: HCBS. (MY2021 is the first of RDA self-validation for this measure).**

Statewide Performance Measure	MY2021 Rate		
	IMC Only (18-64)	IMC & BHSO* (18+)	BHSO Only (18+)
Numerator	140,694	661,769	521,075
Denominator (N)	146,674	744,413	597,739
Rate	95.9%	88.9%	87.2%

\*Excluding small proportion of IMC LTSS clients age 65+.

HCA's tool, based on CMS EQR Protocol 2, "*Validation of Performance Measures*," Worksheet 2.2, was used to determine if validation requirements were met.

**Validation Key**

- **Yes:** The RDA's measurement and reporting process was fully compliant with state specifications.
- **No:** The RDA's measurement and reporting process was not fully compliant with state specifications.
- **N/A:** The validation component was not applicable.

Table 26 shows results of the validation of the MH, SUD and HCBS measures in MY2021.



**Table 26. Results of Washington State Developed Performance Measure Validation, MY2021.**

Component	Validation Element	Meets Validation Requirements MH	Meets Validation Requirements SUD	Meets Validation Requirements HCBS
<b>Documentation</b>	Did appropriate and complete measurement plans and programming specifications exist, including data sources, programming logic, and computer source code?	Yes	Yes	Yes
	Were internally developed codes used?	Yes	Yes	Yes
<b>Denominator</b>	Were all the data sources used to calculate the denominator complete and accurate?	Yes	Yes	Yes
	Did the calculation of the performance measure adhere to the specifications for all components of the denominator?	Yes	Yes	Yes
<b>Numerator</b>	Were the data sources used to calculate the numerator complete and accurate?	Yes	Yes	Yes
	Did the calculation of the performance measure adhere to the specifications for all components of the numerator?	Yes	Yes	Yes
	If medical record abstraction was used, were the abstraction tools adequate?	N/A	N/A	N/A
	If the hybrid method was used, was the integration of administrative and medical record data adequate?	N/A	N/A	N/A
	If the hybrid method or medical record review was used, did the results of the medical record review validation substantiate the reported numerator?	N/A	N/A	N/A
<b>Sampling</b>	Was the sample unbiased? Did the sample treat all measures independently? Did the sample size and replacement methodologies meet specifications?	N/A	N/A	N/A
<b>Reporting</b>	Were the state specifications for reporting performance measures followed?	Yes	Yes	Yes

## Analyses and Conclusions

Based on the validation process completed for each performance measure, the measures meet audit specifications and are reportable by the state. Comagine Health did not identify any strengths or opportunities for improvement/weaknesses during the 2021 performance measure validation (PMV).

## Recommendations for Improvement

It would be beneficial for RDA to develop cross-validation activities in partnership with HCA's Analytics, Research, and Measurement team. However, given the workload demands on state agency analytic teams supporting other agency operations, this may not be a feasible undertaking in the 2022 Measurement Year.

Cross-agency work has begun to review mental illness and substance use disorder diagnosis code sets that underly current measurement specs, and we anticipate future modifications such as addition of selected eating disorders (e.g., anorexia/bulimia) and personality disorders (e.g., borderline personality disorder) to the mental illness diagnosis code set. These changes are not expected to have a significant impact on measure results.

## Progress Made from Prior Year's Recommendations

Last year, RDA anticipated that this year's validation report might explore opportunities for measurement process improvement in greater detail, including the potential to leverage cross-validation opportunities presented by working in partnership with HCA's Analytics, Research, and Measurement team. However, workload demands on state agency analytic teams rendered this to be an unrealistic goal over the past year.

Significant work has been done to identify enhancements to code sets used for the MH and SUD Treatment Rate measures, and RDA anticipates that those coding enhancements will be implemented in the 2022 Measurement Year.

## Performance Measure Comparative Analysis

### Objectives

Federal regulations at 42 CFR § 438.330(c) require states to specify standard performance measures for MCPs to include in their comprehensive QAPI programs. Each year, the MCPs must:

- measure and report to the state the standard performance measures specified by the state;
- submit specified data to the state which enables the state to calculate the standard performance measures; or
- a combination of these approaches.

### Overview

This section contains results of the following areas of performance measure comparative analysis related to the EQR in Washington in 2021:

- **Healthcare Effectiveness Data and Information Set (HEDIS) measures:**
  - MCPs are required to annually report results of their performance on measures reflecting the levels of quality, timeliness and accessibility of health care services furnished to the state’s Medicaid enrollees. Comagine Health analyzed MCP performance on HEDIS measures for the calendar year (CY) 2021 (see more about HEDIS measures in the section, HEDIS and RDA Performance Measure Analysis, that follows).
- **Statewide Behavioral Health Measures:**
  - At HCA’s instruction, Comagine Health also assessed statewide performance on the two non-HEDIS behavioral health measures that are calculated by the Department of Social and Health Services RDA Division: Mental Health Service Rate (Broad version), formerly Mental Health Service Penetration – Broad Definition measure, and Substance Use Disorder (SUD) Treatment Rate, formerly Substance Use Disorder Treatment Penetration.
  - In addition, the state monitors and self-validates these two measures, both reflecting behavioral health care services delivered to Apple Health enrollees. RDA reviewed and validated performance rates for the two measures to determine impact and need for this program’s population. Validated performance rates for these two measures are included in this section, starting on page 56.

### HEDIS and RDA Measure Analysis

The performance of Apple Health MCPs in delivering accessible, timely, quality care and services to enrollees can be measured quantitatively through HEDIS, a widely used set of health care performance measures reported by health plans and developed by the National Committee for Quality Assurance (NCQA). HEDIS results can be used by the public to compare plan performance over six domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization

- Health Plan Descriptive Information
- Measures Collected Using Electronic Clinical Data Systems

They also allow MCPs to determine where quality improvement efforts may be needed.<sup>16</sup> The HEDIS data are derived from provider administrative and clinical data.

With HCA's approval, Comagine Health focused on 42 measures for the majority of analysis and comparison rather than the full list of HEDIS measures reported by the MCPs. These 42 measures also included the two Washington behavioral health measures (also referred to as RDA measures) as they reflect current HCA priorities and are part of the Statewide Common Measure Set. They also represent a broad population base or population of specific or prioritized interest.

To be consistent with NCQA methodology, the 2021 calendar is referred to as measure year 2021 (MY2021) in this report. Historical measure results are also reported by the measurement year; for example, results for calendar year 2019 are reported as MY2019. The results from these analyses can be found in the *2022 EQR Performance Measure Comparative Analysis Report*.

For a full description of the performance measure comparative methodology, please see Appendix D.

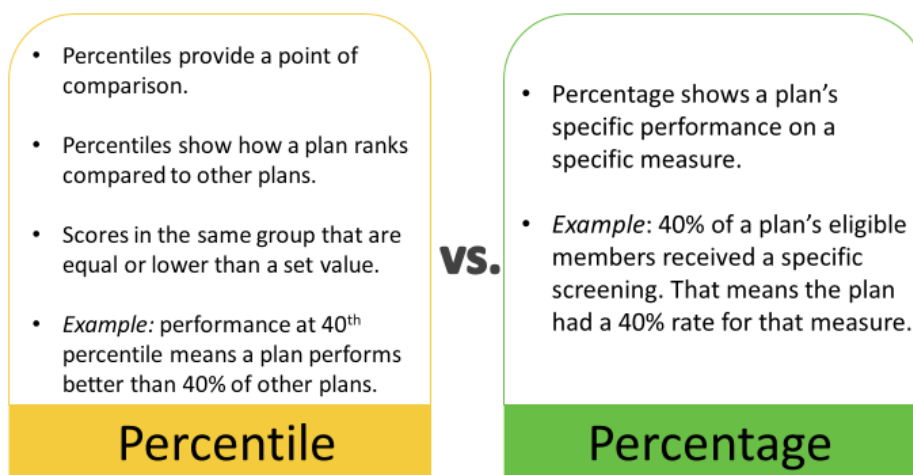
### National Quintiles

The national benchmarks included in this report are displayed as quintiles, which divide performance by the 20<sup>th</sup>, 40<sup>th</sup>, 60<sup>th</sup> and 80<sup>th</sup> national percentiles. The national percentiles give a benchmark, or point of comparison, to assess how Plan A's performance compares to other plans. This is especially important in identifying high priority areas for quality improvement. For example, if Plan A performs below the 50<sup>th</sup> percentile, we can conclude there is considerable room for improvement given the number of similar plans that performed better than Plan A. However, if Plan A performs above the 75<sup>th</sup> percentile, we can conclude that performance on that particular measure already exceeds the performance of most other plans and that improving the actual rate for that measure may not be the highest priority for this plan.

Figure 13 shows the differences between percentiles and percentages in the context of this report.

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<sup>16</sup> NCQA. HEDIS and Performance Measurement. Available at: <http://www.ncqa.org/HEDISQualityMeasurement/WhatisHEDIS.aspx>.

**Figure 13. Percentile vs. Percentage.**

## Summary of Performance Measure Results/Conclusions

Comagine Health used HEDIS data to perform comparisons among MCPs and against national benchmarks, as well as to identify variations in measure performance across regions, Apple Health programs and demographic groups.

The RDA measure analysis was limited due to a lack of national benchmarks and detailed data that would allow Comagine Health to stratify the data by region, Apple Health programs or demographic groups.

### Access to Care Measures

HEDIS access to care measures relate to whether enrollees are able to access primary care providers at least annually, whether children are able to access appropriate well-child and well-care services, and whether pregnant women are able to access adequate prenatal and postpartum care. These measures reflect the accessibility and timeliness of care provided.

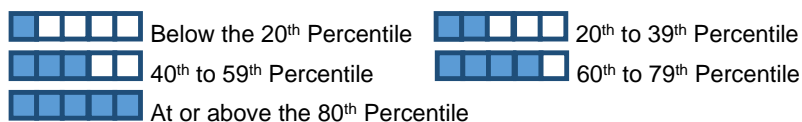
Access for adults improved between MY2018 and MY2019; however, results declined between MY2019 and MY2020 and between MY2020 and MY2021. The state remains below the national 40<sup>th</sup> percentile for both adult age bands reported in Table 27.

Note the former well-child visit measures were retired and replaced with new measures in MY2020 that cover the entire age span for children from birth to 21 years of age. The specifications for the new well-child visit measures changed substantially, and do not allow comparisons to historical measure results so only MY2020 and MY2021 are reported. There was a decline in well-visits for children ages 15-30 months; children in the older age bands (3 to 21) saw a marked improvement between MY2020 and MY2021. Statewide access measures for children younger than 30 months are between the 40<sup>th</sup> and 59<sup>th</sup> percentile. children and adolescents between ages 3 and 21 are below the 40<sup>th</sup> percentile when compared to national benchmarks.

Note that there were significant changes in the measure specifications for the maternal health measure between MY2018 and MY2019 that did not allow Comagine Health to report historical data for MY2018. Performance in this category is between the 60<sup>th</sup> and 79<sup>th</sup> percentile for both the Timeliness of Prenatal

Care and Postpartum Care measures. The state also saw improvement for both measures between MY2020 and MY2021.

Table 27 displays the statewide results of these measures for the last four reporting years. The national benchmarks included in this report are displayed as quintiles, which divide performance by the 20<sup>th</sup>, 40<sup>th</sup>, 60<sup>th</sup> and 80<sup>th</sup> national percentiles. Note that the small blue squares reflect quintiles and their corresponding national percentile ranges.



**Table 27. Access to Care HEDIS Measures, MY2018–MY2021.**

Measure	MY2018 State Rate	MY2019 State Rate	MY2020 State Rate	MY2021 State Rate	MY2021 National Quintile*
<b>Adults’ Access to Preventive/Ambulatory Health Services</b>					
20–44 years	73.1	74.1	70.9	69.5	
45–64 years	80.2	80.5	77.2	76.8	
<b>Well-Child Visits**</b>					
First 15 months	NR	NR	54.0	54.1	
15-30 months	NR	NR	68.4	64.3	
3–11 years	NR	NR	46.9	53.4	
12–17 years	NR	NR	34.8	47.8	
18-21 years	NR	NR	17.7	19.9	
<b>Maternal Health</b>					
Timeliness of Prenatal Care***	NR	87.2	82.7	87.5	
Postpartum Care***	NR	73.6	76.7	79.3	

NR indicates not reported.

\*Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.

\*\* New measures for MY2020.

\*\*\* Due to significant changes in the measure specifications for MY2019, MY2018 data is not displayed for this measure.

### Preventive Care

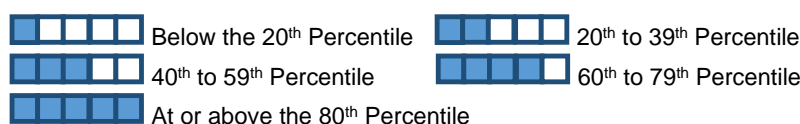
Preventive care measures relate to whether enrollees receive adequate preventive care needed to prevent chronic conditions or other acute health problems. These measures reflect access and quality. Table 28 shows the results for these measures.

The performance of the weight assessment and counseling measures has been volatile over the time periods reported. This is likely due to the relatively small denominators for these hybrid measures. These measures are all below the 40<sup>th</sup> percentile for MY2021.

Two children’s immunization rates were reported: Combination 3 and Combination 10. Note that Combination 2 was reported in previous years; it was retired in MY2021 so we are reporting Combination 3 instead. There are also two adolescent immunization rates reported: Combination 1 and Combination 2. Performance on these measures has been declining since MY2019. The children’s Combination 3 measure is between the 40<sup>th</sup> and 59<sup>th</sup> percentile in MY2021; Combination 10 is above the 60<sup>th</sup> percentile but below the 80<sup>th</sup>. The two adolescent rates are below the 40<sup>th</sup> percentile.

The lead screening in children measure is below the 20<sup>th</sup> percentile for MY2021.

There has been a steady decline in performance for the Breast Cancer Screening measure across all reporting periods. Cervical cancer and chlamydia screenings have been declining since MY2019. All three of the women’s health measures were below the 40<sup>th</sup> percentile in MY2021.



**Table 28. Preventive Care HEDIS Measures, MY2018–MY2021.**

Measure	MY2018 State Rate	MY2019 State Rate	MY2020 State Rate	MY2021 State Rate	MY2021 National Quintile*
<b>Weight Assessment and Counseling</b>					
Children’s BMI Percentile	72.2	73.1	69.6	75.7	
Children’s Nutrition Counseling	61.8	62.8	59.7	63.6	
Children’s Physical Activity Counseling	57.5	58.6	56.3	61.8	
<b>Immunizations</b>					
Children’s Combination 3	70.0	70.7	64.8	62.2	
Children’s Combination 10	41.5	42.1	41.7	38.8	
Adolescents’ Combination 1	76.0	77.4	75.0	73.0	
Adolescents’ Combination 2	36.7	41.4	39.6	32.5	
<b>Pediatric Screenings</b>					
Lead Screening in Children	31.7	29.8	33.7	34.5	
<b>Women’s Health Screenings</b>					
Breast Cancer Screening	54.5	52.0	48.0	44.9	
Cervical Cancer Screening	57.7	60.5	58.6	54.1	
Chlamydia Screening	54.2	53.6	49.9	50.3	

\*Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.

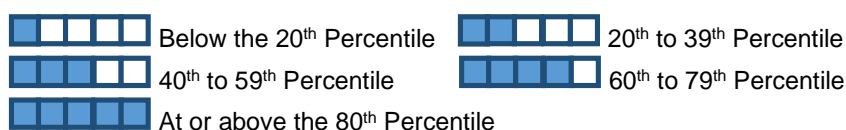
### Chronic Care Management

Chronic care management measures relate to whether enrollees with chronic conditions can receive adequate outpatient management services to prevent worsening of chronic conditions and more costly inpatient services. These measures reflect access and quality. Table 29 shows these results.

Statewide performance on the diabetes care measures declined between MY2019 and MY2020. There was improvement on these measures between MY2020 and MY2021 except for the eye exam measure, although performance has not returned to the level seen in MY2019. The blood pressure control and kidney health evaluation measures are above the 80<sup>th</sup> percentile for MY2021, although there is still room for improvement in terms of actual performance. The measures for HbA1c testing and poor HbA1c control (>9.0%) are above the 60<sup>th</sup> percentile but below the 80<sup>th</sup>; the eye exam and HbA1c control (<8.0%) measures are between the 40<sup>th</sup> and 59<sup>th</sup> percentile.

Statewide performance improved for the Controlling High Blood Pressure (<140/90) measure between MY2020 and MY2021. Performance was above the 60<sup>th</sup> percentile but below the 80<sup>th</sup> for this measure.

Performance has been steadily improving for the Asthma Medication Ratio measure. The statewide performance was between the 40<sup>th</sup> and 59<sup>th</sup> percentile for MY2021.



**Table 29. Chronic Care Management HEDIS Measures, MY2018–MY2021.**

Measure	MY2018 State Rate	MY2019 State Rate	MY2020 State Rate	MY2021 State Rate	MY2021 National Quintile*
<b>Diabetes Care</b>					
HbA1c Testing	89.5	89.5	84.7	87.2	
Eye Exam	58.5	59.1	51.6	50.7	
Blood Pressure Control (<140/90)***	NR	NR	68.4	71.1	
HbA1c Control (<8.0%)	50.3	51.9	51.9	51.1	
Poor HbA1c Control (>9.0%)**	37.1	34.5	37.5	36.7	
Kidney Health Evaluation****	NR	NR	43.0	43.5	
<b>Other Chronic Care Management</b>					
Controlling High Blood Pressure (<140/90)***	NR	NR	58.6	64.6	
Asthma Medication Ratio, Total	52.7	55.0	62.1	64.7	

\*Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.

\*\*Note that a lower score is better for this measure.

\*\*\* Due to significant changes in the measure specifications for MY2020, historical data is not displayed for this measure.

\*\*\*\* New measure for MY2020.



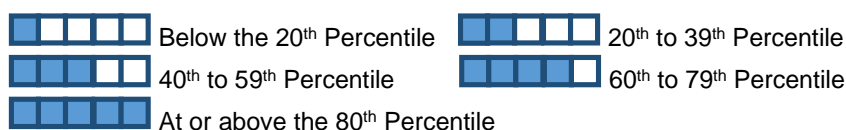
### Behavioral Health

Behavioral health measures relate to whether enrollees with mental health conditions or substance use disorders receive adequate outpatient management services to improve their condition. Positive behavioral health allows people to cope better with everyday stress, and engage in healthy eating, sleeping and exercise habits that can improve their overall health status. These measures reflect access and quality.

As shown in Table 30, the state saw improvements with several behavioral health measures between MY2019 and MY2020, and then either saw declines or remained flat. The exceptions have been the Antidepressant Medication Management, Follow-Up Care for Children Prescribed ADHD Medication (Continuation Phase) and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies measures which improved between MY2020 and MY2021. Note the Antidepressant Medication Management measures have been improving steadily since MY2018.






The state does perform well when compared to the national benchmarks. The Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), 30-Day Follow-Up measures are above the national 80<sup>th</sup> percentile for MY2021. The Follow-Up Care for Children Prescribed ADHD Medication and Follow-Up After Emergency Department Visit for Mental Illness measures are above the 60<sup>th</sup> percentile.

The Antidepressant Medication Management measures and the Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up measure are between the national 40<sup>th</sup> and 59<sup>th</sup> percentile. Note the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up is below the national 40<sup>th</sup> percentile for MY2021.



**Table 30. Behavioral Health HEDIS Measures, MY2018–MY2021.**

Measure	MY2018 State Rate	MY2019 State Rate	MY2020 State Rate	MY2021 State Rate	MY2021 National Quintile*
Antidepressant Medication Management (Acute Phase)	50.9	53.5	58.5	61.2	
Antidepressant Medication Management (Continuation Phase)	36.0	38.4	42.9	44.0	
Follow-Up Care for Children Prescribed ADHD Medication (Initiation Phase)	42.8	43.9	45.2	42.9	
Follow-Up Care for Children Prescribed ADHD Medication (Continuation Phase)	50.8	53.6	52.4	54.8	
Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total	35.1	32.0	40.2	35.9	

Measure	MY2018 State Rate	MY2019 State Rate	MY2020 State Rate	MY2021 State Rate	MY2021 National Quintile*
Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total	52.1	48.3	57.2	54.5	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), 7-Day Follow-Up, Total	8.6	16.6	18.8	19.4	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), 30-Day Follow-Up, Total	15.0	26.1	28.7	28.8	
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, Total	19.6	37.5	45.1	45.6	
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 30-Day Follow-Up, Total	31.9	51.0	57.8	58.9	

\*Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.

### Behavioral Health RDA Measures

In 2020, HCA requested that Comagine Health include the state behavioral health measures as part of the VBP measure recommendation process. Developed by RDA, these behavioral health measures (MH-B and SUD) were initially designed to capture how enrollees were being served across multiple systems. These measures have been utilized for many years to monitor access to care and utilization of services. Since financial integration has been fully implemented, it is important for HCA and the MCPs to continue to monitor these measures to ensure access and service goals are being met. Therefore, these behavioral health measures have been included as either a shared measure or plan-specific measure.

Table 31 shows the results of these two measures from MY2018 through MY2021. There have been statistically significant increases in the SUD Treatment Rate measure between MY2018 and MY2019 and between MY2019 and MY2020, followed by a statistically significant decline between MY2020 and MY2021. There was a statistically significant decline in the Mental Health Service Rate measure for the last two years.

**Table 31. Washington State Behavioral Health (RDA) Measures, MY2018–MY2021.**

Measures	MY2018 State Rate	MY2019 State Rate	MY2020 State Rate	MY2021 State Rate
Mental Health Service Rate*, Broad Definition (MH-B), 6-64 Years	55.2	56.0	53.9	54.3

Measures	MY2018 State Rate	MY2019 State Rate	MY2020 State Rate	MY2021 State Rate
Substance Use Disorder (SUD) Treatment Rate**, 12-64 Years	34.7	37.7	38.4	37.8

\*Formerly Mental Health Service Penetration – Broad Definition measure.

\*\*Formerly Substance Use Disorder Treatment Penetration.

These two measures are also as part of the Washington State Developed Performance Measure Validation.

## Summary of MCP Performance Measure Comparative Analysis

For details of each MCP's strengths and weaknesses/opportunities for improvement regarding the performance measure comparative analysis, please see Appendix A.

### Performance Measure Comparative Analysis State Recommendations

Based on the Performance Measure Comparative Analysis, the following recommendations highlight areas of focus, measures to proactively monitor in the light of the lingering impact of the COVID-19 pandemic, and opportunities to augment the current dataset to allow deeper future analysis related to health equity. Recommendations are in five areas:

- Sustain Improvement in Clinically Meaningful Areas
  - Continue the current work on behavioral health integration and the continuous quality improvement efforts associated with these measures.
  - Continued emphasis on important measure of Asthma Medication Ratio (AMR) to avoid the slippage in performance
  - Continued focus on prenatal and postpartum Care by all MCOs is recommended.
- Continue to leverage Value Based Payment incentives
  - Continued focus on the VBP incentive program, with an emphasis on selecting measures the MCOs can impact through care coordination or data sharing
  - Continuing statewide collaboratives that allow the entire health care community to focus on quality improvement efforts that minimize administrative burden for providers
- Address Behavioral Health Declines
  - Focus on behavioral health measures that have seen significant declines in performance, including:
    - Mental Health Service Rate Broad version (MH-B)
    - Opioid Use Disorder (POD)
  - Variation between MCOs suggests there is a potential for MCOs to improve performance through coordination of care efforts and through adoption of best practices.
- Focus on Access and Preventive Care
  - Focus on Access and Preventive Care measures that have seen significant declines, including:
    - Breast Cancer Screenings (BCS)

- Access to Preventive Care (AAP)
- Immunizations for Adolescents (IMA) – Combo 2
- Continue to prioritize Health Equity
  - Continue to coordinate efforts to support equity-centered managed care accountability through the value-based payment (VBP) program as well as quality and performance strategies to address disparities.
  - Continued collaboration with partners in Washington around health equity data, including the collection, analysis, reporting and community participation in validating and interpreting those data.

Please refer to the *2022 Comparative and Regional Analysis* for additional details and comprehensive recommendations.

# Value-Based Purchasing (VBP) Performance Measure Recommendation and Evaluation

## Objectives

As the EQRO for the State of Washington, Comagine Health is contracted to assess both Washington AH-IMC and AH-IFC MCP performance on measures reported by each plan and to recommend a set of priority measures that meets budget proviso, ESSB 5693 Sec.211 (37)(2022) specific criteria and best reflects the state's quality and value priorities—balancing cost and utilization—while ensuring quality care to enrollees. This recommendation process supports HCA's determination of the statewide VBP performance measure set. Measures will be assigned to the MCPs by HCA. The following year, the MCPs are evaluated on their performance on these assigned measures and be reimbursed according to their achievement level. This evaluation provides feedback to each MCP on their achievement of the state's quality initiative within the VBP strategy.

In addition to the recommendation process, Comagine Health is contracted to evaluate both AH-IMC and AH-IFC MCP performance on the VBP measures specific to each contract. Comagine Health identifies where plans have met the criteria for the return of withhold dollars, either by demonstrating year-over-year improvement in measure performance or by exceeding the contracted benchmarks for each measure.

## Overview

In 2022, the Washington Legislature updated the budget proviso requiring Washington HCA to select VBP metrics to be included in the contractual agreements with the Apple Health MCPs providing services to Medicaid enrollees.<sup>17</sup>

In August 2022, Comagine Health clinicians, analysts and program staff completed a rigorous review process using the criteria in the proviso and additional criteria and guidance from HCA to identify, review and select the recommended measures submitted in the *2022 Value-Based Purchasing Measures Analysis Report* to be evaluated in 2023.

In October 2022, Comagine Health delivered the *2022 EQR VBP Evaluation Spreadsheet* to HCA that included detail by contract and a separate *2022 Value-Based Payment Report Card* that presented the overall results of its evaluation. Comagine Health evaluated the VBP performance measures selected for the five AH-IMC contracted plans: AMG, CHPW, CCW, MHW and UHC. In addition, Comagine Health evaluated the performance for the IFC contract that is currently held by CCW.

In addition, in 2020, HCA updated its Quality Strategy to include expanded VBP across Washington State, supporting Washington State Medicaid Apple Health VBP principles and aims related to quality, access and timeliness of care. VBP performance by MCP is directly tied to the Quality Strategy.

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<sup>17</sup> Engrossed Substitute Senate Bill (ESSB) 5693 Sec.211 (37)(2022), State of Washington, 67<sup>th</sup> Legislature, 2022 Regular Session. Available at: <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/Senate/5693-S.SL.pdf>

## Methodology

### Technical Methods for Data Collection

#### Measure Selection

Apple Health MCPs are required to report results for certain HEDIS measures reflecting the levels of quality, timeliness and accessibility of health care services furnished to the state’s Medicaid enrollees. Many of these selected measures are also part of the Washington Statewide Common Measure Set on Health Care Quality and Cost, a set of measures that enables a common way of tracking important elements of health and health care performance intended to inform public and private health care purchasing.

In addition, the Department of Social and Health Services – RDA Division tracks several Washington State Behavioral Health measures for the Apple Health population that are reported by MCP.

As the EQRO for the State of Washington, Comagine Health is contracted to annually assess both Washington AH-IMC and AH-IFC MCP performance on these measures by each plan and to recommend a set of priority measures that meets the bill’s specific criteria and best reflects the state’s quality and value priorities—balancing cost and utilization—while ensuring quality care to enrollees. This recommendation and evaluation process supports HCA’s determination of the statewide VBP performance measure set.

In response to the proviso’s specific criteria, HCA selected seven recommended measures to be included in the MCP contracts for the 2022 performance year as VBP measures. These measures best reflect the state’s quality and value priorities—balancing cost and utilization—while ensuring quality care to enrollees. The measures also are substantive (i.e., tied to a strong evidence base and, where possible, focused on prevention) as well as clinically meaningful (i.e., the available data meaningfully approximates clinical care). More specifically, the measures were selected by applying the criteria included in the proviso. There are four shared measures reported by all plans<sup>18</sup>:

- At least one shared measure must be weighted toward having the potential to impact managed care costs
- At least one shared measure must be weighted toward population health management

Three additional quality focus performance measures were selected to be specific to each MCP. The MCP specific measures must<sup>19</sup>:

- Be chosen from the Washington Statewide Common Measure Set
- Reflect specific measures where an MCP has poor performance
- Be substantive and clinically meaningful in promoting health status

In addition to the VBP performance measures selected for the five IMC contracts, HCA also selected seven VBP performance measures for the IFC contract. These measures were also evaluated for this deliverable.

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<sup>18</sup> Note: ESSB 5693 Sec.211 (37)(2022), refers to “four common measures across each managed care organization.” For the purpose of this analysis, we are referring to these four measures as **shared** rather than **common** to avoid confusion with the Washington Statewide Common Measure Set.

<sup>19</sup> Engrossed Substitute Senate Bill (ESSB) 5693 Sec.211 (37)(2022), State of Washington, 67th Legislature, 2022 Regular Session. Available at: <https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/Senate/5693-S.SL.pdf>

## HEDIS Overview

HEDIS is one of health care's most widely used performance improvement tools among health care plans. The HEDIS data are derived from provider administrative and clinical data. HEDIS measures vary in how completely the corresponding data are captured in the course of clinical encounters and the degree to which administrative data correspond to the actual quality parameter they are designed to measure.<sup>20</sup>

In June 2022, Apple Health plans reported over 50 measures across five domains of care. Submitted measure rates reflect performance for calendar year 2021. To be consistent with NCQA methodology, the 2021 calendar year is referred to as the 2021 Measurement Year (MY2021) in this report.

## Washington State Behavioral Health Measure Overview

The state monitors and self-validates the following two measures, both reflecting behavioral health care services delivered to Apple Health enrollees:

- Mental Health Service Rate (Broad version) [MH-B]
- Substance Use Disorder (SUD) Treatment Rate

Please note the names of these measures changed. These two measures were formerly known as the Mental Health Service Penetration, Broad Definition (MH-B) and the Substance Use Disorder Treatment Penetration (SUD) measures. The specifications of these measures were also updated, but the changes will not affect the ability to make year-over-year comparisons.

The MH-B metric is a state-developed measure of access to mental health services (among persons with an indication of need for mental health services). The SUD metric is a state-developed measure of access to SUD treatment services (among persons with an indication of need for SUD treatment services). HCA partners with the Department of Social and Health Services RDA to measure performance. Data is collected via the administrative method, using claims, encounters and enrollment data, and assessed on a quarterly basis.

## Measure Weighting and Replacement

In addition to selecting the measures, HCA has included measure weighting in the contractual VBP methodology.

For the IMC contract, there are two shared measures that include multiple components or submeasures. The Antidepressant Medication Management (AMM) measure reports both an Effective Acute Phase Treatment and an Effective Continuation Phase Treatment component. The Prenatal and Postpartum Care (PPC) measure reports both the Timeliness of Prenatal Care and Postpartum Care component. Each of these components was given a half weight.

The Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase was given a zero weight for AMG, MHW and UHC. The measure includes services that occurred prior to the performance year and will not fully reflect the results of any performance improvement processes in the first year of

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<sup>20</sup> Tang PC, et al. Comparison of Methodologies for Calculating Quality Measures Based on Administrative Data versus Clinical Data from an Electronic Health Record System: Implications for Performance Measures. 2007. *JAMIA* 14(1):10-15.

measurement. The measure has been assigned to CCW and CHPW in performance year 2020, so these two MCPs were given a full weight for performance year 2021.

There are two components of the Child and Adolescent Well-Care Visit (WCV) included in the IFC contract: ages 12-17 and ages 18-21. Each of these components is given a half weight.

It is important to note that changes to measure sets and specifications will be an ongoing consideration for administering the Apple Health VBP program. HCA will need to continue to monitor the impact of these changes and make adjustments to the weighting and measures to ensure that reimbursement to the contracted plans is not negatively affected by changes to measures that are outside of the control of HCA or the plans themselves.

## Description of Data Obtained

The VBP analysis used the measure results from the Interactive Data Submission System files (HEDIS measures reported by plans) and the RDA measures.

## Data Aggregation and Analysis

### Performance Baseline Year and Benchmarking

Under the budget proviso, MCPs can earn back their withheld dollars if they are able to achieve either of the following:

- Demonstrate a statistically significant improvement over their previous year's performance on the plan specific measure(s)
- Achieve performance in the top national quartile (75<sup>th</sup> percentile) for the plan-specific performance measures

Note that for the purposes of the IMC and IFC contracts and VBP, HCA has defined statistically significant improvement as an improvement over the prior year's performance.

For the HEDIS measures, the previous year's performance is defined as the measure results from MY2020. The performance evaluation year is the measure results from MY2021.

For the Washington State Performance Measures, the previous year's performance is the 2020 Q4 measure results that were reported in July 2021. The performance evaluation year are the 2021 Q4 measure results that were reported in July 2022.

The HEDIS national 75<sup>th</sup> percentile benchmark for health maintenance organization (HMO) plans was obtained from the MY2020 NCQA Quality Compass<sup>®</sup> report published in September 2021. There are no national benchmarks for the Washington State Performance Measures. Instead, HCA has established that the benchmarks for these measures would be the second-highest performing MCP from the previous performance period (i.e., performance year 2020).

Note that CCW is the single MCP that is contracted to manage the IFC population. The HEDIS measure results for the general CCW population were used for the evaluation of the IFC contract. The RDA measures are specific to the foster care population.



## External Evaluation

In August 2022, Comagine Health shared preliminary evaluation results with HCA for the purpose of validating contracted measure benchmarks. HCA compared these results to their internal VBP performance tracking tool that was developed for budgeting and actuarial purposes. This was an additional step included in Comagine Health's standard quality control processes.

## Limitations

There were a few limitations that impacted the analysis as follows:

- **COVID-19 impact:** In March 2020, the State of Washington implemented a "Stay Home, Stay Healthy" order in response to the threat of the COVID-19 virus.<sup>21</sup> This order included limiting health care facilities to emergency services for the months of March and April 2020 and delaying elective procedures and other non-urgent treatment until later in the year. Effects of the "Stay Home, Stay Healthy" order along with other changes due to the pandemic lingered into 2021 and are still being felt. The performance for many of the MY2021 HEDIS measures may have been impacted as a result. This is particularly true for many of the preventive care and access measures. Other utilization may have decreased due to a lower incidence of flu and other respiratory illnesses due to the adherence to masking and social distancing.
- **State behavioral health measures:** There are no national benchmarks available for the Washington behavioral health measures.

Although NCQA publishes national benchmarks for Medicaid managed care plans, it should be noted that states do not submit data for every HEDIS measure. In the 2021 Quality Compass, the most recent set of benchmarks available, the number of states included in the HMO national benchmarks varied from 5 to 32.

## Summary of Conclusions

The following tables ("report cards") show how Washington Apple Health Plans performed in Performance Year 2020 which identifies where plans have met the criteria for the return of withhold dollars for the quality performance measure part of the value-based purchasing strategy. Criteria can be met either by demonstrating year-over-year improvement in measure performance or by exceeding the contracted benchmarks for each measure.

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<sup>21</sup> State of Washington, Office of the Governor. Proclamation 20-25: "Stay Home, Stay Healthy." March 2020. Available at: <https://www.governor.wa.gov/sites/default/files/proclamations/20-25%20Coronavirus%20Stay%20Safe-Stay%20Healthy%20%28tmp%29%20%28002%29.pdf>.

# 2022 Value-Based Payment (VBP) Report Card



This report card shows how Washington Apple Health Plans performed in Performance Year 2021 which identifies where plans have met the criteria for the return of withhold dollars for the quality performance measure part of the value-based purchasing strategy. Criteria can be met either by demonstrating year-over-year improvement in measure performance or by exceeding the contracted benchmarks for each measure.

Key:  Criteria Met  Criteria Not Met  NA Not applicable/Not contracted

Value-Based Payment Measure		Amerigroup Washington	Coordinated Care of Washington	Community Health Plan of Washington	Molina Healthcare of Washington	UnitedHealthcare Community Plan
<b>Total Percent Achieved for VBP Quality Performance Measures</b>		<b>83.3%</b>	<b>71.4%</b>	<b>71.4%</b>	<b>91.7%</b>	<b>83.3%</b>
<b>Washington Apple Health Integrated Managed Care (AH-IMC) Shared Measures - Four shared measures reported by all MCOs</b>						
Antidepressant Medication Management (AMM)	Effective Acute Phase Treatment	✓	✓	No	✓	✓
	Effective Continuation Phase Treatment	✓	✓	No	No	✓
Child and Adolescent Well-Care Visits (WCV), Age 3-11		✓	✓	✓	✓	✓
Prenatal and Postpartum Care (PPC)	Timeliness of Prenatal Care	✓	✓	✓	✓	✓
	Postpartum Care	✓	✓	✓	✓	✓
Mental Health Service Rate, Broad Definition (MH-B), Age 6-64, all MCO excluding BHSO		✓	No	✓	✓	✓
<b>Washington Apple Health Integrated Managed Care (AH-IMC) Plan-Specific Measures - Three quality focus performance measures specific to each MCO</b>						
Asthma Medication Ratio (AMR), Total		✓	✓	No	✓	No
Follow Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase		NA	No	✓	NA	NA
Substance Use Disorder (SUD) Treatment Rate, Age 12-64, all MCO excluding BHSO		No	✓	✓	✓	✓

# 2022 Value-Based Payment (VBP) Report Card



This report card shows how Coordinated Care of Washington, as the single MCO providing Apple Health Integrated Foster Care (AH-IFC) services, performed in Performance Year 2021 and identifies where the plan has met the criteria for the return of withhold dollars for the quality performance measure part of the value-based purchasing strategy. Criteria can be met either by demonstrating year-over-year improvement in measure performance or by exceeding the contracted benchmarks for each measure.

Key:  Criteria Met  Criteria Not Met

Apple Health Integrated Foster Care VBP Measure		Coordinated Care of Washington
<b>Total Percent Achieved for VBP Quality Performance Measures</b>		<b>66.7%</b>
<b>Apple Health Integrated Foster Care (AH-IFC) Shared Measures -Seven performance measures specific to the IFC contract.</b>		
Asthma Medication Ratio (AMR), Total		✓
Child and Adolescent Well-Care Visit (WCV)	Age 12-17	✓
	Age 18-21	✓
Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase		No
Mental Health Service Rate, Broad Definition (MH-B), Age 6–26, IFC Only		✓
Substance Use Disorder Treatment Penetration, Age 12-26, IFC Only		✓
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total		No

# Consumer Assessment of Healthcare Providers and Systems (CAHPS)

## Objectives

The CAHPS survey is a tool used to assess consumers' experiences with their health plans. CAHPS surveys address such areas as the timeliness of getting care, how well doctors communicate, global ratings of health care, access to specialized services and coordination of care. The survey aims to measure how well MCPs are meeting their members' expectations and goals; determine which areas of service have the greatest effect on members' overall satisfaction; and identify areas of opportunity for improvement.

## Overview

As required by HCA, the MCPs contract with NCQA-certified HEDIS survey vendors to conduct annual CAHPS Health Plan Surveys. In 2022, the Apple Health MCPs conducted the CAHPS 5.1H Adult Medicaid survey of their members enrolled in Apple Health. CCW conducted the CAHPS 5.1H Child Medicaid and Children with Chronic Conditions survey of the Apple Health Foster Care program. Additionally, NCQA-certified CAHPS survey vendor DataStat, under a subcontract with Comagine Health, administered the 5.1H Child Medicaid survey of the member households of children enrolled in the state's CHIP.

## Technical Methods for Data Collection

Member responses to the standardized CAHPS surveys were collected via NCQA-approved protocol for survey administration. Responses to the survey questions measure patient experience and overall rating, achievement scores, composite measures (a combination of two or more related survey items), and single-item measures. The CAHPS surveys use a 0–10 rating for assessing overall experience with health plans, providers, specialists and health care.

- CAHPS 5.1H Adult Medicaid survey
- CAHPS 5.1H Child Medicaid with Chronic Conditions survey
- CAHPS 5.1H Child Medicaid survey

More information on data collection and detailed descriptions of the methodology including sampling frame and selection of cases for analysis are provided in the CAHPS reports referenced under each survey below.

## Apple Health Integrated Managed Care – Adult Medicaid Survey

In 2022, the Apple Health MCPs conducted the CAHPS® 5.1H Adult Medicaid survey via individually contracted NCQA-certified survey vendors

## Description of Data Obtained

Survey respondents included members 18 years and older continuously enrolled in Apple Health for at least six months as of December 31, 2021, with no more than one enrollment gap of 45 days or less.

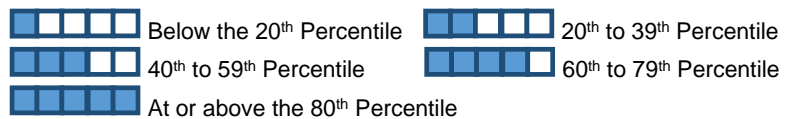
### Data Aggregation and Analysis

Each MCP’s survey data was provided to NCQA-certified survey vendor DataStat, who under a subcontract with Comagine Health, aggregated and assessed the survey response sets utilizing current CAHPS analytic routines for calculating composites and rating questions. DataStat produced a report that summarized survey responses and identified key strengths and weaknesses/opportunities for improvement, as well as recommendations based on survey questions most highly correlated to enrollees’ satisfaction with their health plan. Included were priority matrices to help focus improvement activities by graphically displaying two kinds of information: the magnitude of the health plan’s achievement scores and their correlation with overall plan satisfaction. For ratings questions, composites and the questions on which composites are based, achievement scores are plotted against their correlation with overall health plan satisfaction.

### Summary of Findings/Conclusions



The following results present the Apple Health MCP average rating as compared to national benchmarks derived from the NCQA Quality Compass. The full summary of findings is available in the *2022 Apple Health CAHPS® 5.1H Adult Medicaid Report*. The report is designed to identify key opportunities for improving members’ experiences. Member responses to survey questions are summarized as achievement scores. Achievement scores are computed and reported for all pertinent survey items. Responses indicating a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. The lower the achievement score, the greater the need for the program to improve. In addition, composite scores are built from achievements for groups of survey items that make up broad domains of members’ experience: getting needed care, getting care quickly, how well doctors communicate and customer service.

Table 32 reports 2018, 2020 and 2022 reporting year (RY) performance.



**Table 32. Adult CAHPS Ratings Results, 2018, 2020 and 2022 RY.**

Results	2018 Rating	2020 Rating	2022 Rating	2021 National Quintile*
Rating of Overall Health Care (Scored 8, 9 or 10 out of 10)	64.6	76.2	68.7	
Rating of Personal Doctor (Scored 8, 9 or 10 out of 10)	73.3	80.1	79.2	
Rating of Specialist Seen Most Often (Scored 8, 9 or 10 out of 10)	71.0	83.8	77.6	
Rating of Plan (Scored 8, 9 or 10 out of 10)	65.2	73.3	68.4	
Getting Needed Care (Composite score)	81.5	82.1	74.6	
Getting Care Quickly (Composite score)	86.7	80.3	73.9	

Results	2018 Rating	2020 Rating	2022 Rating	2021 National Quintile*
How Well Doctors Communicate (Composite score)	93.9	93.0	91.4	
Customer Service (Composite score)	87.9	87.3	87.3	

\*Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.

## Key Strengths

The five questions with the highest achievement score that also highly correlated with the Apple Health plans members' satisfaction with the health plan are presented as key strengths below. These are areas that appeared to matter most to members, and where the health plan was doing well.

Note that the global rating questions for personal doctors, specialists and overall health care have been excluded from this analysis. By their nature, global ratings tend to be more highly correlated with overall satisfaction with a health plan and are typically not specific enough to provide clear pathways to action for improvement.

### Questions with Highest Achievement Scores

- Q25. Health plan customer service usually or always treated you with courtesy and respect
- Q13. Personal doctor usually or always listened carefully to you
- Q15. Personal doctor usually or always spent enough time with you
- Q9. Usually or always easy to get the care, tests, or treatment you needed
- Q24. Health plan customer service usually or always gave information or help you needed

### Weaknesses/Opportunities for Improvement

The five questions with the lowest achievement scores that also are highly correlated with the Apple Health plans members' satisfaction with the health plan are presented below as weaknesses/opportunities for improvement. These are areas that appear to matter the most to members, but where the health plan is not doing as well and could focus quality improvement efforts.

Note that the global rating questions for personal doctors, specialists and overall health care have been excluded from this analysis. By their nature, global ratings tend to be more highly correlated with overall satisfaction with a health plan and are typically not specific enough to provide clear pathways to action for improvement.

### Questions with Lowest Achievement Scores

- HCA\_6. Rating of all treatment or counseling
- HCA\_5. Usually or always easy to get needed treatment or counseling

- Q20. Usually or always got appointments with a specialist as soon as you needed
- Q4. Usually or always got urgent care as soon as you needed
- Q17. Personal doctor usually or always seemed informed about care received from other doctors or providers

## Recommendations

The following recommendations are offered to assist MCPs in focusing their efforts on the identified opportunities for improvement. Included are a few suggestions and examples of best practices, however, there are many additional processes and tools available.

Standardization of processes across the MCPs will lead to less administrative burden on the plans and on their providers. Because in most cases provider groups treat members from multiple MCPs, it is likely that the challenges the MCPs face in improving scores on access issues are similar. It would make sense for the solutions to improving access to be the same across all MCP, rather than expecting each MCP to undertake meaningful isolated improvement efforts that would be presented to provider groups as one-off innovations by individual MCPs.

While the CAHPS survey helps identify priorities, the MCPs should identify actionable areas for their own quality improvement activities, then conduct a root cause analysis to identify underlying causes and build quality improvement plans. MCPs may look at member grievances to see what issues show up frequently.

The two sources of information, CAHPS data and grievances, complement each other in attempts to understand the issues and get a complete picture. MCPs should evaluate improvement methods and implement those most relevant to their improvement goals.

MCPs should be clear about providers' realm of control and what providers can realistically influence and improve upon. MCPs may use process mapping to improve understanding of the details of care processes to know exactly, step by step, what happens within that process, and what each entity (MCPs/providers) are responsible for and can impact.

By working collaboratively to understand these processes, the MCPs will be able to see where improvements can be made and how to make them. The five MCPs could collectively select a single process that providers are required to follow (i.e., authorizations) and work together to simplify and standardize that process across all MCPs so that there is no difference to providers and patients.

Please see the *2022 Apple Health CAHPS® 5.1H Adult Medicaid Report* for the full description of recommendations.

## Apple Health Foster Care – Child Medicaid with Chronic Conditions Survey

In 2022, CCW, the Apple Health Foster Care plan, conducted the CAHPS 5.1H Child Medicaid with Chronic Conditions survey via an independently contracted NCQA-certified survey vendor.

### Description of Data Obtained

Respondents included parents/caregivers of children 17 years and younger as of December 31, 2021, continuously enrolled in the in foster care and adoption support components of the Apple Health Foster Care program for at least five of the last six months of the measurement year. The survey included children enrolled as part of the general foster care population as well as children with chronic conditions.

### Data Aggregation and Analysis

CCW's survey vendor produced a summary report, including comparison of the Apple Health Foster Care scores to Child Medicaid 2021 Quality Compass® rates. The SatisAction™ key driver statistical model was used to identify the key drivers of the rating of the health plan. This model is a powerful, proprietary statistical methodology used to identify the key drivers of the rating of the health plan and provide actionable direction for satisfaction improvement programs.

### Summary of Findings/Conclusions

Table 33 shows the results for the Integrated Foster Care CAHPS survey in 2020, 2021 and 2022 RY performance for the general population. Note there are no national benchmarks available for the foster care population. For the full report, please see *MY2021 CAHPS® Medicaid Child with CCC 5.1 Report Coordinated Care – Foster Care*. Produced by SPH Analytics. This report includes a key driver summary, conducted to understand the impact different aspects of service and care have on members' overall satisfaction with their health plan, physicians and health care.

**Table 33. Foster Care CAHPS Ratings Results, General Population, 2020-2022 RY.**

Results	2020 Rating	2021 Rating	2022 Rating
Rating of Overall Health Care (Scored 8, 9 or 10 out of 10)	86.9	89.8	82.9
Rating of Personal Doctor (Scored 8, 9 or 10 out of 10)	92.3	92.3	92.3
Rating of Specialist Seen Most Often (Scored 8, 9 or 10 out of 10)	***	***	***
Rating of Plan (Scored 8, 9 or 10 out of 10)	79.3	77.6	75.6
Getting Needed Care (composite score)	85.1	***	***
Getting Care Quickly (composite score)	90.8	***	***
How Well Doctors Communicate (composite score)	97.9	97.5	96.8



Results	2020 Rating	2021 Rating	2022 Rating
Customer Service (composite score)	***	***	***

\*\*\* Denominator < 100; insufficient for reporting.

## Key Strengths and Weaknesses/Opportunities for Improvement

Some questions showed significantly higher or lower scores in 2022. One question, “Q77 Dr./staff asked about your child’s mental or emotional health,” showed significant improvement over last year. Two questions “Q33 Discussed feelings/growth/behavior” and “Q82 Overall rating of treatment/counseling” showed significant lower scores than in 2021.

### Key Strengths

The following measures are key drivers/strengths of the plan:

- Q29. Doctor showed respect
- Q32. Doctor spent enough time
- Q27. Doctor explained things
- Q31. Doctor explained things to child

### Weaknesses/Opportunities for Improvement

The following measure are opportunities for improvement:

- Q28. Doctor listened carefully
- Q09. Rating of Health Care
- Q36. Rating of Personal Doctor
- Q43. Rating of Specialist
- Q41. Getting specialist appointment
- Q81. Easy to get treatment/counseling through plan

## Recommendations

Please refer to the *MY2021 CAHPS® Medicaid Child with CCC 5.1 Report Coordinated Care – Foster Care* for recommended improvement strategies.

## Apple Health CHIP – Child Medicaid with Chronic Conditions Survey

In 2022 NCQA-certified survey vendor DataStat, under a subcontract with Comagine Health, administered the 5.1H Child Medicaid survey of the member households of children enrolled in CHIP

### Description of Data Obtained

Respondents included parents/caregivers of children 17 years and younger as of December 31, 2021, who were continuously enrolled in CHIP for at least five of the last six months of the measurement year.

### Data Aggregation and Analysis

NCQA-certified survey vendor DataStat, under a subcontract with Comagine Health, produced a report that summarized survey responses and identified key strengths and weaknesses/opportunities for improvement, based on survey questions most highly correlated to enrollees' satisfaction with their health plan.

### Summary of Findings/Conclusions

Apple Health's Children's Health Insurance Program (CHIP) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey was conducted by DataStat Inc. on behalf of Comagine Health during the summer of 2022. The survey included members from all five Washington State MCPs and compared achievement scores with the National CAHPS percentiles as well as trended the data with scores from the 2020 CHIP CAHPS survey.

CHIP continues to perform above the CAHPS 90th Percentile scores in Overall Ratings Questions and Composites. Areas for improvement were identified based on either a statistically significant decline in performance from year over year analysis or represent areas that matter most to CHIP members but received a low achievement score. These are specific areas where CHIP could focus improvement efforts that would be most likely to improve members' experience of care.

### Customer Service Composite

In the Customer Service Composite, the question "Health plan customer service usually or always gave information or help you needed" (Q27) was identified as a Top Priority improvement area with a score of 77.9. A Top Priority improvement indicates the item received a low achievement score and is highly correlated with member satisfaction. It should be noted that the other question in this composite, "Health plan customer service usually or always treated you with courtesy and respect" (Q28) received a high achievement score and has a high association with member satisfaction.

### Getting Needed Care and Getting Care Quickly Composites

The Getting Needed Care composite received a statistically significant lower score in 2022 than in 2020 (80.2% vs 87.8%). In this composite, "Usually or always got appointments to see a specialist as soon as child needed" (Q23) was identified as a Medium Priority improvement area with a score of 74.2. This indicates that the item received a low achievement score in an area slightly associated with member satisfaction.

While the Getting Care Quickly composite did not show a statistically significant decline, an individual question in the composite did show a statistically significant decline (-8.0). This question asked if members “Usually or always got an appointment for check-up or routine care as soon as the child needed” (Q6, 82.0).

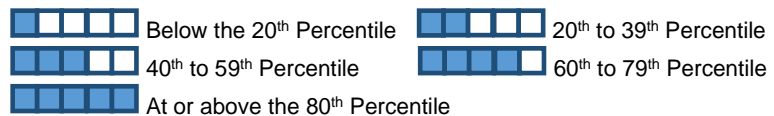
### Supplemental Questions

Supplemental questions were included in the CHIP CAHPS survey by the Health Care Authority and were associated with members experiences with their child’s mental health care and treatment. These questions are not part of the CAHPS percentile scores, composites, or benchmarked against other programs. One question asked members to rate their child’s treatment or counseling (Q47) and was identified as having a high association with member satisfaction but received a low achievement score (64.7).

While other questions showed lower association with member satisfaction, they are still important factors to CHIP member’s overall healthcare. Members scored questions about if their child’s personal doctor or office ask about their child’s mental or emotional health (Q42, 40.3), did they received all the mental healthcare they needed (47.8), did they get the treatment or counseling they needed through the health plan (Q46, 52.6) and were they involved as much as the member wanted in their child’s mental health care or counseling (Q48, 49.6). Each of these questions showed room for improvement in the services provided by Apple Health.





### Results

The following results present the Apple Health MCP average rating as compared to national benchmarks derived from the NCQA Quality Compass (Table 34). For the full report, please see the *2022 Washington Apple Health Children’s Health Insurance Program CAHPS 5.1H Summary Report*. Assessing consumers’ experience in this report is accomplished with the use of achievement scores and composite scores. Member responses to survey questions are summarized as achievement scores. Responses indicating a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. The lower the achievement score, the greater the need for the program to improve. In addition, composite scores are built from achievements for groups of survey items that make up broad domains of members’ experience: getting needed care, getting care quickly, how well doctors communicate and customer service.



**Table 34. CHIP CAHPS Ratings Results: 2018, 2020, 2022 RY.**

Results	2018 Rating	2020 Rating	2022 Rating	MY2021 National Quintile*
Rating of Overall Health Care (Scored 8, 9 or 10 out of 10)	85.2	88.3	84.6	
Rating of Personal Doctor (Scored 8, 9 or 10 out of 10)	88.9	90.5	89.5	

Results	2018 Rating	2020 Rating	2022 Rating	MY2021 National Quintile*
Rating of Specialist Seen Most Often (Scored 8, 9 or 10 out of 10)	***	***	***	***
Rating of Plan (Scored 8, 9 or 10 out of 10)	80.2	86.3	81.1	
Getting Needed Care (Composite score)	84.1	87.8	80.2	
Getting Care Quickly (Composite score)	89.0	90.7	87.8	
How Well Doctors Communicate (Composite score)	94.6	96.6	96.2	
Customer Service (Composite score)	88.1	87.3	***	***

\*Apple Health performance as compared to Medicaid plans nationwide, in which the lowest quintile indicates performance in the lowest 20% of results and the highest quintile indicates performance in the top 20% of results.

\*\*\*Denominator < 100; insufficient for reporting.

### Key Strengths and Weaknesses/Opportunities for Improvement

The five questions with the highest achievement score that also highly correlated with the Apple Health plans members’ satisfaction with the health plan are presented as key strengths below. These are areas that appeared to matter most to members, and where the health plan was doing well.

Note that the global rating questions for personal doctors, specialists and overall health care have been excluded from this analysis. By their nature, global ratings tend to be more highly correlated with overall satisfaction with a health plan and are typically not specific enough to provide clear pathways to action for improvement.

#### Questions with Highest Achievement Scores

- Q16. Personal doctor usually or always explained things in a way that was easy for child to understand
- Q12. Personal doctor usually or always explained things in a way that was easy to understand
- Q28. Health plan customer service usually or always treated you with courtesy and respect
- Q4. Usually or always got urgent care as soon as child needed.
- Q20. Personal doctor usually or always seemed informed about care child got from other providers

## Weaknesses/Opportunities for Improvement

The five questions with the lowest achievement scores that also are highly correlated with the Apple Health plans members' satisfaction with the health plan are presented below as weaknesses/opportunities for improvement. These are areas that appear to matter the most to members, but where the health plan is not doing as well and could focus quality improvement efforts.

Note that the global rating questions for personal doctors, specialists and overall health care have been excluded from this analysis. By their nature, global ratings tend to be more highly correlated with overall satisfaction with a health plan and are typically not specific enough to provide clear pathways to action for improvement.

### Questions with Lowest Achievement Scores

- Q47. Rating of child's treatment or counseling
- Q23. Usually or always got appointments to see a specialist as soon as child needed
- Q27. Health plan customer service usually or always gave information or help you needed
- Q32. Excellent or very good rating of child's overall health
- Q9. Usually or always easy to get the care, tests or treatment child needed

## EQRO Recommendations

The following recommendations are offered to assist MCPs in focusing their efforts on the identified opportunities for improvement. It is recommended that MCPs review their results including strengths and weaknesses and address any areas for improvement in their QAPI programs and annual quality work plans. Addressing customer service and access are two identified areas where improvements would be valuable to the members. The supplemental questions highlight areas with room for improvement such as encouraging physical health providers to ask about a child's mental health when performing routine care.

Please see the *2022 Washington Apple Health Children's Health Insurance Program CAHPS 5.1H Summary Report* for more information.

# Wraparound with Intensive Services (WISE) Program Review (Focus Study)

## Objectives

The State of Washington Health Care Authority (HCA) chose to conduct a statewide study on quality with focus on the WISE service delivery model in 2021. As the EQRO for Washington, Comagine Health is contracted to review agencies throughout the state that have implemented the WISE service delivery model. Comagine Health contracted with MetaStar, Inc. to conduct the WISE record reviews. WISE implementation began in Washington in 2014, with a statewide goal establishing WISE treatment throughout the state by 2018. The goals of this review summary are to:

- Assess WISE performance at both the individual child and system level
- Gauge fidelity to the WISE program
- Present program data and identify weaknesses/opportunities for improvement
- Develop and refine a review process for future quality assurance use
- Identify practices associated with high-quality, effective care coordination and behavioral health treatment

## Overview

WISE is a service delivery model that offers intensive services to Medicaid-eligible youth with complex behavioral health needs within the Washington AH-IFC, Washington AH-IMC and BHSO programs.<sup>22</sup> It is a team-based approach that provides services to youth and their families in home and community settings rather than at a BHA and is intended as a treatment model to defer from and limit the need for institutional care.

## Review Methodology and Scope of Review

### Technical Methods of Data Collection

The reviews consisted of clinical record reviews chosen from a statewide sample provided by HCA. These records reflect a combination of both rural and urban agencies providing WISE services throughout the state of Washington. The review criteria are identified in the Washington Quality Improvement Review Tool (QIRT).<sup>23</sup> The information obtained in the QIRT informs the understanding of the practices used by different practitioners at each critical decision point in care, and how those practices impact child, youth and family outcomes. The QIRT is specifically designed to help identify practices associated with high-quality, effective care coordination and behavioral health treatment.

The key areas evaluated during the review include:

- Care Coordination
- Child and Family Team (CFT) Processes and Transition Planning
- Crisis Prevention and Response

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<sup>22</sup> WISE Policy and Procedure Manual. Available at: <https://www.hca.wa.gov/assets/billers-and-providers/wise-wraparound-intensive-services-manual.pdf>.

<sup>23</sup> WISE QIRT Manual. Available at: <https://www.hca.wa.gov/assets/program/qirt-manual-v1.6.pdf>.

- Treatment Characteristics
- Parent and Youth Peer Support

## Description of Data Obtained

HCA provided Comagine Health with a list of randomly selected charts from a list of randomly selected agencies. The initial review process included 180 charts; however, three of the reviewed charts were excluded from the analysis and dashboard due to technical limitations of the data cleaning process. The review included examining pdf records of the clinical charts covering services provided during the period from January 2021 through June 2021.

## Data Aggregation and Analysis

Review data was collected and recorded into the Research Electronic Data Capture (REDCap) system. REDCap is a secure web-based data collection application supported by the Center for Clinical and Translational Science at the University of Kentucky.

This summary review is based on what was documented within the records. In addition, each chart review was performed on documentation from individual WISE provider agencies and may not reflect care provided outside the reviewed agencies, if not coordinated and documented by the agencies reviewed. Once the reviews of all charts were completed, HCA provided a statewide aggregate dashboard of the data generated from the QIRT reviews.<sup>24</sup> WISE agencies should compare the results from this review to the findings from internal QIRT reviews.

## Summary of Findings

### Care Coordination Elements

#### Initial Engagement & Assessment

A Child and Adolescent Needs and Strengths (CANS) screening is required to be offered within 10 business days of a WISE referral and an initial full CANS assessment completed within the first 30 days of enrollment. Documentation should include evidence of youth and family inclusion in the CANS process.

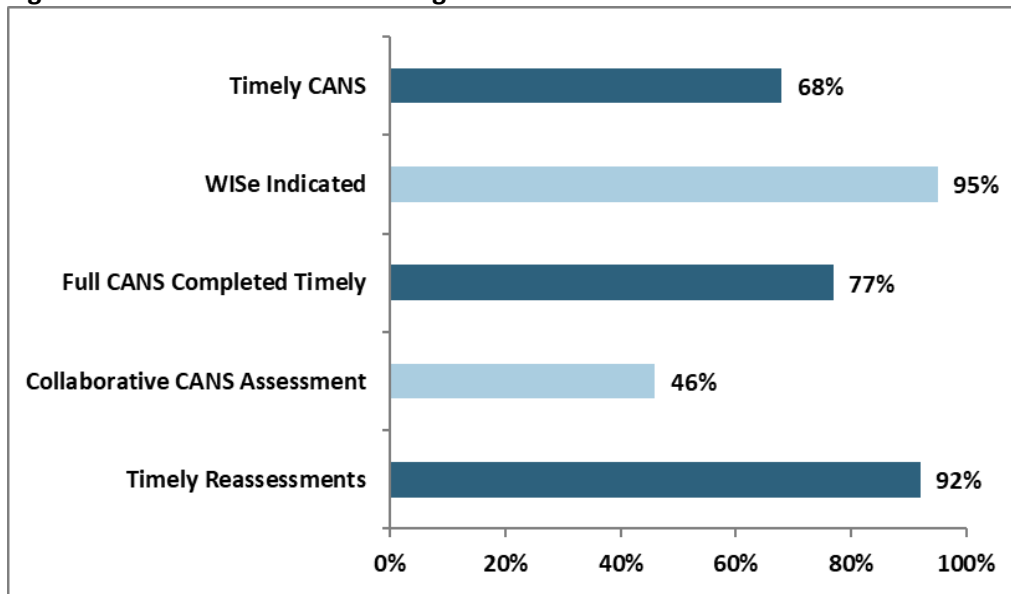
Of the 177 charts in this review, four received the 0-4 version while 173 received the 5+ version of the CANS, respectively. Please note that due to the low number of records in the sample that utilized the 0-4 CANS version, the results of the review are not representative of the population utilizing this assessment.

Figure 14 identifies the percentages of the CANS criteria for the WISE program review.

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<sup>24</sup> WISE Quality Improvement Review Tool reports. Available at: <https://www.hca.wa.gov/about-hca/behavioral-health-recovery/wraparound-intensive-services-wise-0>.

**Figure 14. CANS Assessment Findings.**



Note, there is not an algorithm for the 0-4 version of the CANS screening; therefore, these cases were not included in the calculation of WISe indicated youth.

**CFT Processes and Transition Planning**

Each youth has a Child and Family Team (CFT) that develops and implements the youth and family’s plan, addresses unmet needs and works toward the family’s vision and monitors progress regularly. CFT meetings should take place every 30 days, with documentation reflecting ongoing discussions for transition planning and discharge criteria.

- During the first 30 days, the average contact between CFT members and youth/family was 7.1 hours.
- Almost a quarter of the youth in the sample had fewer than 2 CFTs during the first 90 days of enrollment.

During the first 90 days of enrollment:

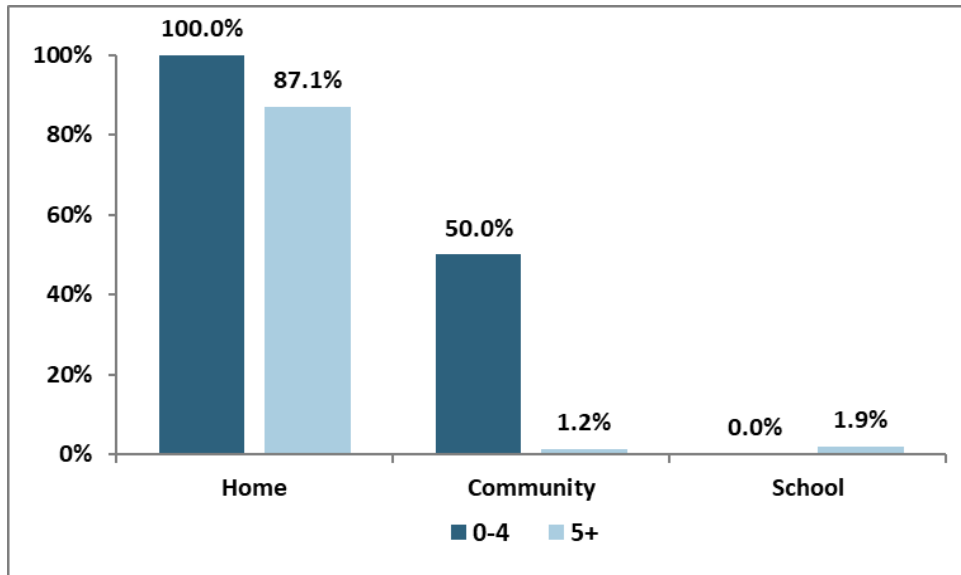
- 23.2% of youth had zero to one CFT meetings
- 76.8% of youth had two or more CFT meetings

**Participation**

Figure 15 identifies the percentage of attendees by category who participated in CFT processes.



**Figure 15. WISe Care Coordination Elements: CFT Processes and Transition Planning – CFT Meetings.**



During the first 90 days of enrollment, CFT meeting participation for youth receiving the 0-4 version included:

- 100% of sessions attended by a home representative
- 50% of sessions attended by community representative
- 0% of sessions attended by a school representative

During the first 90 days of enrollment, CFT meeting participation for youth receiving the 5+ version included:

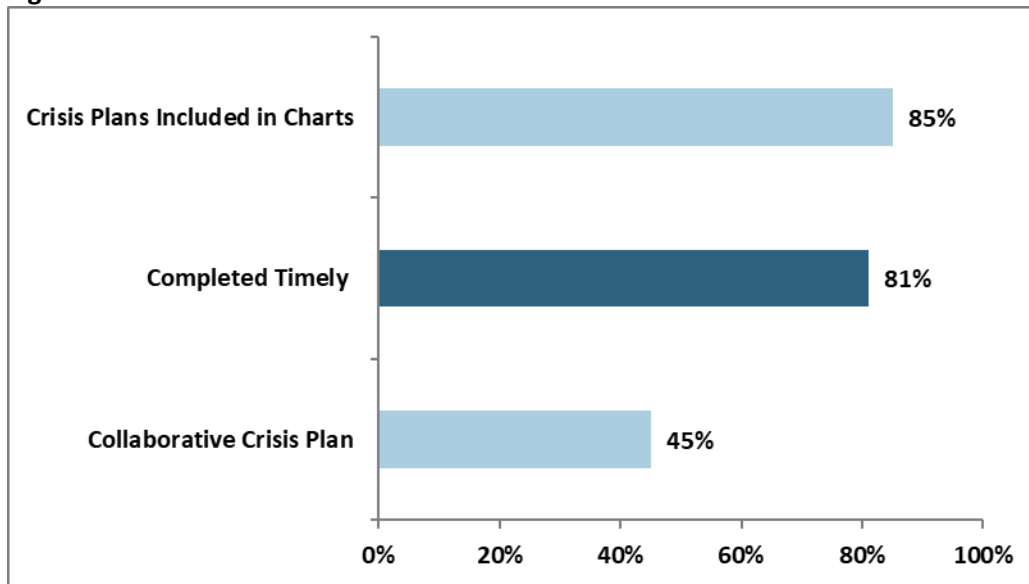
- 87.1% of sessions attended by a home representative
- 1.2% of sessions attended by community representative
- 1.9% of sessions attended by a school representative

### Crisis Prevention and Response

Each Cross-System Care Plan (CSCP) must include a crisis plan that addresses potential crises that could occur for the youth and family to ensure safety. An effective crisis plan includes:

- Crisis identification and prevention steps, with CFT members’ roles
- Crisis response actions based on the severity level of a crisis
- Post-crisis evaluation of the youth’s behavioral health status and the effectiveness of the crisis plan

Figure 16 shows the percentage of charts that included crisis plans, whether they were completed in a timely way and whether they were created collaboratively.

**Figure 16. Crisis Plans.**

As shown, of 177 charts reviewed, 85% contained crisis plans. Of the 150 charts containing crisis plans, 81% were completed timely within 45 days of enrollment. For the 150 charts that contained crisis plans reviewed they were created collaboratively 45% of the time.

### Treatment Characteristics

Qualified clinicians provide individual clinical treatment sessions to the youth/family in the amount, duration and scope appropriate to address the identified medically necessary needs. Documentation should reflect needs identified in the CSCP, indicate how the therapeutic intervention benefitted the youth's functioning or symptoms, and the impact of the services for the youth at home, school and/or in the community.

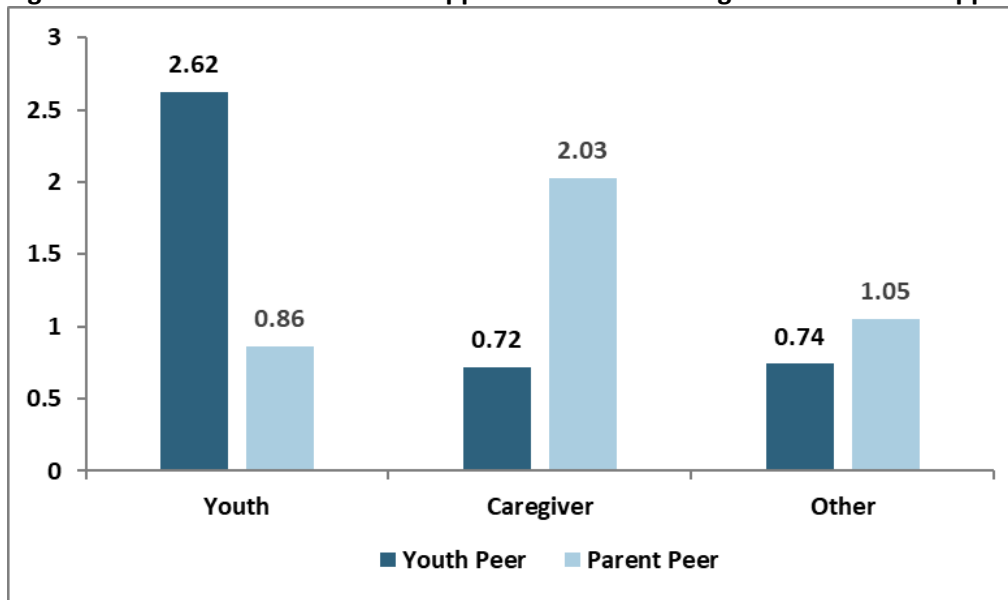
- Therapist involvement in the WISe service model was evidenced by participation in 74.5% of all CFT meetings and an average of 3.3 treatment sessions monthly.
- The review indicated 51% of treatment sessions were attended by the youth alone.
- The youth and caregiver participated in 33% of sessions.
- Only the caregiver attended 16% of the treatment sessions.

Persistence in problem-solving was evidenced by documentation of the same treatment focus from session to session in 95% of the sessions. The most frequently treatment content documented were Skill Development and Enlisting Treatment Support at 18.6% and 9.5%, respectively. Documentation of progress reviewed was identified in 7% of records, while 3% of records included celebrating success.

### Parent and Youth Peer Support Elements

Each youth and family must be offered a youth peer or parent support partner. These partners are formal members of the CFT who support the parent/youth in the WISe process through active engagement and informed decision making.

Figure 17 shows the average hours of peer support by type.

**Figure 17. Parent and Youth Peer Support Elements: Average Hours of Peer Support by Type.**

*\*Since children under age 5 are not eligible for youth peers, these cases are not included in Youth Peer metrics of any kind.*

## Strengths

The agencies reviewed exhibited strengths in the following areas of the WISe service delivery model:

- The initial full CANS assessment was completed timely in the required timeframe, 77% of the time.
- A home representative attended CFT sessions 100% of the time for the 0-4 age and 87.1% of the time for the 5+ age group.
- Crisis plans were evidenced in the chart 85.3% of records reviewed.
- Crisis plans were completed in a timely manner 81% of the time.
- Persistence in problem-solving remained the same focus from session to session in 95% of the records.
- Reassessment documentation was identified in 92% of records reviewed.

## Weaknesses/Opportunities for Improvement

As a result of this review, the following opportunities for improvement were identified to support improvements in the quality of care and services provided to youth enrolled in the WISe service delivery model.

- Collaboration when completing the initial full CANS assessment was evident in 46% of the records.
- During the first 90 days of enrollment, 8% of youth had no CFT meetings, 15% of youth had one CFT meeting.
- Crisis plans were created collaboratively 45% of the time.
- Documentation of progress reviewed was identified in 7% of records.

## Recommendations

We recommend the MCPs work with their agencies to conduct a root cause analysis to identify the barriers to success in meeting WISe requirements. As interventions are identified, use PDSA cycles of improvement to measure the effectiveness of each intervention.

Recommended focus areas for improvement include:

- Conduct collaborative initial full CANS assessments. The CANS assessments indicate collaboration when:
  - Areas of the youth and caregiver feedback are addressed
  - Documentation reflects the changes that are incorporated
  - Consensus is clearly identified
  - Both strengths and culture are discussed
- Conduct CFT meetings at least every 30 days, ensuring each CFT includes educators and/or community partners when identified as areas of need
- Ensure CFT meetings are conducted with youth included 100% of the time
- Ensure all youth in WISe have an active crisis plan
- Ensure collaboration in the development of crisis plans. Documentation of collaboration may include:
  - Specific action steps
  - Post-crisis follow-up activities
  - Identification of all CFT members' roles in crisis response
- Ensure documentation is identified in all records including therapy notes that clearly reflect the following:
  - Interventions used in therapy sessions
  - Youth and/or caregiver responses to the intervention
  - Progress reviewed and successes celebrated
  - Document the specific content of treatment sessions such as psychoeducation, skill development or evidence-based practice components

# Enrollee Quality Report

## Objectives

The purpose of the 2022 Enrollee Quality Report “Apple Health Plan Report Card” is to provide Washington State Apple Health applicants and enrollees with simple, comparative information about health plan performance that may assist them in selecting a plan that best meets their needs. The Plan Report Card provides information to eligible Apple Health clients regarding MCP quality in serving Medicaid and CHIP clients. The Plan Report Card is posted annually to the Washington Healthplanfinder website.

In April 2016, CMS issued a final rule that requires states to implement a Medicaid and State CHIP quality rating system (QRS) (42 CFR § 438.334). States are not yet required to use a QRS until CMS finalizes and releases specific guidance. HCA and Comagine Health are monitoring the development of the CMS QRS to ensure the Enrollee Quality Report aligns with CMS methodology.

## Overview

The Apple Health Plan Report Card provides information to eligible Apple Health clients regarding MCP quality in serving Medicaid and CHIP clients. The Apple Health Plan Report Card is posted annually to the Washington Healthplanfinder website<sup>25</sup> and is included in the Welcome to Washington Apple Health Managed Care handbook.<sup>26</sup>

## Technical Methods for Data Collection

### Description of Data Obtained

Data sources for this report include the HEDIS and CAHPS measure sets. Use of this data is in alignment with the star rating systems used by other states and reflects the data sources available for the Apple Health population in Washington. Star rating systems assess how well plans perform. Plans are scored in several categories, including quality of care and consumer satisfaction.

The measures selected for inclusion in this report were based on a review of existing star rating systems for Medicaid programs in other states and on internal priorities set by HCA including the Washington Statewide Common Measure Set and other statewide initiatives.

### HEDIS Measures

The HEDIS measure set was originally developed in 1991 by the NCQA for the purpose of allowing consumers to compare the performance of health plans. Washington State Apple Health MCPs submitted data for measurement year 2021 (calendar year 2021) on approximately 60 measures and 300 measure indicators.

The measure data submitted by Apple Health MCPs cover three performance areas: effectiveness of care, access/availability of care and utilization.

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<sup>25</sup> Washington State Health Care Authority. Washington Healthplanfinder: <https://www.wahealthplanfinder.org/>.

<sup>26</sup> Washington State Health Care Authority. Apple Health Managed Care Handbook. Available at: <https://www.hca.wa.gov/assets/free-or-low-cost/19-046.pdf>.

- The effectiveness of care category includes measures that are broadly applicable to nearly all enrollees in the specified populations and should not vary by enrollee acuity or age.
- The access category includes measures that reflect how many members use basic plan services, such as ambulatory and preventive services, and are therefore roughly indicative of the ability of members to get care. Measure results in this domain may vary from population to population even when the terms and promotion of access provided by the health plan are identical across the populations (for example, individuals with a chronic disability may be more likely than others to see a doctor during a calendar year).
- The utilization category includes measures of resource use. Some measures of utilization, such as hospital inpatient use, may reflect acute or emergent care availability but can also reveal a gap in providing preventive or ambulatory care. Therefore, not every measure in this area has an unambiguous “performance” interpretation.

### Administrative and Hybrid Measures

Within the HEDIS measure set, there are two different types of data collection methodologies: a fully “administrative” collection method and a “hybrid” collection method. The administrative collection method relies solely on clinical information that is collected from the electronic records generated in the normal course of business, such as claims, registration systems, encounters, etc. In some delivery models, such as capitated models, health care providers may not have an incentive to report all patient encounters because their reimbursement is not tied to this documentation, meaning rates based solely on administrative data may be artificially low. There are other medical treatments, such as blood pressure readings, that are not captured on administrative claims. For measures that are particularly sensitive to this gap in data availability, the hybrid collection method supplements administrative data with a valid sample of carefully reviewed chart data, allowing plans to “correct” for administrative data gaps. Therefore, hybrid measures allow health plans to overcome missing administrative data or errors with sample-based adjustments. The HEDIS measures included in the rating system include both hybrid and administrative measures.

### CAHPS Measures

The CAHPS program, overseen by the Agency for Healthcare Research and Quality (AHRQ), was originally developed during the 1990s. CAHPS surveys measure patient- or member-reported experience, an important performance area that cannot be derived from administrative data.

The CAHPS data in this report include results of the CAHPS 5.0H Adult Medicaid Survey conducted by Apple Health MCPs in spring of 2020 and the results of the CAHPS 5.1H Child Medicaid with Chronic Conditions Survey conducted by Apple Health MCPs in spring of 2021. Note that Comagine Health uses the set of results for the general population from the CAHPS 5.1H Child Medicaid with Chronic Conditions Survey. Apple Health plans conducted the CAHPS 5.1H Adult Medicaid survey in spring 2022 and the CAHPS 5.1H Child with Chronic Conditions Medicaid survey in summer 2022. However, final results were not available in time for inclusion in the 2022 report. As with the HEDIS measures included in the Plan Report Card, the CAHPS measures selected for inclusion in this report were based on a review of existing star rating systems for other state Medicaid programs and on internal priorities set by HCA. Additional information on specific measures can be found in the following sections.

## Technical Overview of Rating Systems

As part of the initial Plan Report Card development process, Comagine Health reviewed multiple rating systems implemented by other state EQROs at the time, as well as NCQA and CMS. Through that review, Comagine Health found that health plan rating systems are frequently based on the differences between individual health plan performance measure results and a benchmark, such as a national or state average score.

The two national-level systems, from the NCQA and CMS, provide ratings of health plans within a national scope and use national percentile rankings or percentile cut points (such as the national 25<sup>th</sup>, 50<sup>th</sup> and 75<sup>th</sup> percentiles) as benchmarks. The state-level rating systems use state averages as benchmarks. In Maryland, the average is calculated as the unweighted (simple) average score across all managed care plans operating in the state for given performance indicators. The specific formulation of the state average could not be determined in Michigan, Ohio and New York.

Given that average health plan performance can vary significantly across national regions or states, a more localized benchmark, rather than a national benchmark, is often more suitable. Because Apple Health enrollees do not have access to plans nationwide, it is not helpful to compare Apple Health plans to plans in which they cannot enroll. As such, most states opt to compare plan performance to state rates rather than to a national rate.

The potential disadvantage of selecting a weighted state average as the comparison of interest is that significantly larger plans could have undue influence on the state rate; therefore, large plans are less likely to be statistically significantly above or below the state rate. A simple average of the plans, rather than a weighted average, would mitigate those concerns. Other states use either the weighted or simple average as the comparison point, but Comagine Health chose to use the simple average because the Apple Health MCPs are of such different sizes.

Comparisons are made at the plan level, using the state unweighted (simple) average as the benchmark for plan performance. Because the Enrollee Quality Report does not include state rates for each measure, we believe there will be minimal confusion related to aggregate state performance. This methodology aligns with those of the states reviewed when developing this methodology.

## Risk Adjustment

One way to adjust for regional differences in performance measurement that derive from differences in underlying characteristics of member populations is to use case-mix adjustment.

The implications of case-mix adjustment have been debated in different contexts, and viewpoints around the need for it often depend on the perspectives of stakeholders. Underlying differences in a plan's population can affect the plan's observed performance on a measure. Some argue that without accounting for underlying population differences, the state cannot compare plans in an "apples to apples" manner because there is no adjustment for the acuity of patients.

However, these underlying differences can be important to highlight disparities. Part of a health plan's mission is to manage health risks across its population. If that population happens to include a large share of blind or disabled members, the plan may need to take steps to accommodate the needs of those members and reduce potential barriers to care.

At a state level, risk adjustment is possible when data are available from many plans. However, case-mix adjustment is not feasible when data from only a small number of plans are available. Additionally, NCQA does not currently have any recommendations for case-mix adjusting HEDIS measures.

More research is needed to explain exactly why a member's disability or other demographic factor may result in a lower likelihood of obtaining a screening or needed care, and to what extent the risk mechanisms involved can potentially be mitigated by the health plan.

Comagine Health has chosen not to develop a risk-adjustment methodology for the MCP-submitted HEDIS measures. This approach is consistent with the NCQA, and in alignment with the practices observed in other states. This methodology is consistent with Comagine Health's approach for all prior year (2015–2021) editions of the Enrollee Quality Report.

## Assessment of Individual Measures

The primary goals in assessing individual measures are to preserve measure variation and account for the level of confidence in the measure's accuracy or precision. Denominator sizes for individual measures can be small; this is especially true for hybrid measures. With these smaller sample sizes, a greater proportion of the observed differences in performance measure rates can be due to measurement error rather than true variation.

Because quality measures are calculated on a sample of a population, the result is not exact. Therefore, we use a confidence interval to indicate the range in which the true result lies. For example, we can say that we are 95% confident that the true measure result is between the upper confidence limit and the lower confidence limit. A plan's performance was considered to be statistically higher or lower than the benchmark for that measure if the benchmark was higher than the upper confidence limit or lower than the lower confidence limit.

A Wilson Score Interval Test will be applied to the current year's measure results to yield 95% confidence intervals for each measure. The Wilson Score Interval Test was selected because it is accurate for most binomial distributions (e.g., performance measure scores) and small samples (e.g., numbers of eligible enrollees).

The confidence interval is expressed as a range from the lower confidence interval value to the upper confidence interval value. The lower confidence interval value and upper confidence interval value are compared to relevant benchmarks to determine if there is a statistically significant difference between plan performance and the benchmark.

Given that the measures are estimates that are subject to a degree of uncertainty, we characterize performance by focusing attention on the significance and direction of each measure with respect to its comparison benchmark, rather than using the differences between measure point estimates and the state benchmark.

## Aggregation of Measure Results to Domains

Individual measures are grouped into categories known as domains that represent different areas of patient care. For example, measures related to women's health are often grouped into the same domain. The performance of the individual measures is then aggregated into an overall result for that domain.

The method for aggregation of individual performance measure scores into domain scores or an overall score varies among the reviewed rating systems mentioned in the previous section. The two national rating systems assign points based on quantiles (NCQA) or averages of percentile ranks (CMS) to aggregate individual measures. The state rating systems tend to use a variance-based approach, such as assigning points based on how far the individual measures are from the state average.



Given that the measures are estimates subject to a degree of uncertainty, we characterize performance by focusing attention on the significance and direction of each measure with respect to its comparison benchmark, rather than using the differences between measure point estimates and the state benchmark. Measures that are significantly below the benchmark are given a score of 0, measures at the benchmark are given a score of 1, and measures that are significantly above the benchmark are given a score of 2.

The overall score for the domain is calculated as a weighted average of the measures included in the domain. This is consistent with the methodology used by Comagine Health for previous editions of the Enrollee Quality Report (2015–2021).

### Number of Rating Levels or Stars

Rating systems vary with regard to how and how many “stars” are assigned. The national-level systems, which are based on rankings, assign between one and five stars (or points, for NCQA) based on quantile cut points. The state-level rating systems tend to assign between one and three stars based on significance of the final score in comparison to the benchmark, except New York’s system, which assigns between one and five stars based on percentile rank inferred from the t-distribution. In Michigan, a range of three “apples” is assigned; however, the actual rating ranges from two to four, instead of one to three.

The state-level rating systems we reviewed use the three-star rating system, which depicts performance below the average with one star, equal to the average with two stars, and above the average with three stars. We chose to use a three-star rating system for the Enrollee Quality Report. Three stars allows for enough range for a comparison without risking a false sense of precision that five stars might give by suggesting differences when substantively there are none.

### Selection of Measures

In order to define a set of domains, it is necessary to distill a subset of performance measures from the full list of HEDIS measures. Below are several criteria considered when selecting measures for the rating system:

- **Degree of variation:** There is enough variation in the measure across plans that it will help differentiate plan performance and add value to the star rating comparison.
- **Population impact:** The measure reflects a broad population base, or a population of specific or prioritized interest, ensuring its meaningfulness or importance to consumers.
- **Precedent:** The measure is used in other similar rating systems, suggesting a degree of consensus regarding its importance.
- **Compatibility:** The population represented by the measure is broadly present across the plans.
- **HCA priority:** The measure reflects current HCA priorities and measures included in the Healthier Washington Common Measure Set.

### Represented Population

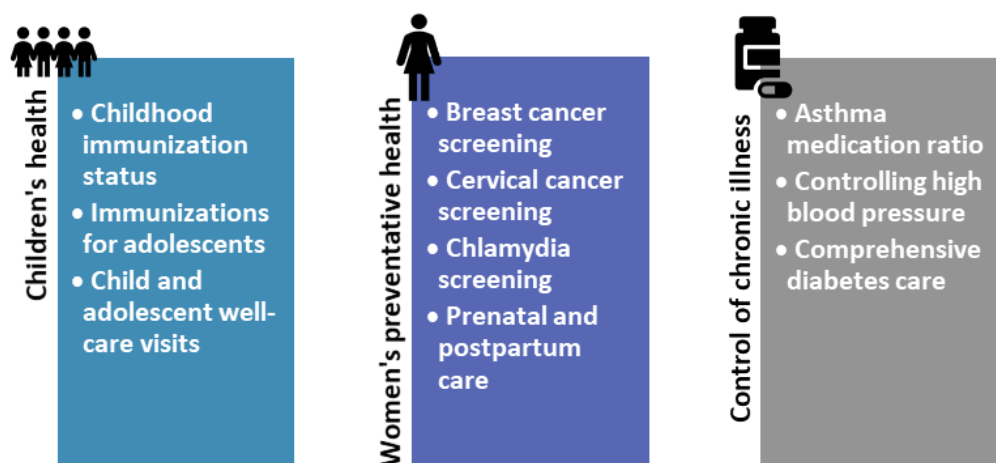
Each HEDIS measure is reflective of a specific population, defined by age, sex or health condition, or a combination of these attributes. The result is that some measures are representative of relatively large populations, and others of very small populations.

The represented population as a consideration of inclusion in the star rating scheme must be balanced with other factors, but—all else equal—a measure that represents a small, limited population should be included only if it aligns with a particular meaning or importance to consumers.

## Precedence of Performance Measures Used in Rating Systems

In order to develop a sense of the level of agreement or consensus among the rating systems regarding the applicability of individual measures to a consumer-facing rating system, we checked how often each measure was included in each of the rating systems that we reviewed (see Technical Overview of Rating Systems). Relatively, more measures were included in the NCQA system and CMS Quality Rating System. Several HEDIS measures appear frequently among rating systems. These include the following groups of measures below (Figure 18).

Figure 18. Performance Measure Groups.



While precedence is not the only criterion for measure selection, it is important for supporting the face validity of the rating system.

## HCA Priority Measures and the Washington Common Measure Set

The measures used to calculate the results presented in this report align with those included in the Washington Statewide Common Measure Set and other statewide initiatives.

## Data Aggregation and Analysis

### Analysis of Performance Measure Variation

NCQA recommends that for comparative performance, the state's simple average be used as the benchmark rather than the weighted average, especially in situations where enrollees have equal opportunity to choose among plans, regardless of plan size. Using a weighted mean (e.g., using enrolled population as the weight) as the comparison benchmark unduly favors (or penalizes) larger plans, with the tendency for their scores to fall closer to the average.

In reviewing data for the Enrollee Quality Report, we observed slightly more significant variation using the simple average for HEDIS measures, confirming our expectation that a weighted mean would dampen the divergence from the mean for larger health plans. We also observed greater differentiation in performance, noting a larger imbalance between the numbers of measures with negatively and positively varying MCOs. As a result, Comagine Health has continued to use the simple average methodology for this and previous editions (2016–2021) of the Enrollee Quality Report.

## Selection of Domains

The Comagine Health methodology relies on qualitative judgment to determine the number and composition of rating system domains. Statistical methods for establishing domains (such as factor analysis) are not applicable because of the small number of plans (five) included.

Generally, the literature suggests it is best to limit the number of domains and to compose them in such a way that they are most likely to be relevant and actionable for Medicaid plan consumers. Below are several criteria we considered when selecting star rating domains:

- **Precedent:** It is helpful to consider domains used in other star rating systems, especially where empirical analysis and/or consumer focus groups were used to determine domains. For example, the fact that access to care was used in all rating systems we reviewed suggests a consensus that this is an important domain.
- **Coverage/Importance:** All potentially important rating areas should be covered by the final selection of domains to the extent possible based on the availability of measures.
- **Final number of domains:** The number of domains presented to consumers for comparison should be limited to avoid overloading them with information, but still provide adequate diversity to allow specificity in areas of interest. Most star rating systems include six or fewer domains.

## Precedence of Performance Domains Used in Rating Systems

As part of our initial scan of selected rating systems, we observed a variety of rating system domains. The rating systems fell more or less naturally into two groups. The first group, consisting of the two national-level systems and a state rating system, tends to define performance domains more in terms of clinical groupings and includes differentiation among domains and subdomains.

The second group, consisting of three alternate state rating systems, has fewer domains, comprises fewer measures, and is defined using more consumer-oriented terminology than the first group. The domain naming is remarkably consistent among this group of rating systems. These three rating systems also use a larger number of HEDIS measures than the other state rating methodologies that were reviewed. Part of this may be driven by these rating systems having a larger number of measures with adequate eligible populations for reliable reporting.

## Definition of Domains

Based on our findings in reviews of relevant literature and examples of existing star rating systems, as well as our observations of the characteristics of performance measures observed in Washington, Comagine Health defined domains and assigned measures to them. To maximize the usefulness of the rating system to a Medicaid audience, we included the following in our approach:

- Levels of measure performance variation in Washington
- Available data
- Impacted populations
- Precedence
- Topical coverage
- HCA feedback
- Internal consistency of domain definitions

### Scoring Method and Analysis

Scoring is the process of aggregating performance measure results to the summary level of a star rating for each performance domain.

The scoring approach used in this report is referred to as the “points-based method.” It begins with the determination of statistical significance for each individual HEDIS and CAHPS measure, compared with the state average for that measure as the benchmark. Measure significance is determined using confidence intervals calculated using Wilson Score intervals.

Points are assigned based on the measure’s statistical significance and on direction. A plan’s performance was considered to be statistically higher or lower than the state average for that measure if the state average was higher than the upper confidence limit or lower than the lower confidence limit. Zero points were assigned for performance significantly below the state average, one point for performance statistically the same as the state average, and two points for performance that is significantly above the average. These points are aggregated for each domain and divided by the total points possible for the domain, to obtain a score that represents the percentage of total possible points.

We believe a points-based method more accurately accounts for the degree of confidence in each individual measure score, by way of using the confidence interval around each measure score to determine whether the MCO is statistically lower, the same as, or above the benchmark (simple state average). Because CAHPS measures and hybrid HEDIS measures are based on samples rather than entire populations, using statistical significance is an appropriate method to account for the potential variation from the selected samples. Scoring methods based on plan percentile performance (as used in some other states) do not account for the variable degrees of confidence we have in individual scores, even though they give the appearance of a precise measurement.

Another benefit of the points-based method is that it is relatively easy to calculate and explain, using a straightforward process for assigning points and basic arithmetic.

### Measure Weighting

The NCQA’s rating system applies a weight to each measure to emphasize the measure’s relative importance to consumers; a higher weight indicates the measure is more important to consumers. That system uses a weight equal to three for “outcome” measures (such as keeping blood pressure under control or HbA1C less than 8.0), a weight equal to 1.5 for consumer experience scores (CAHPS measures), and a weight of one for the remaining measures, which reflect processes or

utilization/access. We adopted the NCQA's weighting approach, as it appears to reflect a reasonable balance of priorities and was determined through a consensus process of measurement experts.<sup>27</sup>

## Conclusions

Comagine Health produced the *2022 Enrollee Quality Report*, designed to provide Apple Health applicants and enrollees with simple, straightforward comparative health plan performance information that may assist them in selecting a plan that best meets their needs.

Data sources for this report include the Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measure sets. The rating method is in alignment with the star rating systems used by other states and reflects the data sources available for the Apple Health population in Washington. For more information on the methodology used to derive this report's star rating system, refer to Comagine Health's *2022 Enrollee Quality Report Methodology*.

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<sup>27</sup> NCQA 2021 Health Insurance Plan Ratings Methodology. Available at: [https://www.ncqa.org/wp-content/uploads/2021/08/2021\\_08\\_03\\_2022\\_2021\\_Health\\_Plan\\_Ratings\\_Methodology\\_Updated\\_07\\_30\\_21.pdf](https://www.ncqa.org/wp-content/uploads/2021/08/2021_08_03_2022_2021_Health_Plan_Ratings_Methodology_Updated_07_30_21.pdf).

# 2022 Washington Apple Health Plan Report Card



This report card shows how Washington Apple Health plans compare to each other in key performance areas. You can use this report card to help guide your selection of a plan that works best for you.

Performance areas	Amerigroup Washington	Coordinated Care of Washington	Community Health Plan of Washington	Molina Healthcare of Washington	United Healthcare Community Plan
Getting care	★☆☆	★★★	★☆☆	★★★	★☆☆
Keeping kids healthy	★☆☆	★★★	★★★	★★★	★☆☆
Keeping women and mothers healthy	★☆☆	★★★	★★★	★★★	★★★
Preventing and managing illness	★☆☆	★★★	★☆☆	★★★	★★★
Ensuring appropriate care	★☆☆	★★★	★★★	★☆☆	★★★
Satisfaction of care provided to children	★☆☆	★★★★	★★★	★★★	★★★
Satisfaction with plan for children	★★★	★★★	★★★	★★★	★★★

KEY: Performance compared to all Apple Health plans	
Above average	★★★★
Average	★★★
Below average	★★★

*These ratings were based on information collected from health plans and surveys of health plan members in 2021. (some of the data used in the Getting Care category is from 2020).*

*The information was reviewed for accuracy by independent auditors.*

*Health plan performance scores were not adjusted for differences in their member populations or service regions.*

## Performance area definitions

### Getting care

- Members have access to a doctor
- Members report they get the care they need, when they need it

### Keeping kids healthy

- Children in the plan get regular checkups
- Children get important immunizations
- Children get the appropriate level of care when they are sick

### Keeping women and mothers healthy

- Women get important health screenings, such as cervical cancer screenings
- New and expecting mothers get the care they need

### Preventing and managing illness

- The plan helps its members keep long-lasting illness under control, such as asthma, high blood pressure or diabetes
- The plan helps prevent illnesses with screenings and appropriate care

### Ensuring appropriate care

- Members receive the most appropriate care and treatment for their condition

### Satisfaction with care provided to children

- Members report high ratings for doctors, specialists and overall health care

### Satisfaction with plan for children

- Members report high ratings for the plan's customer service and the plan overall

# Informe sobre los planes de Washington Apple Health para el año 2022



Este informe muestra una comparativa entre los planes de Washington Apple Health según los resultados en diversas áreas. Puede utilizar este informe como ayuda para elegir el plan que mejor se adapte a sus necesidades.

Valoración por áreas	Amerigroup Washington	Coordinated Care of Washington	Community Health Plan of Washington	Molina Healthcare of Washington	United Healthcare Community Plan
Obtención de atención	★☆☆	★★★	★☆☆	★★★	★☆☆
Mantenimiento de niños sanos	★☆☆	★★★	★★★	★★★	★☆☆
Mantenimiento de mujeres y madres sanas	★☆☆	★★★	★★★	★★★	★★★
Prevención y tratamiento de enfermedades	★☆☆	★★★	★★★	★★★	★★★
Garantía de atención adecuada	★☆☆	★★★	★★★	★★★	★★★
Satisfacción con la atención infantil	★☆☆	★★★★	★★★	★★★	★★★
Satisfacción con los planes de acción para la infancia	★★★	★★★	★★★	★★★	★★★

LEYENDA: Resultados de la comparación de todos los planes de Apple Health	
Superior al promedio	★★★★
Promedio	★★★
Inferior al promedio	★★★

Estas calificaciones se basaron en la información recaudados de los planes de salud y las encuestas de los miembros del plan de salud en 2021 (algunos de los datos utilizados en la categoría Obtención de Atención son de 2020).

Varios auditores independientes revisaron estos datos para comprobar que fueran exactos.

No se ajustaron los resultados de los planes de salud por las diferencias demográficas entre sus afiliados o las regiones de servicio.

## Definiciones de las áreas evaluadas

### Obtención de atención

- Los afiliados tienen acceso a un médico.
- Los afiliados informan que reciben la atención que necesitan cuando la necesitan.

### Mantenimiento de niños sanos

- Los niños incluidos en el plan se someten a chequeos habituales.
- Los niños reciben vacunaciones importantes.
- Los niños reciben el nivel adecuado de atención cuando están enfermos.

### Mantenimiento de mujeres y madres sanas

- Las mujeres se someten a exámenes médicos importantes, como exámenes de detección de cáncer de cuello uterino
- Las madres primerizas y embarazadas reciben la atención que necesitan.

### Prevención y tratamiento de enfermedades

- El plan ayuda a sus afiliados a tener bajo control las enfermedades crónicas como el asma, la tensión arterial alta o la diabetes.
- El plan contribuye a prevenir enfermedades gracias a exámenes médicos y una atención adecuada.

### Garantía de atención adecuada

- Los afiliados reciben la atención y el tratamiento más adecuados para su condición.

### Satisfacción con la atención infantil

- Los afiliados valoran positivamente a los doctores, especialistas y la atención médica en general.

### Satisfacción con los planes de acción para la infancia

- Los afiliados valoran positivamente el servicio de atención de cliente del plan, así como el plan en general.

## Review of Previous Year's HCA EQR Recommendations

Comagine Health provided recommendations to HCA in 2021. Below is a table of the recommendations made, HCA's responses and the EQRO response to HCA.

**Table 35. Responses to 2022 EQR Recommendations to HCA.**

Quality Strategy
<p><b>EQRO Recommendation:</b>  <b>1) Sustain Improvement in clinically meaningful areas</b> (including behavioral health integration) through collaboration among MCPs, with higher performing plans sharing successful strategies that have led to improved measure performance and may help improve all the MCPs performance on these measures.</p>
<p><b>HCA Response:</b>            HCA seeks to sustain improvement through multiple quality improvement efforts that continue the collaboration fostered through the Behavioral Health integration implementation. Examples include the MCP Well-Child Collaborative PIP, Child Behavioral Health Equity Collaborative PIP, Administrative Simplification workgroup, Skilled Nursing Facility (SNF) Collaborative workgroup and selection process for Value Based Purchasing (VBP) measures.</p> <p>The Administrative Simplification workgroup, convened in 2020, meets quarterly, and is a collaboration between the Office of the Insurance Commissioner, HCA, provider groups, and insurance plans (including Medicaid MCPs). The SNF Collaborative workgroup, also convened in 2020, is a collaboration between HCA and MCPs. Goals of these groups include implementation of best practice through standardization of processes and templates across plans to ease administrative burden for providers. All five MCPs are contractually required to participate in these workgroups and abide by best practice recommendations for standardization. Participation in these workgroups and achievements therein represent implementation of this EQRO recommendation.</p> <p>Contracted MCPs are required to respond directly to EQRO recommendations within their QAPI Evaluations regarding actions they've taken to implement prior year recommendations. In addition to contractually required collaboration, HCA encourages to collaborate on system-wide issues impacting providers and Apple Health quality initiatives and often MCPs opt to engage their peers on their own.</p>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>EQRO Recommendation:</b>  <b>2) Address Behavioral Health Declines</b> to ensure individuals receive necessary treatment and improvements are reflected across all race/ethnicity categories.</p>
<p><b>HCA Response:</b>            In January 2020, all ten regions of the state completed the transition to an integrated system for physical health, mental health, and substance use disorder treatment services within the Apple Health program. HCA has had projects underway to support ongoing bi-directional integration of physical and behavioral health through care transformation in each of the regions, specific to the identified needs of those areas. Health equity and reduction of disparity is a priority of the agency; additional information can be found below in the "continue to prioritize health equity" section (15).</p>



<p>There has been a tremendous amount of work implemented or is in the planning stages of implementation to address the surge of behavioral health needs in youth and families. These have included a regional hub to manage the utilization of youth inpatient beds, developed training to respond to youth behavioral health emergencies associated with the ongoing impacts of COVID-19 under the directive of Emergency Proclamation of the Governor 21-05 and in partnership with the Department of Health, as well as developing a robust referrals and resource collection for youth and families such as blogs, behavioral health toolbox for families, reference guides, and a parent and teen referral line. Additionally, increased support for telemedicine and telehealth usage was implemented to facilitate and strengthen the ability of clients to access behavioral health resources. Strategies outlined above represent implementation of this EQRO recommendation by all five plans.</p>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>EQRO Recommendation:</b>  <b>3) Focus on Preventive Care</b></p> <ul style="list-style-type: none"> <li>• Maximize use of telehealth</li> <li>• Outreach to ensure preventive care is obtained</li> <li>• Focus on bidirectional integration</li> </ul>
<p><b>HCA Response:</b>  HCA reacted quickly to the pandemic to provide additional guidance and technical assistance where necessary maximizing the use of telehealth across the state. Especially relevant to preventive care, HCA worked with physicians' associations to clarify the ability to perform well-child visits over telehealth. HCA support many modalities including audio/visual, audio only, e-consult, remote patient monitoring and patient portal visits across both physical and behavioral health in support of bi-directional clinical integration. Additionally, HCA provided assistance directly to providers and clients through the distribution of Zoom licenses and hardware. Telehealth should be deployed in a way that allows innovation and flexibility while supporting principles of quality, stewardship, clinical appropriateness and equity.</p> <p>More information is available in "Focus on Preventive Care" section below (14).</p>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>EQRO Recommendation:</b>  <b>4) Continue to Prioritize Health Equity</b></p> <p>Continue to collaborate with partners around health equity data, including the collection, analysis, reporting and community participation in validating and interpretation to drive health equity work.</p>
<p><b>HCA Response:</b>  The COVID-19 public health emergency highlighted the need to continue to identify and address health disparities as well as further incorporate health equity into the overall quality strategy. HCA took a proactive approach to both anticipate and respond to access to care challenges at the beginning of the pandemic and throughout the public health emergency, supporting workforce and system stability as well as continued quality improvement activities. As an example, HCA worked with all five MCPs to free up hospital resources by closely coordinating discharges and create capacity to address higher demand for care. The agency's response to the pandemic focused on supporting care for Apple Health clients to ensure equitable access to timely care and services.</p> <p>To further embed a health equity lens into Apple Health quality oversight, HCA continues to explore ways to deepen health equity concepts into all program areas. Examples include:</p> <ul style="list-style-type: none"> <li>• Expanding the analysis of the enrollee experience within performance measures to allow for deeper understanding of health equity within Apple Health managed care services</li> <li>• Incentivize MCPs to collaborate on a quality initiative regarding a health care disparity through a performance improvement project</li> </ul>

<ul style="list-style-type: none"> <li>Publicly recognizing those contracted MCPs who currently hold an NCQA Multicultural Healthcare Distinction</li> <li>Supporting plans who seek the new Health Equity Accreditation standards in progress by NCQA</li> </ul>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>EQRO Recommendation:</b></p> <p><b>5) Continue to refine/focus on Value Based Purchasing as a strategy</b> to move improvements forward by:</p> <ul style="list-style-type: none"> <li>Incorporating equity-focused payment and contracting models into the VBP program as an approach to improving health equity.</li> <li>Broadening payment reform to more settings, including primary care. The more VBP is standardized across settings, the better able to improve on shared goals. This VBP process has proven to support improvements and is supported by the Washington legislature.</li> <li>Focusing VBP measures on those that will drive change and improve care in the primary care arena.</li> </ul>
<p><b>HCA Response:</b></p> <p>Section 211(31)(a) of Engrossed Substitute Senate Bill 5092 (2021 session) requires HCA to annually select performance measures after an analysis by the contracted EQRO. Comagine Health, WA State's currently contracted EQRO, presented recommendations to HCA leadership in August and measures were selected in alignment with Quality Measuring Monitoring and Improvement guiding principles, WA State Common Measure Set, WA State Medicaid Quality Strategy, WA Primary Care Transformation project, and the above-mentioned Proviso language requirements. HCA requested the EQRO VBP recommendation analysis include additional reflection of the impact of health disparities to inform HCA in its selection process. HCA is exploring how to incorporate equity-focused payment and contracting models into the VBP program as an approach to improving health equity by researching other state leaders and comparing models to the legislative requirements. Due to the complexity, HCA is evaluating the approach carefully prior to implementing change. HCA is leading a multi-payer collaborative, along with the state's payers and primary care provider community, focused on primary care transformation to support quality improvement in this provider setting. This model is a key component of HCA's value-based purchasing journey. As a result of implementing this model, primary care will advance significantly further along the value-based purchasing continuum, and help HCA achieve improved quality of care.</p> <p>For information regarding individual plan performance see the VBP Performance Measure section of this report, including the 2022 VBP Report Card.</p> <p><i>EQRO Note: the report card is located on page 79 of this report.</i></p>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>EQRO Recommendation:</b></p> <p><b>6) Refine language for required non-duplication of EQR-Related Activities:</b></p> <ul style="list-style-type: none"> <li>Include details explaining which arrangements assist with non-duplication, including deeming processes such as the Information Systems Capability Assessment completed during the HEDIS PMV process and NCQA Accreditation of all plans.</li> </ul>
<p><b>HCA Response:</b></p> <p>HCA subject matter experts have been using the 2022 NCQA Medicaid Managed Care Toolkit, internal TEAMonitor documents, applicable CFRs as well as current MCP contracts to assess CFR requirements and individual components of NCQA Accreditation to deem which sections are eligible for use of nonduplication language. Results of HCA deeming process as well as details of use of nonduplication will be included in the next posted update of the Medicaid Managed Care Quality Strategy. The language within the draft version of the Medicaid Managed Care Quality Strategy has been refined to further clarify non-duplication EQR-related activities.</p>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>EQRO Recommendation:</b></p>

<p><b>7) Continue to focus on collaboration and standardization across MCPs and HCA:</b></p> <ul style="list-style-type: none"> <li>Working together on identified areas of improvement has proven effective in driving statewide change. Recent collaborations include the Health Equity workgroup which has turned into a collaborative PIP and the VBP workgroup.</li> </ul>
<p><b>HCA Response:</b> Please see above response regarding Sustain Improvement in clinically meaningful areas (1).</p>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>Compliance</b></p>
<p><b>EQRO Recommendation:</b> <b>8) Coverage and Authorization of Service</b> HCA has provided intensive technical assistance to support needed improvements in this standard. It is recommended that HCA continue to monitor and provide technical assistance to the MCPs for compliance with the coverage and authorization of service elements.</p>
<p><b>HCA Response:</b> All MCPs were required to participate in technical assistance meetings during the 4th quarter of 2020 and the first quarter of 2021. Progress during these technical assistance meetings was sufficient to close the corrective action from 2020 for all five plans. Due to the timing of technical assistance and the 2021 TEAMonitor review process, findings were identified which occurred prior to the technical assistance being provided; however, processes had already been put into place by each MCP to mitigate future deficiencies. In addition, MCPs were offered additional technical assistance in 2021. Three of the plans have completed their corrective action; two plans (MHW and AMG) have outstanding findings which are in process of being addressed. HCA continues to work with the MCPs to address these findings.</p>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>EQRO Recommendation:</b> <b>9) Subcontractual Relationships and Delegation</b> Four of the five MCPs (AMG/MCO, AMG/BHSO, CCW/MCO, CCW/BHSO, CHP/MCO, CHP/BHSO, UHC/MCO and UHC/BHSO) will benefit from technical assistance by HCA to ensure the plans meet the requirements for the subcontractual relationships and delegation standard. These elements include:</p> <ul style="list-style-type: none"> <li>Subcontractual relationships and delegation</li> <li>Written agreements</li> <li>Monitoring of sub-contractor performance</li> <li>Identifying deficiencies and ensuring corrective action is taken</li> </ul>
<p><b>HCA Response:</b> The plans identified with deficiencies (AMG/MCO, AMG/BHSO, CCW/MCO, CCW/BHSO, CHPW/MCO, CHPW/BHSO, UHC/MCO and UHC/BHSO) through Compliance Review were required to respond to the state with corrective action.</p> <ul style="list-style-type: none"> <li>Responses from CCW (MCO/BHSO) &amp; Community Health Plan of Washington (MCO/BHSO) were reviewed and accepted as completed.</li> <li>AMG (MCO/BHSO) and UnitedHealthcare (MCO/BHSO) were required to provide additional documentation as part of the review process to complete the corrective action and the submissions were accepted as completed by HCA.</li> </ul>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>EQRO Recommendation:</b> <b>10) Program Integrity Requirements</b> HCA should provide technical assistance to all plans regarding program integrity requirements. Four MCOs (CCW, CHPW, MHW and UHC) and four BHSOs (CCW, CHPW, MHW and UHC) did not meet at least one element under this standard.</p>
<p><b>HCA Response:</b></p>

<p>The plans identified with deficiencies (CCW/MCO, CCW/BHSO, CHPW/MCO, CHPW/BHSO, MHW/MCO, MHW/BHSO, UHC/MCO and UHC/BHSO) through Compliance Review were required to respond to the state with corrective action.</p> <ul style="list-style-type: none"> <li>• Responses from CHPW (MCO/BHSO) were reviewed and accepted as completed by the HCA.</li> <li>• CCW (MCO/BHSO), MHW (MCO/BHSO), and UHC (MCO/BHSO) were required to provide additional documentation as part of the review process to complete corrective action and was accepted as completed by the HCA.</li> </ul>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>PIP Validation</b></p>
<p><b>EQRO Recommendation:</b></p> <p><b>11)</b> HCA should continue to provide ongoing training specifically focused on the overall study design by establishing a framework for sustainable improvement that stems from well-defined and well-scoped study designs. This would include continuing to work with the MCPs’ incorporation of the rapid-cycle process improvement process introduced by HCA in 2021.</p> <ul style="list-style-type: none"> <li>• All MCPs had issues with addressing threats to validity such as the 2020 pandemic.</li> <li>• One UHC PIP–Clinical WSIPP-Adult (AH-IMC)–did not include results of the statistical tests.</li> <li>• One AMG PIP–Clinical WSIPP-Child (AH-IMC/BHSO)–would benefit with inclusion of more information on how they assured anonymity to the students and school staff within the study design.</li> </ul> <p>As the 2020 COVID-19 pandemic has shown, it is important the MCPs to be flexible and persistent in trying to work within any disruptions that may be encountered. HCA should work closely with MCPs when unexpected disruptions occur to determine appropriate pivots of the interventions through evaluation of the study design and the analysis plan to ensure improved outcomes.</p> <p>A concise study question will improve the MCP’s ability to align the entire PIP study design. HCA should continue to provide technical assistance to the MCPs with a focus on defining, streamlining and simplifying study questions.</p> <ul style="list-style-type: none"> <li>• MHW submitted two Non-Clinical PIPs (AH-IMC and AH-IMC/BHSO) without study questions.</li> <li>• CHPW submitted a PIP–Clinical WSSIP-Child (AH-IMC)– with both an unclear and unmeasurable study question.</li> <li>• CCW submitted a PIP–Non-Clinical (AH-IFC)–with two of the three study questions being vague.</li> </ul> <p>In RY2021, TEAMonitor began implementation of <i>Protocol 1 Validation of Performance Improvement Projects</i> updated by CMS in 2019 in its validation of PIPs. HCA should continue to work with the MCPs to help familiarize them with the additional measurements of success within the protocol.</p>
<p>After comprehensive review of 2021 PIPs, HCA provided general and targeted technical assistance regarding the 2019 EQR Protocols, study design, conceptual frameworks, AIM statements, evaluation methods, PDSA cycles, internal/external threats to validity and inclusion of equity in design and analysis. HCA engage with MCPs throughout the year to assess PIP implementation and provide guidance surrounding PDSA steps which will assist plans should disruptions be encountered. HCA has created PIP tips and a comprehensive grading matrix for the PIPs that has and will continue to be shared with MCPs for the PIP reports. In addition, HCA has required AIM statements for all 2022 PIPs, encouraging use of HEDIS measures where possible for consistency and anonymity for enrollees.</p>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>Performance Measure Comparative Analysis</b></p> <p>It should be noted that in 2022, an updated “Performance Review” section was included in the Annual Technical Report. The “2021 Performance Measure Validation recommendation” by Comagine Health is reflected here.</p>

**EQRO Recommendation:****12) Sustain Improvement in Clinically Meaningful Areas**

Comagine Health recommends continuing the current work on behavioral health integration and continuous quality improvement with these measures. Improvement in behavioral health metrics continued from last year with new significant improvement in initiation/engagement of alcohol, substance use and other drug dependence, and for follow-up after mental health hospitalization. Continue to monitor these measures to ensure performance in these areas does not decline and look for opportunities to incorporate this new data to address program needs.

All MCPs, except UHC, saw statistically significant improvement for the Asthma Medication Ratio (AMR), Total measure between MY2019 and MY2020. We recommend continued emphasis on this important measure.

Statewide, Prenatal and Postpartum Care (PPC) - Postpartum Care, demonstrated statistically significant improvement between MY2019 and MY2020. AMG demonstrated statistically significant improvement during this same timeframe, where the other four MCPs had no notable year-over-year improvement in rates. Continued focus on Postpartum Care by all MCPs is recommended.

Overall, collaboration among the MCPs, with the higher performing plans sharing successful strategies that have led to improved measure performance may help improve all of the MCPs performance on these measures.

**HCA Response:**

Clinically meaningful improvement continues to be prioritized in quality initiatives across the Apple Health program, as evidenced by the selection of performance measures selected in individual initiatives. Behavioral health measures remain a focus for HCA. HCA continues quarterly behavioral health measure review including review from the subject matter expert workgroup, report out to HCA leadership and communication to all plans regarding results and areas of focus from HCA review. HCA continues to monitor the AMR and PPC measures via our annual Comparative Analysis Report, inclusion of these measures in VBP measures list, and monitoring of plan QAPI program evaluations through TEAMonitor review. MCPs have shown success in moving an aspect of quality care forward by targeted approaches, focusing on improving care in a particular area of care. This has shown sustained quality improvement when the initiative is partnered with the provider community to ensure the change is supported and takes root in the delivery of care.

**EQRO Response:** Response accepted

**EQRO Recommendation:****13) Address Behavioral Health Declines**

The decline in statewide Mental Health Treatment Penetration (MH-B), for 6-64 years rates may be due to restrictions put in place at the beginning of the COVID-19 pandemic that limited in-person visits. CCW, CHPW and MHW demonstrated a statistically significant increase from MY2019 to MY2020. AMG and UHC had significant decreases in mental health treatment penetration during this timeframe. Focused efforts to ensure individuals receive mental health treatment need to be a priority for all MCPs.

Although there have been improvements in the behavioral health measures at the statewide level, that improvement does not translate into improvements for all race/ethnicity categories. See the "Continue to Prioritize Health Equity" section for additional information (15).

**HCA Response:**

The Mental Health Service Rate (formerly Mental Health Treatment Penetration) - broad definition (MH-B) measure continues to be a focus for WA state. This measure is reviewed quarterly with other BH metrics. Much work has been done to stratify this measure by race/ethnicity as well as MCP by region to provide

more actionable data and encourage regional collaboration by plans. Best practices to address this measure are:

- MHW has created an internal dashboard to routinely monitor this measure using RDA specifications that allows them to sort by different population attributes and target interventions. Additionally, they are working directly with BH providers to close gaps.
- CCW enhanced 1:1 provider outreach, partnering with BH clinics to design a bundled gap list and enabling early identification, timely outreach and tracking of members with BH needs.
- CHPW has two PIPs related to improving care for clients with substance use disorders in addition to the collaborative Health Equity PIP focused on BH youth that they attribute some of their success with improving this measure. CHPW also included MH-B measure in their Health Disparities report.

All plans should consider evaluation of disparities identified within Comparative Analysis report and implement strategies targeted to reduce them.

Additionally, HCA requires the MCPs to work collaboratively in developing a health equity PIP for 2022 to increase the mental health treatment rate (MH-B) for children/youth from black, indigenous and other people of color (BIPOC) communities. The collaborative meets twice a month and has been slowly engaging in addressing root causes and barriers in access and follow through for children and families in the behavioral health system. The group decided to begin with analyzing the data they currently have (point of entry into the system, diagnosis, patterns of use) to learn more about the children's mental health system and BIPOC children. They are going to work with clinics to create a more secure and stable follow up/care coordination process for BIPOC youth who are currently experiencing gaps in care. Starting in October 2022, HCA will begin receiving quarterly updates from contracted MCPs regarding BH access and engagement efforts implemented by each MCP.

**EQRO Response:** Response accepted

**EQRO Recommendation:**

**14) Focus on Preventive Care**

Although there were statistically significant declines from MY2019 to MY2020 in multiple preventive care measures (CIS Combo 2 and Combo 10, CHL, AAP and BCS), Breast Cancer Screenings (BCS) have declined over the past two measurement years. All MCPs demonstrated a significant decrease in BCS this past measurement year. In addition, the urban population received statistically significant higher rates of breast cancer screenings over the rural population. All MCPs need to focus on this important preventive measure. The COVID-19 pandemic continues to impact preventive care.

- It is recommended that the use of telehealth be maximized to the greatest degree possible for preventive (and acute) care needs.
- Outreach to individuals to ensure preventive care is obtained should be prioritized. Plans need to include strategies to support practitioners in catching up on preventive care that was delayed so declines do not continue.
- HCA should continue to focus on bidirectional integration to sustain the behavioral health integration work. Just as primary care screens for behavioral health needs, build in screening and coordination of preventive care should be built into behavioral health visits. (Certified Community Behavioral Health Clinic – CCBHC – model of care)

**HCA Response:**

Preventive care is the foundation of our health care system. HCA is engaged in transforming the primary care model to improve primary care provider capacity and access and promote and incentivize integrated,

whole-person and team-based care. The Multi-payer Primary Care Transformation Model (PCTM)<sup>28</sup> will be a framework that aims to strengthen primary care through multi-payer payment reform and care delivery transformation. HCA is partnering with the state's payers and primary care providers to ensure strong support for preventive care.

HCA continues to prioritize bidirectional clinical integration through multiple mechanisms in addition to the PCTM work, including the Washington Integrated Care Assessment (WA-ICA)<sup>29</sup> and supporting the Certified Community Behavioral Health Clinic (CCBHC) model of care. HCA has two initiatives that are currently working to promote or support CCBHCs: conducting a study on the efficacy and implementation of CCBHCs as a state-driven and certified model and providing bridge funding to existing CCBHCs within the state as they exit their first round of federal funding.

In addition, much work has gone into stabilizing our state's healthcare system and improving access to preventative care services as the COVID-19 public health emergency continued. Telehealth has been at the forefront to ensure access to services continues, which supports access to preventive care so that clients are able to access the right care at the right time. To that end there has been updated guidance on how to implement appropriate telehealth modalities which has expanded access to behavioral health services across the state. HCA and MCPs have also prioritized engaging clients in preventative care delayed during the COVID-19 public health emergency. Childhood Immunizations (CIS Combo 10) and Chlamydia Screenings in Women (CHL) are incentivized as an MCP enrollee assignment measure and Breast Cancer Screenings (BCS-E) was selected for inclusion in 2023 list of VBP measures.

**EQRO Response:** Response accepted

**EQRO Recommendation:**

**15) Continue to Prioritize Health Equity**

There is sufficient evidence of health disparities in these data to warrant further research and focused effort to better understand details on effectiveness and needs of communities.

The severity of COVID-19 impact has been greater in the non-white populations. Although there have been improvements in the behavioral health measures at the statewide level, that improvement does not translate into improvements for all race/ethnicity categories. The behavioral health program in its present form is working and the positive impact is measurable when looking at the statewide measures. However, increased attention needs to be directed at communities of color, particularly Black and Hispanic communities.

Additional areas of focus to address health equity needs include:

- Prenatal and Postpartum Care (PPC) both timeliness of Prenatal Care and Postpartum measures for Hawaiian/Pacific Islanders
- Prevention and Screening measures for most races/ethnicities
- Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visit (WCV) for most races/ethnicities

Continued collaboration with partners in Washington around health equity data, including the collection, analysis, reporting and community participation in validating and interpreting those data will continue to benefit HCA in driving health equity work in Washington.

<sup>28</sup>Washington HCA: PCTM: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/value-based-purchasing/multi-payer-primary-care-transformation-model>.

<sup>29</sup> Washington HCA: Advancing Clinical Integration: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/advancing-clinical-integration>.

HCA may consider incorporating equity-focused payment and contracting models in their VBP program as an approach to improving health equity. According to a report by the Institute for Medicaid Innovation, “The development of equity-focused VBP approaches to support care delivery transformation is an important lever that can help payers advance health equity and eliminate disparities in health care with their provider organizations and members.”

**HCA Response:**

HCA continues to strengthen our health equity work across all facets of our agency. We see the need to promote culturally competent and effective care. A few of many initiatives: HCA has created an agency Pro-equity anti-Racist (PEAR) plan. The team in charge of this begins by doing an equity review on each HCA program. The PEAR team consists of both internal and external stakeholders and will assist HCA in continuing to improve our work in dismantling systemic barriers that result in disparate care across race and ethnicities and provide community feedback and input in our data collection and interpreting processes over time. HCA has also created an inventory of all our health equity work so that we can link projects, ensure better data collection, and cross-pollinate projects. We hope that these efforts will create a better system of collecting, analyzing and reporting with community participation in validating and interpreting data. Regarding specific initiatives, HCA continues to work with MCPs on prevention and screening measures, well-child visits and pre-natal and postpartum care. These HEDIS measures are the subject of many PIP projects for the upcoming year. One MCP Collaborative PIP group focuses on increasing rates of children's mental health treatment for BIPOC youth, seeking to close the disparity gap. The MCPs are currently focused on improving data collection and analysis and will survey both providers and service users to learn more about barriers that BIPOC families face in access to behavioral health care. The collaborative seeks to standardize their practices regarding outreach and engagement strategies.

See the Quality Strategy: “Continue to Prioritize Health Equity” section above for more information (15).

**EQRO Response:** Response accepted

**Consumer Assessment of Healthcare Providers and Systems (CAHPS)**

**EQRO Recommendation:**

**16)** While the CAHPS survey helps identify priorities, the MCPs should identify actionable areas for their own quality improvement activities, then conduct a root cause analysis to identify underlying causes and build quality improvement plans. MCPs may look at patient grievances to see what issues show up frequently. The two sources of information, CAHPS data and grievances, complement each other in attempts to understand the issues and get a complete picture.

MCPs should evaluate improvement methods and implement those most relevant to their improvement goals. MCPs should follow a process similar to the PDSA model to target low performing measures.

In addition, MCPs should be clear about providers’ realm of control and what providers can realistically influence and improve upon. MCPs may use process mapping to improve understanding of the details of care processes to know exactly, step by step, what happens within that process, and what each entity (MCPs/providers) is responsible for and can impact.

By working collaboratively to understand these processes, the MCPs will be able to see where improvements can be made and how to make them. The five MCPs could collectively select a single process that providers are required to follow (i.e., authorizations) and work together to simplify and standardize that process across all MCPs so that there is no difference to providers and patients.

The following recommendations are offered to assist MCPs in focusing their efforts on the identified opportunities for improvement.

- MCPs should look at their current processes and workflow to identify target areas.



- MCPs may also want to convene focus groups with office staff, providers and/or patients (families) to gather information on the barriers or challenges to accessing specialized services.
- MCPs may focus their efforts on ensuring closed loop referrals are in place to ensure a child receives the recommended treatment. MCPs may monitor referral patterns to ensure availability of needed providers.
- MCPs should ensure that members and providers are aware of appropriate therapy/treatment opportunities.
- MCPs may work with providers to ensure they have the necessary information to provide appropriate referrals to patients (families) and ensure that providers and members have access to up to-date provider directories.
- Ensure providers and members have access to appropriate referrals options by including information in provider directories, using push notifications through provider and/or patient portals, sending mailers, providing ready links, etc.
- MCPs should improve the ability of their customer service representatives to provide members with necessary information or help when requested.
- Overall, having clear, step-by-step directions in provider and member benefits manuals, that are supported by knowledgeable customer service teams, may result in a positive impact on the five opportunities of improvement.
- Once new workflows and processes are identified and implemented, the MCPs should reassess whether these have resulted in improvements. This may include talking with and/or sending a short questionnaire to providers, patients and/or families asking if they are experiencing easier access to these services.

**HCA Response:**

In addition to EQRO analysis, HCA evaluates MCP response to CAHPS surveys within the TEAMonitor review of QAPI Evaluation. QAPI Evaluations include current CAHPS scores, trending, and targets set by the plan as well as some analysis of current year results. Contracted plans look at more than just CAHPS scores to assess client satisfaction. Per QAPI Evaluations plans review member complaints/grievances, member appeals and conduct additional proxy surveys of clients and/or providers to get a more frequent and well-rounded view of issues that impact satisfaction.

- UHC's evaluation identified that impacts from COVID-19 (closures and enhanced cleaning protocols which decreased the number of available in-person appointments) was a possible cause for declines in CAHPS scores and that member education and outreach continues to be an opportunity for the plan to improve member satisfaction.
- AMG's evaluation included a plan to improve CAHPS scores by conducting post-provider visit surveys including member outreach as part of a proxy survey.
- MHW's evaluation indicates they conducted additional analysis within their CLAS Analysis of CAHPS data stratified by race, ethnicity and gender. Molina included a couple of supplemental questions to assess member satisfaction with interpreter or language services; results were favorable. Additionally, MHW indicates they give providers a CAHPS toolkit to assist in improvement of scores.
- CCW's evaluation indicates they have a CAHPS committee that analyzes trends and aberrations in CAHPS results and the findings drive interventions to improve scores. Increasing educational offerings to providers regarding CAHPS feedback was listed as an opportunity for improvement as well as one of primary interventions implemented by CCW for 2021.
- CHPW's evaluation indicates CHPW completed several activities intended to improve CAHPS scores focused on: member outreach, health equity, tracking responsiveness to client needs and skills training for non-clinical staff regarding MH/SUD recovery principles. Additionally, CHPW will be implementing a redesigned member experience proxy survey in 2022 to support more real-time, actionable data collection regarding patient experience.

<b>EQRO Response:</b> Response accepted
<b>Wraparound with Intensive Services (WISe)</b>
<p><b>EQRO Recommendation:</b></p> <p><b>17)</b> As the PHE continues, HCA should continue working closely with the MCPs to review the organizations' response to the COVID-19 PHE to address gaps in their emergency or disaster plans to:</p> <ul style="list-style-type: none"> <li>• Identify alternate methods for providing services and supports in the event of a PHE</li> <li>• Ensure adaptation of the identified alternative methods for a rapid return to provision of the full range of services</li> </ul>
<p><b>HCA Response:</b></p> <p>HCA took steps early in the pandemic to ensure continued access to behavioral health care, including expanding access to telehealth by lifting restrictions on this modality. These options continue to be used by WISe providers to make sure the full range of services are available to participants. Since the start of the public health emergency, Wraparound with Intensive Services (WISe) providers have successfully completed adoption of multiple modes of service provision (telehealth, hybrid and in-person).</p> <p>Data from early in the pandemic shows the WISe providers rapidly adjusted to these alternate modalities of services, including telehealth, telehealth with audio-only expanded options and meeting outdoors or other places out of the office. In addition, as the COVID-19 situation continued to evolve and change in each community, agencies alternated between in-person and telehealth as needed to best meet their patient's needs. WISe providers focused on creative strategies to engage youth and families during this time such as dropping off materials at a patient's home for use during telehealth family sessions. Agencies found several benefits to these adaptations including reduction of travel time, new engagement strategies for youth and families that prefer remote sessions and increased ability to reduce barriers to continuing treatment.</p>
<b>EQRO Response:</b> Response accepted
<p><b>EQRO Recommendation:</b></p> <p><b>18)</b> The reviewed agencies experienced difficulties in meeting WISe requirements in regard to the delivery of quality, accessible and timely care.</p> <ul style="list-style-type: none"> <li>• HCA should continue providing technical assistance through its WISe Workforce Collaborative to agencies delivering WISe services which includes: <ul style="list-style-type: none"> <li>○ Working with the MCPs in providing support for their subcontracted providers</li> <li>○ Communicating with contracted trainers to ensure alignment with technical assistance and support</li> </ul> </li> </ul>
<p><b>HCA Response:</b></p> <p>HCA meets with MCPs twice monthly to partner and provide technical assistance and clarity with WISe requirements. The MCPs also provide monthly action plans to HCA which identify supports and barriers in each region and methods being implemented to reduce barriers and increase access to services. HCA attends regional WISe collaboratives with MCPs and contracted WISe agencies to provide assistance, clarity and support for any issues voiced by the provider agencies or MCPs. For example, HCA provided guidance on interpreter services in response to WISe provider questions; this information was reviewed with the MCPs and sent out to all WISe agencies.</p> <p>In collaboration with the Workforce Collaborative and the MCPs, HCA has increased training and support for WISe providers around both quality improvement and other WISe skills for providers. General training and support was developed and is available to all WISe providers, including additional required crisis training added to the overall WISe training schedule, and elective training and supports for providers working with youth with intellectual and developmental disabilities (including autism spectrum disorder) via Extension for Community Health Care Outcomes (ECHO) Autism Washington and Research Units in Behavioral Intervention (RUBI) through the University of Washington. HCA is also working with select</p>

contracted WISE agencies on a focused outreach and engagement project for transition age youth to connect them with WISE or other needed service.

HCA has also provided training and support around quality improvement and the QIRT. Training sessions occur on a regular basis for WISE provider staff to become approved QIRT reviewers, as well as support for agency staff conducting internal QIRT reviews. In addition, the Workforce Collaborative supervisor training has integrated information around the QIRT and how to incorporate it into quality work. HCA has offered 1:1 support to all WISE agencies regarding the QIRT to assist with their planning and development of the process. Over the past year, several agencies have met with HCA for technical assistance to better understand and improve their QIRT process and how they can use the QIRT to inform their WISE quality improvement work.

**EQRO Response:** Response accepted

**EQRO Recommendation:**

**19)** Agencies experienced difficulties in meeting WISE requirements including conducting collaborative full CANS, CSCPs, CFTs and crisis plans in a timely manner, in addition to providing clear documentation.

- We recommend the agencies conduct a root-cause analysis to identify the barriers to success in meeting WISE requirements. As interventions are identified, use PDSA cycles of improvement to measure the effectiveness of each intervention. Recommended focus areas for improvement include:
  - Complete timely and collaborative crisis plans.
  - Conduct collaborative initial full CANS assessments.
  - Complete collaborative CSCPs within the required timeframe.
  - Conduct CFT meetings at least every 30 days, ensuring each CFT includes educators and/or community partners when identified as areas of need.
  - Record therapy notes that clearly reflect the following:
    - Interventions used in therapy sessions
    - Youth and/or caregiver responses to the intervention
    - Progress reviewed and successes celebrated
    - Document the specific content of treatment sessions such as psychoeducation, skill development or evidence-based practice components

**HCA Response:**

As described above, HCA and MCPs are working together to put a framework in place for ongoing quality improvement of WISE services. MCPs continue to engage in focused work with agencies to address their individual quality improvement needs, as does the WISE Workforce collaborative. The recent additional required crisis plan training is an example of how the WISE training curriculum has been updated to address issues identified in the external Quality Improvement Review Tool (QIRT) review process.

The regional WISE collaborative meetings provide a forum for HCA to address these issues with MCPs and agencies. In addition, the required internal QIRT review process is used to identify and address quality improvement issues on an agency-level basis. Internal QIRT reviews are conducted by agencies, monitored by the MCPs, and reviewed by HCA via an MCP-produced deliverable. Feedback is also gathered from participants at required WISE trainings and technical assistance sessions. This provides a sustainable framework to support ongoing quality improvement work at WISE agencies.

**EQRO Response:** Due to the similar results reported within this year’s report, the recommendation stands. The EQRO recognizes the review currently in process will include trending data over two review cycles which will allow a better indication of improvements or deficiencies within the program for the next reporting year.

<b>Behavioral Health Performance Measure Study</b>
<p><b>EQRO Recommendation:</b></p> <p><b>20) Workforce Shortage</b></p> <p>The behavioral health provider workforce challenge is a multi-sector and multi-agency challenge. A statewide effort is needed to pull stakeholders together to address the issue and increase workforce capacity (access) and support clinical supervision and workforce development. Professionals and non-clinical workers (e.g., certified peer counselors, recovery coaches, other peer support workers, patient navigators and community health workers) are needed. A big picture approach to workforce shortages will help resolve many of these issues. These could include:</p> <ul style="list-style-type: none"> <li>• Focused efforts to recruit behavioral health professionals while they are in college.</li> <li>• Loan forgiveness for individuals with professional behavioral health degrees.</li> <li>• Supports to include adequate professional staff to provide training and clinical supervision for clinicians and non-clinical staff, including clinical supervision toward licensure.</li> <li>• Increased focus on statewide efforts to recruit, train, certify and support non-clinical workers throughout the state (Oregon offers a comprehensive model utilizing traditional health workers that is built into the State Plan Amendment).</li> <li>• Support increased pay for behavioral health providers and offer more funding for increased reimbursement as well as expanded payment for non-clinical workers.</li> <li>• Increased recruitment, hiring, training, credentialing and supervision of SUD workforce.</li> <li>• Continue efforts to increase MOUD by primary care providers.</li> <li>• Workforce development should include education, training and certification to increase the number of behavioral health providers for children and youth.</li> <li>• Continue support for remote services, while providing multiple treatment modalities so patients can use the one that works best for them.</li> </ul>
<p><b>HCA Response:</b></p> <p>At the conclusion of this study, HCA leadership decided to leverage existing workstreams to address the cross-divisional recommendations coming from Comagine Health’s analysis of survey and interview data. HCA brought the above recommendations to the Workforce Sprint Team for review and incorporation into their work. The Workforce Sprint team meets routinely and coordinates with workgroups at the MCP level. In the last year or so there have been new investments in peer counselors, increased trainings, Department of Health process improvement projects around licensing and certification application processes, and a Behavioral Health Careers marketing campaign. HCA continues to discuss the results and recommendations from this study with the Workforce Sprint team for implementation.</p>
<p><b>EQRO Response:</b> Response accepted</p>
<p><b>EQRO Recommendation:</b></p> <p><b>21) Health Information Technology</b></p> <ul style="list-style-type: none"> <li>• Support EMR improvements to improve clinical integration which may include increased funding for innovation and technology enabling bidirectional referrals between physical health and behavioral health.</li> <li>• Work with providers and MCPs to address privacy concerns related to telehealth.</li> </ul>
<p><b>HCA Response:</b></p> <p>Health information sharing is key to ensuring appropriate and timely follow up after emergency department or inpatient admissions. HCA has incorporated this feedback from the EQRO into existing workstreams around Electronic Health Record as a Service (EHRaaS), Washington Integrated Care Assessment (WA-ICA) Initiative, Crisis Call Center, plans to deploy an electronic consent management solution, DBHR/Behavioral Health Institute focus on telehealth (including training, data collection and broadband), as well as issuing guidance on billing for physical/behavioral health providers when using telehealth.</p>

Several webinars were offered regarding Washington Care Coordination Collaborative including content specific to Collective Medical 101, Confidentiality, 42 CFR Part 2, and sustainable practices for using Collective Medical. Additionally, work has been done to possibly enable better bi-directional data sharing between HCA and Collective Medical in an effort to further improve Care Coordination for Apple Health clients.

**EQRO Response:** Response accepted

**EQRO Recommendation:**

**22) Patient Health Information Sharing**

- HCA, ACHs and the MCPs (and their delegates) should connect all providers with Collective Medical regarding emergency department (ED) and hospitals in order to share patient information with providers. They should standardize implementation, training, support and learning collaboratives related to Collective Medical across MCPs and regions.
- HCA should implement a statewide effort to support providers and ensure consistent application and succinct processes, in compliance with 42 CFR Part 2, in order to increase the effectiveness of care coordination, improve health outcomes, decrease costs and to truly integrate care for those experiencing SUD.
- HCA, ACHs and the MCPs (and their delegates) should share best practices, incentives, technical assistance and more across all regions of the state to encourage timely follow-ups after ED visits for behavioral health issues.

**HCA Response:** See related response above to “Health Information Technology” (21)

**EQRO Response:** Response accepted

**EQRO Recommendation:**

**23) Limited Access to Data**

The availability of complete, consistent, accurate and timely data is critical for performance measure and quality improvement efforts. Providers have limited capacity to staff this work (working with MCPs to identify how they can receive the data transfer) and have capacity and systems to support value-based purchasing to incentivize outcomes. MCPs need to work closely with providers (of all sizes) and providers need to be willing to work closely with MCPs.

- HCA should assist MCPs, ACHs and providers in identifying and addressing operational and administrative barriers to timely sharing of data.
- Standardization of data gathering and information sharing by all MCPs would assist providers in streamlining processes.

**HCA Response:**

HCA presented behavioral health data in each region as part of this study and returned to each region after conclusion of the study with the results and updated BH data. These regional presentations are examples of work HCA is doing to ensure MCPs, Accountable Communities of Health, and provider networks are aware of the data that is available to them, including: Annual EQRO reports<sup>30</sup> and Healthier Washington Dashboard,<sup>31</sup> as well as facilitate discussions around removal of barriers and standardization of data gathering. Data is shared directly with the MCPs and King County Integrated Care Network as the MCPs’ delegate, routinely.

<sup>30</sup> Washington HCA: Apple Health (Medicaid) and managed care reports:

<https://www.hca.wa.gov/about-hca/data-and-reports/apple-health-medicare-and-managed-care-reports>.

<sup>31</sup> Washington HCA: ARM Data Dashboards: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/arm-data-dashboards>.

<b>EQRO Response:</b> Response accepted
<p><b>EQRO Recommendation:</b></p> <p><b>24) Challenges for Children and Youth in Behavioral Health Treatment</b></p> <p>In addition to the workforce issues identified for children and youth, recommendations include:</p> <ul style="list-style-type: none"> <li>• Providing choices regarding virtual vs. in-person treatment may help youth engage in treatment in a manner that works best for them.</li> <li>• Schools are the primary referral source for behavioral health services for children and youth. While schools were closed to in-person learning during the pandemic, referrals suffered. When schools are not open, ACHs and MCPs should increase regular well-child check-ups, screenings and connections with pediatricians and PCPs. Further outreach may include identifying culturally effective solutions and reaching out to community-based organizations or partners who may serve as a support for families in need of resources.</li> <li>• Changes in school discipline policy implemented by the State Office of Superintendent of Public Instruction has impacted the ability of schools to mandate substance use screenings and assessments to avoid suspension/expulsion.</li> </ul>
<p><b>HCA Response:</b></p> <p>HCA, MCPs, and Washington’s provider community were concerned about the level of behavioral health service need for children and youth prior to the pandemic. This was exacerbated with the closing of schools, delay of non-emergency medical appointments and additional stresses of a pandemic on daily life and decreased social interactions. To assist with the crisis, during the early days of the pandemic, HCA provided many behavioral health agencies with access to telehealth equipment and licenses to make the crucial change from in person only services to virtual treatment. In addition, HCA was able to authorize audio only appointment access, for individuals who lacked access to internet services.</p> <p>While well-child visits can be a backup referral source when school staff are unable to identify and refer children and youth for behavioral services, during this period of the pandemic, preventive services were not occurring in traditional fashion. Since then, MCPs have been able to work collaboratively on their performance improvement projects to continue developing well-child visit outreach, even to the over 17 group. With the older youth, clinics refer to the appointment as the “annual appointment” or a “well visit” and call after business hours or on weekends to make reminder calls. With younger children, the Department of Health, in partnership with the MCP collaboratives and HCA, has developed fliers for schools, daycares and utilized the birth to 3 address list to outreach to families through atypical pathways.</p> <p>HCA and MCPs have been tracking the change in Office of Superintendent of Public Instruction (OSPI) school policy to understand impacts to health care needs and support change through connection to primary care, well-child visits and access to behavioral health screenings. Connection to children when schools are closed is a critical issue that MCPs have been working to address for many years. Behavioral health services are critical to support children and youth throughout the year, but especially when children and youth don’t have the supports received in the school. MCPs have engaged in many conversations to identify opportunities to leverage connections and resources available to them to increase well-child visits and connections to primary care providers during this time. Legislative action supported messaging in this matter to broaden access to well-child visits, increasing the frequency of visits to ensure equitable access to care for school-age children across Apple Health.</p>
<b>EQRO Response:</b> Response accepted

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# Appendix A: MCP Profiles

## About the MCP Profiles

The MCP profiles are presented for the five MCOs and five BHSOs that served the Apple Health enrollees in 2022. These profiles briefly describe each MCP's performance in the review areas covered by the 2022 EQR:

- Review of compliance with regulatory and contractual standards
- Statewide and MCP-specific performance improvement projects (PIPs)
- Validation of Performance Measures based on the MCP's Final Audit Report (FAR) from Aqurate Health Data Management, Inc., which conducted the 2021 MCP HEDIS audits
- Analysis of performance measures including a "scorecard" for each MCP, showing its performance on statewide performance measures

High-level results are extracted from the reports of individual health plan reviews.

## Noted Strengths and Weaknesses/Opportunities for Improvement and EQRO Recommendations Based on TEAMonitor CAPs

### Compliance

- Compliance strengths are noted when the MCP met a standard or all elements within the standard.
- Compliance weaknesses/opportunities for improvement and EQRO recommendations are included when the MCP did not meet an element within a standard. The language provided is a synopsis from TEAMonitor reports to the MCPs.

### PIPs

- PIP weaknesses/opportunities for improvement and EQRO recommendations in the referenced tables are included when the MCP did not meet the scoring element.
- The language is a synopsis from TEAMonitor PIP Validation Worksheets completed for each PIP.

### Performance Measure Comparative Analysis

- Strengths and weaknesses/opportunities for improvement are noted when an MCP scores above or below the state average, respectively.

### MCP Performance Measure Comparative Analysis Scorecards

Comagine Health compared MCP performance on each measure to the statewide simple average for that measure and created a "scorecard" chart for each MCP. Comagine Health chose to use the simple average for the MCP scorecards because the Apple Health MCPs are of such different sizes. The state simple average for a given measure is calculated as the average of the measure rate for the MCPs that reported that measure. The potential disadvantage of comparing an individual MCP to a weighted state

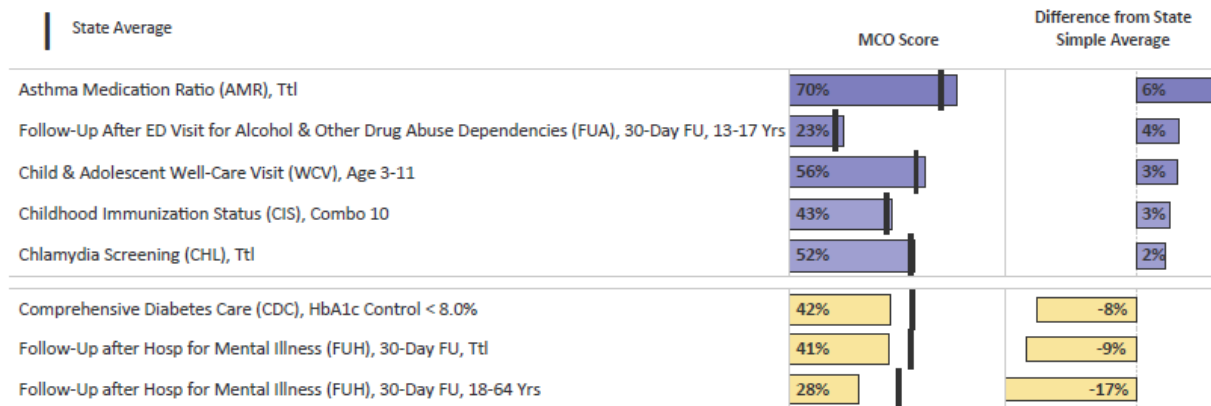


average is that significantly larger plans could have undue influence on the state rate. A simple average of the plans (rather than a weighted average) mitigates those concerns.

Figure A-1 shows a snapshot of the scorecard to illustrate how to read the MCP scorecards. The measures are listed in the left column with MCP performance listed in the shaded column in the middle. The bold vertical bar illustrates the Statewide Simple Average.

**Color coding:** blue shading indicates a positive difference from the statewide average; that is, the MCP performed better/higher on that measure. Yellow shading indicates lower performances than the statewide average.

**Figure A-1. Example of MCP Scorecard.**



The MCP performance scorecards on the MCP profiles highlight the variance of measures from the simple state average. Comagine Health chose to use the simple average for the MCP scorecards as the Apple Health MCOs are of such different sizes.

Please note that the simple state average is different than the weighted state average used in other sections of the report. The potential disadvantage of comparing an individual MCO to a weighted state average is that significantly larger plans could have undue influence on the state rate. A simple average of the plans (rather than a weighted average) mitigates those concerns.

Please refer to Appendix D of this report for more information on how the simple state average is calculated.

## Amerigroup Washington (AMG) Profile

### AMG Overall Perspective

While AMG has demonstrated strengths, the plan has struggled in multiple areas regarding quality, access and timeliness. AMG will need to address compliance elements where they did not fully meet the requirements, including the following:

- AMG has received repeated findings due to the lack of defining individuals with special health care needs and providing assessment and treatment for those with behavioral health needs.
- File review indicated that AMG lacked behavioral health care plans for individuals to promote recovery, mitigate risk and provide necessary clinical and social supports.
- AMG lacked transitional care services for enrollees transitioning from one setting to another. AMG did not identify these issues in a self-assessment of their files.

TEAMonitor has provided much technical assistance to help AMG identify a plan for those with special health care needs, as well as provide appropriate assessment, treatment and transitional care services. As noted below, additional actions to address multiple repeat findings have been taken by HCA in the form of a Formal Corrective Action through correspondence outside of the annual review process.

Through a PIP, AMG demonstrated statistically significant increases in well child visit rates for all age groups. AMG is encouraged to continue this effort as their performance measures still fall below the state simple average on these performance measures.

The majority of performance measures reviewed (30 of 42) fell below the state simple average when compared to the other MCOs.

AMG achieved 83.3% of the VBP Quality Performance Measures for 2021, which reflects improvement in performance areas identified by HCA, based on the legislative proviso (ESSB 5693 Sec.211 (37)(2022)), as important in having potential to impact costs, effect population health, target areas of poor performance or be clinically meaningful in promoting health status. AMG MCO did not meet the VBP performance target for:

- Substance Use Disorder Treatment Rate, age 12-64

AMG received an average rating for “Satisfaction with Plan for Children” in the Enrollee Quality Report, which is used to help guide plan selection for members. They received below average ratings in:

- Getting Care
- Keeping Kids Healthy
- Keeping Women and Mothers Healthy
- Preventing and Managing Illness
- Ensuring Appropriate Care
- Satisfaction with Care provided to Children

Overall, AMG is encouraged to have an effective QAPI program where year over year, the strategies are evaluated and updated with specific strategies tied to address health equity and target disparities.

Please see the following profile for additional detail.

## Summary of Results: Compliance Review

TEAMonitor’s review assessed activities for the previous calendar year and evaluated AMG’s compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCP contract with HCA for all Apple Health Managed Care programs. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

Plans were scored on these elements in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, scores may not be indicative of current performance. A follow-up of the current year’s EQRO recommendations will be reflected in the 2023 Annual Technical Report.

The compliance review section, starting on page 28 of the report, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as “not met” or “partially met,” requiring a corrective action plan. Comagine Health’s recommendations to the AMG MCPs reflect the CAPs provided by TEAMonitor.

Tables A-1 through A-8 show the results of the AMG MCPs’ 2022 TEAMonitor Compliance Review. Please note both the MCO and BHSO received the same EQRO recommendations.

**Table A-1. AMG 2022 TEAMonitor Compliance Review Results: §438.208 – Coordination and Continuity of Care.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.208 – Coordination and continuity of care	75%	75%

### EQRO Recommendations based on TEAMonitor CAPs – 4

*The MCP will provide HCA documentation of the assessment of the identified files to determine cause of findings and identify and follow up on actions for improvements to prevent future issues. This must include, at minimum, documentation of staff training and monitoring to address file review for identified findings (resulting in a partially met score) related to the lack of evidence that the MCP:*

#### **438.208(c)(2)(3) Additional services for enrollees with special health care needs – Assessment and treatment plans – Care Coordination or Individuals with Special Health Care Needs (Repeat Finding)**

1. *Developed and maintained a high-quality Care Coordination Plan the reviewed files*
2. *Care coordination services included assistance to access needed behavioral health, physical health services or external entities, including follow-up services that reflected the findings in the Initial Health Assessment*
3. *Case manager documented the review of MCP internal systems prior to enrollee contact in order to completely address and assist the enrollee in enhancing, maintaining or preventing decline of health status*
4. *Files contained a documented, individual behavioral health care plan for interventions to promote recovery and resiliency and mitigate risk, including a description of the clinical and social supports needed for enrollees at high risk of re-hospitalization/readmission to Residential Treatment Facilities and/or relapse after substance use disorder treatment, or challenges following the plan of care for behavioral health conditions*

**Table A-2. AMG 2022 TEAMonitor Compliance Review Results: §438.210 – Coverage and authorization of services.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.210 – Coverage and authorization of services	0%	0%

**EQRO Recommendations based on TEAMonitor CAPs – 9**

*The MCP will assess reviewed files to determine cause of findings and identify and follow up on actions for improvements to prevent future issues. This must include, at minimum, implementation and evidence of additional staff training, and monitoring to address the findings related to the lack of evidence that:*

**438.210 (b) Authorization of services – File review (Repeat finding)**

1. *If the adverse benefit determination concerned medical necessity or other clinical issues, evidence of consultation with the requesting provider prior to denying or modifying services was documented, when appropriate.\**
2. *That the adverse benefit determination was appropriate, i.e., was there documented evidence that the medical necessity determination followed the requirements and the coverage determination was appropriate in regard to what was covered under the contract, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements.*
3. *The Contractor used appropriate practice guidelines or utilization management decision-making criteria for adverse benefit determinations.*
4. *The Contractor identified clients with unmet care needs or other indicators of special health care needs that would benefit from care coordination and referred clients to care coordination services as appropriate\**
5. *The Contractor provided transitional care services to enrollees transitioning from one care setting to another.*
6. *The Contractor identified clients with unmet care needs or other indicators of special health care needs that would benefit from care coordination and referred clients to care coordination services as appropriate.*

*\*Additional action to address the finding will be taken by HCA in the form of a Formal Corrective Action through Correspondence outside of the annual review process.*

*The MCP will assess the reviewed files to determine the cause of the findings and identify and follow up on action for improvements to prevent future issues. This must include at minimum, implementation and evidence of additional staff training and monitoring to address:*

**438.210 (c) Notice of adverse benefit determination – File review (Repeat finding)**

7. *Multiple Repeat Findings related to the lack of evidence that written materials sent to the enrollee were appropriate (HCA approved - current to the review) and the Notice of Adverse Benefit Determination included the required elements as identified in CFR and Contract, such as:*
  - *using easily understood language,*
  - *stating the decision and reason for the action,*
  - *documenting the criteria used that was the basis of the decision, and*

- If services are denied or authorized in a more limited scope than requested or is non-covered, did it inform enrollees how to access the Exception to Rule (ETR) or Limitation Extension (LE) process. Additional action to address this finding will be taken by HCA in the form of a Formal Corrective Action through Correspondence outside of the annual review process.

#### 438.210 (d) Timeframe for decisions – File review (Repeat finding)

8. *Multiple Repeat Findings related to the lack of evidence that the timeframes for authorization were appropriate to the enrollee's health condition (standard or expedited), and were followed according to Contractual requirements, and if the timeframe was extended, it was documented and appropriate.*
9. *Identified file review findings (resulting in a partially met score) related to the lack of evidence that the timeframes for authorization were appropriate to the enrollee's health condition (standard or expedited) and were followed according to Contractual requirements. If the timeframe was extended, it was documented and appropriate.*

**Table A-3. AMG 2022 TEAMonitor Compliance Review Results: §438.214 – Provider Selection (Credentialing).**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.214 – Provider Selection (Credentialing)	89%	89%

#### EQRO Recommendations based on TEAMonitor CAPs – 1

##### 438.214(a) General Rules and 438.214(b) Credentialing and recredentialing requirements

1. *To address the finding (resulting in a partially met score) the MCP must provide documentation of their plan to implement the requirement of the Medicaid identification number for professional providers to enroll as a participating provider with the MCP. The plan must include the timeline and identification of the date of completion.*

**Table A-4. AMG 2022 TEAMonitor Compliance Review Results: §438.228 – Grievance and Appeals Systems.**

Standard	MCO	BHSO
Domain(s): Access, Quality §438.228 - Grievance and Appeals Systems	94%	94%

#### EQRO Recommendations based on TEAMonitor CAPs – 3

*The MCP will assess reviewed files to determine cause of findings and identify and follow up on actions for improvements to prevent future issues. This must include, at minimum, implementation and evidence of additional staff training, and monitoring to address:*

##### 438.406(a) Handling of grievances and appeals – General requirements – File review

1. *Identified file review findings (resulting in a partially met score) related to the lack of evidence of MCP acknowledgement of receipt of a grievance within two business days.*

#### 438.408(b) and (c) Resolution and notification: Grievances and appeals – specific timeframes and extension of timeframes – File review

2. *Identified file review findings (resulting in a partially met score) related to the lack of evidence the MCP adequately resolved the grievance based on contractual requirements.*

#### 438.410 Expedited resolution of appeals – File review

3. *Identified file review findings (resulting in a partially met score) related to the lack of evidence the MCP transferred the appeal to the standard resolution of appeals timeframe; reasonable efforts were made to give the enrollee prompt oral notice of the denial; and the written notice of denial was provided within two (2) calendar days.*

**Table A-5. AMG 2022 TEAMonitor Compliance Review Results: §438.242.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.242 - Health Information Systems	100%	100%

AMG MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-6. AMG 2022 TEAMonitor Compliance Review Results: §438.330.**

Standard	MCO	BHSO
Domain(s): Access, Quality and Timeliness §438.330 - Quality Assessment and Performance Improvement Program (QAPI)	93%	93%

#### EQRO Recommendations based on TEAMonitor CAPs – 1

##### 438.330 (e)(2) QAPI Program evaluation

1. *The MCP must submit a narrative and any supporting documents describing the actions that will be taking to ensure future evaluations address the following elements:*
  - *Documentation of actions taken in response to recommendations from the EQRO*
  - *Assessment of the Overall Effectiveness of the QM program addressing all areas of Quality Plan*

### Summary of AMG 2021 EQRO Recommendations Based on TEAMonitor Compliance CAPs Follow-Up

Table A-7 shows the number of MCO/BHSO EQRO recommendations that were followed up during the current review.

Degree to which plans have addressed the previous year's EQRO recommendations key:

- **Low** – No CAPs met
- **Medium** – Less than all CAPs met
- **High** – All CAPs met
- **NA** – No CAP received

**Table A-7. AMG 2021 EQRO Recommendations Based on TEAMonitor CAPs Follow-Up – Count.**

Number of MCO/BHSO CAPs		
Not Met*	Partially Met*	Met
4	–	4

\*Future follow-up required.

Degree to which plans addressed all EQRO recommendation(s): Medium

Table A-8 shows the results of the previous year EQRO compliance recommendations based on TEAMonitor CAPs.

**Table A-8. AMG Results of Previous Year (2021) EQRO Compliance Recommendations Based on TEAMonitor CAPs – Follow-up.**

42 CFR Part 438	MCO	BHSO
<b>42 CFR Part 438 Subpart D – MCO, PHIP and PAHP Standards</b>		
438.208 Coordination and Continuity of Care (c) Additional services for enrollees with special health care needs (2) Assessment and (3) Treatment plans - Care Coordination for Individuals with Special Health Care Needs	Not Met*	Not Met*
438.210 (b) Authorization of services – File review	Not Met*	Not Met*
438.210 (c) Notice of adverse benefit determination – File review	Not Met*	Not Met*
438.210 (d) Timeframe for decisions – File review	Not Met*	Not Met*
438.230 (a) and (b)(1) and (2) Subcontractual relationships and delegation	Met	Met
<b>Subpart E – Quality Measurement and Improvement (Quality Assessment and Performance Improvement Program (QAPI))</b>		
438.330 (e)(2) QAPI Program evaluation	Met	Met
<b>Subpart F – Grievance System</b>		
438.408 (a) Resolution and notification: Grievances and appeals - basic rule	Met	Met
<b>Subpart H – Additional Program Integrity Safeguards and PART 45 – Program Integrity: Medicaid</b>		
438.608 (a)(b) Program integrity requirements	Met	Met

\*Includes a repeat finding – plans are reviewed on elements that received Partially Met or Not Met scores in previous reviews until the finding is satisfied.

## Summary of Results: PIP Validation

**PIPs: 2 Met; 0 Partially Met; 2 Not Met**

The PIP Validation section, starting on page 41 of the report, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as “not met” or “partially met”, requiring a corrective action plan.

Tables A-9 through A-12 show the results of the AMG PIP Validation.

**PIP Title:** Collaborative MCO Well-Child Visit Rate PIP

**PIP Type:** Clinical; AH-IMC, AH-IFC

**Domain:** Access, Quality, Timeliness

**Improvement Strategies/Interventions**

- **Member-focused:** Social media postings, well-care visit flyers, adolescent visit flyers
- **Provider-focused:** Two MCO-provider group partnerships, named Spring and Fall Project, that aim to engage over-due or unestablished members through efforts that include empanelment clean-up, patient outreach and provider incentives
- **MCP-focused:** Standardized empanelment data format developed, Incentive reference list for clinics

**Table A-9. AMG: Collaborative MCO Well-Child Visit Rate PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	High confidence in reported results	<ul style="list-style-type: none"> <li>• W30, 0–15 months: Statistically significant change; p-value: &lt;.05</li> <li>• W30, 15–30 months: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 3–11 years: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 12–17 years: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 18–21 years: Statistically significant change; p-value: &lt;.05</li> </ul>

**PIP Title:** Increasing Adult Cognitive Behavioral Therapy (CBT)

**PIP Type:** Clinical – Adult Washington State Institute for Public Policy (WSIPP); AH-IMC, BHSO

**Domain:** Access, Quality

**Improvement Strategies/Interventions**

- **Member-focused:** Text message campaign to members with a diagnosis of depression; Amerigroup partnered with providers to identify members who may need additional support; primary care provider (PCP) education campaign about the benefits of CBT as a treatment option for depression
- **Provider-focused:** Engage cross-functional departments to assist in educating providers; develop and publish provider newsletter article; develop and send provider email flyer; outreach to providers of Amerigroup members engaged in CBT treatment

**Table A-10. AMG: Increasing Adult CBT PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Not Met	Yes	Low confidence in reported results	<ul style="list-style-type: none"> <li>• CBT Claims: No statistically significant change; chi-square 1.686</li> </ul>

**PIP Title:** Increasing Child Cognitive Behavioral Therapy (CBT)

**PIP Type:** Clinical – Child Washington State Institute for Public Policy (WSIPP); AH-IMC, BHSO

**Domain:** Access, Quality



### Improvement Strategies/Interventions

- **Member-focused:** Text message campaign to the parent/guardian of members with a diagnosis of depression or anxiety; AMG will partner with providers to identify members' parents who may need additional support; PCP education campaign about the benefits of CBT as a treatment option for depression and anxiety
- **Provider-focused:** Engage cross-functional departments to assist in educating providers; develop and publish provider newsletter article; Develop and send provider email flyer; outreach to providers of AMG members engaged in CBT treatment

**Table A-11. AMG: Increasing Child CBT PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Not Met	Yes	Low confidence in reported results	<ul style="list-style-type: none"> <li>• CBT Claims: No statistically significant change; chi-square .254</li> </ul>

**PIP Title:** Transforming Low Performing Providers

**PIP Type:** Nonclinical; AH-IMC, BHSO

**Domain:** Quality

### Improvement Strategies/Interventions

- **Member-focused:** Member educational material related to HEDIS quality measures
- **Provider-focused:** Identify low-performing providers and create an engagement strategy; generate provider dashboards; initiate monthly/quarterly meetings with low-performing providers, establish performance goals; initiate monthly/quarterly meetings with high-performing providers, share best practices

**Table A-12. AMG: Transforming Low Performing Providers PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>• Partnering with low-performing provider groups to inform providers, and establish goals to increase MLR and quality scores, increase the number of high performing provider groups from 18.8% to 31.3% in 2021: No statistically significant change</li> <li>• Partnering with low-performing provider groups to decrease costs and improve quality scores, partnering with high-performing providers to discover and share best practices, and attributing non-assigned, or non-engaged members to high-performing providers increase the number of members in high-performing provider groups from 20.6% to 23.6% in 2021: Statistically significant change; p-value &lt;.05</li> </ul>

### Summary of AMG 2022 EQRO PIP Recommendation Based on TEAMonitor CAPs

Comagine Health's recommendation to the MCP reflects the CAP provided by TEAMonitor. TEAMonitor CAPs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP's PIPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, the following recommendation may not be indicative of current performance.

*The MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:*

- *Identification of internal/external threats to validity, and*
- *A feasible data collection process*

*In addition to the elements above, the narrative should address actions that can be taken to improve the current active (2022) PIPs and describe how the deficiencies in this year's PIP report and feedback from HCA will be used to make constructive changes in the (2022) PIPs.*

A follow-up of the current year's EQRO recommendation will be reflected in the 2023 Annual Technical Report.

### Summary of Previous Year (2021) EQRO PIP Recommendation Based on TEAMonitor CAP Follow-Up

The MCP did not receive an EQRO recommendation based on TEAMonitor CAPs in 2021.

### Summary of Results: Performance Measure Validation

Comagine Health received the MCP's FAR from Aqurate Health Data Management, Inc., an independent organization providing performance measure validation review and HEDIS compliance audits, which conducted the 2022 MCP HEDIS audits. Comagine Health then assessed the FAR to determine and develop EQR findings and recommendations.

Table A-13 shows the MCP's results for each standard addressed in the MCP's FAR.

**Table A-13. Summary of AMG 2022 HEDIS FAR.**

Information Standard	Score
IS 1.0 Medical Services Data	Met
IS 2.0 Enrollment Data	Met
IS 3.0 Practitioner Data	Met
IS 4.0 Medical Record Review Process	Met
IS 5.0 Supplemental Data	Met
IS 6.0 Data Preproduction Processing	Met
IS 7.0 Data Integration and Reporting	Met
IS 8.0 Case Management Data - Long-Term Services and Support (LTSS)	NA
IS HD 5.0 Outsourced or Delegated Reporting Function	NA

AMG was in full compliance with the 2022 audit. Comagine Health did not identify any strengths, weaknesses/opportunities for improvement or recommendations for the MCP during the review.

## Summary of Results: Performance Measure Comparative Analysis

Most of the measures for AMG were below the state simple average. (The state simple average for a measure is calculated as the average of the measure rate for the MCPs that reported the measure.) The measures that were notably below the state simple average were the Cervical Cancer Screening (CCS) measure and the Follow-Up after ED Visit for Mental Illness (FUM) measures. Note that these results are very similar to what was reported in the MY2021 Comparative Analysis Report.

Table A-14 shows the MCP’s Performance Measure Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement.

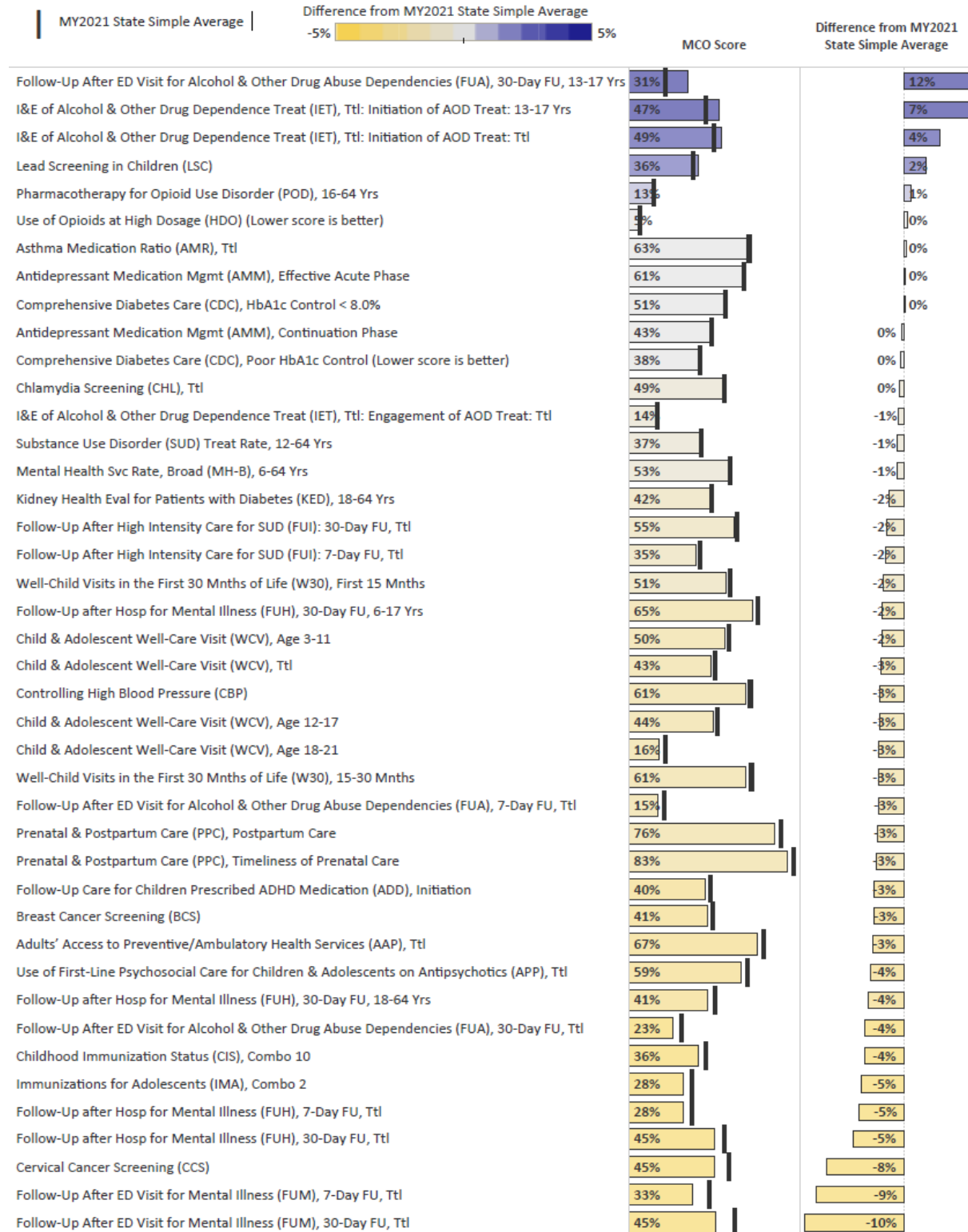
**Table A-14. AMG’s Performance Measure Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement.**

Performance Measures	
Strengths	Weaknesses/Opportunities for Improvement
<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET), Total: Initiation of AOD Treatment: 13-17 Years</li> <li>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET), Total: Initiation of AOD Treatment: Total</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), 30-Day Follow-Up, 13-17 Years</li> </ul> <p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>Lead Screening in Children (LSC)</li> </ul>	<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), 30-Day Follow-Up, Total</li> <li>Follow-Up After Emergency Department Visit for Mental Illness (FUM), Total, both the 7-Day and 30-Day Follow-Up measures</li> <li>Follow-Up after Hospitalization for Mental Illness (FUH), Total, both the 7-Day and 30-Day Follow-Up measures</li> </ul> <p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>Cervical Cancer Screening (CCS)</li> <li>Childhood Immunization Status (CIS), Combo 10</li> <li>Immunizations for Adolescents (IMA), Combo 2</li> </ul>

## AMG Performance Measure Comparative Analysis Scorecard

Figure A-2 represents the variance of measures from the simple state average for the MCP.

**Figure A-2. AMG Scorecard, MY2021.**



## Coordinated Care of Washington (CCW) Profile

### CCW Overall Perspective

CCW demonstrated strengths in compliance by fully meeting all elements in the standards of:

- Continuity of Care
- Provider Selection (Credentialing)
- Health Information Systems

CCW needs to address elements where they did not fully meet the requirements including:

- Coverage and authorization of services elements including identification of clients with unmet care needs, referral for care coordination and ensuring timely authorization of care
- Grievance and appeals - resolution and notification of appeals completion within required timeframes
- QAPI – Overall comprehensive description of QI program oversight with QI committee and subcommittees and roles, functions and reporting relationships. Ensure an assessment of the QAPI program and strategies is conducted to ensure it is working as designed.

Overall, CCW PIPs will benefit from adherence to HCA standards with concise AIM statements with concise study design questions, addressing PDSA cycles within reporting, and ensuring symmetry between variables, data collection and the analysis plan.

CCW is above or at the MY2021 State Simple Average for 17 of the 42 performance measures reviewed. The majority of the performance measures reviewed (25 of 42) fell below the state simple average when compared to the other MCOs. CCW demonstrated a mixed performance, with performance well above the state simple average on several measures, but performance well below the state simple average on others. Although CCW has several pediatric measures where the rates were above the state simple average, it performed below the state simple average on many measures related to maternity and pediatric care. Many of the behavioral health measures were below the state simple average for CCW. One notable change for CCW is performance on the Asthma Medication Ratio (AMR) measure. CCW performed 6% higher than the state simple average in MY2021, compared to being no different than the state simple Average in MY2020. Performance on the remaining measures was very similar to what was reported in the 2021 Comparative Analysis report.

CCW achieved 71.4% of the VBP Quality Performance Measures for 2021, which reflects improvement in performance areas identified by HCA, based on the legislative proviso (ESSB 5693 Sec.211 (37)(2022)), as important in having potential to impact costs, effect population health, target areas of poor performance or be clinically meaningful in promoting health status. CCW MCO did not meet the VBP performance targets for:

- Mental Health Service Rate, Broad Definition (MH-B), Age 6-64, all MCO excluding BHSO and
- Follow Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase

CCW is the single MCO providing Apple Health Integrated Foster Care services (AH-IFC). CCW achieved 66.7% of the VBP Quality Performance Measures for AH-IFC. They did not meet the VBP criteria for this population for:

- Follow Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total

In the Enrollee Quality Report (2022 Washington Apple Health Plan Report Card), CCW received an above average rating for “Satisfaction of care provided to children.” They received average ratings for:

- Getting Care
- Keeping kids healthy
- Ensuring appropriate care
- Satisfaction with plan for children

CCW received below average ratings for:

- Keeping women and mothers' health
- Preventing and managing illness

Overall, CCW is encouraged to ensure the QAPI program is effective, monitored, objectively evaluated and updated to provide overall continuous improvement related to quality, access and timeliness of services provided by the MCP.

Please see the following profile for additional detail.

### Summary of Results: Compliance Review

TEAMonitor's review assessed activities for the previous calendar year and evaluated CCW's compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCP contract with HCA for all Apple Health Managed Care programs. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

Plans were scored on these elements in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, scores may not be indicative of current performance. A follow-up of the current year's EQRO recommendations will be reflected in the 2023 Annual Technical Report.

The Compliance Review section, starting on page 28 of the report, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "not met" or "partially met," requiring a corrective action plan. Comagine Health's recommendations to the CCW MCPs reflect the CAPs provided by TEAMonitor.

Tables A-15 through A-22 show the results of the CCW MCPs' 2022 TEAMonitor Compliance Review. Please note both the MCO and BHSO received the same EQRO recommendations.

**Table A-15. CCW 2022 TEAMonitor Compliance Review Results: §438.208– Coordination and continuity of care.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.208 – Coordination and continuity of care	100%	100%

CCW MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-16. CCW 2022 TEAMonitor Compliance Review Results: §438.210 – Coverage and authorization of services.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.210 – Coverage and authorization of services	78%	78%

**EQRO Recommendations based on TEAMonitor CAPs - 2**

*The MCP will provide HCA documentation of the assessment of the identified files to determine cause of findings and identify and follow up on actions for improvements to prevent future issues. This must include, at minimum, documentation of staff training and monitoring to address file review for identified findings (resulting in a partially met score) related to the lack of evidence the:*

**438.210 438.210 Coverage and Authorization of Services (b) Authorization of services**

1. *Contractor identified clients with unmet care needs or other indicators of special health care needs that would benefit from care coordination and referred clients to care coordination services as appropriate.*

**438.210 438.210 Coverage and Authorization of Services (d) Timeframe for decisions**

2. *Timeframes for authorization were appropriate to the enrollee's health condition (standard or expedited), and were followed according to Contractual requirements, and if the timeframe was extended, it was documented and appropriate.*

**Table A-17. CCW 2022 TEAMonitor Compliance Review Results: §438.214 – Provider Selection (Credentialing).**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.214 – Provider Selection (Credentialing)	100%	100%

CCW MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-18. CCW 2022 TEAMonitor Compliance Review Results: §438.228 – Grievance and Appeals Systems.**

Standard	MCO	BHSO
Domain(s): Access, Quality §438.228 - Grievance and Appeals Systems	98%	98%

**EQRO Recommendations based on TEAMonitor CAPs – 1**

*The MCP will provide HCA documentation of the assessment of the identified files to determine cause of findings and identify and follow up on actions for improvements to prevent future issues. This must include, at minimum, documentation of staff training, and monitoring to address file review for identified findings (resulting in a partially met score) related to the lack of evidence that:*

**438.408 Resolution and notification: Grievances and appeals (b) and (c) Specific timeframes and extension of timeframes**

1. *Each appeal was completed within 14 calendar days. If the enrollee's health was in jeopardy, the decision was made in seventy-two hours after the MCP received the appeal, or faster if the enrollee's health condition warranted (consistent with CFR requirement "...as expeditiously as...").*

**Table A-19. CCW 2022 TEAMonitor Compliance Review Results: §438.242.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.242 - Health Information Systems	100%	100%

CCW MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-20. CCW 2022 TEAMonitor Compliance Review Results: §438.330.**

Standard	MCO	BHSO
Domain(s): Access, Quality and Timeliness §438.330 - Quality Assessment and Performance Improvement Program (QAPI)	80%	80%

**EQRO Recommendations based on TEAMonitor CAPs – 3**

To address the partially met score for this section the MCP must:

**438.330 - Quality assessment and performance improvement program - (a) General rules**

1. Provide copies of the referenced appendices of its program that include the details of the following:
  - (b)(iv) A description of the role, function, and reporting relationships of the QI Committee and subcommittees
  - (c) A list of all quality-related committee(s)
  - (e) Identification of the committee(s) (including a description of the committee functions) responsible for QI program oversight
2. Provide documentation that ensures the inclusion of quality oversight of WISe program in accordance with the State of Washington’s Quality Management Plan for WISe in their annual QI Workplan.

**438.66(c)(3) – Monitoring Procedures – Claims payment monitoring**

3. Must update their policy and procedure to include pharmacy/medication as part of the elements that are recorded within their system to process, and track provider complaints and appeals.

**Summary of CCW 2021 EQRO Recommendations Based on TEAMonitor Compliance CAPs Follow-Up**

Table A-21 shows the number of MCO/BHSO EQRO recommendations that were followed up during the current review.

Degree to which plans have addressed the previous year’s EQRO recommendations key:

- **Low** – No CAPs met
- **Medium** – Less than all CAPs met
- **High** – All CAPs met
- **NA** – No CAP received



**Table A-21. CCW 2021 EQRO Recommendations Based on TEAMonitor CAPs Follow-Up – Count.**

Number of MCO/BHSO CAPs		
Not Met*	Partially Met*	Met
–	2	10

\*Future follow-up required.

Degree to which plans addressed all EQRO  
recommendation(s): Medium

Table A-22 shows the results of the previous year EQRO compliance recommendations based on TEAMonitor CAPs follow-up.

**Table A-22. CCW Results of Previous Year (2021) EQRO Compliance Recommendations Based on TEAMonitor CAPs – Follow-up.**

42 CFR Part 438	MCO	BHSO
<b>Subpart D – MCO, PIHP and PAHP Standards</b>		
438.210 (b) Authorization of services – File review	Met	Met
438.210 (c) Notice of adverse benefit determination – File review	Met	Met
438.210 (d) Timeframe for decisions – File review	Partially Met*	Partially Met*
438.230 (a) and (b)(1) and (2) Subcontractual relationships and delegation	Met	Met
438.230 (b)(3) MCO monitors subcontractors performance	Met	Met
438.230 (b)(4) MCO identifies deficiencies and ensures corrective action is taken	Met	Met
<b>Subpart E – Quality Measurement and Improvement (Quality Assessment and Performance Improvement Program (QAPI))</b>		
438.330 (e)(2) QAPI Program evaluation	Met	Met
<b>Subpart F – Grievance System</b>		
438.406 (a) Handling of grievances and appeals – general requirements	Met	Met
438.408 (a) Resolution and notification: Grievances and appeals - basic rule	Met	Met
438.408 (b)(c) Resolution and notification: Grievances and appeals - specific timeframes and extension of timeframes	Partially Met*	Partially Met*
<b>Subpart H – Additional Program Integrity Safeguards and PART 45 – Program Integrity: Medicaid</b>		
438.608 (a)(b) Program integrity requirements	Met	Met
Social Security Act (SSA) section 1903(i)(2) of the Act; 42 CFR 455.104, 42 CFR 455.106, and 42 CFR 1001.1901(b) - Excluded Individuals and Entities	Met	Met

\*Includes a repeat finding – plans are reviewed on elements that received Partially Met or Not Met scores in previous reviews until the finding is satisfied.

## Summary of Results: PIP Validation

### PIPs: 2 Met; 2 Partially Met; 2 Not Met

The PIP Validation section, starting on page 41, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as “not met” or “partially met,” requiring a corrective action plan.

Tables A-23 through A-28 show the results of the MCP’s PIP Validation.

**PIP Title:** Collaborative MCO Well-Child Visit Rate PIP

**PIP Type:** Clinical; AH-IMC, AH-IFC

**Domain:** Access, Quality, Timeliness

#### Improvement Strategies/Interventions

- **Member-focused:** Social media postings, well-care visit flyers, adolescent visit flyers
- **Provider-focused:** Two MCO-provider group partnerships, named Spring and Fall Project, that aim to engage over-due or unestablished members through efforts that include empanelment clean-up, patient outreach and provider incentives
- **MCP-focused:** Standardized empanelment data format developed, incentive reference list for clinics

**Table A-23. CCW: Collaborative MCO Well-Child Visit Rate PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	High confidence in reported results	<ul style="list-style-type: none"> <li>• W30, 0–15 months: Statistically significant change; p-value: &lt;.05</li> <li>• W30, 15–30 months: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 3–11 years: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 12–17 years: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 18–21 years: Statistically significant change; p-value: &lt;.05</li> </ul>

**PIP Title:** Improving Continuity of Cognitive Behavioral Therapy Services for Medicaid/BHSO Members Ages 18-64

**PIP Type:** Clinical – Adult Washington State Institute for Public Policy; AH-IMC, BHSO

**Domain:** Access, Quality, Timeliness

#### Improvement Strategies/Interventions

- **Member-focused:** Encourage and endorse use of telehealth (audio and video calls)
- **Provider-focused:** Obtain appropriate contact information while member remains hospitalized; encourage and endorse provision of telehealth (audio and video calls) by providers; work closely with pilot clinics to schedule outpatient mental health appointment (7/30 days) prior to discharge
- **MCP-focused:** Internal discharge nurses work closely with pilot clinics to encourage scheduling outpatient mental health follow-up appointment prior to discharge

**Table A-24. CCW: Improving Continuity of CBT Services for Medicaid/BHSO Members Ages 18-64 PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Partially Met	Yes	Moderate confidence in reported results	HEDIS <ul style="list-style-type: none"> <li>FUH 7-day follow-up, ages 18-64: No statistically significant change</li> <li>FUH 30-day follow-up, ages 18-64: No statistically significant change</li> </ul>

**PIP Title:** Improving Continuity of Cognitive Behavioral Therapy Services for IMC members ages 12-18

**PIP Type:** Clinical – Child; AH-IMC, AH-IFC

**Domain:** Access, Quality, Timeliness

**Improvement Strategies/Interventions**

- **Member-focused:** Encourage and endorse use of telehealth (audio and video calls)
- **Provider-focused:** Obtain appropriate contact information while member remains hospitalized; encourage and endorse provision of telehealth (audio and video calls) by providers; work closely with pilot clinics to schedule outpatient mental health appointment (7/30 days) prior to discharge
- **MCP-focused:** Internal discharge nurses work closely with pilot clinics to encourage scheduling outpatient mental health follow-up appointment prior to discharge

**Table A-25. CCW: Improving Continuity of CBT Services for IMC Members Ages 12-18 PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Partially Met	Yes	Moderate confidence in reported results	HEDIS <ul style="list-style-type: none"> <li>FUH 7-day follow-up, ages 12-18: No statistically significant change</li> <li>FUH 30-day follow-up, ages 12-18: No statistically significant change</li> </ul> Note: FUH was modified for the PIP population

**PIP Title:** Improving the Timeliness of Postpartum Visits Following Live Births Within 7-84 Days

**PIP Type:** Nonclinical; AH-IMC, BHSO

**Domain:** Access, Timeliness

**Improvement Strategies/Interventions**

- **Member-focused:** 1:1 calls to identified cohort members to remind about follow-up postpartum visits.
- **Provider-focused:** Three focus clinics received list of members who had a service gap: given birth but had not yet attended a PPC postpartum follow-up appointment (per EDW claims); three focus clinics received list of members who had received their prenatal services at a clinic/facility other than the clinic where their PCP practiced.
- **MCP-focused:** Early in 2021, the outreach team determined that contacting at 30-days post-birth event rather than at 60 days allowed for more flexibility in making appointments. The

strategy allowed more members to receive timely PPC-postpartum follow-up appointments and to shorten the days between the birth event and the follow-up.

**Table A-26. CCW: Improving the Timeliness of Postpartum Visits Following Live Births Within 7-84 Days PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	Moderate confidence level in reported results	<ul style="list-style-type: none"> <li>• HEDIS – PPC, Postpartum care: No statistically significant change</li> <li>• Avg days between birth and follow-up appointment: No statistically significant change</li> <li>• Percentage of births with a follow-up visit; No statistically significant change</li> </ul>

**PIP Title:** Improving Reporting of Evidence-Based Practice (EBP) Codes for Integrated Managed Care and Behavioral Health Services Only Members Receiving Mental Health Evidence-Based Practices Services

**PIP Type:** Nonclinical; BHSO

**Domain:** Quality

**Improvement Strategies/Interventions**

- **Member-focused:** CCW quality of care outreach to recently MH discharge members
- **Provider-focused:** Outreach attempts to outpatient facilities to include EBP coding where appropriate (tip sheets); discussions regarding responsibility to make follow-up appointments pre-discharge (FUH measure)

**Table A-27. CCW: Improving Reporting of EBP Codes for Integrated Managed Care and BHSO Members Receiving Mental Health EBP Services PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Not Met	Yes	No confidence in reported results	HEDIS <ul style="list-style-type: none"> <li>• FUH 7-day follow-up: No statistically significant change</li> <li>• FUH 30-day follow-up: No statistically significant change</li> </ul>

**PIP Title:** Improving Administrative Coordination Between Coordinated Care of Washington, Inc. Foster Care Contract and Tribal Services for American Indian/Alaska Native Foster Care Youth

**PIP Type:** Nonclinical; AH-IFC

**Domain:** Access, Quality, Timeliness

**Improvement Strategies/Interventions**

- **Member-focused:** Obtaining Tribal affiliation from members enrolled in Foster Care, self-identifying as AI/AN, and reporting a Tribe affiliation
- **MCP-focused:**
  - Internal training regarding Tribal policy and process; improvement of claims processing; establish protocols and timelines for transitioning foster care Tribal youth between CCW

Medicaid services and Tribal services; create a common language when discussing delivery of care as terms are defined differently by different funders; obtain and append Tribal eligibility affiliation for Tribal foster care children and youth to CCW Medicaid eligibility records; append information to CCW Medicaid 834 Eligibility file; incorporate the policy into department operating processes.

- Build trust between Tribal providers and CCW; select specific Federally Recognized Tribe(s) providers to pilot an intervention and build trust; develop and implement overarching CCW policy regarding the standard for interaction with Tribes, Tribal providers and AI/AN children, youth and young adults; improvement in identification of Tribal Providers.

**Table A-28. CCW: Improving Administrative Coordination Between Coordinated Care of Washington, Inc. Foster Care Contract and Tribal Services for American Indian/Alaska Native Foster Care Youth PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Not Met	Yes	Low confidence in reported results	<ul style="list-style-type: none"> <li>● Tribal affiliation in eligibility files for members enrolled in Foster Care who self-identify as AI/AN                             <ul style="list-style-type: none"> <li>○ Baseline to 2020; Statistically significant change; p-value &lt;.05</li> <li>○ Baseline to 2021: Statistically significant change; p-value &lt;.05</li> <li>○ PIP Year 2020 to 2021: No statistically significant change</li> </ul> </li> </ul>

**Summary of CCW 2022 EQRO PIP Recommendation Based on TEAMonitor CAPs**

Comagine Health’s recommendation to the MCP reflects the CAP provided by TEAMonitor. TEAMonitor CAPs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP’s PIPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, the following recommendations may not be indicative of current performance.

*The MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:*

- *Adherence to HCA standards regarding:*
  - *Unclear AIM statements*
  - *Addressing the project population in section 3.1*
  - *Addressing PDSA in section 8.3*
  - *Lack of symmetry between variables, data collection and analysis plan*

*In addition to the elements above the narrative should address actions that can be taken to improve the current active (2022) PIPs and describe how the deficiencies in this year’s PIP report and feedback from HCA will be used to make constructive changes in the (2022) PIPs.*

A follow-up of the current year’s EQRO recommendation will be reflected in the 2023 Annual Technical Report.

## Summary of Previous Year (2021) EQRO PIP Recommendation Based on TEAMonitor CAP Follow-Up

Degree to which plans have addressed the previous year's EQRO recommendations key:

- **Low** – No CAPs met
- **Medium** – Less than all CAPs met
- **High** – All CAPs met
- **NA** – No CAP received

**Degree to which plan addressed EQRO  
recommendation: High**

By September 20, 2021, the MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:

- *Interventions and the lack of documentation of threats to internal and external validity.*
- *The evaluation of each PIP (not exempted from required corrective action) that is Partially Met to determine what actions can be taken to improve the currently active PIPs. The evaluation should address a summary of the status of currently active PIPs to determine if any additional efforts would improve the metrics. Describe how the deficiencies in this year's PIP report and feedback from HCA will be used to make constructive changes in the PIPs.*

### TEAMonitor Response/MCP Response-Action Taken

- Met – Corrective action is completed. No further action required. The MCP provided the required documentation to address the finding as part of the 2021 Corrective Action review process.

## Summary of Results: Performance Measure Validation

Comagine Health received the MCP's FAR from Aqurate Health Data Management, Inc., an independent organization providing performance measure validation review and HEDIS compliance audits, which conducted the 2022 MCP HEDIS audits. Comagine Health then assessed the FAR to determine and develop EQR findings and recommendations.

Table A-29 shows the MCP's results for each standard addressed in the MCP's FAR.

**Table A-29. Summary of CCW 2022 HEDIS FAR.**

Information Standard	Score
IS 1.0 Medical Services Data	Met
IS 2.0 Enrollment Data	Met
IS 3.0 Practitioner Data	Met
IS 4.0 Medical Record Review Process	Met
IS 5.0 Supplemental Data	Met
IS 6.0 Data Preproduction Processing	Met
IS 7.0 Data Integration and Reporting	Met

Information Standard	Score
IS 8.0 Case Management Data - Long-Term Services and Support (LTSS)	NA
IS HD 5.0 Outsourced or Delegated Reporting Function	NA

CCW was in full compliance with the 2022 audit. Comagine Health did not identify any strengths, weaknesses/opportunities for improvement or recommendations for the MCP during the review.

### Summary of Results: Performance Measure Comparative Analysis

CCW has several pediatric measures where the rates were above the state simple average. In addition, CCW performed better than the state simple average for the Asthma Medication Ratio (AMR) measure. Many of the behavioral health measures are below the state simple average for CCW. Other measures where CCW's rates were markedly below the state simple average include Prenatal and Postpartum Care, both the Timeliness of Prenatal Care and Postpartum Care measures, several Comprehensive Diabetes Care (CDC) measures, and several behavioral health measures.

Table A-30 shows the MCP's Performance Measure Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement.

**Table A-30. CCW's Performance Measure Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement.**

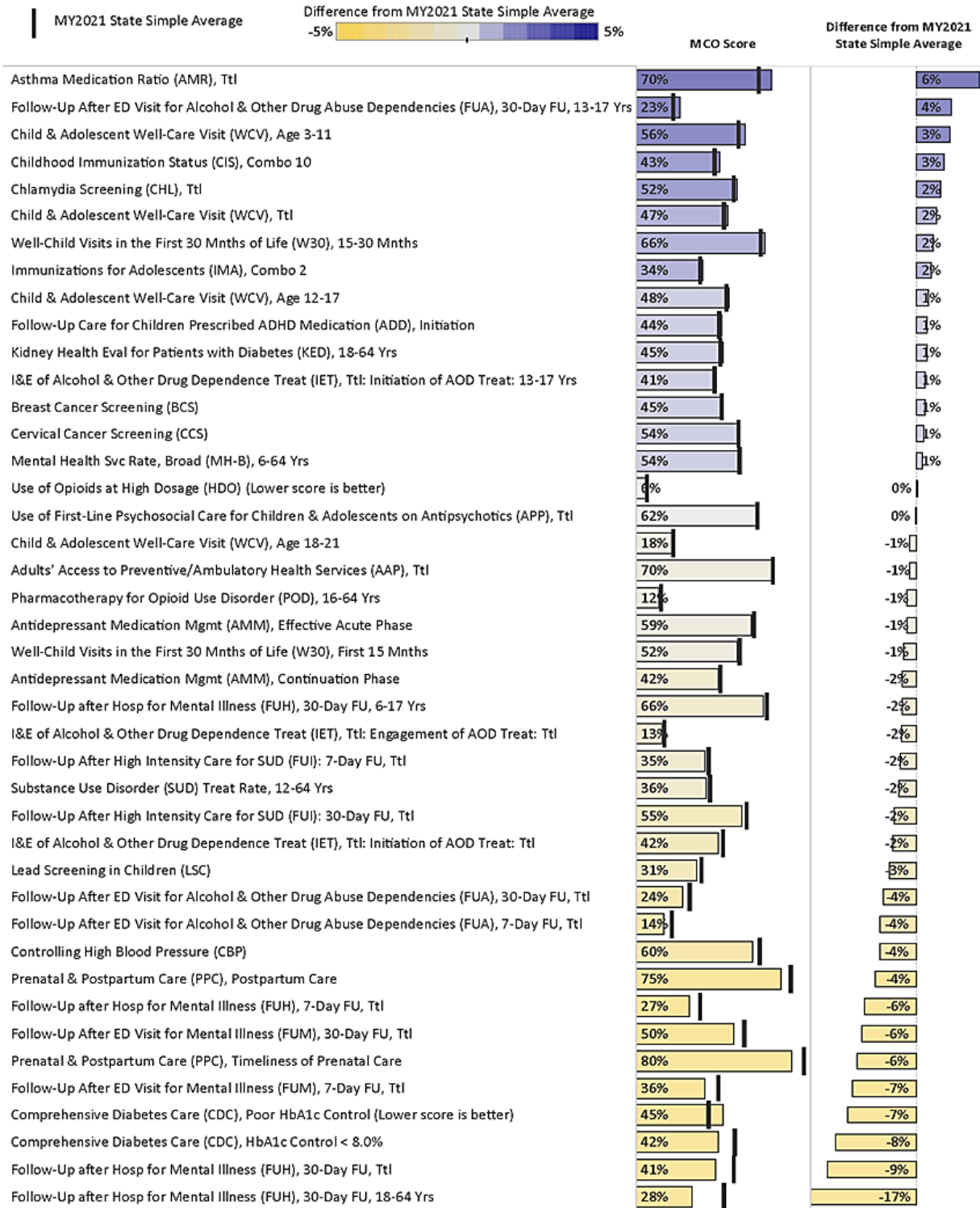
Performance Measures	
Strengths	Weaknesses/Opportunities for Improvement
<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>Child and Adolescent Well-Care Visit (WCV), Age 3-11*</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), 30-Day Follow-Up, 13-17 Years</li> </ul> <p><b>Chronic Care Management</b></p> <ul style="list-style-type: none"> <li>Asthma Medication Ratio (AMR), Total*</li> </ul> <p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>Childhood Immunization Status (CIS), Combo 10</li> </ul>	<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care*</li> <li>Prenatal and Postpartum Care (PPC), Postpartum Care*</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), Total, both the 7-Day and 30-Day Follow-Up measures</li> <li>Follow-Up After Emergency Department Visit for Mental Illness (FUM), Total, both the 7-Day and 30-Day Follow-Up measures</li> <li>Follow-Up after Hospitalization for Mental Illness (FUH), Total, both the 7-Day and 30-Day Follow-Up measures</li> </ul> <p><b>Chronic Care Management</b></p> <ul style="list-style-type: none"> <li>Comprehensive Diabetes Care (CDC), HbA1c Control &lt; 8.0%</li> <li>Comprehensive Diabetes Care (CDC), Poor HbA1c Control</li> <li>Controlling High Blood Pressure (CBP)</li> </ul>

\*These measures are also required VBP measures.

### CCW Performance Measure Comparative Analysis Scorecard

Figure A-3 represents the variance of measures from the simple state average for the MCP.

Figure A-3. CCW Scorecard, MY2021.





## Community Health Plan of Washington (CHPW) Profile

### CHPW Overall Perspective

#### CHPW Overall Perspective

CHPW demonstrated compliance strengths by fully meeting the elements in the following standards:

- Coordination and continuity of care
- Provider selection (credentialing)
- Grievance and appeals systems
- Health information systems
- QAPI program

It is noted that CHPW's QI Program scorecard is an example of best practice with significant work on health equity.

Partially met elements in the coverage and authorization of services standard require CHPW to ensure appropriate practice guidelines or utilization management decision-making criteria are used for adverse benefit determinations and notices of adverse benefit determinations meet all requirements.

CHPW met all 2021 EQRO compliance recommendations based on TEAMonitor CAPS, demonstrating a high degree of follow-up.

CHPW demonstrated significant statistical improvement in depression screening primary and submeasure for their depression in primary care PIP. CHPW did not receive any CAPs for PIPs in 2022. In addition, CHPW met the 2021 EQRO PIP recommendation based on the TEAMonitor CAP, also demonstrating a high degree of follow-up.

CHPW performed at or above the state simple average for the majority (33 of 42) of the performance measures reviewed, including several pediatric and behavioral health measures. Overall, CHPW has more measures above the state simple average for MY2021 than were reported in the 2021 Comparative Analysis report. However, there was also a change in the mix of measures where CHPW performs well and where they perform notably below the other MCOs. Most notable was a drop in their rate for the Asthma Medication Ratio (AMR) measure, which is now 7% below the state simple average for MY2021 compared to being 3% above the state simple average for MY2020.

CHPW achieved 71.4% of the VBP Quality Performance Measures for 2021, which reflects improvement in performance areas identified by HCA, based on the legislative proviso (ESSB 5693 Sec.211 (37)(2022)), as important in having potential to impact costs, effect population health, target areas of poor performance or be clinically meaningful in promoting health status. CHPW MCO did not meet the VBP performance targets for:

- Antidepressant Medication Management (AMM) both Effective Acute Phase Treatment and Effective Continuation Phase Treatment
- Asthma Medication Ratio (AMR), Total

In the Enrollee Quality Report (2022 Washington Apple Health Plan Report Card), CHPW received an average rating for:

- Keeping kids healthy
- Keeping women and mothers' health
- Ensuring appropriate care

- Satisfaction of care provided to children
- Satisfaction with plan for children

CHPW received below average ratings for:

- Getting Care
- Preventing and managing illness

Overall, CHPW has demonstrated an effective QAPI program that is effective, monitored, objectively evaluated and updated to provide overall continuous improvement related to quality, access and timeliness of services provided by the MCP.

Please see the profile below for additional detail.

### Summary of Results: Compliance Review

TEAMonitor’s review assessed activities for the previous calendar year and evaluated CHPW’s compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCP contract with HCA for all Apple Health Managed Care programs. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

Plans were scored on these elements in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, scores may not be indicative of current performance. A follow-up of the current year’s EQRO recommendations will be reflected in the 2023 Annual Technical Report.

The Compliance Review section, starting on page 28, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as “not met” or “partially met,” requiring a corrective action plan. Comagine Health’s recommendations to the CHPW MCPs reflect the CAPs provided by TEAMonitor.

Tables A-31 through A-38 show the results of the CHPW MCPs’ 2022 TEAMonitor Compliance Review. Please note both the MCO and BHSO received the same EQRO recommendations.

**Table A-31. CHPW 2022 TEAMonitor Compliance Review Results: §438.208– Coordination and continuity of care.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.208 – Coordination and continuity of care	100%	100%

CHPW MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-32. CHPW 2022 TEAMonitor Compliance Review Results: §438.210 – Coverage and authorization of services.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.210 – Coverage and authorization of services	78%	78%

**EQRO Recommendations based on TEAMonitor CAPs – 2**

The MCP will assess reviewed files to determine cause of findings and identify and follow up on actions for improvements to prevent future issues. This must include, at minimum, implementation and evidence of additional staff training, and monitoring to address Identified file review findings (resulting in a partially met score) related to the lack of evidence that:

**438.210 Coverage and Authorization of Services (b) Authorization of services**

1. The Contractor used appropriate practice guidelines or utilization management decision-making criteria for adverse benefit determinations

**438.210 Coverage and Authorization of Services (c) Notice of adverse benefit determination**

2. Written materials sent to the enrollee were appropriate (HCA approved - current to the review) and the Notice of Adverse Benefit Determination included the required elements as identified in CFR and Contract, such as:
  - Using easily understood language
  - Stating the decision and reason for the action
  - Documenting the criteria used that was the basis of the decision
  - If services are denied or authorized in a more limited scope than requested or is non-covered, did it inform enrollees how to access the Exception to Rule (ETR) or Limitation Extension (LE) process

**Table A-33. CHPW 2022 TEAMonitor Compliance Review Results: §438.214 – Provider Selection (Credentialing).**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.214 – Provider Selection (Credentialing)	100%	100%

CHPW MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-34. CHPW 2022 TEAMonitor Compliance Review Results: §438.228 – Grievance and Appeals Systems.**

Standard	MCO	BHSO
Domain(s): Access, Quality §438.228 - Grievance and Appeals Systems	100%	100%

CHPW MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-35. CHPW 2022 TEAMonitor Compliance Review Results: §438.242.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.242 - Health Information Systems	100%	100%

CHPW MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-36. CHPW 2022 TEAMonitor Compliance Review Results: §438.330.**

Standard	MCO	BHSO
<i>Domain(s): Access, Quality and Timeliness</i> §438.330 - Quality Assessment and Performance Improvement Program (QAPI)	100%	100%

CHPW MCPs met all elements within this standard. As a result, no recommendations are being made.

### Summary of CHPW 2021 EQRO Recommendations Based on TEAMonitor Compliance CAPs Follow-Up

Table A-37 shows the number of MCO/BHSO EQRO recommendations that were followed up during the current review.

Degree to which plans have addressed the previous year's EQRO recommendations key:

- **Low** – No CAPs met
- **Medium** – Less than all CAPs met
- **High** – All CAPs met
- **NA** – No CAP received

**Table A-37. CHPW 2021 EQRO Recommendations Based on TEAMonitor CAPs Follow-Up – Count.**

Number of MCO/BHSO CAPs		
Not Met*	Partially Met*	Met
–	–	8

\*Future follow-up required.

**Degree to which plans addressed all EQRO recommendation(s): High**

Table A-38 shows the results of the previous year EQRO compliance recommendations based on TEAMonitor CAPs follow-up.

**Table A-38. CHPW MCO/BHSO Results of Previous Year (2021) EQRO Compliance Recommendations Based on TEAMonitor CAPs – Follow-up.**

42 CFR Part 438	MCO	BHSO
<b>Subpart D – MCO, PIHP and PAHP Standards</b>		
438.210 (b) Authorization of services – File review	Met	Met
438.210 (c) Notice of adverse benefit determination – File review	Met	Met
438.230 (b)(2) Subcontractual relationships and delegation – Written agreement	Met	Met
<b>Subpart F – Grievance System</b>		
438.402 (c)(3) Filing requirements - procedures	Met	Met
438.408 (a) Resolution and notification: Grievances and appeals - basic rule	Met	Met
438.408 (b)(c) Resolution and notification: Grievances and appeals - specific timeframes and extension of timeframes	Met	Met

42 CFR Part 438	MCO	BHSO
438.408 (d)(e) Resolution and notification: Grievances and appeals - format of notice and content of notice of appeal resolution	Met	Met
Subpart H – Additional Program Integrity Safeguards and PART 45 – Program Integrity: Medicaid		
Social Security Act (SSA) section 1903(i)(2) of the Act; 42 CFR 455.104, 42 CFR 455.106, and 42 CFR 1001.1901(b) - Excluded Individuals and Entities	Met	Met

## Summary of Results: PIP Validation

**PIPs: 5 Met; 0 Partially Met; 0 Not Met**

The PIP Validation section, starting on page 41, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as “not met” or “partially met,” requiring a corrective action plan.

Tables A-39 through A-43 show the results of the MCP’s PIP Validation.

**PIP Title:** Collaborative MCO Well-Child Visit Rate PIP

**PIP Type:** Clinical; AH-IMC, AH-IFC

**Domain:** Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused:** Social media postings, well-care visit flyers, adolescent visit flyers
- **Provider-focused:** Two MCO-provider group partnerships, named Spring and Fall Project, that aim to engage over-due or unestablished members through efforts that include empanelment clean-up, patient outreach and provider incentives
- **MCP-focused:** Standardized empanelment data format developed, incentive reference list for clinics

**Table A-39. CHPW: Collaborative MCO Well-Child Visit Rate PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	High confidence in reported results	<ul style="list-style-type: none"> <li>• W30, 0–15 months: Statistically significant change; p-value: &lt;.05</li> <li>• W30, 15–30 months: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 3–11 years: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 12–17 years: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 18–21 years: Statistically significant change; p-value: &lt;.05</li> </ul>

**PIP Title:** Depression Screening in Primary Care

**PIP Type:** Nonclinical; AH-IMC, BHSO

**Domain:** Access, Quality

Improvement Strategies/Interventions

- **Member-focused:** Translated PHQ-9 Screening Tools
- **Provider-focused:** Pay for Performance Incentives; Universal Depression Screening Workflows; Depression Screening Workflow Training (Clinic Staff)
- **MCP-focused:** Pay for Performance Program; Depression Screening and Follow-up Reporting

**Table A-40. Depression Screening in Primary Care PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>Depression Screening (HEDIS-like measure) – Provider #1: Statistically significant change; p-value &lt;.01</li> <li>Depression Screening (HEDIS-like measure) – Provider #2: Statistically significant change; p-value &lt;.01</li> </ul>

**PIP Title:** Implementation of the Collaborative Care Model in Pediatric Primary Care

**PIP Type:** Clinical – Child; AH-IMC, AH-IFC

**Domain:** Quality, Timeliness

**Improvement Strategies/Interventions**

- Member-focused:** Recruit family advocates to inform program development and implementation through the perspective of enrollees; Pamphlet/Flyer with additional information on collaborative care for patients and families; Triple P Parenting Training for Providers; Training on trauma-informed care and suicide prevention.
- Provider-focused:** Provider Trainings (Triple P Parenting, trauma-informed care, suicide prevention); Pay-for-Performance Provider Incentives; implementation of Collaborative Care Patient Workflows and Patient Registry; project partners periodically reviewed Psychiatric Collaborative Care Model Billing Codes to ensure reimbursement; University of Washington Advancing Integrated Mental Health Solutions Center supported revenue cycle planning around billing codes; Pediatric Associates of Whidbey Island participated in the Seattle Children’s Collaborative Network Learning Collaborative, where they received additional implementation support learned about best practices for behavioral health integration across similar organizations and received individual technical assistance to further support operationalizing the model sustainably; brought psychiatrist in to do direct patient care for more severe patients in 2021, including Apple Health enrollees.
- MCP-focused:** Implementation of Collaborative Care Patient Workflows and Patient Registry; CHPW credentialed Behavioral Health Care Manager, which allowed her to bill for Collaborative care as well as additional behavioral health services, providing additional funding support to the clinic; CHPW provided member-gap lists to PAWI; CHPW evaluated medical loss ratio for the past three years (2019, 2020 and 2021) for PAWI, providing them with additional insights into their expenses to inform sustainability of the program.

**Table A-41. CHPW: Implementation of the Collaborative Care Model in Pediatric Primary Care PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	High confidence in reported results	HEDIS: <ul style="list-style-type: none"> <li>W30, First 15 Months: No statistically significant change</li> <li>WCV: Statistically significant change; p-value &gt;.05</li> </ul> RDA: <ul style="list-style-type: none"> <li>Mental Health Service Rate, Broad Definition (MH-B): Statistically significant change; p-value &gt;.05</li> </ul>

**PIP Title:** Expanding Access to Peer Support for BHSO Members for Opioid Use Disorder in Primary Care

**PIP Type:** Clinical – Adult Washington State Institute for Public Policy; BHSO

**Domain:** Access, Quality

**Improvement Strategies/Interventions**

- **Member-focused:** Outreach via phone, email, and letter, inviting members to download the WEConnect application; for members of the application, access to 1:1 peer support services; for members on the application, goal setting and habit tracking technology; for members of the application, group support sessions are available multiple times a day.
- **Provider-focused:** None in Year 1 of PIP. MCO will explore opportunities to engage with providers and clinics in future years of the PIP.
- **MCP-focused:** MCP created a virtual peer offering to bridge the gap in recovery support services.

**Table A-42. CHPW: Expanding Access to Peer Support for BHSO Members for Opioid Use Disorder in Primary Care PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	Low confidence in reported results	<ul style="list-style-type: none"> <li>• SUD outpatient treatment utilization: Sample size is not large enough to assess for statistical significance</li> </ul>

**PIP Title:** Medications for Opioid Use Disorder in Primary Care

**PIP Type:** Clinical – Adult Washington State Institute for Public Policy (WSIPP); AH-IMC, BHSO

**Domain:** Access, Quality

**Improvement Strategies/Interventions**

- **Provider-focused:** The focus of the Learning Collaborative was to give providers and member-facing staff the training and tools to successfully implement MOUD at a primary care clinic. The Learning Collaborative ran from March through August of 2021, with participation from the four study Community Health Centers (CHCs): Sea Mar – Des Moines, Community HealthCare, Tri-Cities Community Health, and HealthPoint.
- **MCP-focused:** CHPW did significant work to development and create a financial incentive for CHCs providing MOUD, utilizing a PDSA model that has integrated CHC feedback throughout the process. While this work did not launch in 2021, it continues into 2022.

**Table A-43. CHPW: Medications for Opioid Use Disorder in Primary Care PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	Low confidence in reported results	<ul style="list-style-type: none"> <li>• Utilization of MOUD for individuals 18 years and older, within participating CHCs: Sample size is not large enough to assess for statistical significance</li> </ul>

### Summary of CHPW 2022 EQRO PIP Recommendation Based on TEAMonitor CAPs

Comagine Health's recommendation to the MCP reflects the CAP provided by TEAMonitor. TEAMonitor CAPs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP's PIPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, the following recommendations may not be indicative of current performance.

The MCP did not receive an EQRO recommendation based on a TEAMonitor CAP in 2022.

### Summary of Previous Year (2021) EQRO PIP Recommendation Based on TEAMonitor CAP Follow-Up

Degree to which plans have addressed the previous year's EQRO recommendations key:

- **Low** – No CAPs met
- **Medium** – Less than all CAPs met
- **High** – All CAPs met
- **NA** – No CAP received

**Degree to which plan addressed EQRO recommendation: High**

*By September 20, 2021, the MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:*

- *Study questions*
- *The evaluation of each PIP (not exempted from required corrective action) that is Partially or Not Met to determine what actions can be taken to improve the currently active PIPs. The evaluation should address a summary of the status of currently active PIPs to determine if any additional efforts would improve the metrics. Describe how the deficiencies in this year's PIP report and feedback from HCA will be used to make constructive changes in the PIPs.*

#### TEAMonitor Response/MCP Response-Action Taken

- Met – Corrective action is completed. No further action required. The MCP provided the required documentation to address the finding as part of the 2021 Corrective Action review process.

### Summary of Results: Performance Measure Validation

Comagine Health received the MCP's FAR from Aqurate Health Data Management, Inc., an independent organization providing performance measure validation review and HEDIS compliance audits, which conducted the 2022 MCP HEDIS audits. Comagine Health then assessed the FAR to determine and develop EQR findings and recommendations.

Table A-44 shows the MCP's results for each standard addressed in the MCP's FAR.



**Table A-44. Summary of CHPW 2022 HEDIS FAR.**

Information Standard	Score
IS 1.0 Medical Services Data	Met
IS 2.0 Enrollment Data	Met
IS 3.0 Practitioner Data	Met
IS 4.0 Medical Record Review Process	Met
IS 5.0 Supplemental Data	Met
IS 6.0 Data Preproduction Processing	Met
IS 7.0 Data Integration and Reporting	Met
IS 8.0 Case Management Data - Long-Term Services and Support (LTSS)	NA
IS HD 5.0 Outsourced or Delegated Reporting Function	NA

CHPW was in full compliance with the 2022 audit. Comagine Health did not identify any strengths, weaknesses/opportunities for improvement or recommendations for the MCP during the review.

### Summary of Results: Performance Measure Comparative Analysis

CHPW performed above the state simple average for many of the measures, including several pediatric and behavioral health measures. CHPW was also well above the state simple average for the Prenatal and Postpartum (PPC) measures for both the Timeliness of Prenatal Care and Postpartum Care components. CHPW was notably below the state simple average for the Asthma Medication Ratio (AMR) measure. The MCO was also below the state simple average for a small number of behavioral health measures.

Table A-45 shows the MCP's Performance Measure Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement.

**Table A-45. CHPW’s Performance Measure Comparative Analysis Strengths and Weaknesses/ Opportunities for Improvement.**

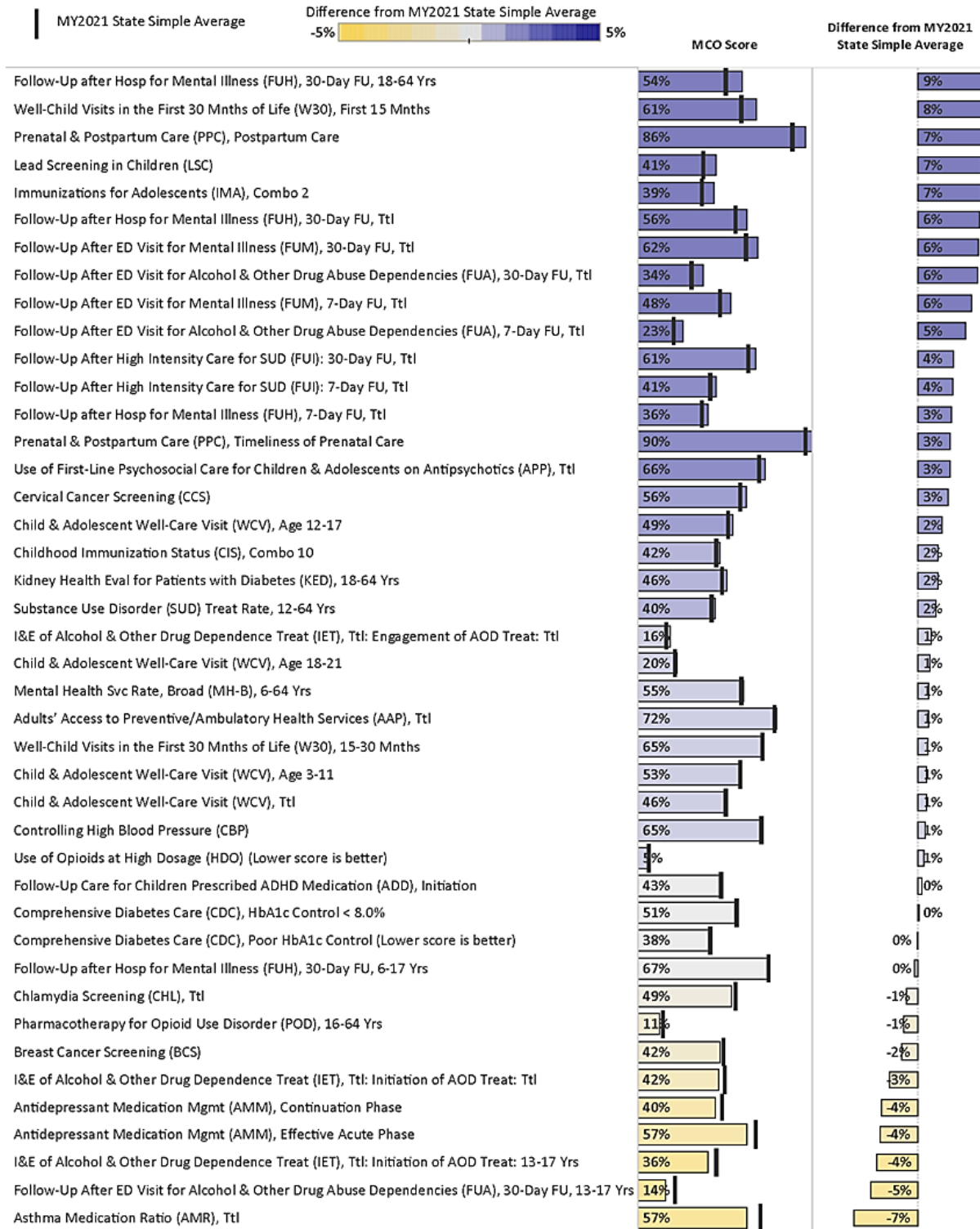
Performance Measures	
Strengths	Weaknesses/Opportunities for Improvement
<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>• Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care</li> <li>• Prenatal and Postpartum Care (PPC), Postpartum Care</li> <li>• Well-Child Visits in the First 30 Months of Life (W30), First 15 Months</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), Total, both the 7-Day and 30-Day Follow-Up measures</li> <li>• Follow-Up After Emergency Department Visit for Mental Illness (FUM), Total, both the 7-Day and 30-Day Follow-Up measures</li> <li>• Follow-Up After High Intensity Care for Substance Use Disorder (FUI), Total, both 7-Day and 30-Day Follow-Up</li> <li>• Follow-Up after Hospitalization for Mental Illness (FUH), Total, both the 7-Day and 30-Day Follow-Up measures</li> </ul> <p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>• Immunizations for Adolescents (IMA), Combo 2</li> <li>• Lead Screening in Children (LSC)</li> </ul>	<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>• Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET), Total: Initiation of AOD Treatment: 13-17 Years</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Antidepressant Medication Management (AMM), both Effective Acute Phase and Continuation Phase</li> <li>• Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), 30-Day Follow-Up, 13-17 Years</li> </ul> <p><b>Chronic Care Management</b></p> <ul style="list-style-type: none"> <li>• Asthma Medication Ratio (AMR), Total</li> </ul>

*\*These measures are also required VBP measures.*

### CHPW Performance Measure Comparative Analysis Scorecard

Figure A-4 represents the variance of measures from the simple state average for the MCP.

**Figure A-4. CHPW Scorecard, MY2021.**



## Molina Healthcare of Washington (MHW) Profile

### MHW Overall Perspective

MHW has demonstrated many strengths yet continues to need to focus on multiple areas affecting quality, access and timeliness.

MHW demonstrated compliance strengths by fully meeting all elements in the standards of:

- Coordination and continuity of care
- Health information systems

MHW will need to address the standards and elements that were not fully met. These include:

- Although they did not meet any of the elements for the coverage and authorization of services standard (with two of the three being repeat findings), they were able to identify and begin to address issues identified through a self-assessment on file reviews.
- MHW will work to improve their grievance and appeals systems as outlined in their CAPs.
- MHW received a repeat finding for their QAPI Program evaluation and partially met two additional QAPI elements.

In addressing the 2021 EQRO compliance recommendations (based on TEAMonitor CAPs), MHW met four CAPs, did not meet four and partially met one, demonstrating a medium degree of compliance with follow-up from the previous year.

Through validation of the PIPs, MHW met two, partially met one, and did not meet three PIPs. MHW failed to submit a required BHSO PIP related to the benefit of medication assisted treatment. The CAPs listed below include issues for more than one of the PIPs. TEAMonitor has provided and will continue to provide regular TA to support the plans with their PIPs.

MHW performed at or above the state simple average on 39 of 42 performance measures reviewed. Overall, MHW showed improvement when compared to results from the 2021 Comparative Analysis Report. There are more measures notably above the state simple average this year. It is also worth noting that although the same immunization measures are below the state simple average this year, MHW has closed the gap. For MY2021, none of the measures are much below the state simple average.

MHW achieved 91.7% of the VBP Quality Performance Measures for 2021, which reflects improvement in performance areas identified by HCA, based on the legislative proviso (ESSB 5693 Sec.211 (37)(2022)), as important in having potential to impact costs, effect population health, target areas of poor performance or be clinically meaningful in promoting health status. MHW MCO did not meet the VBP performance measure target for:

- Antidepressant Medication Management (AMM) Effective Continuation Phase Treatment

In the Enrollee Quality Report (2022 Washington Apple Health Plan Report Card), MHW received average ratings for:

- Getting Care
- Keeping kids healthy
- Keeping women and mothers' health
- Preventing and managing illness
- Satisfaction of care provided to children
- Satisfaction with plan for children

MHW received a below average rating in ensuring appropriate care.

MHW's strengths are noted in the comparative analysis of performance measures, and achievement of the highest percentage of VBP Quality Performance Measures of the MCPs. MHW needs to continue to focus on having a QAPI program that is effective, monitored, objectively evaluated and updated year-over-year to provide overall continuous improvement related to quality, access and timeliness of services provided by the MCP.

Please see the profile below for additional detail.

### Summary of Results: Compliance Review

TEAMonitor's review assessed activities for the previous calendar year and evaluated MHW's compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCP contract with HCA for all Apple Health Managed Care programs. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

Plans were scored on these elements in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, scores may not be indicative of current performance. A follow-up of the current year's EQRO recommendations will be reflected in the 2023 Annual Technical Report.

The Compliance Review section, starting on page 28, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as "not met" or "partially met," requiring a corrective action plan. Comagine Health's recommendations to the MHW MCPs reflect the CAPs provided by TEAMonitor.

Tables A-46 through A-53 show the results of the MHW MCPs' 2022 TEAMonitor Compliance Review. Please note both the MCO and BHSO received the same EQRO recommendations.

**Table A-46. MHW 2022 TEAMonitor Compliance Review Results: §438.208 – Coordination and continuity of care.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.208 – Coordination and continuity of care	100%	100%

MHW MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-47. MHW 2022 TEAMonitor Compliance Review Results: §438.210 – Coverage and authorization of services.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.210 – Coverage and authorization of services	11%	11%

### EQRO Recommendations based on TEAMonitor CAPs – 6

#### 438.210 Coverage and Authorization of Services (b) Authorization of services

*To address the Multiple Repeat Findings, the MCP will complete and submit a self-assessment of five HCA selected adverse benefit determination files using the HCA file review check list and HCA file review*

*instructions. The MCO/BHSO will do a complete file review. The review will include an assessment to determine compliance with evidence that:*

1. *If the adverse benefit determination concerned medical necessity or other clinical issues, evidence of consultation with the requesting provider prior to denying or modifying services was documented, when appropriate.*
2. *The adverse benefit determination was appropriate, i.e., was there documented evidence that the medical necessity determination followed the requirements, and the coverage determination was appropriate in regard to what was covered under the contract, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements.*

*Additionally, the MCP will assess originally reviewed files to determine cause of MCO self-identified findings and identify and follow up on actions for improvements to prevent future issues. This must include, at minimum, implementation and evidence of additional staff training, and monitoring.*

*The MCP will assess reviewed files to determine cause of findings and identify and follow up on actions for improvements to prevent future issues. This must include, at minimum, implementation and evidence of additional staff training, and monitoring to address identified file review findings (resulting in a partially met score) related to the lack of evidence:*

3. *Of the use of appropriate practice guidelines or utilization management decision-making criteria for adverse benefit determinations.*
4. *That the approval was appropriate, i.e., was there documented evidence that the medical necessity determination followed the requirements, and the coverage determination was appropriate regarding what was covered under the contract, including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements.*

#### **438.210 Coverage and Authorization of Services (c) Notice of adverse benefit determination**

*The MCP will assess the reviewed files to determine the cause of the findings and identify and follow up on action for improvements to prevent future issues. This must include at minimum, implementation and evidence of additional staff training and monitoring to address:*

5. *Identified file review findings (resulting in a not met score) related to the lack of evidence that written materials sent to the enrollee were appropriate (HCA approved - current to the review) and the Notice of Adverse Benefit Determination included the required elements as identified in CFR and Contract, such as:*
  - *using easily understood language,*
  - *stating the decision and reason for the action,*
  - *documenting the criteria used that was the basis of the decision, and*
  - *If services are denied or authorized in a more limited scope than requested or is non-covered, did it inform enrollees how to access the Exception to Rule (ETR) or Limitation Extension (LE) process.*

#### **438.210 Coverage and Authorization of Services (d) Timeframe for decisions (Repeat finding)**

*To address the Multiple Repeat Findings the MCP will complete and submit a self-assessment of five HCA selected adverse benefit determination files using the HCA file review check list and HCA file review instructions. The MCP will do a complete file review. The file review will include an assessment to determine:*

6. *Compliance with evidence that the timeframes for authorization were appropriate to the enrollee's health condition (standard or expedited), and were followed according to Contractual requirements, and if the timeframe was extended, it was documented and appropriate.*

*Additionally, the MCP will assess originally reviewed files to determine cause of MCP self-identified findings and identify and follow up on actions for improvements to prevent future issues. This must include, at minimum, implementation and evidence of additional staff training, and monitoring.*

**Table A-48. MHW 2022 TEAMonitor Compliance Review Results: §438.214 – Provider Selection (Credentialing).**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.214 – Provider Selection (Credentialing)	89%	89%

**EQRO Recommendations based on TEAMonitor CAPs – 1**

**438.214 Provider selection - (a) General rules and (b) Credentialing and recredentialing requirements**

*To address the finding (resulting in a not met score):*

1. *The MCP must provide evidence that demonstrates an active process to confirm all network providers are enrolled with the state as a Medicaid provider.*

**Table A-49. MHW 2022 TEAMonitor Compliance Review Results: §438.228 – Grievance and Appeals Systems.**

Standard	MCO	BHSO
Domain(s): Access, Quality §438.228 - Grievance and Appeals Systems	91%	91%

**EQRO Recommendations based on TEAMonitor CAPs – 5**

**438.228 Grievance and appeal systems (a) and (b)**

*To address the identified finding (resulting in a partially met score) the MCP must provide:*

1. *An updated documentation that addresses the lack of “How the MCP ensures all elements of the grievance and appeal system are addressed as a whole, e.g., flow chart(s) of grievance and appeal processes.” within their narrative description of the grievance and appeal system.*
2. *Updated policies and procedures that addresses the lack of the following elements:*
  - *“The MCP is an independent party and is responsible for its own representation in any administrative hearing, independent review, review by the Board of Appeals, and subsequent judicial proceedings” (3.a) and*
  - *“Have evidence of only one level of appeal for enrollees.” (3.b.vi).*

*The MCP will assess reviewed files to determine cause of findings and identify and follow up on actions for improvements to prevent future issues. This must include, at minimum, implementation and evidence of additional staff training, and monitoring to address:*

**438.408 Resolution and notification: Grievances and appeals (a) Basic rule**

3. *Repeat file review findings related to the lack of evidence that medical necessity determinations followed the requirements, and the coverage determination conformed to the contract, including the use of correct denial rationale and diagnosis for final appeal determinations.*

#### 438.408 Resolution and notification: Grievances and appeals (b) and (c) Specific timeframes and extension of timeframes

4. *Identified file review findings (resulting in a partially met score) related to the lack of evidence the MCP adequately resolved the grievance based on contractual requirements.*

#### 438.424 Effectuation of reversed appeal resolutions

*To address the identified finding (resulting in a partially met score) the MCP must provide updated policy and procedure that addresses:*

5. *The lack of process used by the MCP to monitor and track appeals reversed at a State Administrative hearing with evidence of follow-up enrollee communication to authorize or provide services promptly or to pay for disputed services the enrollee received while the appeal was pending.*

**Table A-50. MHW 2022 TEAMonitor Compliance Review Results: §438.242.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.242 - Health Information Systems	100%	100%

MHW MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-51. MHW 2022 TEAMonitor Compliance Review Results: §438.330.**

Standard	MCO	BHSO
Domain(s): Access, Quality and Timeliness §438.330 - Quality Assessment and Performance Improvement Program (QAPI)	67%	67%

#### EQRO Recommendations based on TEAMonitor CAPs – 3

*To address the Partially Met score, the MCP will provide:*

#### 438.330 - Quality assessment and performance improvement program - (a) General rules

1. *A narrative document that explains the actions that will be taken to ensure the missing information within their Quality Improvement (QI) program description regarding the role, function and reporting relationship of subcommittees is included within future submissions.*

#### 438.66(c)(3) - Provider Complaints and Appeals

2. *The action that will be taken to provide an updated policy/procedure to process, track and record all provider (e.g., medical, pharmacy, etc.) complaints and appeals as outlined in instructions for MC Track quarterly reporting.*

*To address the Not Met (repeat finding) score, the MCO/BHSO must*

#### 438.330(e)(2) QAPI Program Evaluation (Repeat finding)

3. *Submit a narrative and any supporting documents describing the actions that will be taking to ensure future evaluations address the following elements:*
  - *A list of program accomplishments*
  - *Evidence of evaluation of efficacy for interventions*
  - *Identification of plans to narrow disparity*
  - *Documentation of actions taken in response to recommendations from the EQRO*



- Evidence of efficacy analysis for the PIP assessment and an assessment of overall effectiveness for the QI program

### Summary of MHW 2021 EQRO Recommendations Based on TEAMonitor Compliance CAPs Follow-Up

Table A-52 shows the number of MCO/BHSO EQRO recommendations that were followed up during the current review.

Degree to which plans have addressed the previous year’s EQRO recommendations key:

- **Low** – No CAPs met
- **Medium** – Less than all CAPs met
- **High** – All CAPs met
- **NA** – No CAP received

**Table A-52. MHW 2021 EQRO Recommendations Based on TEAMonitor CAPs Follow-Up – Count.**

Number of MCO/BHSO CAPs		
Not Met*	Partially Met*	Met
4	1	4

\*Future follow-up required.

Degree to which plans addressed all EQRO recommendation(s): Medium

Table A-53 shows the results of the previous year EQRO compliance recommendations based on TEAMonitor CAPs follow-up.

**Table A-53. MHW MCO/BHSO Results of Previous Year (2021) EQRO Compliance Recommendations Based on TEAMonitor CAPs – Follow-up.**

42 CFR Part 438	MCO	BHSO
<b>Subpart D – MCO, PIHP and PAHP Standards</b>		
438.210 (b) Authorization of services – File review	Not Met*	Not Met*
438.210 (c) Notice of adverse benefit determination – File review	Met	Met
438.210 (d) Timeframe for decisions – File review	Not Met*	Not Met*
<b>Subpart E – Quality Measurement and Improvement (Quality Assessment and Performance Improvement Program (QAPI))</b>		
438.330 (e)(2) QAPI Program evaluation	Not Met*	Not Met*
<b>Subpart F – Grievance System</b>		

42 CFR Part 438	MCO	BHSO
438.228 (a)(b)Grievance and appeal systems	Partially Met*	Partially Met*
438.408 (a) Resolution and notification: Grievances and appeals - basic rule	Not Met*	Not Met*
438.408 (d)(e) Resolution and notification: Grievances and appeals - format of notice and content of notice of appeal resolution	Met	Met
<b>Subpart H – Additional Program Integrity Safeguards and PART 45 – Program Integrity: Medicaid</b>		
438.608 (a)(b) Program integrity requirements	Met	Met
455.23 Provider payment suspension	Met	Met

\*Future follow-up required.

## Summary of Results: PIP Validation

**PIPs: 2 Met; 1 Partially Met; 3 Not Met (MCP did not submit a required BHSO PIP)**

The PIP Validation section, starting on page 41, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as “not met” or “partially met,” requiring a corrective action plan.

Note MHW did not submit a Clinical – Child Washington State Institute for Public Policy BHSO PIP as required which was scored as Not Met by TEAMonitor.

Tables A-54 through A-58 show the results of the MCP’s PIP Validation.

**PIP Title:** Collaborative MCO Well-Child Visit Rate PIP

**PIP Type:** Clinical; AH-IMC, AH-IFC

**Domain:** Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused:** Social media postings, well-care visit flyers, adolescent visit flyers.
- **Provider-focused:** Two MCO-provider group partnerships, named Spring and Fall Project, that aim to engage over-due or unestablished members through efforts that include empanelment clean-up, patient outreach and provider incentives.
- **MCP-focused:** Standardized empanelment data format developed, Incentive reference list for clinics.

**Table A-54. MHW: Collaborative MCO Well-Child Visit Rate PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	High confidence in reported results	<ul style="list-style-type: none"> <li>• W30, 0–15 months: Statistically significant change; p-value: &lt;.05</li> <li>• W30, 15–30 months: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 3–11 years: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 12–17 years: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 18–21 years: Statistically significant change; p-value: &lt;.05</li> </ul>

**PIP Title:** Increasing the Number of Members on Medication Assisted Treatment (MAT), Who Have a Diagnosis of Opioid Use Disorder (OUD)

**PIP Type:** Clinical – Adult Washington State Institute for Public Policy; AH-IMC

**Domain:** Access, Quality

**Improvement Strategies/Interventions**

- **Member-focused:** Case Management Opioid Model of Care and Clinical referral to the telepsychiatry MAT program, Bright Heart Health (BHH) – a third-party vendor that uses evidence-based therapies to treat substance use disorder; Molina QI outreaches to members identified as “High Risk/Low Impact” to engage members who have not been responsive to outreach in the past with the goal of transferring members to the Case Management department; added culturally sensitive addiction services available to member education materials.
- **Provider-focused:** BHH will provide program education about their services, treatments and benefits to interested providers with the goal that then the providers feel confident to directly refer MHW members to BHH for treatment.
- **MCP-focused:** Molina Case Management uses the OUD Model of Care and data retrieved from Impact Pro® to outreach (telephone, mail, etc.) members identified as “High Risk/Impact” to engage members in case management services, coordinate current care or refer to BHH.

**Table A-55. MHW: Increasing the Number of Members on MAT, Who Have a Diagnosis of OUD PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Not Met	Yes	Low confidence on reported results	<ul style="list-style-type: none"> <li>• National Quality Forum #3400: Statistically significant change; p-value &lt;.01</li> </ul>

**PIP Title:** Increasing the Number of Pediatric Members Receiving Evidence-Based Behavioral Health Services

**PIP Type:** Clinical – Child; AH-IMC, AH-IFC

**Domain:** Access

**Improvement Strategies/Interventions**

- **Member-focused:** Created an EBP brochure and shared with providers to be used for members; added the EBP brochure on the Molina member website; directory and roster cleanup to identify behavioral health providers
- **Provider-focused:** Technical assistance with EBP providers; Molina collaborated with EBPI/Co-Lab around the identified needs of implementing EBPs in the primary care settings. A three-part webinar series was created by EBPI and Molina supported this by educating our primary care practices on these webinars; Molina collaborated with EBPI/Co-Lab in updating the EBP Guide used by providers; sent EBP data and progress to provider leadership.
- **MCP-focused:** Directory and roster cleanup to identify behavioral health providers; through the MolinaCares Foundation, Molina supported the implementation of the Research Units in Behavioral Intervention within primary care settings across Washington State. This funding supported the training and ongoing consultation for 53 individual practitioners and 9 unique primary care practices; improved EBP reporting; improved communication during providers’

outreach and technical assistance; directory and roster cleanup to identify behavioral health providers.

**Table A-56. MHW: Increasing the Number of Pediatric Members Receiving Evidence-Based Behavioral Health Services PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Partially Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>AH-IMC: Statistically significant change; p-value &lt;.01</li> <li>BHSO: No statistically significant change</li> </ul>

**PIP Title:** Improving the Member Experience with Timely Access to Care

**PIP Type:** Nonclinical: AH-IMC, BHSO

**Domain:** Timeliness

**Improvement Strategies/Interventions**

- Member-focused:** Administer a four-question custom proxy survey monthly to identify and address survey results to review with the QI PIP Team; review monthly survey responses collected during the QI PIP Action Team Meetings and adjust/improve processes that had questions with less than desirable responses - specific issues related to access or engagement with providers; educate proxy survey members about the Nurse Advice Line (NAL) and the appropriateness of using NAL, urgent care, and emergency services through survey closing script and mailings to inform members of NAL availability; promote using telehealth for routine access to mental health services through proxy survey closing script and mailings to inform members of telehealth availability.
- Provider-focused:** Conduct access and availability surveys to provider groups inquiring about appointment availability and access for Molina members; collaborate with at least one clinic to establish certain appointment days set aside for Molina members. Will work with a sample of members (based on specific chronic conditions) to make appointments and evaluate member experience one month later or after claim/encounter submission; during quarterly value-based care provider meetings/Joint Operating Committee Meetings, learn about providers' current patient satisfaction initiatives/best practices to understand better how providers currently measure/monitor patient satisfaction; provide education to ensure that providers know (and will reinforce with members) that MHW members can see any primary care provider – and not just the provider listed on their membership card. Members can also get referrals to specialists from any PCP they see for covered services.

**Table A-57. MHW: Improving the Member Experience with Timely Access to Care PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Not Met	Yes	High confidence in reported results	<ul style="list-style-type: none"> <li>Q4 - Obtained Needed Care Right Away: No statistically significant change, p-value .029056</li> <li>Q6 - Obtained Appt for Care as Soon as Needed: Statistically significant change; p-value .001747</li> </ul>

**PIP Title:** Improving Member Experience for BHSO Adult Members

**PIP Type:** Nonclinical: BHSO

**Domain:** Quality

**Improvement Strategies/Interventions**

- **Member-focused:** BHSO Survey; member outreach calls to answer clarifying questions around BHSO benefits; updates to the Provider Directory; BHSO members received a member guide; member newsletter
- **Provider-focused:** Cultural competency training for providers and staff; conducted a Provider Access and Availability Survey
- **MCP-focused:** Updated member materials to minimize confusion with BHSO benefits; provided a TeleBehavioral Health 301 course – Enhancing skills that can be used to enhance mental health care; provided information on PsychHub – a resource for mental health, in the third quarter 2021 provider newsletter

**Table A-58. MHW: Improving Member Experience for BHSO Adult Members PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>• How often were you able to obtain a routine appointment as soon as you wanted? Statistically significant change; p-value .0464</li> <li>• Do you believe that your provider explains things to you carefully? Statistically significant change; p-value .0071</li> <li>• Do you believe that your Health Plan provides helpful customer service? Statistically significant change; p-value .0096</li> <li>• Using any number from 0-10, where 0 is the worst Health Plan possible and 10 is the best Health Plan possible, what number would you use to rate your Health Plan? No statistically significant change.</li> </ul>

**Summary of MHW 2022 EQRO PIP Recommendation Based on TEAMonitor CAPs**

Comagine Health’s recommendation to the MCP reflects the CAP provided by TEAMonitor. TEAMonitor CAPs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP’s PIPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, the following recommendations may not be indicative of current performance.

*To address the finding the MCP will participate in a quarterly Technical Assistance (TA) meeting with HCA listed under HCA issue number 26899. The TA meeting will be used to review and discuss any potential barriers and work towards ensuring successful outcomes.*

*The MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:*

- *Inconsistent data reporting and data interpretation*
- *Incomplete data results - no statistical significance test comparing results of MY2021 to MY2020*
- *PDSA was not completed per HCA standards*

*In addition to the elements above the narrative should address actions that can be taken to improve the current active (2022) PIPs and describe how the deficiencies in this year's PIP report and feedback from HCA will be used to make constructive changes in the (2022) PIPs.*

A follow-up of the current year's EQRO recommendation will be reflected in the 2023 Annual Technical Report.

### Summary of Previous Year (2021) EQRO PIP Recommendation Based on TEAMonitor CAP Follow-Up

Degree to which plans have addressed the previous year's EQRO recommendations key:

- **Low** – No CAPs met
- **Medium** – Less than all CAPs met
- **High** – All CAPs met
- **NA** – No CAP received

**Degree to which plan addressed EQRO  
recommendation: High**

*By September 20, 2021, the MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:*

- *Lack of study questions.*
- *The evaluation of each PIP (not exempted from required corrective action) that is Partially or Not Met to determine what actions can be taken to improve the currently active PIPs. The evaluation should address a summary of the status of currently active PIPs to determine if any additional efforts would improve the metrics. Describe how the deficiencies in this year's PIP report and feedback from HCA will be used to make constructive changes in the PIPs.*

#### TEAMonitor Response/MCP Response-Action Taken

- Met – Corrective action is completed. No further action required. The MCP provided the required documentation to address the finding as part of the 2021 Corrective Action review process.

### Summary of Results: Performance Measure Validation

Comagine Health received the MCP's FAR from Aqurate Health Data Management, Inc., an independent organization providing performance measure validation review and HEDIS compliance audits, which conducted the 2022 MCP HEDIS audits. Comagine Health then assessed the FAR to determine and develop EQR findings and recommendations.

Table A-59 shows the MCP's results for each standard addressed in the MCP's FAR.

**Table A-59. Summary of MHW 2022 HEDIS FAR.**

Information Standard	Score
IS 1.0 Medical Services Data	Met
IS 2.0 Enrollment Data	Met
IS 3.0 Practitioner Data	Met
IS 4.0 Medical Record Review Process	Met
IS 5.0 Supplemental Data	Met
IS 6.0 Data Preproduction Processing	Met
IS 7.0 Data Integration and Reporting	Met
IS 8.0 Case Management Data - Long-Term Services and Support (LTSS)	NA
IS HD 5.0 Outsourced or Delegated Reporting Function	NA

MHW was in full compliance with the 2022 audit. Comagine Health did not identify any strengths, weaknesses/opportunities for improvement or recommendations for the MCP during the review.

### Summary of Results: Performance Measure Comparative Analysis

MHW performed markedly above the state simple average for the Follow-Up after Hospitalization for Mental Illness (FUH), Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Asthma Medication Ratio (AMR) measures. They were above the state simple average for several other measures. MHW was markedly below the state simple average for the Childhood Immunization Status (CIS), Combo 10 and Immunizations for Adolescents (IMA), Combo 2 measures. As a reminder, comparisons are made using the state simple average to mitigate the impact of plan size when comparing a particular plan's performance. MHW, in fact, performs well after mitigating the impact its size would have on the state average.

Table A-60 shows the MCP's Performance Measure Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement.

**Table A-60. MHW’s Performance Measure Comparative Analysis Strengths and Weaknesses/ Opportunities for Improvement.**

Performance Measures	
Strengths	Weaknesses/Opportunities for Improvement
<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>Adults’ Access to Preventive/ Ambulatory Health Services (AAP), Total</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), Total, both the 7-Day and 30-Day Follow-Up measures</li> <li>Follow-Up After Emergency Department Visit for Mental Illness (FUM), Total, both the 7-Day and 30-Day Follow-Up measures</li> <li>Follow-Up after Hospitalization for Mental Illness (FUH), Total, both the 7-Day and 30-Day Follow-Up measures. Also, the 30-Day Follow-Up for Age 6-17 and Age 18-64.</li> </ul> <p><b>Chronic Care Management</b></p> <ul style="list-style-type: none"> <li>Asthma Medication Ratio (AMR), Total*</li> </ul> <p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>Cervical Cancer Screening (CCS)</li> </ul>	<p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>Childhood Immunization Status (CIS), Combo 10</li> <li>Immunizations for Adolescents (IMA), Combo 2</li> </ul>

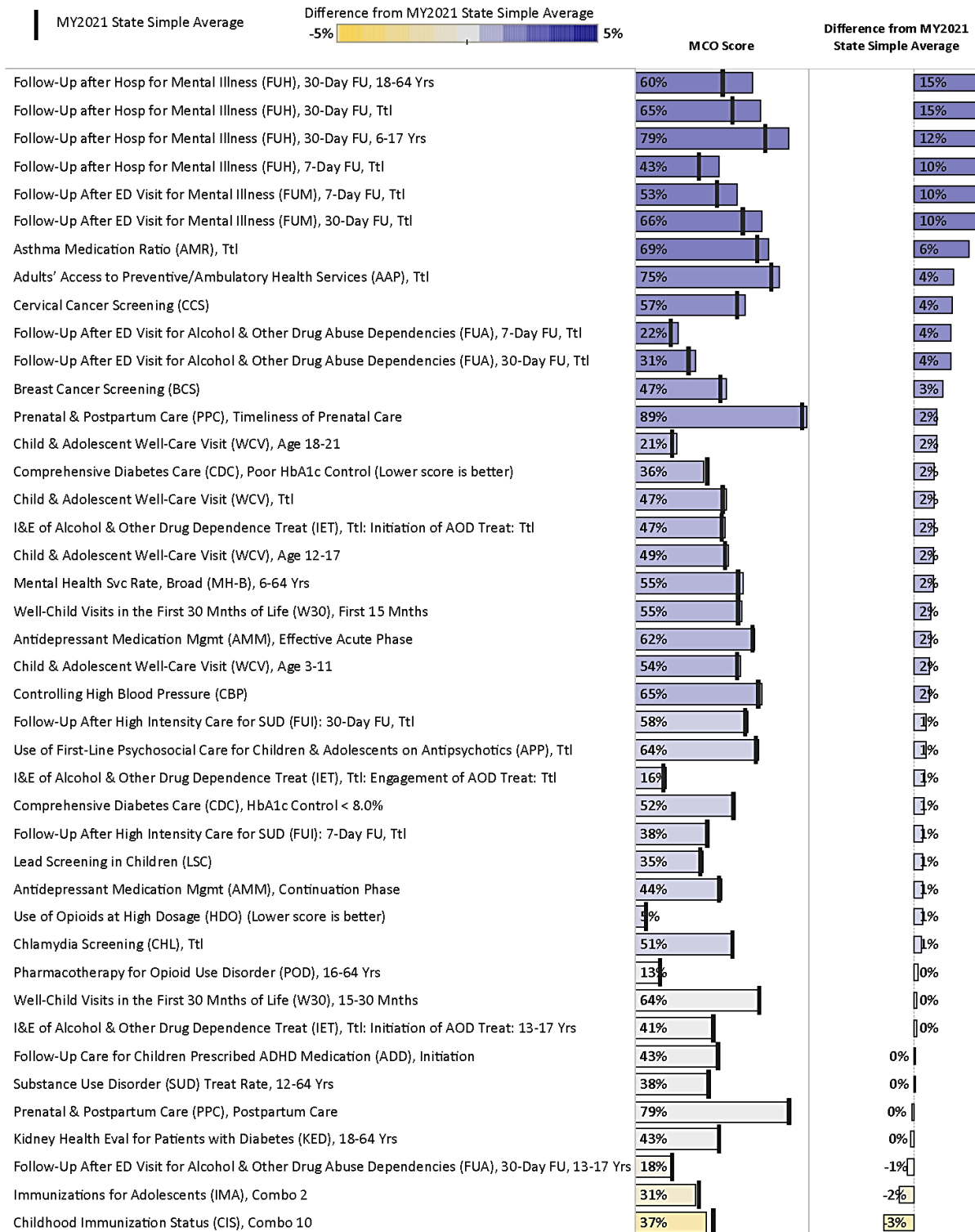
*\*These measures are also required VBP measures.*



### MHW Performance Measure Comparative Analysis Performance Scorecard

Figure A-5 represents the variance of measures from the simple state average for the MCP.

**Figure A-5. MHW Scorecard, MY2021.**



## UnitedHealthcare Community Plan (UHC) Profile

### UHC Overall Perspective

UHC demonstrated compliance strengths by fully meeting all elements in the standards of:

- Coordination and continuity of care
- Coverage and authorization of services
- Provider selection (credentialing)
- Grievance and appeals systems
- Health information systems

UHC will need to address the standards and elements that were not fully met. These include:

- UHC had a repeat finding for their QAPI Program evaluation.
- UHC partially met monitoring procedures for claims payment monitoring/timely claims and need to demonstrate they have a policies, procedures and documentation in place process in place to ensure provider complaints/appeals and monitoring process are outlined and monitoring is occurring.

UHC met all 11 EQRO compliance recommendations for 2021 based on TEAMonitor CAPS, demonstrating a high degree of follow-up.

Through validation of the PIPs, UHC met four and did not meet two PIPs. The CAPs listed below include issues for more than one of the PIPs. TEAMonitor has provided and will continue to provide regular TA to support the plans with their PIPs.

The PIP CAP for the previous year (2021) was not met, resulting in a repeat finding and low degree in addressing the EQRO recommendation.

UHC had a very mixed performance, performing well above the state simple average for some of the reviewed measures in the comparative analysis, and well below the state simple average for others. UHC performed at or above the state simple average on 19 of 42 performance measures reviewed. UHC performance is very similar to what was reported in the 2021 Comparative Analysis Report.

UHC achieved 83.3% of the VBP Quality Performance Measures for 2021, which reflects improvement in performance areas identified by HCA, based on the legislative proviso (ESSB 5693 Sec.211 (37)(2022)), as important in having potential to impact costs, effect population health, target areas of poor performance or be clinically meaningful in promoting health status. UHC MCO did not meet the VBP target for:

- Asthma Medication Ratio (AMR), Total

In the Enrollee Quality Report (2022 Washington Apple Health Plan Report Card), UHC received average ratings for:

- Keeping women and mothers' health
- Preventing and managing illness
- Ensuring appropriate care
- Satisfaction of care provided to children
- Satisfaction with plan for children

UHC received below average ratings for:

- Getting Care
- Keeping kids healthy

UHC’s strengths are noted in their compliance with most standards reviewed in 2022. UHC needs to continue to focus on achieving a QAPI program that is effective, monitored, objectively evaluated and updated year-over-year to provide overall continuous improvement related to quality, access and timeliness of services provided by the MCP.

Please see the following profile for additional detail.

### Summary of Results: Compliance Review

TEAMonitor’s review assessed activities for the previous calendar year and evaluated UHC’s compliance with the standards set forth in 42 CFR Part 438, as well as those established in the MCP contract with HCA for all Apple Health Managed Care programs. Although TEAMonitor completed both MCO and BHSO reviews in one session of the virtual visit, the programs were reviewed as separate entities, with their own scores.

Plans were scored on these elements in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, scores may not be indicative of current performance. A follow-up of the current year’s EQRO recommendations will be reflected in the 2023 Annual Technical Report.

The Compliance Review section, starting on page 28, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as “not met” or “partially met,” requiring a corrective action plan. Comagine Health’s recommendations to the UHC MCPs reflect the CAPs provided by TEAMonitor.

Tables A-61 through A-68 show the results of the UHC MCPs’ 2022 TEAMonitor Compliance Review. Please note both the MCO and BHSO received the same EQRO recommendations.

**Table A-61. UHC 2022 TEAMonitor Compliance Review Results: §438.208– Coordination and continuity of care.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.208 – Coordination and continuity of care	100%	100%

UHC MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-62. UHC 2022 TEAMonitor Compliance Review Results: §438.210 – Coverage and authorization of services.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.210 – Coverage and authorization of services	100%	100%

UHC MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-63. UHC 2022 TEAMonitor Compliance Review Results: §438.214 – Provider Selection (Credentialing).**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.214 – Provider Selection (Credentialing)	100%	100%

UHC MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-64. UHC 2022 TEAMonitor Compliance Review Results: §438.228 – Grievance and Appeals Systems.**

Standard	MCO	BHSO
Domain(s): Access, Quality §438.228 - Grievance and Appeals Systems	100%	100%

UHC MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-65. UHC 2022 TEAMonitor Compliance Review Results: §438.242.**

Standard	MCO	BHSO
Domain(s): Quality, Access and Timeliness §438.242 - Health Information Systems	100%	100%

UHC MCPs met all elements within this standard. As a result, no recommendations are being made.

**Table A-66. UHC 2022 TEAMonitor Compliance Review Results: §438.330.**

Standard	MCO	BHSO
Domain(s): Access, Quality and Timeliness §438.330 - Quality Assessment and Performance Improvement Program (QAPI)	73%	73%

**EQRO Recommendations based on TEAMonitor CAPs – 2**

To address the Not Met (repeat finding) score, the MCP must:

**438.330 (e)(2) – QAPI Program evaluation**

1. Submit a narrative and any supporting documents describing the actions that will be taking to ensure future evaluations address the following elements:
  - List of program accomplishments
  - Evidence of an assessment of potential impact of disparity related to disability status
  - Addresses the full list of recommendations from the EQRO
  - An evaluation of the overall QAPI program

To address the Partially Met score, the MCP must:

**438.66(c)(3) - Provider Complaints and Appeals**

2. Provide documentation that addresses the missing information within Policy/procedure. Documentation provided did not address categories of complaints/appeals, nor did it identify if medical/clinical &/or pharmacy complaints are including in monitoring process outlined in policy.

*Additionally, information provided should include details regarding tracking/monitoring process to ensure comprehensive monitoring/tracking is occurring.*

## Summary of UHC 2021 EQRO Recommendations Based on TEAMonitor Compliance CAPs Follow-Up

Table A-67 shows the number of MCO/BHSO EQRO recommendations that were followed up during the current review.

Degree to which plans have addressed the previous year's EQRO recommendations key:

- **Low** – No CAPs met
- **Medium** – Less than all CAPs met
- **High** – All CAPs met
- **NA** – No CAP received

**Table A-67. UHC 2021 EQRO Recommendations Based on TEAMonitor CAPs Follow-Up – Count.**

Number of MCO/BHSO Follow-up EQRO Recommendations		
Not Met*	Partially Met*	Met
–	–	11

\*Future follow-up required.

**Degree to which plans addressed all EQRO recommendation(s): High**

Table A-68 shows the results of the previous year EQRO compliance recommendations based on TEAMonitor CAPs follow-up.

**Table A-68. UHC MCO/BHSO Results of Previous Year (2021) EQRO Compliance Recommendations Based on TEAMonitor CAPs – Follow-up.**

42 CFR Part 438	MCO	BHSO
<b>Subpart D – MCO, PIHP and PAHP Standards</b>		
438.208 Coordination and Continuity of Care (c) Additional services for enrollees with special health care needs (2) Assessment and (3) Treatment plans - Care Coordination for Individuals with Special Health Care Needs	Met	Met
438.210 (b) Authorization of services – File review	Met	Met
438.210 (c) Notice of adverse benefit determination – File review	Met	Met
438.230 (a) and (b)(1) and (2) Subcontractual relationships and delegation	Met	Met
438.230 (b)(3) MCO monitors subcontractors performance	Met	Met
438.230 (b)(4) MCO identifies deficiencies and ensures corrective action is taken	Met	Met
<b>Subpart F – Grievance System</b>		
438.408 (a) Resolution and notification: Grievances and appeals - basic rule	Met	Met

42 CFR Part 438	MCO	BHSO
438.408 (d)(e) Resolution and notification: Grievances and appeals - format of notice and content of notice of appeal resolution	Met	Met
<b>Subpart H – Additional Program Integrity Safeguards and PART 45 – Program Integrity: Medicaid</b>		
438.608 (a)(b) Program integrity requirements	Met	Met
455.23 Provider payment suspension	Met	Met
455.104 Disclosure of ownership and control	Met	Met

## Summary of Results: PIP Validation

**PIPs: 4 Met; 0 Partially Met; 2 Not Met**

The PIP Validation section, starting on page 41, outlines weaknesses and opportunities for improvement. These weaknesses and areas for improvement are the elements identified by TEAMonitor as “not met” or “partially met,” requiring a corrective action plan.

Tables A-69 through A-74 show the results of the MCP’s PIP Validation.

**PIP Title:** Collaborative MCO Well-Child Visit Rate PIP

**PIP Type:** Clinical; AH-IMC, AH-IFC

**Domain:** Access, Quality, Timeliness

Improvement Strategies/Interventions

- **Member-focused:** Social media postings, well-care visit flyers, adolescent visit flyers
- **Provider-focused:** Two MCO-provider group partnerships, named Spring and Fall Project, that aim to engage over-due or unestablished members through efforts that include empanelment clean-up, patient outreach and provider incentives
- **MCP-focused:** Standardized empanelment data format developed, Incentive reference list for clinics

**Table A-69. UHC: Collaborative MCO Well-Child Visit Rate PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	High confidence in reported results	<ul style="list-style-type: none"> <li>• W30, 0–15 months: Statistically significant change; p-value: &lt;.05</li> <li>• W30, 15–30 months: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 3–11 years: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 12–17 years: Statistically significant change; p-value: &lt;.05</li> <li>• WCV, 18–21 years: Statistically significant change; p-value: &lt;.05</li> </ul>

**PIP Title:** Increasing Anti-depressant Medication Management Rates

**PIP Type:** Clinical – Adult Washington State Institute for Public Policy; AH-IMC, BHSO

**Domain:** Access, Quality

Improvement Strategies/Interventions

**Provider-focused:** The MCP obtained a monthly pharmacy report through calendar year 2021 that lists enrollees who have been prescribed an antidepressant medication and are in the HEDIS® AMM Acute

phase and continuation phase denominators. This list was shared with the appropriate provider practices who then monitored their patient’s compliance with the AMM measure.

**Table A-70. UHC: Increasing Antidepressant Medication Management Rates PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	High confidence in reported results	HEDIS: <ul style="list-style-type: none"> <li>• AMM, Acute Phase: Statistically significant change; 95% confidence interval</li> <li>• AMM, Continuation Phase: Statistically significant change; 95% confidence interval</li> </ul>

**PIP Title:** Behavioral Health Services Only – Jail Transition Medication Compliance

**PIP Type:** Clinical – Adult Washington State Institute for Public Policy; BHSO

**Domain:** Access, Quality

**Improvement Strategies/Interventions**

- **Member-focused:** Care coordinators reached out to each enrollee while they were incarcerated and created a care plan to be executed once the enrollee was released.

**Table A-71. UHC: Behavioral Health Services Only – Jail Transition Medication Compliance PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>• Enrollees who enrolled in care coordination services, compliance with treatments post release from jail. No statistically significant change.</li> </ul>

**PIP Title:** Increasing the ADD (ADHD Medication Adherence) Initiation Phase HEDIS Measure Rate

**PIP Type:** Clinical – Child; AH- IMC, AH-IFC

**Domain:** Access, Timeliness

**Improvement Strategies/Interventions**

- **Member-focused:** During the outreach intervention for this PIP, the support staff informed enrollees of the need to attend 30-day follow up visit. If visit was not scheduled, assistance to schedule the appointment was offered by contacting the prescribing provider and informing that the member has not had their 30-day follow up visit scheduled.
- **Provider-focused:** Sending providers the weekly pharmacy report to track and complete their own outreach to members to assure 30-day follow-up is scheduled; expanded provider options through telehealth services.

**Table A-72. UHC: Increasing the ADD (ADHD Medication Adherence) Initiation Phase HEDIS Measure Rate PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>HEDIS – ADD, Initiation Phase: No statistically significant change</li> </ul>

**PIP Title:** IMC Non-Clinical PIP – Improving Diabetic Education and Diabetes Measures Outcome Rates

**PIP Type:** Nonclinical: AH-IMC, BHSO

**Domain:** Quality

**Improvement Strategies/Interventions**

- Member-focused:** In April of 2021, UHC sent those enrollees with diabetes who did not have A1c values noted in claims system, a home A1c test kit. The recipients of these home test kits also received a follow-up letter and a phone call; member outreach staff reached out to members to encourage them to seek out diabetic education services, if warranted, and to seek out services to close their diabetic care gaps
- Provider-focused:** Educated the provider networks about the importance of diabetic education as well as the need to help their patients with co-occurring diabetes to take an interest in self-managing their co-occurring conditions

**Table A-73. UHC: IMC Non-Clinical PIP – Improving Diabetic Education and Diabetes Measures Outcome Rates PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Not Met	Yes	High confidence in report results	<ul style="list-style-type: none"> <li>HEDIS – CDC, HbA1c Control &lt; 8.0%: No statistically significant change</li> </ul>

**PIP Title:** Non-Clinical PIP: Improving Coordination of Care Communications Between Behavioral Health Providers and the Referring Provider(s)

**PIP Type:** Nonclinical: BHSO

**Domain:** Quality, Timeliness

**Improvement Strategies/Interventions**

- Provider-focused:** Training was created and implemented to train Integrate Mental Health Teams on how and when to complete a COC communication response to the referring provider

**Table A-74. UHC: Non-Clinical PIP: Improving Coordination of Care Communications Between Behavioral Health Providers and the Referring Provider(s) PIP.**

Score	Validation Status	Validation Rating	Performance Measure and Results
Not Met	Yes	Moderate confidence in reported results	<ul style="list-style-type: none"> <li>Coordination of Care communications from BH providers: Statistically significant change; 95% confidence interval</li> </ul>



### Summary of UHC 2022 EQRO PIP Recommendation Based on TEAMonitor CAPs

Comagine Health’s recommendation to the MCP reflects the CAP provided by TEAMonitor. TEAMonitor CAPs are reflective of the §438.330 (d) Performance Improvement Projects review and may include issues for more than one of the MCP’s PIPs. MCPs were reviewed in the first half of the calendar year. Because MCPs may have implemented CAPs since that time to address specific issues, the following recommendation may not be indicative of current performance.

*The MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:*

- *Adherence to HCA standards regarding:*
  - *Aim statement did not include population or time-period*
  - *Addressing the project population in section 3.1*
  - *Addressing PDSA in section 8.3*
- *Unclear numerical and graphic presentation of results. (Repeat finding)*
- *Lack of documentation of threats to internal and external validity. (Repeat finding)*

*In addition to the elements above the narrative should address actions that can be taken to improve the current active (2022) PIPs and describe how the deficiencies in this year’s PIP report and feedback from HCA will be used to make constructive changes in the (2022) PIPs. To address the repeat findings the MCP will participate in a quarterly Technical Assistance (TA) meeting with HCA listed under HCA issue number 26899. The TA meeting will be used to review and discuss any potential barriers and work towards ensuring successful outcomes. The MCP should contact HCA to set up the first meeting in October 2022.*

A follow-up of the current year’s EQRO recommendation will be reflected in the 2023 Annual Technical Report.

### Summary of Previous Year (2021) EQRO PIP Recommendation Based on TEAMonitor CAP Follow-Up

Degree to which plans have addressed the previous year’s EQRO recommendations key:

- **Low** – No CAPs met
- **Medium** – Less than all CAPs met
- **High** – All CAPs met
- **NA** – No CAP received

**Degree to which plan addressed EQRO  
recommendation: Low**

*By September 20, 2021, the MCP must submit a narrative and any supporting documents describing the actions they will take to address the findings related to:*

- *Unclear numerical and graphic presentation of results.*
- *Lack of documentation of threats to internal and external validity.*
- *The evaluation of each PIP (not exempted from required corrective action) that is Partially Met or Not Met to determine what actions can be taken to improve the currently active PIPs. The*

*evaluation should address a summary of the status of currently active PIPs to determine if any additional efforts would improve the metrics. Describe how the deficiencies in this year's PIP report and feedback from HCA will be used to make constructive changes in the PIPs.*

#### **TEAMonitor Response/MCP Response-Action Taken**

- Not Met – Correction of CAP required. Repeat finding.
  - Unclear numerical and graphic presentation of results
  - Lack of documentation of threats to internal and external validity

### **Summary of Results: Performance Measure Validation**

Comagine Health received the MCP's FAR from Aqurate Health Data Management, Inc., an independent organization providing performance measure validation review and HEDIS compliance audits, which conducted the 2022 MCP HEDIS audits. Comagine Health then assessed the FAR to determine and develop EQR findings and recommendations.

Table A-75 shows the MCP's results for each standard addressed in the MCP's FAR.

**Table A-75. Summary of UHC 2022 HEDIS FAR.**

<b>Information Standard</b>	<b>Score</b>
IS 1.0 Medical Services Data	Met
IS 2.0 Enrollment Data	Met
IS 3.0 Practitioner Data	Met
IS 4.0 Medical Record Review Process	Met
IS 5.0 Supplemental Data	Met
IS 6.0 Data Preproduction Processing	Met
IS 7.0 Data Integration and Reporting	Met
IS 8.0 Case Management Data - Long-Term Services and Support (LTSS)	NA
IS HD 5.0 Outsourced or Delegated Reporting Function	NA

UHC was in full compliance with the 2022 audit. Comagine Health did not identify any strengths, weaknesses/opportunities for improvement or recommendations for the MCP during the review.

### **Summary of Results: Performance Measure Comparative Analysis**

For many of the measures, UHC performed close to the state simple average. UHC performed markedly above the state average for the Comprehensive Diabetes Care (CDC), Antidepressant Medication Management (AMM), Controlling High Blood Pressure (CBP), and Prenatal and Postpartum Care (PPC) measures. UHC was markedly below the average for the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), 30-Day Follow-Up, 13-17 Years, Follow-Up after Hospitalization for Mental Illness (FUH), Lead Screening in Children (LSC), Well-Child Visits in the First 30 Months of Life (W30), First 15 Months and Asthma Medication Ratio (AMR) measures.

Table A-76 shows the MCP's Performance Measure Comparative Analysis Strengths and Weaknesses/Opportunities for Improvement.

**Table A-76. UHC’s Performance Measure Comparative Analysis Strengths and Weaknesses/ Opportunities for Improvement.**

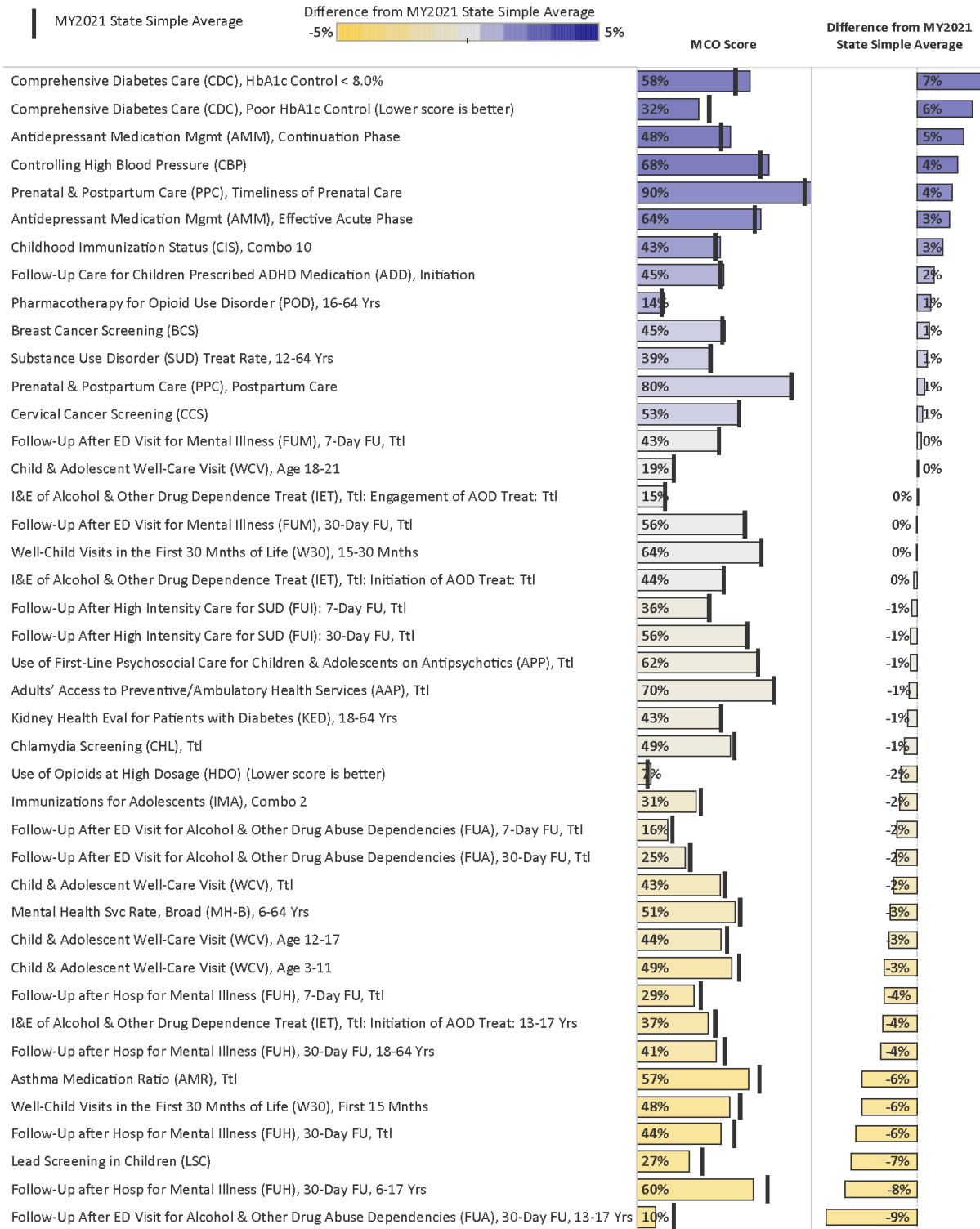
Performance Measures	
Strengths	Weaknesses/Opportunities for Improvement
<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>• Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care*</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Antidepressant Medication Management (AMM), both Effective Acute Phase and Continuation Phase*</li> </ul> <p><b>Chronic Care Management</b></p> <ul style="list-style-type: none"> <li>• Comprehensive Diabetes Care (CDC), HbA1c Control &lt; 8.0%</li> <li>• Comprehensive Diabetes Care (CDC), Poor HbA1c Control</li> <li>• Controlling High Blood Pressure (CBP)</li> </ul> <p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>• Childhood Immunization Status (CIS), Combo 10</li> </ul>	<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>• Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET), Total: Initiation of AOD Treatment: 13-17 Years</li> <li>• Well-Child Visits in the First 30 Months of Life (W30), First 15 Months</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependencies (FUA), 30-Day Follow-Up, 13-17 Years</li> <li>• Follow-Up after Hospitalization for Mental Illness (FUH), Total, both the 7-Day and 30-Day Follow-Up measures</li> </ul> <p><b>Chronic Care Management</b></p> <ul style="list-style-type: none"> <li>• Asthma Medication Ratio (AMR), Total*</li> </ul> <p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>• Lead Screening in Children (LSC)</li> </ul>

*\*These measures are also required VBP measures.*

## UHC Performance Measure Comparative Analysis Performance Scorecard

Figure A-6 represents the variance of measures from the simple state average for the MCP.

**Figure A-6. UHC Scorecard, MY2021.**



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## **Appendix B: Compliance Regulatory and Contractual Requirements**

## Compliance Review and Manner of Reporting

Federal regulations require MCPs to undergo a review at least once every three years to determine MCP compliance with federal standards as implemented by the state. States may choose to review all applicable standards at once or may spread the review over a three-year cycle in any manner they choose (for example, fully reviewing a third of plans each year or conducting a third of the review on all plans each year). In Washington, the MCPs are reviewed on a three-year cycle where HCA rotates different areas of the review to ensure all areas are reviewed within this time.

### Objectives

The purpose of the compliance review is to determine whether Medicaid managed care plans are in compliance with federal standards. The U.S. Department of Health & Human Services (HHS) developed standards for managed care plans, including 42 CFR §438 and 42 CFR §457.<sup>32,33</sup>

### Technical Methods of Data Collection

TEAMonitor provides detailed instructions to MCPs regarding the document submission and review process. These instructions include the electronic submission process, file review submission/ instructions and timelines. Required documentation is submitted to TEAMonitor for review.

### Description of Data Obtained

Documents obtained and reviewed include those for monitoring of a wide variety of programmatic documents depending on the area of focus, such as program descriptions, program evaluations, policies and procedures, meeting minutes, desk manuals, data submissions, narrative reflection on progress, reports, MCP internal tracking tools or other MCP records.

The File review documentation for EQR purposes includes, the categories listed below, as appropriate:

- Denials-Adverse Benefit Determinations/Actions
- Appeals, including the denial portion of the file
- Grievances
- Care Coordination
- Provider Credentialing

### Data Aggregation and Analysis

Washington's MCPs are evaluated by TEAMonitor, an interagency team, which provides formal oversight and monitoring activities on their compliance with federal and state regulatory and contractual standards. The TEAMonitor reviews consist of a document review, file review and an onsite/virtual visit. The TEAMonitor process includes:

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<sup>32</sup> Electronic Code of Federal Regulations. Title 42, part 438 – Managed Care. Available here: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438?toc=1>

<sup>33</sup> Electronic Code of Federal Regulations. Title 42, part 457 Allotments and Grants to States. Available here: <https://www.ecfr.gov/cgi-bin/text-idx?SID=60f9f0f14136be95a1cee250074ae00d&mc=true&node=pt42.4.457&rgn=div5>

- Document Request/Document Submission
- Desk Review/File Review
  - The desk review includes review of documentation provided (see Description of Data Obtained, above).
  - The file review is incorporated into the relevant area of review. Each category has a checklist with 12-40 questions for each file reviewed. Five to ten files are reviewed per category per MCP. Files are reviewed in-depth to ensure key elements are handled appropriately, required timeframes were met, and identify whether there are opportunities the MCP can improve upon.
- Any findings are supported by evidence and provided to MCPs to prepare a response
- Onsite/virtual visit: TEAMonitor staff visit each MCP's in-state headquarters (when appropriate). The agenda is to verbally report on the findings from the document and file review, provide feedback on trends or changes in MCP performance from the previous year, discuss any themes within the findings, and listen to MCP responses to HCA interview questions. The interview questions are developed to obtain information on emerging issues, key areas of interest, or MCP activities not included in the document review.
- Formal written reports and scores are provided to the MCP after completion of the document review, file review and onsite visit. This report provides detail on findings and sets written expectations on what corrective action is required. Each section within each area of focus is scored and tracked from year to year. Also, HCA identifies MCP best practices to be shared with permission to improve performance of other MCPs.

## Regulations Subject to Compliance Review

The standards that are the subject to compliance review are contained in the Code of Federal Regulations (CFR), Title 42 Part 438, Subparts D and E. The scope of those sections includes:

- Availability of services §438.206
- Assurances of adequate capacity and services §438.207
- Coordination and continuity of care §438.208
- Coverage and authorization of services §438.210
- Provider selection §438.214
- Confidentiality §438.224
  - TEAMonitor reviews this standard in conjunction within the review of §438.208(b)
- Grievance and appeal systems §438.228
- Subcontractual relationships and delegation §438.230
- Practice guidelines §438.236
- Health information systems §438.242
- Quality assessment and performance improvement program (QAPI) §438.330

*\*Standards subject to the current review period by TEAMonitor. Appendix E lists the schedule for review of the remaining standards and a summary of findings from all previous reviews within the current review cycle.*



## Contractual and Regulatory Requirements

The following is a list of the access, quality and timeliness elements cited in 42 CFR Chapter IV Subchapter C Part 438, that comprise the three-year review cycle of Apple Health MCPs.

In addition, plans are reviewed on elements that received Partially Met or Not Met scores in previous reviews until the finding is satisfied.

### **438.56 - Disenrollment: Requirements and limitations**

438.56(b)(1- 3) Disenrollment requested by the MCO, PIHP. Involuntary Termination Initiated by the Contractor

### **438.100 - Enrollee rights**

438.100(a) - General rule

438.100(b)(2)(i) Specific rights - 438.10(c) Basic rules

438.100(b)(2)(i) Specific rights - 438.10(d)(3) Language and format

438.100(b)(2)(i) Specific rights - 438.10(d)(4) Language and format and (5) Language – oral interpretation/written information

438.100(b)(2)(i) Specific rights - 438.10(d)(6) Format, easily understood

438.100(b)(2)(i) Specific rights - 438.10(d)(6)(iii)

438.100(b)(2)(i) Specific rights - 438.10(f)(2) General requirements

438.100(b)(2)(i) Specific rights - 438.10(g)(1 - 4) Information for enrollees – Enrollee Handbook

438.100(b)(2)(i) Specific rights - 438.10(i) Information for enrollees – Formulary

438.100(b)(2)(ii - iv)(3) Specific rights

438.100(d) Compliance with other federal and state laws

438.106 Liability for payment

### **438.114 Emergency and post stabilization services**

(TEAMonitor reviews this standard in conjunction with §438.210 Coverage and authorization of services)

### **438.206 - Availability of services**

438.206(b)(1)(i-v)(c) Delivery network - 438.10(h) Information for all enrollees - Provider directory

438.206 (b)(2) Direct access to a women’s health specialist

438.206(b)(3) Provides for a second opinion

438.206(b)(4) Services out of network

438.206(b)(5) Out-of-network payment

438.206(c) Furnishing of services (1)(i)(vi) Timely access

438.206(c)(2) Cultural considerations

### **438.207 - Assurances of adequate capacity and services**

438.207(a) General rule

438.207(b) Nature of supporting documents

438.207(c) Timing of documentation

### **438.208 Coordination and continuity of care\***

438.208 Continuity of Care - File review

*\*Standards subject to the current review period by TEAMonitor. Appendix E lists the schedule for review of the remaining standards and a summary of findings from all previous reviews within the current review cycle.*

438.208(b) Primary care and coordination of health care services for all MCO/PIHP, PIHP enrollees

438.208(c)(1) Identification - Identification of individuals with special health care needs

438.208(c)(2) Assessment and (3) Treatment plans - Care coordination for individuals with special health care needs

438.240(b)(4) Care coordination oversight

438.208(c)(4) Direct access for individuals with special health care needs

**438.210 - Coverage and authorization of services\***

438.210(b) Authorization of services

438.210(c) Notice of adverse action

438.210(d) Timeframe for decisions

438.210(e) Compensation for utilization management decisions,

438.114 Emergency and post-stabilization services

**438.214 - Provider selection\***

438.214(a) General rules

438.214(b) Credentialing and recredentialing requirements

438.214(c) and 438.12 Nondiscrimination and provider discrimination prohibited

438.214(d) Excluded providers

438.214(e) State requirements

**438.224 – Confidentiality\***

438.224 Confidentiality

**438.228 - Grievance and appeal systems\***

438.228(a)(b) Grievance and appeal systems

438.400(b) Statutory basis and definitions

438.402(c)(1) Filing requirements - authority to file

438.402(c)(2) Filing requirements - timing

438.402(c)(3) Filing requirements - procedures

438.404(a) Notice of adverse benefit determination - language and format

438.404(b) Notice of action - content of notice

438.404(c) Timely and adequate notice of adverse benefit determination - timing of notice

438.406(a) Handling of grievances and appeals - General requirements

438.406(b) Handling of grievances and appeals - special requirements for appeals

438.408(a) Resolution and notification: Grievances and appeals - basic rule

438.408(b)(c) Resolution and notification: Grievances and appeals - specific timeframes and extension of timeframes

438.408 (d)(e) Resolution and notification: Grievances and appeals - format of notice and content of notice of appeal resolution

438.410 Expedited resolution of appeals

438.414 Information about the grievance and appeal system to providers and subcontractors

438.416 Recordkeeping and reporting requirements

*\*Standards subject to the current review period by TEAMonitor. Appendix E lists the schedule for review of the remaining standards and a summary of findings from all previous reviews within the current review cycle.*

438.420 Continuation of benefits while the MCO, PIHP, or PAHP appeal and the State fair hearing are pending

438.424 Effectuation of reversed appeal resolutions

**438.230 - Subcontractual relationships and delegation**

438.230(a)(b) Subcontractual relationships and delegation

438.230(c)(2) Subcontractual relationships and delegation

438.230(c)(1)(ii) Subcontractual relationships and delegation

438.230(c)(1)(iii) Subcontractual relationships and delegation

**438.236 - Practice guidelines**

438.236(a)(b)(1-4) Adoption of practice guidelines

438.236(c) Dissemination of [practice] guidelines

438.236(d) Application of [practice] guidelines

**438.242 - Health information systems\***

438.242 Health information systems - General rule

438.242(b)(1)(2) Basic elements

438.242(b)(3) Basic elements

**438.330 - Quality assessment and performance improvement program (QAPI)**

438.66(c)(3) Monitoring Procedures - Claims payment monitoring\*

438.330(a) General rules

438.330(b)(1) Basic elements of MCO and PIHP quality assessment and performance improvement programs

438.330(b)(2) Collection and submission of performance measurement data in accordance with paragraph (c) of this section\*

438.330(c) Performance measurement\*

438.330(e)(2) Program review by the State of an MCO, PAHP, or PCCM entity evaluation of the impact and effectiveness of its own QAPI program\*

438.330(d) Performance improvement projects\*

**438.608 - Program integrity requirements under the contract**

438.608(a)(b) Program integrity requirements

§455.104 - Disclosure of ownership and control

§455.106 - Disclosure by providers: Information on persons convicted of crimes

§455.23 - Provider Payment Suspension

§1001.1901(b) - Scope and effect of exclusion

Social Security Act (SSA) section 1903(i)(2) of the Act

*\*Standards subject to the current review period by TEAMonitor. Appendix E lists the schedule for review of the remaining standards and a summary of findings from all previous reviews within the current review cycle.*

## **Appendix C: PIP Validation Procedures**

## PIP Validation Procedure

### Objectives

Washington's MCPs are contractually required to have an ongoing program of clinical and non-clinical PIPs that are designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction for all Apple Health programs, including AH-IMC, AH-IFC and BHSO.

As a component of its EQR review, TEAMonitor conducted an assessment and validation of the MCPs' PIPs to ensure they met state and federal guidelines; included all Apple Health enrollees; and were designed, implemented, analyzed and reported in a methodologically sound manner.

Note: In RY2022, TEAMonitor completed full implementation of *Protocol 1 Validation of Performance Improvement Projects* updated by CMS in 2019 in its validation of PIPs. The updated protocol includes additional measurements of success.

### Technical Methods of Data Collection

The TEAMonitor evaluations are based on *Worksheets for Protocol 1. PIP Validation Tools and Reporting Framework*, a set of worksheets used to guide and record answers for the validation of PIPs and reporting of summary PIP information, developed by CMS to determine whether a PIP was designed, conducted and reported in a methodologically sound manner.

Protocol 1 specifies procedures in assessing the validity and reliability of a PIP and how to conduct the following three activities:

- Activity 1: Assess the PIP methodology
- Activity 2: Perform overall validation and reporting of PIP Results
- Activity 3: Verify PIP Findings (Optional)

#### Activity 1: Assess the PIP Methodology

1. Review the selected PIP topic to assess the appropriateness of the selected topic
2. Review the PIP Aim Statement to assess the appropriateness and adequacy of the aim statement
3. Review the identified PIP population
4. Review the sampling method
5. Review the selected PIP variables and performance measures
6. Review the data collection procedures
7. Review data analysis and interpretation of PIP results
8. Assess the improvement strategies
9. Assess the likelihood that significant and sustained improvement occurred

#### Activity 2: Perform Overall Validation and Reporting of PIP Results

Following the completion of Activity 1 and Activity 2, the EQRO will provide an overall validation rating of the PIP results. The "validation rating" refers to the EQRO's overall confidence that the PIP adhered to

acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced evidence of significant improvement.

TEAMonitor utilizes one of the following validation ratings in reporting the results of the MCPs' PIPs:

- High confidence in reported results
- Moderate confidence in reported results
- Low confidence in reported results
- No confidence in reported results
- Enough time has not elapsed to assess meaningful change

### **Activity 3: Verify PIP Findings (Optional)**

A state may request that the EQRO verify the data produced by the MCP to determine if the baseline and repeated measurements are accurate.

## **Description of Data Obtained**

TEAMonitor validates each PIP using data gathered and submitted by the MCP using *Worksheets for Protocol 1. PIP Validation Tools and Reporting Framework*.

## **Data Aggregation and Analysis**

As the MCPs submit their PIP data directly within the protocol worksheets, all elements necessary for the validation of the PIP is submitted and readily available for TEAMonitor to validate.

The TEAMonitor scoring method for evaluating PIPs is outlined below.

## **PIP Scoring**

TEAMonitor scored the MCPs' PIPs as Met, Partially Met or Not Met according to how well they performed against a checklist of elements designed to measure success in meeting the standards specified by CMS. The elements associated with the respective scores follow.

**To achieve a score of Met, the PIP must demonstrate all the following 12 elements:**

- A problem or need for Medicaid enrollees reflected in the topic of the PIP
- The aim statement is stated in writing
- Relevant quantitative or qualitative measurable indicators documented
- Descriptions of the eligible population to whom the aim statements and identified indicators apply
- A sampling method documented and determined prior to data collection
- The study design and data analysis plan proactively defined

- Specific interventions undertaken to address causes/barriers identified through data analysis and QI processes (e.g., barrier analysis, focus groups, etc.)
- Numerical results reported (e.g., numerator and denominator data)
- Interpretation and analysis of the reported results
- Consistent measurement methods used over time or, if changed, documentation of the rationale for the change
- Sustained improvement demonstrated through repeat measurements over time (baseline and at least two follow-up measurements required)
- Linkage or alignment between the following: data analysis documenting need for improvement, aim statements, selected clinical or nonclinical measures or indicators, results

**To achieve a score of Partially Met, the PIP must demonstrate all the following seven elements. If the PIP fails to demonstrate any one of the elements, the PIP will receive a score of Not Met.**

- A problem or need for Medicaid enrollees reflected in the topic of the PIP
- The aim statements stated in writing
- Relevant quantitative or qualitative measurable indicators documented
- A sampling method documented and determined prior to data collection
- The study design and data analysis plan proactively defined
- Numerical results reported (e.g., numerator and denominator data)
- Consistent measurement methods used over time or, if changed, documentation of the rationale for the change

# **Appendix D: Performance Measure Comparative Analysis Methodology**



## Methodology

This appendix contains additional information about the methodology used for the analysis presented in this report.

### Technical Methods of Data Collection

#### HEDIS

Comagine Health assessed Apple Health MCP-level performance data for the 2021 measurement year. The measures include Healthcare Effectiveness Data and Information Set (HEDIS®) performance measure rates collected in 2022, reflecting performance in calendar year 2021. It also includes behavioral health measures that were developed by the Washington State Health Care Authority. To be consistent with NCQA methodology, the 2021 calendar year (CY) is referred to as the Measure Year 2021 (MY2021) in this report. The measures also include their indicators (for example, rates for specific age groups or specific populations).

#### Washington State Behavioral Health Measures

The state monitors and self-validates the following two measures, both reflecting behavioral health care services delivered to Apple Health enrollees:

- Mental Health Service Rate, Broad Definition (MH-B)
- Substance Use Disorder (SUD) Treatment Rate

Note the names of these measures have changed. These two measures were formerly known as the Mental Health Service Penetration, Broad Definition (MH-B) and the Substance Use Disorder Treatment Penetration (SUD) measures. The specifications of these measures were also updated, but the changes will not affect the ability to make year-over-year comparisons.

The MH-B metric is a state-developed measure of access to mental health services (among persons with an indication of need for mental health services). The SUD metric is a state-developed measure of access to SUD treatment services (among persons with an indication of need for SUD treatment services). HCA partners with the Department of Social and Health Services RDA to measure performance. Data is collected via the administrative method, using claims, encounters and enrollment data and assessed on a quarterly basis.

#### Administrative Versus Hybrid Data Collection

HEDIS measures draw from clinical data sources, utilizing either a fully “administrative” or a “hybrid” collection method, explained below:

- The administrative collection method relies solely on clinical information collected from electronic records generated through claims, registration systems or encounters, among others.
- The hybrid collection method supplements administrative data with a valid sample of carefully reviewed chart data.

Because hybrid measures are supplemented with sample-based data, scores for these measures will always be the same or better than scores based solely on the administrative data for these measures.<sup>34</sup>

For example, the following table outlines the difference between state rates for select measures comparing the administrative rate (before chart reviews) versus the hybrid rate (after chart reviews).

**Table D-1. Administrative Versus Hybrid Rates for Select Measures, MY2021.**

Measure	Administrative Rate	Hybrid Rate	Difference
Controlling High Blood Pressure (CBP)	38.0%	63.9%	+ 25.9%
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	56.7%	86.5%	+ 29.8%
Prenatal and Postpartum Care (PPC), Postpartum Care	57.5%	79.3%	+ 21.8%

## Description of Data Obtained

### Supplemental Data

In calculating HEDIS rates, the Apple Health MCPs used auditor-approved supplemental data, which is generated outside of a health plan's claims or encounter data system. This supplemental information includes historical medical records, lab data, immunization registry data and FFS data on early and periodic screening, diagnosis and treatment provided to MCPs by HCA. Supplemental data were used in determining performance rates for both administrative and hybrid measures. For hybrid measures, supplemental data provided by the state reduced the number of necessary chart reviews for MCPs, as plans were not required to review charts for individuals who, according to HCA's supplemental data, had already received the service.

### Rotated Measures

The following table shows all the rotated measures and which MCP chose to report as rotated. MCP specific charts in the report will include footnotes to indicate where rotated measures are reported.

**Table D-2. MY2019 Rotated Measures by MCPs.**

Measure Name	AMG	CCW	CHPW	MHW	UHC
Adolescent Well-Care Visits (AWC)	—	—	—	—	Y
Adult BMI Assessment (ABA)	Y	Y	—	—	—
Cervical Cancer Screening (CCS)	Y	—	—	—	—
Childhood Immunization Status (CIS), All Components	—	—	—	Y	Y

<sup>34</sup> Tang et al. HEDIS measures vary in how completely the corresponding data are captured in course of clinical encounters and the degree to which administrative data correspond to the actual quality parameter they are designed to measure.

Measure Name	AMG	CCW	CHPW	MHW	UHC
Controlling High Blood Pressure (CBP)	Y	Y	—	—	—
Lead Screening in Children (LSC)	Y	—	—	—	—
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	Y	—	—	—	—
Prenatal and Postpartum Care (PPC), Postpartum Care	Y	—	—	—	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), All Components and Age Bands	Y	—	—	—	—
Well-Child Visits in the First 15 Months of Life (W15), 0, 1, 2, 3, 4, 5 and 6 or More Visits	Y	Y	—	—	—
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	—	—	—	—	Y

Y = indicates yes; the MCP reported on that measure.

— Indicates the MCP did not report that measure.

## Data Aggregation and Analysis

### Member-Level Data Analysis

For this report, HCA required MCPs to submit member-level data (MLD) files for analyses relating to demographic and geographic disparities. These files provide member-level information for each HEDIS quality measure. These data sets were then provided to Comagine Health for analysis. In addition to the MLD files, HCA also provided Comagine Health with an eligibility file that included enrollee demographic information (age, gender, race/ethnicity, language, county of residence and specific Apple Health program and eligibility category). Note the MLD files do not contain data for the Washington State behavioral health measures.

The populations underlying each measure in this report represent Apple Health members enrolled with an MCP in Washington State between January 1, 2021, and December 31, 2021. Of note: Only individuals who are in the denominator of at least one HEDIS measure are included in the member-level data. As a result, individuals with short tenures in their plans or individuals with little to no healthcare utilization may not be included in the measure analysis. The HEDIS measures were not risk-adjusted for any differences in enrollee demographic characteristics. Prior to performing analysis, member-level data were aggregated to the MCP level and validated against the reported HEDIS measures.

### Definitions Used to Stratify Member-Level Data

Comagine Health needed to develop methods for stratifying the member level data for the various analyses presented in this report.

- Apple Health Program and Eligibility Category** – HCA included the Apple Health program information on the eligibility file, (Apple Health Integrated Managed Care, Apple Health Integrated Foster Care and Apple Health Behavioral Health Services Only). The data was first stratified by Apple Health Program. The AH-IMC program was then further broken down into

eligibility groups using recipient aid category (RAC) codes on the enrollment file and a mapping of RAC codes to eligibility category.

- **Race/Ethnicity Data** – The HCA eligibility data included both a race field and a Hispanic indicator field. Enrollment data is reported separately by race and Hispanic ethnicity. For measure reporting, the race and ethnicity information is combined into one category; an individual who indicated they are Hispanic are reported as Hispanic, otherwise they are reported by race.
- **Spoken Language** – The HCA eligibility data also captures approximately 85 different spoken languages. In addition to English, Comagine Health reported on the 15 languages where HCA currently had written materials available. The remaining languages were reported in the “Other languages” category; they represent less than 1% of the total enrollees.
- **Urban versus Rural** – To define urban versus rural geographies, Comagine Health relied on the CMS rural-urban commuting area (RUCA) codes. RUCA codes classify United States census tracts using measures of population density, urbanization and daily commuting.

Whole numbers (1-10) delineate metropolitan, micropolitan, small-town and rural commuting areas based on the size and direction of the primary (largest) commuting flows. The member ZIP code included in the MLD files was used to map each member to the appropriate RUCA codes. For the purposes of this analysis, RUCA codes 8, 9 and 10 were classified as rural; this effectively defines rural areas as towns of ten thousand or smaller.

- **Regional** – The member county from the HCA enrollment data was used to map the member to region.

## Calculations and Comparisons

### Sufficient Denominator Size

In order to report measure results, there needs to be a sufficient denominator, or number of enrollees who meet the criteria for inclusion in the measure. Comagine Health follows NCQA guidelines to suppress the reporting of measure results if there are fewer than 30 enrollees in a measure. This ensures that patient identity is protected for HIPAA purposes, and that measure results are not volatile. Note that 30 is still small for most statistical tests, and it is difficult to identify true statistical differences.

Note that stratification of the measure results for the various of the member level data analyses often resulted in measures with denominators too small to report. This was particularly true for the hybrid measures, which tend to have smaller denominators because of the sampling methodology used to collect the data. The measures selected for reporting varied for each analysis as a result.

### Calculation of the Washington Apple Health Average

This report provides estimates of the average performance among the five Apple Health MCPs for the four most recent reporting years: MY2018, MY2019, MY2020 and MY2021. The majority of the analyses presented in this report use the state weighted average. The state weighted average for a given measure is calculated as the weighted average among the MCPs that reported the measure (usually five), with the MCPs’ shares of the total eligible population used as the weighting factors.

However, the MCP scorecards compare the individual MCP rates to the state simple average. The state simple average for a given measure is calculated as the average of the measure rate for the MCPs that reported that measure. The potential disadvantage of comparing an individual MCP to a weighted state

average is that significantly larger plans could have undue influence on the state rate. A simple average of the plans (rather than a weighted average) mitigates those concerns. Comagine Health chose to use the simple average for the MCP scorecards because the Apple Health MCPs are of such different sizes. The state simple average for a given measure is calculated as the average of the measure rate for the MCPs that reported that measure.

### **Comparison to Benchmarks**

This report provides national benchmarks for select HEDIS measures from the MY2021 NCQA Quality Compass. These benchmarks represent the national average and selected percentile performance among all NCQA-accredited Medicaid HMO plans and non-accredited Medicaid HMO plans that opted to publicly report their HEDIS rates. These plans represent states both with and without Medicaid expansion. The number of plans reporting on each measure varies, depending on each state's requirement (not all states require reporting; they also vary on the number of measures they require their plans to report).

The license agreement with NCQA for publishing HEDIS benchmarks in this report limits the number of individual indicators to 40, with no more than two benchmarks reported for each selected indicator. Therefore, a number of charts and tables do not include a direct comparison with national benchmarks but may instead include a narrative comparison with national benchmarks; for example, noting that a specific indicator or the state average is lower or higher than the national average.

Note there are no national benchmarks for the Washington State Behavioral Health measures. As an alternative approach, HCA leadership chose to consider the plan with the second highest performance in 2020 as the benchmark.

### **Interpreting Percentages versus Percentiles**

The majority of the measure results in this report are expressed as a percentage. The actual percentage shows a plan's specific performance on a measure. For example, if Plan A reports a Breast Cancer Screening rate of 69%, that means that 69% of the eligible women enrolled in Plan A have received the screening. Ideally, 100% of the eligible woman should receive breast cancer screenings. The actual rate indicates there is still a gap in care that can be improved.

The national benchmarks included in this report are often displayed as percentiles. The percentile shows how Plan A ranks among all other plans who have reported Breast Cancer Screening rates. For example, if we say the plan's Breast Cancer Screening rate is at the national 50th percentile, it means that approximately 50% of the plans in the nation reported Breast Cancer Screening rates that were equal to or below Plan A; approximately 50% of the plans in the nation had rates that were above. If Plan A is above the 90th percentile, that means that at least 90% of the plans reported rates below Plan A.

The national percentiles give a benchmark, or point of comparison, to assess how Plan A's performance compares to other plans. This is especially important for identifying high priority areas for quality improvement. For example, if Plan A performs below the 50th percentile, we can conclude there is a lot of room for improvement given the number of similar plans who perform better than Plan A. However, if Plan A performs above the 90th percentile, we can conclude that performance on that particular measure already exceeds the performance of most other plans and improving the actual rate for that measure may not be the highest priority.

### Statistical Significance

Throughout this report, comparisons are frequently made between specific measurements (e.g., for an individual MCP) and a benchmark. Unless otherwise indicated, the terms “significant” or “significantly” are used when describing a statistically significant difference at the 95 percent confidence level. A Wilson Score Interval test was applied to calculate the 95 percent confidence intervals.

For individual MCP performance scores, a chi-square test was used to compare the MCP against the remaining MCPs as a group (i.e., the state average not including the MCP score being tested). Occasionally a test may be significant even when the confidence interval crosses the state average line shown in the bar charts, because the state averages on the charts reflect the weighted average of all MCPs, not the average excluding the MCP being tested.

Other tests of statistical significance are generally made by comparing confidence interval boundaries calculated using a Wilson Score Interval test, for example, comparing the MCP performance scores or state averages from year to year.

### Denominator Size Considerations and Confidence Intervals

When measures have very large denominators (populations of sample sizes), it is more likely to detect significant differences even when the apparent difference between two numbers is very small. Conversely, many HEDIS measures are focused on a small segment of the patient population, which means sometimes it appears there are large differences between two numbers, but the confidence interval is too wide to be 95% confident that there is a true difference between two numbers. In such instances, it may be useful to look at patterns among associated measures to interpret overall performance. In this report, we attempt to identify true statistical differences between populations as much as the data allows. This is done through the comparison of 95 percent confidence interval ranges calculated using a Wilson Score Interval. In layman’s terms, this indicates the reader can be 95 percent confident there is a real difference between two numbers, and that the differences are not just due to random chance. The calculation of confidence intervals is dependent on denominator sizes.

Confidence interval ranges are narrow when there is a large denominator because we can be more confident in the result with a large sample. When there is a small sample, we are less confident in the result, and the confidence interval range will be much larger.

The confidence interval is expressed as a range from the lower confidence interval value to the upper confidence interval value. A statistically significant improvement is identified if the current performance rate is above the upper confidence interval for the previous year.

For example, if a plan had a performance rate in the previous year of 286/432 (66.20%), the Wilson Score Interval would provide a 95% confidence interval of 61.62% (lower confidence interval value) to 70.50% (upper confidence interval value). The plan’s current rate for the measure is then compared to the confidence interval to determine if there is a statistically significant change. If the plan is currently performing at a 72% rate, the new rate is above the upper confidence interval value and would represent a statistically significant improvement. However, if the plan is currently performing at a 63% rate, the new rate is within the confidence interval range and is statistically the same as the previous rate. If the current performance rate is 55%, the new rate is below the lower confidence interval value and would represent a statistically significant decrease in performance.

Note that for measures where a lower score indicates better performance, the current performance rate must be below the lower confidence interval value to show statistically significant improvement.

### Additional Notes Regarding Interpretation

Plan performance rates must be interpreted carefully. HEDIS measures are not risk adjusted. Risk adjustment is a method of using characteristics of a patient population to estimate the population's illness burden. Diagnoses, age and gender are characteristics that are often used. Because HEDIS measures are not risk adjusted, the variation between MCPs is partially due to factors that are out of a plan's control, such as enrollees' medical acuity, demographic characteristics and other factors that may impact interaction with health care providers and systems.

Some measures have very large denominators (populations of sample sizes), making it more likely to detect significant differences even for very small differences. Conversely, many HEDIS measures are focused on a narrow eligible patient population and in the final calculation, can differ markedly from a benchmark due to a relatively wide confidence interval. In such instances, it may be useful to look at patterns among associated measures to interpret overall performance.

### Limitations

**Fee-for-service population:** The fee-for-service population is not included in these measures. Fee-for-service individuals include those eligible for both Medicare and Medicaid services. In addition, American Indian/Alaskan Natives are exempt from mandatory managed care enrollment.

**Lack of Risk Adjustment:** HEDIS measures are not risk adjusted. Risk adjustment is a method of using characteristics of a patient population to estimate the population's illness burden. Diagnoses, age and gender are characteristics that are often used. Because HEDIS measures are not risk adjusted, the variation between MCPs is partially due to factors that are out of a plan's control, such as enrollees' medical acuity, demographic characteristics and other factors that may impact interaction with health care providers and systems.

**COVID-19 impact:** In response to COVID-19, NCQA allowed Medicaid plans participating in HEDIS reporting the option of submitting 2019 rates for their 2020 hybrid measures (rotated measures). Hybrid measures combine administrative claims data and data obtained from clinical charts. Under NCQA guidelines, the MCPs could decide which hybrid measures, and how many, to rotate.

The NCQA's decision was made to avoid placing a burden on clinics while they were dealing with the COVID-19 crisis. As a result of this decision, Comagine Health did not have access to updated rates for certain measures from the plans.

**State behavioral health measures:** There are no national benchmarks available for the Washington Behavioral Health measures as the measures are Washington-specific measures developed by the State.

## Appendix E: TEAMonitor Review Schedule

Federal regulations require MCPs to undergo a review at least once every three years to determine MCP compliance with federal standards as implemented by the state. Washington's MCPs are evaluated by TEAMonitor, at HCA, which provides formal oversight and monitoring activities on their compliance with federal and state regulatory, and contractual standards. TEAMonitor has chosen to spread the review over a three-year cycle.

In 2022, TEAMonitor began a new three-year review cycle. Table E-1 lists the schedule of the current review cycle.



## Current Review Cycle Schedule

During the current review cycle (2022-2024), TEAMonitor reviewed/will review the following standards. Please note that TEAMonitor may review standards in conjunction with standards falling under other subparts.

**Table E-1. Current Review Cycle Standards.**

Year 1 (2022)	
<b>42 CFR Part 438 Subpart D – MCO, PHIP and PAHP Standards</b>	
§438.224	Confidentiality
§438.208	Coordination and continuity of care
§438.210	Coverage and authorization of services
§438.214	Provider Selection (Credentialing)
§438.242	Health Information Systems
<b>42 CFR Part 438 Subpart E – Quality Measurement and Improvement; External Quality Review</b>	
§438.66	Monitoring Procedures - Claims payment monitoring
§438.330	Quality Assessment and Performance Improvement Program (QAPI) (b)(2)(c)(e)(2)
<b>42 CFR Part 438 Subpart F – Grievance and Appeal Systems</b>	
§438.228	Grievance and Appeals Systems
§438.400	Statutory basis, definitions, and applicability (b)
§438.402	Filing requirements (c)(1-3)
§438.404	Timely and adequate notice of adverse benefit determination (a-c)
§438.406	Handling of grievances and appeals (a)(b)
§438.408	Resolution and notification: Grievances and appeals (a-e)
§438.410	Expedited resolution of appeals
§438.414	Information about the grievance and appeal system to providers and subcontractors
§438.416	Recordkeeping and reporting requirement
§438.420	Continuation of benefits while the MCO, PIHP, or PAHP appeal and the State fair hearing are pending
§438.424	Effectuation of reversed appeal resolutions
Year 2 (2023)	
<b>42 CFR Part 438 Subpart D – MCO, PHIP and PAHP Standards</b>	
§438.206	Availability of services
§438.207	Assurances of adequate capacity and services
§438.208	Coordination and continuity of care
§438.210	Coverage and authorization of services
§438.236	Practice guidelines
§438.242	Health Information Systems
<b>42 CFR Part 438 Subpart C – Enrollee Rights and Protections</b>	
§438.10	Information requirements
§438.100	Enrollee rights
<b>42 CFR Part 438 Subpart E – Quality Measurement and Improvement; External Quality Review</b>	
§438.330	Quality Assessment and Performance Improvement Program (QAPI) (b)(2)(c)(e)(2)
<b>42 CFR Part 438 Subpart F – Grievance and Appeal Systems (File Review)</b>	
§438.228	Grievance and Appeals Systems
§438.400	Statutory basis, definitions, and applicability (b)

§438.402	Filing requirements (c)(1-3)
§438.404	Timely and adequate notice of adverse benefit determination (a-c)
§438.406	Handling of grievances and appeals (a)(b)
§438.408	Resolution and notification: Grievances and appeals (a-e)
§438.410	Expedited resolution of appeals
§438.414	Information about the grievance and appeal system to providers and subcontractors
§438.416	Recordkeeping and reporting requirement– File review
§438.420	Continuation of benefits while the MCO, PIHP, or PAHP appeal and the State fair hearing are pending
§438.424	Effectuation of reversed appeal resolutions– File review
<b>Year 3 (2024)</b>	
<b>42 CFR Part 438 Subpart D – MCO, PHIP and PAHP Standards</b>	
§447.46	Timely claims payment by MCOs
§438.56	Disenrollment: Requirements and limitation
§438.208	Coordination and continuity of care
§438.210	Coverage and authorization of services
§438.230	Subcontractual relationships and delegation
<b>42 CFR Part 438 Subpart E – Quality Measurement and Improvement; External Quality Review</b>	
§438.330	Quality Assessment and Performance Improvement Program (QAPI) (b)(2)(c)(e)(2)
<b>42 CFR Part 438 Subpart F – Grievance and Appeal Systems (File Review)</b>	
§438.228	Grievance and Appeals Systems
§438.400	Statutory basis, definitions, and applicability (b)
§438.402	Filing requirements (c)(1-3)
§438.404	Timely and adequate notice of adverse benefit determination (a-c)
§438.406	Handling of grievances and appeals (a)(b)
§438.408	Resolution and notification: Grievances and appeals (a-e)
§438.410	Expedited resolution of appeals
§438.414	Information about the grievance and appeal system to providers and subcontractors
§438.416	Recordkeeping and reporting requirement
§438.420	Continuation of benefits while the MCO, PIHP, or PAHP appeal and the State fair hearing are pending
§438.424	Effectuation of reversed appeal resolutions
<b>42 CFR Part 438 Subpart H – Additional Program Integrity Safeguards</b>	
§455.104	Disclosure by Medicaid providers and fiscal agents: Information on ownership and control
§438.608	Program integrity requirements under the contract

## Scoring

TEAMonitor scores the MCPs on each compliance standard according to a metric of Met, Partially Met, and Not Met, each of which corresponds to a value on a point system of 0–3.

### Scoring Key:

- Score of 0 indicates previous year CAP Not Met
- Score of 1 indicates Not Met
- Score of 2 indicates Partially Met
- Score of 3 indicates Met
- Score of NA indicates Not Applicable

Final scores for each section are denoted by a fraction indicating the points obtained (the numerator) relative to all possible points (the denominator) and the corresponding percentage. For example, in a section consisting of four elements in which the MCP scored a 3, or Met, in three categories and a 1, or Not Met, in one category, the total number of possible points would be 12, and the MCP's total points would be 10, yielding a score of 10 out of 12 with a corresponding 83%.

Table E-2 summarizes the scores of Year 1 of the current review cycle (2022-2024).

The MCO/BHSO deficiencies identified within the 2021 TEAMonitor Compliance Review required a response with corrective action to the State. The State reviewed the responses and were accepted as completed by HCA.

Please note that TEAMonitor may review standards in conjunction with standards falling under other subparts.

**Table E-2. Summary of the Current Review Cycle Compliance Scores.**

Compliance Area and CFR Citation	Year 1 (2022)									
	AMG		CCW		CHPW		MHW		UHC	
	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO	MCO	BHSO
§438.208 - Coordination and continuity of care	75%	75%	100%	100%	100%	100%	100%	100%	100%	100%
§438.210 - Coverage and authorization of services	0%	0%	78%	78%	78%	78%	11%	11%	100%	100%
§438.214 - Provider Selection (Credentialing)	89%	89%	100%	100%	100%	100%	89%	89%	100%	100%
§438.228 - Grievance and Appeals Systems	94%	94%	98%	98%	100%	100%	91%	91%	100%	100%
§438.242 - Health Information Systems	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
§438.330 - Quality Assessment and Performance Improvement Program (QAPI)	93%	93%	80%	80%	100%	100%	67%	67%	73%	73%

In addition, plans were reviewed on elements that received Partially Met or Not Met scores to validate improvement or need for further corrective action. If an MCP receives a corrective action plan or recommendations based on an element, that element will be re-reviewed the following year or until the finding is satisfied.